

LAW OFFICES

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ROSE, SUNDSTROM & BENTLEY, LLP

ORIGINAL

2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FLORIDA 32301

12 AUG 16 PM 4:37

(850) 877-6555

Fax (850) 656-4029

www.rsbatorneys.com

CHRIS H. BENTLEY, PA.
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STEVEN T. MINDLIN, PA.
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WILLIAM E. SUNDSTROM, PA.
DIANE D. TREMOR, PA.
JOHN L. WHARIONCOMMISSION
CLERKROBERT M. C. ROSE, OF COUNSEL
WAYNE L. SCHIEFELBLIN, OF COUNSEL

CENTRAL FLORIDA OFFICE

650 S. NORTH LAKE BLVD., SUITE 420

ALTAMONTE SPRINGS, FLORIDA 32701

(407) 830-6331

FAX (407) 830-8522

REPLY TO ALTAMONTE SPRINGS

August 16, 2002

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

Initials of person who forwarded check:

Ms. Blanca Bayo
Commission Clerk and Administrative Services Director
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399Re: Docket No. 020409-SU; Application of Utilities, Inc. of Sandalhaven for Rate
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 required by Rule 25-22.0407, Florida Administrative Code (Exhibit "2") 08681-02
- Two (2) copies of the Billing Analysis (Exhibit "3") 08682-02
- Two (2) copies of the additional engineering information (Exhibit "4") 08683-02
- One (1) detailed map (Exhibit "5") 08684-02

Map forwarded to ECF/REVELL

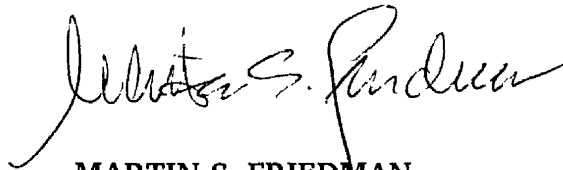
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RDM

Ms. Blanca Bayo
August 16, 2002
Page 2

- Three (3) copies of the Distribution of Expenses , Year End 2001 (Exhibit "6") 08685-02
- The original and three (3) copies of the proposed Interim Rate Tariff Sheets (Exhibit "7") 08686-02
- The original and three (3) copies of the proposed Final Rate Tariff Sheets (Exhibit "8") 08687-02
- 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 16 88
FPSC-COMMISSION CLERK**

1) MAP Exh 5 FORWARDED 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

Client Project: Sandalhaven

Lab Project: N0112756

Report Date: 02/05/02

**RECEIVED**

FEB 22 2002

UTILITIES, INC.

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

Lab ID	Sample Description	Sample Source	Sample Date/Time
0112756-01	sludge anal. grab	Waste Water	12/27/01 10:45

Analysis	Method	Results	Qual	Detection Limit	Units	AnalysisDate/Time	Analyst
Arsenic	6010B	3.33		3.01	mg/Kg dry	2/1/02 12:15	LH
Cadmium	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
Copper	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
Mercury, Total (solid)	7471	1.51		1.08	mg/Kg dry	1/11/02 12:45	DW
Molybdenum	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
Nitrogen, 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
Phosphorus, %Total	6010B	3.17		0.01	%	2/1/02 12:15	LH
Potassium, %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
Total Solids %	160.3	0.93		0.01	%	12/28/01 10:30	RDA
Zinc	6010B	618		2.15	mg/Kg dry	2/1/02 12:15	LH

Client Project: Sandalhaven

Lab Project: N0112756

Report Date: 02/05/02

Approved by:

Comments:

A handwritten signature in black ink, appearing to read 'Craig Toler', is written over a horizontal line.

Craig Toler/Lab Director

Laura Sullivan/QA Officer

Kathrine Bartkiewicz/Lab Supervisor

CHAIN-OF-CUSTODY RECORD

PROJECT
#

NO 11 2756

Page of

Report To:

ROBERT LAVER

Sample Supply:

sludge

Bill To:

Customer Type:

P.O. #

Field Report #:

Project Name

Kit #

Project Location:

Sandalwood

REQUESTED DUE DATE:

$$1/3/0.2$$

Client Atletico inc

address

hone (69) 419) Fax

Sampled By (PRINT)

7) Robert Paver

Sampler Signature

Paul & Rose

Sample

PRESERVATIVES

ANALYSES
REQUEST

ANALYSES
EQUEST

**Sample
ID #**

[illegible]

Lot #	OUT / DATE	SHIPMENT METHOD RETURNED DATE	VIA	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
				<i>John H. ...</i>	12/27/01	1150	<i>John H. ...</i>	12/27/01	1150
	COMMENTS: <i>Sledge</i> <i>12/14/01</i>		COOLER #						
			COOLER SEAL INTACT Yes No						

Sanders Laboratories, Inc.

350 Endeavor Ct., Nokomis, FL 34275-3623 • (941) 488-8103 • FAX 484.6774

16880 Gator Road, Fort Myers, FL 33910 - 10115500-0337 - 1111-1111

Client Project: Sandalhaven

Lab Project: N0203648

Report Date: 04/03/02

690.3.2

690.3.4



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

RECEIVED
APR 08 2002

Lab ID	Sample Description	Sample Source	Sample Date/Time
203648-01	monitor well #1 elevation 2.96' grab	Ground Water	3/28/02 13:45

Analysis	Method	Results	Qual	Detection Limit	Units	AnalysisDate/Time	Analyst
Ammonia	200.7	< 0.0028		0.0028	mg/L	4/1/02 13:01	JPW
Iron	200.7	< 0.0002		0.0002	mg/L	4/1/02 13:01	JPW
Chloride	4500Cl-B	31		4	mg/L	4/1/02 11:30	SR
Barium	200.7	0.005		0.001	mg/L	4/1/02 13:01	JPW
Conductivity	120.1	300		0.1	umhos/cm	4/1/02 11:00	EW
Lead	200.7	0.002		0.001	mg/L	4/1/02 13:01	JPW
Ammonia-N	353.2	< 0.05		0.05	mg/L	3/29/02 18:01	CC
Iron	150.1	5.54		0.01	std units	3/29/02 10:00	EW
Dissolved Lead	200.7	17.3		0.350	mg/L	4/1/02 13:01	JPW
Fluoride	375.4	17		1	mg/L	4/1/02 15:30	DA
Total Dissolved Solids	160.1	200		5	mg/L	4/1/02 9:30	EW

Lab ID	Sample Description	Sample Source	Sample Date/Time
203648-02	monitor well #2 elevation 3.16' grab	Ground Water	3/28/02 13:00

Analysis	Method	Results	Qual	Detection Limit	Units	AnalysisDate/Time	Analyst
Ammonia	200.7	< 0.0028		0.0028	mg/L	4/1/02 13:01	JPW
Iron	200.7	< 0.0002		0.0002	mg/L	4/1/02 13:01	JPW
Chloride	4500Cl-B	230		20	mg/L	4/1/02 11:30	SR

Client Project: Sandalhaven

Lab Project: N0203648

Report Date: 04/03/02

Lab ID	Sample Description	Sample Source	Sample Date/Time
N0203648-02	monitor well #2 elevation 3.16' grab	Ground Water	3/28/02 13:00

Analysis	Method	Results	Qual	Detection Limit	Units	AnalysisDate/Time	Analyst
Chromium	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
Cad	200.7	0.003		0.001	mg/L	4/1/02 13:01	JPW
Nitrate-N	353.2	0.06		0.05	mg/L	3/29/02 18:01	CC
pH	150.1	6.14		0.01	std units	3/29/02 10:00	EW
Selenium	200.7	134		0.350	mg/L	4/1/02 13:01	JPW
Sulfate	375.4	16		1	mg/L	4/1/02 15:30	DA
Total Dissolved Solids	160.1	620		5	mg/L	4/1/02 9:30	EW

Lab ID	Sample Description	Sample Source	Sample Date/Time
N0203648-03	monitor well #3 elevation 2.45' grab	Ground Water	3/28/02 13:30

Analysis	Method	Results	Qual	Detection Limit	Units	AnalysisDate/Time	Analyst
Arsenic	200.7	< 0.0028		0.0028	mg/L	4/1/02 13:01	JPW
Barium	200.7	< 0.0002		0.0002	mg/L	4/1/02 13:01	JPW
Bromide	4500Cl-B	165		20	mg/L	4/1/02 11:30	SR
Chromium	200.7	0.002		0.001	mg/L	4/1/02 13:01	JPW
Conductivity	120.1	647		0.1	umhos/cm	4/1/02 11:00	EW
Cad	200.7	0.002		0.001	mg/L	4/1/02 13:01	JPW
Nitrate-N	353.2	< 0.05		0.05	mg/L	3/29/02 18:01	CC
pH	150.1	4.68		0.01	std units	3/29/02 10:00	EW
Selenium	200.7	86.5		0.350	mg/L	4/1/02 13:01	JPW
Sulfate	375.4	20		1	mg/L	4/1/02 15:30	DA

Client Project: Sandalhaven

Lab Project: N0203648

Report Date: 04/03/02

Lab ID	Sample Description	Sample Source	Sample Date/Time
N0203648-03	monitor well #3 elevation 2.45' grab	Ground Water	3/28/02 13:30

Analysis	Method	Results	Qual	Detection Limit	Units	AnalysisDate/Time	Analyst
Total Dissolved Solids	160.1	332		5	mg/L	4/1/02 9:30	EW

Lab ID	Sample Description	Sample Source	Sample Date/Time
N0203648-04	monitor well #4 elevation 2.80' grab	Ground Water	3/28/02 13:15

Analysis	Method	Results	Qual	Detection Limit	Units	AnalysisDate/Time	Analyst
arsenic	200.7	< 0.0028		0.0028	mg/L	4/1/02 13:01	JPW
barium	200.7	< 0.0002		0.0002	mg/L	4/1/02 13:01	JPW
bromide	4500Cl-B	175		20	mg/L	4/1/02 11:30	SR
bromine	200.7	0.007		0.001	mg/L	4/1/02 13:01	JPW
conductivity	120.1	665		0.1	umhos/cm	4/1/02 11:00	EW
cad	200.7	0.004		0.001	mg/L	4/1/02 13:01	JPW
nitrate-N	353.2	< 0.05		0.05	mg/L	3/29/02 18:01	CC
iron	150.1	4.80		0.01	std units	3/29/02 10:00	EW
cadmium	200.7	84.8		0.350	mg/L	4/1/02 13:01	JPW
lead	375.4	23		1.	mg/L	4/1/02 15:30	DA
Total Dissolved Solids	160.1	368		5	mg/L	4/1/02 9:30	EW

Approved by:

Comments:



Andrew Konopacki/Lab Supervisor

Laura Sullivan/QA Officer

B. Thrine Bartkiewicz/Lab Supervisor

GROUNDWATER MONITORING REPORT - PART D

Facility ID: Sandal Haven, Inc.
 Month/Year: March/ 2002
 Date Sample Obtained: 03/28/02
 Was the well pumped before sampling? Yes ☒ 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	SM4500Cl-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

Comments and Explanations:

GROUNDWATER MONITORING REPORT - PART D

Facility ID: Sandal Haven Utility, Inc.
 Month/Year: March/ 2002
 Date Sample Obtained: 03/28/02
 Was the well pumped before sampling? Yes ☒ 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

Comments and Explanations:

GROUNDWATER MONITORING REPORT - PART D

Facility ID: Sandal Haven Utility, Inc.
 Month/Year: March/2002
 Date Sample Obtained: 03/28/02
 Was the well pumped before sampling? Yes ☒ 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	SM4500Cl-B	20 mg/L
Specific Conductance (umhos/cm)	000094	647 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

Comments and Explanations:

GROUNDWATER MONITORING REPORT - PART D

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-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/Units
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 Cl-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	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	0.004 mg/L	GRAB	N	HNO3	EPA 200.7	0.001 mg/L

Comments and Explanations:

Client: Sandalhaven Utilities Inc
Address: 6811 Placida Rd
Englewood FL 34724
Phone: 622 4797 Fax: 6

Report To: Sandalhaven
Bill To: Utilities Inc
P.O. #: _____
Project Name: _____
Project Location: _____

Sample Supply: _____
Customer Type: _____
Field Report #: _____
Kit #: _____
REQUESTED DUE DATE: 4/8/02

Sampled By (PRINT)		Sampler Signature		Sample		PRESERVATIVES				ANALYSES REQUEST												Sample ID #
Bottle #	SAMPLE DESCRIPTION	DATE	TIME	TYPE	4°C	UNPRESERVED	H ₂ SO ₄	HNO ₃	HCL	<u>NO3</u> <u>NO2</u> <u>CO₂</u> <u>AS Cd/Cr</u> <u>Phosphate</u> <u>NO</u>												
	Monitor well #1 Elevation 2.96'	3/28/02	145pm	G	1						X							1A				
	monitor well #1	3/28/02	145pm	G	1						X							1B				
	monitor well #1	3/28/02	145pm	G	1						X							1C				
	Monitor well #2 Elevation 3.16'	3/28/02	1pm	G	1						X							2A				
	Monitor well #2	3/28/02	1pm	G	1						X							2B				
	monitor well #2	3/28/02	1pm	G	1						X							2C				
	monitor well #3 Elevation 2.45'	3/28/02	130pm	G	1						X							3A				
	Monitor well #3	3/28/02	130pm	G	1						X							3B				

Bottle Lot #	OUT / DATE	SHIPMENT METHOD	RETURNED DATE	VIA	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
					<u>[Signature]</u>	3/28/02	1pm	<u>Rina K...</u>	3/28/02	1700

COMMENTS:		COOLER #	COOLER SEAL INTACT
A&L monitor wells fully Developed			Yes No

Client Sandelhaven of Utilities Inc.
Address 6811 Placida Rd
Englewood, Fl. 34224
Phone 647 4797 Fax _____

Report To: Sandra Chaven
Bill To: Utilities Inc.
P.O. # _____
Project Name _____
Project Location: _____

Sample Supply: GW
Customer Type: _____
Field Report #: _____
Kit # _____
REQUESTED DUE DATE: 4/8/02

[illegible]

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

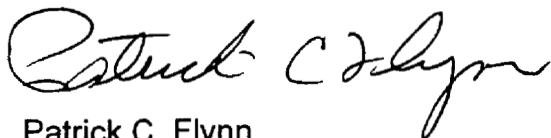
Re: Sandalhaven WWTP
Permit No. FLA014053
Charlotte County-Domestic Wastewater

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

cc: Bill Coates, Area Manager
Garth Armstrong, Asst. Opns. Mgr.

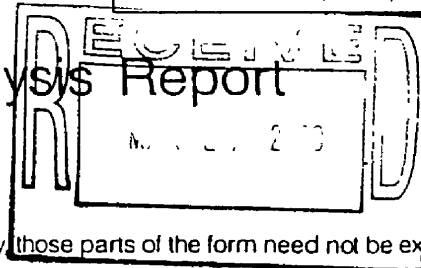


Florida Department of Environmental Regulation

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

DER Form #	17-601.900(4)
Form Title	Reclaimed Water or Effluent Analysis Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

Reclaimed Water or Effluent Analysis Report



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.
- 10) Column (e) - Indicate the analytical method used. Record the number from Figure 1 in Chapter 17-601, F.A.C., or from other sources.
- 11) Column (f) - Enter the date on which the analysis was run (MM/DDYYR).
- 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 Sandalhaven of Utility Inc.
Address 6811 Pleasda Rd.
City Englewood, FL Zip 34224
Telephone Number (941) 697-8959
- (2) Owner or Authorized Representative
Name Mr. Don Rasmussen Vice President
Title Utilities Inc. of Florida
Address 200 Weatherfield Ave.
City Altamonte Springs State FL Zip 32714
Telephone (407) 869-1919
- (3) Method of Discharge Reclaim / Percolation Ponds
- (4) Report Period: 1 1 1 1 00 To 3 1 31 1 00
(Beginning Date) (End Date)

690-3-20

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) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above 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) Parameter Name	(b) STORET Code	(c) Analysis Result (ug/L)	(d) Standard (ug/L)	(e) Analytical Method	(f) Analysis Date	(g) Above 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-dichloroethane	034496	<0.0200	7	EPA 524.2	3/01/00	
1,2-dichloroethane	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) Parameter Name	(b) STORET Code	(c) Analysis Result (ug/L)	(d) Standard (ug/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Tot. THM's	082080	3.0	100	EPA 524.2	3/01/00	

Part VI – Organic Chemical Analysis

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

Part VIII – Secondary Chemical Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Chloride	000940	286	250	SM4500Cl-B	3/09/00	*
Copper	900218	<0.0016	1	EPA 200.7	3/03/00	
Iron	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 32714-

Project 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:
N002719 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 dibromide	EPA 504.1	<0.02000	0.02000	ug/L	2/29/00	E83012
Para-Dichlorobenzene	EPA 524.2	<0.0200	0.0200	ug/L	3/1/00	E83012
Vinyl Chloride	EPA 524.2	<0.2900	0.2900	ug/L	3/1/00	E83012
1,1-Dichloroethane	EPA 524.2	<0.0200	0.0200	ug/L	3/1/00	E83012
1,2-Dichloroethane	EPA 524.2	<0.0200	0.0200	ug/L	3/1/00	E83012
1,1,1-Trichloroethane	EPA 524.2	<0.2100	0.2100	ug/L	3/1/00	E83012
Carbon Tetrachloride	EPA 524.2	1.100	0.2900	ug/L	3/1/00	E83012
Trichloroethene	EPA 524.2	<0.0200	0.0200	ug/L	3/1/00	E83012
Tetrachloroethene	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

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	1	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

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

DER Form	17-601.900(4)
Form Title	Reclaimed Water or Effluent Analysis Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

(5) Name of Laboratory conducting the analysis: Sanders Laboratories Inc

Address 1050 Endeavor Ct.

City Nokomis State FL Zip 34275

Telephone Number (941) 488-8103

The facilities DER identification number (also known as the GMS identification number) FLA 014053-278038

DER test site identification number (for the sampling location) _____

Description of the monitoring point Taken at the chlorine contact Tank
prior to Discharge

Date on which the sample was taken (MM/DD/YR) 2 123 100

Time of day at which the sample was taken 1200 ☐ a.m. ☒ p.m.

Date of extraction for the organic chemical analysis performed in Part VI (MM/DD/YR) 2-128-100

5041
507498 2 29-00
5101 3-1-00

DER Form	17-801.900(4)
Form Title	Reclaimed Water or Effluent Analysis Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

Part VIII - Secondary Chemical Analysis (continued)

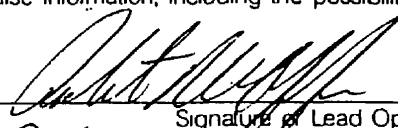
(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Sulfate	000945		250		/ /	
Zinc	900221		5		/ /	
pH (units)	000403		6.5 - 8.5		/ /	
TDS	070300		500		/ /	
Foaming Agents	900217		0.5		/ /	

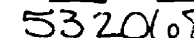
Part IX - Certification

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

File: 3-24-00

Phone: (941) 474-5191


 Signature of Lead Operator
Robert W. Offer 62560
 Name (please type) Certification Number
SouthWest Water & Waste
 Address
10429 Sandrift Ave.
Englewood, FL 34224



Sample Supply: CWA
Customer Type: _____
Field Report #: _____
Kit # _____
REQUESTED DUE DATE: 3-10-00

1050 Endeavor Ct., Nokomis, FL 34275-3623 • (941) 488-8103 • FAX 484-6774
16880 Gator Bend, Fort Myers, FL 33909 • (941) 590-0337 • FAX (941) 590-0536

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

ERMITTEE NAME: Sandalhaven Utility, Inc.

MAILING ADDRESS: 6811 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:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
SYMBOL CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum				Units
010100	1	Sample Measurement	080	129	083 ⁽⁰³⁾	-----	-----	-----			
MONTHLY AVERAGE DAILY		Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD	-----	-----	-----		SEE PERMIT	SEE PERMIT
010103	INFLUENT	Sample Measurement	-----	-----	-----	-----	287	287 ⁽¹⁹⁾			
0101032	G	Permit Requirement	-----	-----	-----	-----	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
010103	INFLUENT	Sample Measurement	-----	-----	-----	-----	352	352 ⁽¹⁹⁾			
0101032	G	Permit Requirement	-----	-----	-----	-----	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
010103	EFFLUENT	Sample Measurement	-----	-----	-----	-----	2	2 ⁽¹⁹⁾			
0101032	1	Permit Requirement	-----	-----	-----	-----	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
010103	EFFLUENT	Sample Measurement	-----	-----	-----	-----	1.05	1.5 ⁽¹⁹⁾			
0101032	1	Permit Requirement	-----	-----	-----	-----	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
010103	FECA	Sample Measurement	-----	-----	-----	<1	<1	<1 ⁽¹³⁾			
0101032	1	Permit Requirement	-----	-----	-----	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100mL	SEE PERMIT	GPAB

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

MITTEE NAME: Sandalhaven Utility, Inc.
 ILING ADDRESS: 6811 Placida Road
 Englewood Fl 34224

CILITY: Same
 CATION:

ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Limit Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PH	Sample Measurement	6.8			6.0 MINIMUM	7.2		(12)			
PH 400 1 MINIMUM	Permit Requirement					DAILY MAX		50		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	2.0						(19)			
CHLORINE, TOTAL RESIDUAL	Permit Requirement				MINIMUM			mg/L		SEE PERMIT	SEE PERMIT
AMMONIA, TOTAL (as N)	Sample Measurement					4.52		(19)			
AMMONIA, TOTAL (as N)	Permit Requirement					12.0		mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample Measurement					1.12		(19)			
NITROGEN, TOTAL (as N)	Permit Requirement					REPORT DAILY MAX		mg/L		SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT	Sample Measurement	1.63						(19)			
BOD5, EFFLUENT	Permit Requirement				REPORT ANNUAL AVG			mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	0.98						(19)			
TSS, EFFLUENT	Permit Requirement				REPORT ANNUAL AVG			mg/L		SEE PERMIT	SEE PERMIT

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 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 (Print or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
	<i>Robert P. ...</i>	697 4792	01-01-27

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

2.

Received: 2/28/01 1:40PM
 Feb 27 01 01:45P

Sandalhaven Utilities

(941)697-8959

941 697 8959 -> Utilities Inc. FL.; Page 3

P.3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

MITTEE NAME: Sandalhaven Util. Inc.
MAILING ADDRESS: 6811 Placida Rd.
Englewood Fl 34224

PERMIT NUMBER:
MONITORING PERIOD--From:
LIMIT: FINAL.
CLASS SIZE:
FACILITY ID:
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE:
TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC
GMS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:
*** NO DISCHARGE [] ***

CILITY:
LOCATION: Janc
ATTN:

Please read instructions before completing this form. *Reject Panel*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
TOBRY CODE	MON SITE NO.									
LOW				(lb)						
30050 1				026						
MONTHLY AVERAGE DAILY		REPORT MONTHLY AVO	PERMITTED CAPACITY	MCD					SEE PERMIT	SEE PERMIT
BOD5, INFLUENT						241.33	268			
180082 G						REPORT MONTHLY AVO	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
NFLUENT GROSS VALUE										
ISS, INFLUENT						309.33	484			
00530 G						REPORT MONTHLY AVO	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
NFLUENT GROSS VALUE										
BOD5, EFFLUENT						2.3	4			
180082 1						REPORT MONTHLY AVO	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE										
TSS, EFFLUENT						1.8	3.5			
300530 1						REPORT MONTHLY AVO	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE										
COLIFORM, FECAL					<1	<1	<1			
031616 1						REPORT MONTHLY AVO	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE										

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 (print name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
	<i>Robert J. ...</i>	941 697 4797	01-03-26

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)

PERMITTEE NAME:

MAILING ADDRESS: Sandalhaven Utl.

FACILITY:

LOCATION:

ATTN:

PERMIT NUMBER:

MONITORING PERIOD--From:

LIMIT: FINAL.

CLASS SIZE:

FACILITY ID:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

OMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

*** NO DISCHARGE [] ***

Please read instructions before completing this form. *Repeat*

Parameter	Flow Code	Flow Site No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum			
FLOW											
050050 1											
MONTHLY AVERAGE DAILY											
CBOOS, INFLUENT											
080082 0											
INFLUENT GROSS VALUE											
TSS, INFLUENT											
00530 0											
INFLUENT GROSS VALUE											
CBOOS, EFFLUENT											
080082 1											
EFFLUENT GROSS VALUE											
TSS, EFFLUENT											
00530 1											
EFFLUENT GROSS VALUE											
COLIFORM, FECAL											
031616 1											
EFFLUENT GROSS VALUE											

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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
	<i>RL & Paul</i>	(574) 751	01-07-02

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)

MITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 Placida Road
 Englewood Fl 34224

ACILITY: Same
 OCATION:

ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

01.01

Please read instructions before completing this form. *Report*

Parameter	NOV. SITE No.		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum			
PH		Sample Measurement	.....	.....	.....	6.8	.....	7.2	(12)		
PH 0400 1 MINIMUM		Permit Requirement	.....	.....	.....	8.0 MINIMUM	.....	8.3 DAILY MAX	50	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement	.....	.....	.....	2.0	.....	.....	(19)		
PH 0600 1 EFFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	MINIMUM	.....	.....	mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N) IF REQUIRED IN THE PERMIT		Sample Measurement	.....	.....	.....	.....	.....	452	(19)		
PH 0620 1 EFFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	.....	.....	12.0	mg/l	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) IF REQUIRED IN THE PERMIT		Sample Measurement	.....	.....	.....	.....	.....	1.12	(19)		
PH 0600 1 EFFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	.....	.....	REPORT DAILY MAX	mg/l	SEE PERMIT	SEE PERMIT
BODS, EFFLUENT		Sample Measurement	.....	.....	.....	1.63	.....	.....	(19)		
PH 0092 Y ANNUAL AVERAGE		Permit Requirement	.....	.....	.....	REPORT ANNUAL AVO	.....	.....	mg/L	SEE PERMIT	SEE PERMIT
TSS, EFFLUENT		Sample Measurement	.....	.....	.....	0.99	.....	.....	(19)		
PH 0530 Y ANNUAL AVERAGE		Permit Requirement	.....	.....	.....	REPORT ANNUAL AVO	.....	.....	mg/L	SEE PERMIT	SEE PERMIT

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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE OF SIGNATURE
	<i>R. J. Parn</i>	6974797	01-01-27

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

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

ID: FLA014053

Year:

Three-month Average Daily Flow:
Daily Flow % of Permitted Capacity:01-01
083
66%

of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
(MGD)	0.00	0.09	0.61	0.67	0.97	0.82	0.63	0.88	1.04	1.07	0.80	0.65	1.29	0.83	0.93	0.72	0.70	0.33	1.01	0.78	0.68	0.61	0.74	0.93	0.98	0.73	1.23	0.71	1.02	0.92
Reclaim/Reuse																														
ine Residual after Contact	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
L as Cl) Cl ₂ EFF																														
D ₁ Influent (mg/L as O ₂)		287															297													
CBOD																														
Influent (mg/L)		352															352													
TSS																														
D ₂ Effluent (mg/L as O ₂)		2															2													
CBOD																														
Effluent (mg/L)		4.6															1.5													
TSS																														
Effluent (mg/L as N)		1.12															0.65													
NO ₃																														
Effluent (mg/L as N)																														
Coliform (#/100ML)		11															11													
Fecal Biweekly																														
Effluent, minimum	7.0	7.0	6.9	6.9	7.0	7.1	7.2	7.1	7.0	7.1	7.0	7.0	7.0	7.0	7.0	7.0	6.9	6.9	7.0	6.9	6.9	6.8	6.8	7.1	6.9	7.0	7.1	7.0	7.0	7.0
Effluent, maximum																														
Effluent (N.T.U.)	8.91	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Turbidity																														
FE OF SAMPLE (C = COMPOSITE, GRAB)																														
TIME OF SAMPLE	0700	1400	1500	1400					1400	1000	1600	1500	0100			1400	1040	1430	1350			1450	1510	0830	1500	1500				1500
Reject Pond	0	0	0	0	0	0	0	0	104	107	080	065	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reuse TSS	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6
Reuse Fecal Grab	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
Reuse Flow	0.60	0.45	0.53	0.53	0.83	0.83	0.63	0.83	0	0	0	0	1.29	0.83	0.83	0.71	0.60	0.83	0.70	0.67	0.60	0.61	0.74	0.93	0.98	0.73	1.23	0.71	1.02	0.92

ANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead OperatorClass: Certificate No.: 2256
Class: Certificate No.:
Class: Certificate No.:
Class: Certificate No.: 8966Name: Robert OFFER
Name:
Name:
Name: Robert PAUER

Type of Effluent Disposal or Reclaimed Water Reuse:

United 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.

Mar 26 01 11:17a

Sandhaven Utilities

(941) 697-8959

P.2

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

MITTEE NAME: Sandhaven Utility Inc.
 MAILING ADDRESS: 6811 Placida Rd.
 Englewood Fl. 34224

CITY: Same
 LOCATION: ATTN:

PERMIT NUMBER:
 MONITORING PERIOD--From: Feb 01
 LIMIT: FINAL.
 CLASS SIZE:
 FACILITY ID:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE:
 TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC
 GMS TESTSITE ID NO.:
 WATER SYSTEM ID NO.:
 *** NO DISCHARGE | | ***

Please read instructions before completing this form. Reuse bond

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				Units
10051 LOW	Sample Measurement	101	173	092						
10052 MONTHLY AVERAGE DAILY	Report Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD					SEE PERMIT	SEE PERMIT
10053 BOD5, INFLUENT	Sample Measurement					241.33	268	(19)		
10052 G INFLUENT GROSS VALUE	Report Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT
10053 BOD5, EFFLUENT	Sample Measurement					309.33	484	(19)		
10053 G EFFLUENT GROSS VALUE	Report Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT
10052 BOD5, EFFLUENT	Sample Measurement					2.3	4	(19)		
10052 G EFFLUENT GROSS VALUE	Report Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT
10053 BOD5, EFFLUENT	Sample Measurement					1.8	3.5	(19)		
10053 G EFFLUENT GROSS VALUE	Report Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT
10053 COLIFORM, FECAL	Sample Measurement				<1	<1	<1	(19)		
10053 G EFFLUENT GROSS VALUE	Report Requirement				REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100-ml	SEE PERMIT	SEE PERMIT

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 (print or type)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
	<i>Robert Paul</i>	(941) 657-4757	01-03-26

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)

MITTEE NAME: Sandalhaven Utility, Inc.
 LONG ADDRESS: 68 Placida Road
 Englewood Fl 34224

ILITY: Same
 ATION:
 ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

Feb. 01

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

Please read instructions before completing this form. *Reverse Panel*

Parameter	MON. SITE No.	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
0400 1 MINIMUM		Sample Measurement	.....	.....	6.8	.....	7.1	(12)			
		Permit Requirement	.....	.....	6.0 MINIMUM	.....	8.5 DAILY MAX	SU		SEE PERMIT	SEE PERMIT
0060 1 FLUORINE, TOTAL RESIDUAL		Sample Measurement	.....	.....	1.62	.....	.....	(19)			
		Permit Requirement	.....	.....	MINIMUM	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
00620 1 FLUENT GROSS VALUE		Sample Measurement	.....	.....	.....	.....	11.0	(19)			
		Permit Requirement	.....	.....	.....	.....	12.0	mg/L		SEE PERMIT	SEE PERMIT
00600 1 NITROGEN, TOTAL (as N) IS REQUIRED IN THE PERMIT		Sample Measurement	.....	.....	.....	.....	.....	(19)			
		Permit Requirement	.....	.....	.....	.....	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
00600 1 FLUENT GROSS VALUE		Sample Measurement	.....	.....	1.7	.....	.....	(19)			
		Permit Requirement	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
00630 1 ANNUAL AVERAGE		Sample Measurement	.....	.....	1.98	.....	.....	(19)			
		Permit Requirement	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L		SEE PERMIT	SEE PERMIT

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 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 (Print or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
	<i>R. J. P.</i>	941 697 4797	01-03-26

STATEMENT 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 MCR FORM)

PERMITTEE NAME: Sandalhaven Util. Inc.
MAILING ADDRESS: 6811 Placida Rd.
Englewood Fl 33424

PERMIT NUMBER:
MONITORING PERIOD--From:
LIMIT: FINAL
CLASS SIZE:
FACILITY ID:
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE:
TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC
CWS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:
*** NO DISCHARGE [] ***

CITY:
LOCATION: SMC
ATTN:

Please read instructions before completing this form. *Reject Panel*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
100530 1 MONTHLY AVERAGE DAILY BOD5, INFLUENT	Sample Measurement	0	0	MGD		241.33	268			
180082 G INFLUENT GROSS VALUE	Sample Measurement					309.33	484			
00530 G INFLUENT GROSS VALUE	Sample Measurement					2.3	4			
180082 1 EFFLUENT GROSS VALUE	Sample Measurement					1.8	3.5			
00530 1 EFFLUENT GROSS VALUE	Sample Measurement									
COLIFORM, FECAL	Sample Measurement									
031616 1 EFFLUENT GROSS VALUE	Sample Measurement									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
	<i>Reid Hae</i>	941 697 4797	01-03-26

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

Mar 26 01 11:19a

Sandalhaven Utilities

(941)697-8959

P.5

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

MITTEE NAME: Sandalhaven Utility, Inc.
RING ADDRESS: 68 Placida Road
Englewood Fl 34224

ILITY: Same
ATION:

ATTN:

PERMIT NUMBER: FLA014053-378038 Feb 01

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

Please read instructions before completing this form. *Reject Panel*

Parameter	MON. SITE No.	Quantity or Loading			Quality of Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
0400 1 MINIMUM		Sample Measurement	.....	.....	6.8	.....	7.1	(12)			
		Permit Requirement	.....	.....	6.0 MINIMUM	.....	DAILY MAX	SU		SEE PERMIT	SEE PERMIT
0600 1 FLUORINE, TOTAL RESIDUAL		Sample Measurement	.....	.....	1.62	.....	.....	(19)			
		Permit Requirement	.....	.....	MINIMUM	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
0060 1 EFFLUENT GROSS VALUE		Sample Measurement	.....	.....	.....	.....	11	(19)			
		Permit Requirement	.....	.....	.....	.....	12.0	mg/L		SEE PERMIT	SEE PERMIT
0620 1 NITROGEN, TOTAL (as N) REQUIRED IN THE PERMIT		Sample Measurement	.....	.....	.....	.....	.....	(19)			
		Permit Requirement	.....	.....	.....	.....	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
0600 1 EFFLUENT GROSS VALUE		Sample Measurement	.....	.....	.....	.....	.....	(19)			
		Permit Requirement	.....	.....	.....	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
00082 Y ANNUAL AVERAGE		Sample Measurement	.....	.....	1.7	.....	.....	(19)			
		Permit Requirement	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
00530 Y ANNUAL AVERAGE		Sample Measurement	.....	.....	1.98	.....	.....	(19)			
		Permit Requirement	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L		SEE PERMIT	SEE PERMIT

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 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: *R. J. Pen*

TELEPHONE NO: 746974797

DATE: 01-03-26

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

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

ID: FLA014053

Three-month Average Daily Flow: 0.92
 Daily Flow % of Permitted Capacity: 61%

Year: of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
(MGD)	1.3	1.1	1.0	0.8	0.8	0.8	0.6	0.9	0.9	1.0	1.2	0.3	0.3	0.6	0.9	1.0	1.3	0.9	0.9	0.9	1.0	0.3	0.3	1.0	0.8	1.0	0.4	0.2			
Reclaim/Reuse																															
Time Residual after Contact L as Cl)	3.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	1.95	1.62	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	
1) Influent (mg/L as O ₂) C800	163											261														195					
Influent (mg/L) TSS	212											232														484					
2) Effluent (mg/L as O ₂) C800	4											2														1					
Effluent (mg/L) TSS	3.5											1.4														0.6					
Effluent (mg/L as N) NO ₃	4.81											11.0														0.97					
1) N Effluent (mg/L as N)																															
2) Coliform (#/100ML) FECAL	<1											<1														<1					
Effluent, minimum PH	6.9	7.0	7.0	6.9	7.0	7.0	6.9	7.0	7.0	6.8	6.9	6.9	6.9	7.0	7.1	7.1	7.0	7.0	7.0	7.1	7.1	7.0	7.0	7.0	7.0	7.0	7.0	7.1			
Effluent, maximum																															
Reuse Flow	108	48	0.8	0.8	0.8	0.8	0.8	0.8	0.9	1.1	1.2	0.9	0.8	0.8	0.9	0.9	1.3	0.9	0.8	0.8	0.8	0.8	1.9	1.0	0.6	0.9	0.9	0.9			
1) OF SAMPLE (C=COMPOSITE, GRAB)	0.99											0.9														0.9					
2) OF SAMPLE	0.95											1.40														1.03					
Reuse to Pond	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Reuse Fecal/Grab	<1	<1			<1	<1	<1	<1				<1	<1	<1	<1											<1	<1	<1			
Reuse TSS/Grab	4.2	4.2			1.4	0.7	2.4	3				0.6	3.1	0.6	1.5											0.6	0.6	0.6	0.6	0.6	
Turbidity (NTU)	9.5	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	
	G	G			G	G	G	G				G	G	G	G											G	G	G			
	0.46	1.40			1.40	1.40	1.40	1.10				1.40	1.10	1.60	1.10											1.10	1.20	1.10	1.40		

ANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: Certificate No.: 6356
 Class: Certificate No.: 6394
 Class: Certificate No.:
 Class: Certificate No.: 8546

Name: Robert OFFER
 Name: Scott Stewart
 Name:
 Name: Robert Pauer

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

May 09 01 11:05a

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

COMMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FKA9k4953

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

ACTIVITY: Same
LOCATION:

ATTN:

Please read instructions before completing this form. Reuse

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type	
WQLEY CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units				
00100	1	Sample Measurement	.105	.219	(03)	095						
00100	1	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MOD						SEE PERMIT	SEE PERMIT
00103	INFLUENT	Sample Measurement					252	(19)				
00103	G	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00103	INFLUENT	Sample Measurement					498	(19)				
00103	G	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00103	INFLUENT GROSS VALUE	Sample Measurement					2.5	(19)				
00103	G	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00103	EFFLUENT	Sample Measurement					.75	(19)				
00103	G	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00103	EFFLUENT GROSS VALUE	Sample Measurement					<1	(13)				
00103	G	Permit Requirement					REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100ml	SEE PERMIT	GRAB

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 and correct. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

I certify that the information furnished on this form is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment, should I willfully or recklessly provide false and misleading information.		TELEPHONE NO.	DATE (MM/YY/HH)
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	001 680 0720	01-03-26

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6877 Placida Road
 Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FKA9k4953

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same
 LOCATION:

ATTN:

Please read instructions before completing this form. *Rec'd*

Parameter		Quantity or Loading			Quality or Concentration			Nu. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
TOILET CODE MON. SITE No.										
00000 1	Sample Measurement	.016	.219	.023 (03)						
MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD					SEE PERMIT	SEE PERMIT
00003 1	Sample Measurement					852				
INFLUENT	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
00002 G	Sample Measurement					498				
EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
00010 G	Sample Measurement					2.5				
EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
00003 1	Sample Measurement					.75				
EFFLUENT	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
00010 1	Sample Measurement					<1	<1			
EFFLUENT GROSS VALUE	Permit Requirement					REPORT WEEKLY AVG.	REPORT MONTHLY AVG.		SEE PERMIT	SEE PERMIT
00016 1	Sample Measurement									
EFFLUENT GROSS VALUE	Permit Requirement								SEE PERMIT	SEE PERMIT

I declare 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 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 Print) *Robert M. Lane* SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT *Robert M. Lane*

TELEPHONE NO. *941 697 4799* DATE (YYMM) *01-3-26*

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)

MITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038
MONITORING PERIOD--From:
LIMIT: FINAL
CLASS SIZE:
FACILITY ID: FLA014053
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: .150/3-C** NO DISCHARGE () **
TYPE OF EFFLUENT DISPOSAL:

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

CILITY: Same
LOCATION:
ATTN:

Please read instructions before completing this form. *Reject*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	6.9	.....	7.1	(12)			
	Permit Requirement	.....	.....	.....	6.0 MINIMUM	.....	8.5 DAILY MAX	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	2.0	.....	.....	(19)			
	Permit Requirement	.....	.....	.....	MINIMUM	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	.....	.....	9.19	(19)			
	Permit Requirement	.....	.....	.....	.....	.....	12.0	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	.....	.....	.....	(19)			
	Permit Requirement	.....	.....	.....	.....	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	.....	.....	.....	(19)			
	Permit Requirement	.....	.....	.....	.....	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	1.63	.....	.....	(19)			
	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVO	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	.090	.....	.....	(19)			
	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVO	.....	.....	mg/L		SEE PERMIT	SEE PERMIT

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 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print) _____ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT _____ TELEPHONE NO. 941 697 4292 DATE 01-03-21

Operator _____
INMENT 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)

ERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

ACTIVITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form *Russ*

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
PERMIT CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units		
000000	1	Sample Measurement	.....	.....	.....	69	71	(12)		
000400	1	Permit Requirement	.....	.....	.....	60 MINIMUM	83 DAILY MAX	SU	SEE PERMIT	SEE PERMIT
000000	1	Sample Measurement	.....	.....	.....	2.0	.....	(19)		
000600	1	Permit Requirement	.....	.....	.....	MINIMUM	.....	mg/L	SEE PERMIT	SEE PERMIT
000600	1	Sample Measurement	.....	.....	.....	.....	9.19	(19)		
000600	1	Permit Requirement	.....	.....	.....	.....	12.0	mg/L	SEE PERMIT	SEE PERMIT
000600	1	Sample Measurement	.....	.....	.....	.....	.....	(19)		
000600	1	Permit Requirement	.....	.....	.....	.....	REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT
000600	1	Sample Measurement	.....	.....	.....	163	.....	(19)		
000600	1	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	mg/L	SEE PERMIT	SEE PERMIT
000600	1	Sample Measurement	.....	.....	.....	090	.....	(19)		
000600	1	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	mg/L	SEE PERMIT	SEE PERMIT

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 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 IN FULL)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE OF ANALYSIS
	<i>Robert D. Paul</i>	941-697-8959	01-03-26

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

March 2001

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014053

Month/Year:

Three-month Average Daily Flow: 0.095
Daily Flow % of Permitted Capacity: 70%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Flow (MGD)	0.83	0.82	0.77	0.79	1.10	0.64	1.04	0.94	0.94	0.89	0.89	0.92	0.77	0.76	1.15	0.77	1.14	1.07	0.64	1.11	0.83	1.01	0.94	0.94	0.89	0.83	0.92	0.80	0.80	0.76	1.15	3	
Chlorine Residual after Contact (mg/L as Cl ₂)	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0		
C BOD ₅ Influent (mg/L as O ₂)												172														43							
TSS Influent (mg/L)												48														588							
C BOD ₅ Effluent (mg/L as O ₂)												2														3							
TSS Effluent (mg/L)												0.9														406							
ECI Effluent (mg/L as N)												219														607							
Total N Effluent (mg/L as N)																																	
Fecal Coliform (#/100ML)												<1																					
pH Effluent, minimum	7.0	7.2	7.0	7.0	6.9	7.0	7.0	7.0	6.9	7.0	6.9	7.0	7.0	7.1	7.0	7.0	7.0	6.9	6.9	6.9	7.0	7.0	6.9	6.9	7.1	7.0	6.9	6.9	6.9	6.9	6.9	6.9	
pH Effluent, maximum																																	
Turbidity (N.T.U.)	1.1	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)												Com														Com							
TIME OF SAMPLE												0900														0900							
Reuse Fecal/Grab	<1					<1	<1	<1	<1			<1	<1	<1	<1						<1	<1	<1	<1		X	<1	<1	<1	<1	<1		
Reuse TSS/Grab	0.9	0.9				<1	<1	0.7	0.6			<1	<1	0.6	1.1						0.6	0.6	0.6	0.6			0.6	0.6	0.6	0.6	0.6	0.6	
Reject to pond	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Reuse flow	0.83	0	0	0	0.70	0.63	0.64	0.69	0.64	0.67	0.67	0.62	0.71	0.76	0.75	0.73	0.74	0.67	0.64	0.71	0.82	0.70	0.69	0.69	0.67	0.63	0.62	0.60	0.60	0.61	0.61	0.61	
Reuse sample time	1500					1545	1530						1530	1545	1530					1530	1545	1530	1545			1530	1545	1530	1545	1530	1545	1530	

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C Certificate No.:
Class: Certificate No.:
Class: Certificate No.:
Class: C Certificate No.: 8846

Name: Bob Offer

Name:

Name:

Name:

Name:

Robert Pave

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: to if necessary to list all certified operators.

USE Form Q-620, Rev. 1/99

(941)697-8953

Sandalhaven Utilities

May 09 01 11:07a

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MCR FORM)

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
E 14/4wood, FL 34224

PERMIT NUMBER:
MONITORING PERIOD--From:
LIMIT: FINAL
CLASS SIZE:
FACILITY ID:
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE:
TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC
OMS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:
*** NO DISCHARGE | | ***

FACILITY:
LOCATION:

ATTN: SMC

Please read instructions before completing this form. *Reuse*

Parameter	STOART CODE	MON. SITE NO.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Unit	Minimum	Average	Maximum				Unit
FLOW			112	123	106						
050050 MONTHLY AVERAGE DAILY			REPORT MONTHLY AVE.	PERMITTED CAPACITY						SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT						217.5	253	(15)		SEE PERMIT	SEE PERMIT
080082 INFLUENT GROSS VALUE						REPORT MONTHLY AVE.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT						576	900	(15)		SEE PERMIT	SEE PERMIT
00530 INFLUENT GROSS VALUE						REPORT MONTHLY AVE.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT						1.5	2.0	(15)		SEE PERMIT	SEE PERMIT
080082 EFFLUENT GROSS VALUE						REPORT MONTHLY AVE.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT						1.6	2.6	(15)		SEE PERMIT	SEE PERMIT
080530 EFFLUENT GROSS VALUE						REPORT MONTHLY AVE.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL						<1	<1	(15)		SEE PERMIT	SEE PERMIT
031616 EFFLUENT GROSS VALUE						REPORT MONTHLY AVE.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

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)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YYMM/DD)

681 671 4797

01-17-05

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

ACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form. *Reuse*

Parameter	NOV. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Date of Test
		Average	Maximum	Units	Minimum	Average	Maximum			
SECRET CODE										
01		Sample Measurement			6.8		7.2	(12)		
00400 1		Permit Requirement			6.0 MINIMUM		8.3 DAILY MAX	50	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement			1.6			(19)		
00060 1		Permit Requirement			MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE		Sample Measurement					21.7	(19)		
CONCENTRATION (as N)		Permit Requirement					120	mg/L	SEE PERMIT	SEE PERMIT
000620 1		Sample Measurement						(19)		
EFFLUENT GROSS VALUE		Permit Requirement						mg/L	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)		Sample Measurement						(19)		
000600 1		Permit Requirement					REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE		Sample Measurement			1.71			(19)		
000082 Y		Permit Requirement			REPORT ANNUAL AVG			mg/L	SEE PERMIT	SEE PERMIT
ANNUAL AVERAGE		Sample Measurement			1.0			(19)		
000530 Y		Permit Requirement			REPORT ANNUAL AVG			mg/L	SEE PERMIT	SEE PERMIT
ANNUAL AVERAGE										

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 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 Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE OF TEST
	<i>Bob [Signature]</i>	657 4797	01-17-05

STATEMENT 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 MCR FORM)

PERMITTEE NAME: Sandalhaven Utility Inc.
MAILING ADDRESS: 6811 PACIFICS 24224

PERMIT NUMBER:
MONITORING PERIOD-From:
LIMIT: FINAL
CLASS SIZE:
FACILITY ID:
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE:
TYPE OF EFFLUENT DISPOSAL:

April 01
GROUP: DOMESTIC
QMS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:
*** NO DISCHARGE { } ***

FACILITY:
LOCATION:
ATTN:

S Am c

Please read instructions before completing this form.

Parameter	STORY CODE	110W SITE NO	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW			017	109	0.25						
050050 1 MONTHLY AVERAGE DAILY			REPORT MONTHLY AVO	PERMITTED CAPACITY	1000					SEE PERMIT	SEE PERMIT
CODS, INFLUENT											
080052 0 INFLUENT GROSS VALUE						217.5	253	(1)		SEE PERMIT	SEE PERMIT
TSS, INFLUENT											
00530 0 INFLUENT GROSS VALUE						576	900	(1)		SEE PERMIT	SEE PERMIT
CODS, EFFLUENT											
060052 1 EFFLUENT GROSS VALUE						1.5	20	(1)		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT											
000530 1 EFFLUENT GROSS VALUE						1.6	2.6	(1)		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL											
031616 1 EFFLUENT GROSS VALUE						41	46	(1)		SEE PERMIT	SEE PERMIT

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 (Sign in full)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
	<i>Robert P...</i>	(941) 697-4797	01-17-05

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)

MITTEE NAME: Sandalhaven Utility, Inc.
 ILING ADDRESS: 6811 Placida Road
 Englewood Fl 34224

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

APRIL 01

LIMIT: FINAL
 CLASS SIZE:
 FACILITY ID: FLA014053
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 150/3-C* NO DISCHARGE []***
 TYPE OF EFFLUENT DISPOSAL:

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

ILITY: Same
 CATION:
 ATTN:

Please read instructions before completing this form. *Reject*

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
10400 1 MINIMUM	Sample Measurement	.....	.....	.....	6.8	.....	7.2	(12)			
	Permit Requirement	.....	.....	.....	6.0 MINIMUM	.....	8.3 DAILY MAX	5U		SEE PERMIT	SEE PERMIT
10620 1 CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	1.6	.....	.....	(19)			
	Permit Requirement	.....	.....	.....	MINIMUM	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
10060 1 EFFLUENT GROSS VALUE	Sample Measurement	.....	.....	.....	.....	.....	21.7	(19)			
	Permit Requirement	.....	.....	.....	.....	.....	120	mg/l		SEE PERMIT	SEE PERMIT
10620 1 EFFLUENT GROSS VALUE	Sample Measurement	.....	.....	.....	.....	.....	.....	(19)			
	Permit Requirement	.....	.....	.....	.....	.....	.....	mg/l		SEE PERMIT	SEE PERMIT
10600 1 EFFLUENT GROSS VALUE	Sample Measurement	.....	.....	.....	1.71	.....	.....	(19)			
	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVO	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
150082 Y ANNUAL AVERAGE	Sample Measurement	.....	.....	.....	1.0	.....	.....	(19)			
	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVO	.....	.....	mg/L		SEE PERMIT	SEE PERMIT

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 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: *Robert Pau*

TELEPHONE NO: 6974797

DATE: 01-17-05

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

FLAD14053

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: **70%**
Daily Flow % of Permitted Capacity:

FL
the Month

(DD)
Reclam/Reuse

Residual after Contact

Influent (mg/L as O₂)

Twent (mg/L)

Effluent (mg/L as O₂)

Thuen: (mg/L)

Effluent (mg/L as Ca^{++})

N° Efluente (mg/L de N)

Coliform (H100ML)

luent, minimum
PH.

fluor, maximum

City (N.T.U.)

E OF SAMPLE (C=COMPOSITE,
D,AB)

OF SAMPLE

Respects to Ponal

Rose flower

Reuse TSS/Grade

Reuse Fec + 1/4

Reuse Som Time

INT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: Certificate No.:
 Class: Certificate No.:
 Class: Certificate No.:
 Class: C Certificate No.: 874.6

Name: Robert OFFER
Name:
Name:
Name: Robert Pauer

Class: C Certificate No.: 877

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6877 Placida Road
 Englewood, FL 34224

FACILITY: Same
 LOCATION:
 ATTN:

PERMIT NUMBER: FLA014053-278038
 MONITORING PERIOD-From:
 LIMIT: FINAL
 CLASS SIZE:
 FACILITY ID: FRA9K4953
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: .150/3-*** NO DISCHARGE | |**
 TYPE OF EFFLUENT DISPOSAL:

MAY 2001
 GROUP: DOMESTIC
 GMS TEST SITE ID NO.:
 WAFR SYSTEM ID NO.:

Please read instructions before completing this form. *Read - Please*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW	Sample Measurement	052	079	MGD						
MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD						
CONC. INFLUENT	Sample Measurement					1.96	200	(19)		SEE PERMIT
CONC. INFLUENT ORIGIN VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT
CONC. INFLUENT	Sample Measurement					264	340	(19)		SEE PERMIT
CONC. INFLUENT ORIGIN VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT
CONC. EFFLUENT	Sample Measurement					1.5	2	(19)		SEE PERMIT
CONC. EFFLUENT ORIGIN VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT
CONC. EFFLUENT	Sample Measurement					6.45	12.3	(19)		SEE PERMIT
CONC. EFFLUENT ORIGIN VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT
CONC. EFFLUENT	Sample Measurement					4.1	4.1	(19)		SEE PERMIT
CONC. EFFLUENT ORIGIN VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Print or Type)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (Y/M/D)

CONTENT 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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 W Placida Road
 Englewood FL 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: 1.50/3-*** NO DISCHARGE ***

TYPE OF EFFLUENT DISPOSAL:

May 2007

GROUP: DOMESTIC

GMS TESTSITE ID NO:

WAFR SYSTEM ID NO:

FACILITY LOCATION: Same

ATTN

Please read instructions before completing this form *Report*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Date
		Average	Maximum	Units	Minimum	Average	Maximum				Units
CHLORINE, TOTAL RESIDUAL	Sample Measurement				6.9		7.2	(12)		
PERMIT REQUIREMENT	Permit Requirement				MINIMUM		DAILY MAX	20	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement				0.9			(12)		
PERMIT REQUIREMENT	Permit Requirement				MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
AMMONIA, TOTAL (as N)	Sample Measurement							(12)		
PERMIT REQUIREMENT	Permit Requirement								SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							mg/L		
PERMIT REQUIREMENT	Permit Requirement								SEE PERMIT	SEE PERMIT
AMMONIA, TOTAL (as N)	Sample Measurement							(12)		
PERMIT REQUIREMENT	Permit Requirement								SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							mg/L		
PERMIT REQUIREMENT	Permit Requirement								SEE PERMIT	SEE PERMIT
AMMONIA, TOTAL (as N)	Sample Measurement							(12)		
PERMIT REQUIREMENT	Permit Requirement								SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							mg/L		
PERMIT REQUIREMENT	Permit Requirement								SEE PERMIT	SEE PERMIT
AMMONIA, TOTAL (as N)	Sample Measurement							(12)		
PERMIT REQUIREMENT	Permit Requirement								SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							mg/L		
PERMIT REQUIREMENT	Permit Requirement								SEE PERMIT	SEE PERMIT

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

NAME OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Print or Type) _____ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT _____ TELEPHONE NO. _____ DATE: 5/1/07

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6871 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038
MONITORING PERIOD-From:
LIMIT: FINAL
CLASS SIZE:
FACILITY ID: FKA9K4953
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: 150/3-C** NO DISCHARGE | | **
TYPE OF EFFLUENT DISPOSAL:

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

FACILITY: Same
LOCATION:
ATTN:

Please read instructions before completing this form, *Apast*

Parameter	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW		Sample Measurement	026	079	(G)					
150/3 1		Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD					
150/3 INFLUENT		Sample Measurement							SEE PERMIT	SEE PERM
00032 G		Permit Requirement								
EFFLUENT GROSS VALUE		Sample Measurement				196	200	(lb)		
150/3 INFLUENT		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERM
00030 G		Sample Measurement				264	340	(lb)		
EFFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERM
150/3 EFFLUENT		Sample Measurement				1.5	2	(lb)		
00002 1		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERM
EFFLUENT GROSS VALUE		Sample Measurement				6.45	12.3	(lb)		
150/3 EFFLUENT		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERM
00010 1		Sample Measurement				51	1	(lb)		
EFFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERM
150/3 EFFLUENT		Sample Measurement								
00016 1		Permit Requirement								
EFFLUENT GROSS VALUE		Sample Measurement								
150/3 EFFLUENT		Permit Requirement								

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 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 Print): *Robert D. Davis*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Robert D. Davis*

TELEPHONE NO.: 6924757

DATE (Y/M/D):

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 // Placida Road
 Englewood FL 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: 1.50 / 3--*** NO DISCHARGE | | ***

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN

Please read instructions before completing this form *Reuse*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex	Frequency of Analysis	Date
		Average	Maximum	Units	Minimum	Average	Maximum				Units
CHLORIDE, TOTAL RESIDUAL	Sample Measurement				6.9		7.2			
PERMIT REQUIREMENT	Permit Requirement				MINIMUM		DAILY MAX	20	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement				0.9			(10)		
PERMIT REQUIREMENT	Permit Requirement				MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							(10)		
PERMIT REQUIREMENT	Permit Requirement							mg/L	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							(10)		
PERMIT REQUIREMENT	Permit Requirement							mg/L	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							(10)		
PERMIT REQUIREMENT	Permit Requirement							mg/L	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							(10)		
PERMIT REQUIREMENT	Permit Requirement							mg/L	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							(10)		
PERMIT REQUIREMENT	Permit Requirement							mg/L	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							(10)		
PERMIT REQUIREMENT	Permit Requirement							mg/L	SEE PERMIT	SEE PERMIT

I, the undersigned, 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, the information submitted 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Print Name): *Robert M. Pau*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Robert M. Pau*

TELEPHONE NO: 941 697-8959

DATE: 7/3/94

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

MAY 2001

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014053

Thru-month Average Daily Flow:
 Daily Flow % of Permitted Capacity:

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Flow (MGD)	0.63	0.79	0.54	0.6	0.8	0.33	0.5	0.7	0.7	0.3	0.5	0.8	0.8	0.3	0.3	0.7	0.4	0.4	0.4	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Chlorine Residual after Contact (mg/L as Cl ₂)	2.0	2.0	2.0	2.0	2.0	0.9	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
COD, Influent (mg/L as O ₂)																														
TSS Influent (mg/L)								200													192									
COD, Effluent (mg/L as O ₂)								153													340									
TSS Effluent (mg/L)								41													2									
NO ₃ -N Influent (mg/L as N)								103													0.6									
Total N Effluent (mg/L as N)								234													1.1									
Fecal Coliform (1/100ML)								41													41									
pH Influent, minimum	7.0	7.0	7.2	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0
pH Influent, maximum																														
Temp. (°F)	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)																														
DATE OF SAMPLE																														
Recess Fecal/Grab	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41	41
Recess TSS/Grab	0.6	0.5	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8
Recess to Pond	0.63	0.79	0.54	0.6	0.8	0.33	0.5	0.7	0.7	0.3	0.5	0.8	0.8	0.3	0.3	0.7	0.4	0.4	0.4	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Recess Flow	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recess Sample Time	1435	1430	1430	150			0915	1430	1430	1459	1500			1450	1503	1500	1510			1445	1350	1440	1505							

PLANT STAFFING:
 Day Shift Operator: Class: C Certificate No.: Name: Bob offer
 Evening Shift Operator: Class: Certificate No.: Name:
 Night Shift Operator: Class: Certificate No.: Name:
 Lead Operator: Class: C Certificate No.: 8946 Name: Robert Piron
 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.

P.B. (941)697-8959 Sandalhaven Utilities Jul 05 01 08:56a

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6877 Placida Road
 Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FKA9k4953

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

June 2001

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form. *Reuse*

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Cum. Tm
STATION CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum			
FLOW		Sample Measurement	047	071	(01)	070				
000450 1		Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MOD				SEE PERMIT	SEE PI
000450 1		Sample Measurement				184.5	198			
000450 1		Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PI
000450 1		Sample Measurement				188	216			
000450 1		Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PI
000450 1		Sample Measurement				1	1			
000450 1		Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PI
000450 1		Sample Measurement				0.6	40.6			
000450 1		Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PI
000450 1		Sample Measurement				22	2.99			
000450 1		Permit Requirement				REPORT WEEKLY AVG	REPORT MONTHLY AVG		SEE PERMIT	CH

I, the undersigned, certify 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 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 Print) *High local 6-1-01 Not notified by lab for retask* SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT *Paul J. Doe* TELEPHONE NO. *6374757* DATE (YY/MM) *-*

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 MCR FORM)

PERMITTEE NAME: Sandalwood Utility, Inc.

MAILING ADDRESS: 6811 Placida Road,

Englewood, FL 34224

PERMIT NUMBER:

MONITORING PERIOD - From:

June 2001

LIMIT: FINAL

CLASS SIZE:

FACILITY ID:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TEST SITE ID NO.:

WAFR SYSTEM ID NO.:

*** NO DISCHARGE [] ***

FACILITY:

LOCATION:

ATTN: Same

Please read instructions before completing this form. *Renae*

Parameter	STORM CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH						6.9		7.1	(3)			
000400 1 MINIMUM						6.9 MINIMUM		7.1 DAILY MAX	50		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL						2.0			(5)			
030060 1 EFFLUENT GROSS VALUE						MINIMUM			mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT)								5.39	(15)			
010620 1 EFFLUENT GROSS VALUE								120	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT)								8.43	(15)			
000600 1 EFFLUENT GROSS VALUE								REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CRODS, EFFLUENT						1.71			(10)			
030082 Y ANNUAL AVERAGE						REPORT ANNUAL AVG			mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT						1.88			(15)			
000530 Y ANNUAL AVERAGE						REPORT ANNUAL AVG			mg/L		SEE PERMIT	SEE PERMIT

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 fines and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT or your self	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
	<i>Renae</i>	(941) 697 4797	01-7-25

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEP LIMITS (REPLACE MORFORD)

ERMITTEE NAME: Sandalhaven Utility, Inc.

MAILING ADDRESS: 68 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FKA9R4953

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

June 2001

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form. *Reject*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			Nu. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW										
00000 1		0.42	.109	044						
MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVO.	PERMITTED CAPACITY	MOD					SEE PERMIT	SEE PERM
00000 0						184.5	198			
INFLUENT	Sample Measurement									
00000 0										
INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVO.	REPORT DAILY MAX.		SEE PERMIT	SEE PERM
00000 0						188	216			
INFLUENT	Sample Measurement									
00000 0										
INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVO.	REPORT DAILY MAX.		SEE PERMIT	SEE PERM
00000 1						1	1			
EFFLUENT	Sample Measurement									
00000 1										
EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVO.	REPORT DAILY MAX.		SEE PERMIT	SEE PERM
00000 1						0.6	606			
EFFLUENT	Sample Measurement									
00000 1										
EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVO.	REPORT DAILY MAX.		SEE PERMIT	SEE PERM
00000 1						2.99	60			
FORM, FINAL	Sample Measurement									
00000 1										
EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVO.	REPORT DAILY MAX.		SEE PERMIT	SEE PERM

I am 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 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 (Type or Print)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YYYYMMDD)

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

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 68 // Placida Road
Englewood Fl 34224

FACILITY: Same
LOCATION: Same

ATTN.

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE

TYPE OF EFFLUENT DISPOSAL:

June 2001

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

TYPE OF EFFLUENT DISPOSAL: 150/3-E** NO DISCHARGE | **

Please read instructions before completing this form. *Perce*

TYPE OF EFFLUENT DISPOSAL: <u>Recept</u>											
Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Remarks	
SECRET CODE	MON SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
009400	1				6.9		71	(12)			
MINIMUM					8.0 MINIMUM		83 DAILY MAX	70		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL											
00060	1				2.0			(19)			
EFFLUENT GROSS VALUE					MINIMUM			mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) REQUIRED IN THE PERMIT								(19)			
00620	1										
EFFLUENT GROSS VALUE							13.0	5.39	mg/l	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) REQUIRED IN THE PERMIT								8.93	(19)		
00600	1										
EFFLUENT GROSS VALUE							REPORT DAILY MAX	mg/l		SEE PERMIT	SEE PERMIT
METHODS, EFFLUENT											
00082	Y				1.71			(19)			
ANNUAL AVERAGE					REPORT ANNUAL AVO			mg/L		SEE PERMIT	SEE PERMIT
METHODS, EFFLUENT											
00530	Y				1.83			(19)			
ANNUAL AVERAGE					REPORT ANNUAL AVO			mg/L		SEE PERMIT	SEE PERMIT

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 have determined that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Robert P. Brown

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Robert P. Brown

TELEPHONE NO: 641 6934732

DATE: 01-7-25

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

June 2001

Sandalhaven Utility, Inc.

Facility ID: FLA014053

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .070
Daily Flow % of Permitted Capacity: 56%

Three-month Average Daily Flow: 070															Daily Flow % of Permitted Capacity: 56%															
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Flow (MGD)	0.48	0.43	0.43	0.44	0.40	0.45	0.49	0.49	0.62	0.31	0.35	0.31	0.49	0.29	0.46	0.47	0.56	0.38	0.47	0.41	0.52	0.59	0.71	0.39	0.46	0.60	0.32	0.51	0.60	0.34
Chlorine Residual after Contact (mg/L as Cl ₂)	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
CBO ₅ Influent (mg/L as O ₂)				171																										
TSS Influent (mg/L)				160															198											
CBO ₅ Effluent (mg/L as O ₂)																			216											
TSS Effluent (mg/L)				1															1											
NH ₃ Effluent (mg/L as N)				40.6															46											
Total N Effluent (mg/L as N)				223															8.43											
Fecal Coliform (/100ML)				<1																										
pH Effluent, minimum	7.1	7.1	7.0	7.0	7.0	7.1	7.0	7.0	7.0	7.0	6.9	7.1	7.0	7.0	7.0	7.0	7.1	7.1	7.1	7.1	7.1	7.0	7.0	7.0	7.0	7.0	7.1	7.0	7.0	7.1
pH Effluent, maximum																														
Temperature (M.T.U.)	47.6	47.1	47.3	45.1	45.7	40.1	40.4	55.2	73.2	73.1	73.2	62.8	78.4	71	73	64	72	74.2	72.9	73.5	77.0	67.8	73.2	73.3	72.1	70.1	71.1	72.9	73.1	71.9
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)	C			C														C												
TIME OF SAMPLE				0538														0920												
Reuse FGA/Grab	1			<1	<1	<1	<1					<1	<1	8	<1			<1	<1	<1	<1				1	<1	<1	<1		
Reuse TSS/Grab	46			46	46	46	46					40.6	40.6	40.6	40.6			40.6	40.6	40.6	40.6				40.6	40.6	40.6	40.6		
Reject to Pond	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reuse Flow	0.44	0.43	0.39	0.41	0.37	0.43	0.49	0.47	0.62	0.31	0.35	0.21	0.31	0	0.60	0.38	0.49	0.30	0.44	0.39	0.47	0.56	0.70	0.35	0.44	0.33	0.38	0.32	0	0
Reuse compl time	140			073	140	160	140					140	130	140	140			0725	1500	1600	1400				1300	1500	1400	1400		

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C Certificate No.: 6256
Class: C Certificate No.: 66394
Class: Certificate No.:
Class: C Certificate No.: 8946

Name: Bob offer
Name: Scott Sturmt
Name: ROBERT PAVAS
Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: X

Attach additional: as if necessary to list all certified operators. If you, cumulative days of weather discharge:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sandalhaven Util.
MAILING ADDRESS: 6811 Placida Rd.
Englewood Fl. 34424

FACILITY: Same
LOCATION: ATTN:

PERMIT NUMBER:
MONITORING PERIOD-From:
LIMIT: FINAL.
CLASS SIZE:
FACILITY ID:
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE:
TYPE OF EFFLUENT DISPOSAL:

July 2001
GROUP: DOMESTIC
OMS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:
*** NO DISCHARGE | | ***

Please read instructions before completing this form. *Florida*

Parameter	STORY CODE	MON. SITE No	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Thick	Minimum	Average	Maximum				Thick
FLOW											
030850 1 MONTHLY AVERAGE DAILY			064	129	054						
CBOD5, INFLUENT											
080082 0 INFLUENT GROSS VALUE											
TSS, INFLUENT											
00530 0 INFLUENT GROSS VALUE											
CBOD5, EFFLUENT											
080082 1 EFFLUENT GROSS VALUE											
TSS, EFFLUENT											
00530 1 EFFLUENT GROSS VALUE											
COLIFORM, FECAL											
031616 1 EFFLUENT GROSS VALUE											

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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
	<i>Ralt Pau</i>	(511) 697-4757	01/03/25

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sandalhaven Util.
 MAILING ADDRESS: 6711 PINEA RD.
EA7/a road F1342 R4

FACILITY:
 LOCATION:

ATTN:

PERMIT NUMBER:
 MONITORING PERIOD--From:
 LIMIT: FINAL
 CLASS SIZE:
 FACILITY ID:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE:
 TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC
 QMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

7-01

Please read instructions before completing this form.

Parameter	STORY CODE	MON. SYS. No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW			0	0	0						
050050 1 MONTHLY AVERAGE DAILY			REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD						
CBOD5, INFLUENT										SEE PERMIT	SEE PERMIT
080082 0 INFLUENT GROSS VALUE						125	147	(18)			
TSS, INFLUENT										SEE PERMIT	SEE PERMIT
00530 0 INFLUENT GROSS VALUE						110.7	124	(18)			
CBOD5, EFFLUENT										SEE PERMIT	SEE PERMIT
080082 1 EFFLUENT GROSS VALUE						1.7	2	(18)			
TSS, EFFLUENT										SEE PERMIT	SEE PERMIT
000530 1 EFFLUENT GROSS VALUE						0.6	10.6	(18)			
COLORIM. FECAL										SEE PERMIT	SEE PERMIT
031616 1 EFFLUENT GROSS VALUE						1	1	(18)			

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 (Print or Type)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
	<i>R. J. P.</i>	6977497	01/17/85

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

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014053

Month/Year: July 01

Days of the Month

Three-month Average Daily Flow: .054
Daily Flow % of Permitted Capacity: 43%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Flow (MGD)	0.0	0.6	0.2	0.5	0.5	0.7	0.7	0.5	0.3	0.3	0.8	0.8	0.9	0.5	0.7	0.3	0.6	0.4	0.0	0.1	0.6	0.6	0.9	0.6	0.5	0.6	0.7	0.7	0.8	0.7	
Chlorine Residual after Contact (mg/L as Cl ₂)	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	
COD, Influent (mg/L as O ₂)		147																													
TSS Influent (mg/L)		100														116															
COD, Effluent (mg/L as O ₂)																108															
TSS Effluent (mg/L)		2														2															
ECI, Influent (mg/L as H)		46														106															
Total N Effluent (mg/L as N)		16.8														1															
Fecal Coliform (1/100ML)		<1														133															
pH Influent, minimum																41															
pH Influent, maximum																															
Temp (N.T.U.)	70	70	70	70	70	70	70	70	70	70	70	69	69	69	69	69	69	70	70	70	70	70	70	70	70	70	70	70	70	70	
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
TIME OF SAMPLE	1500															C															
Residue Fecal / Grab	<1	<1		<1	<1				<1	<1	<1	<1				<1	<1	<1	<1					<1	<1	<1	<1				
Residue TSS / Grab	106	46		46	46				46	46	46	46				46	46	46	46					46	46	46	46				
Residue to Pond	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residue Flow	37	0.5	0.7	0.9	0.5	0.7	0.5	0.3	0.3	0.8	0.8	0.9	0.5	0.7	0.3	0.6	0.4	0.0	0.1	0.6	0.6	0.9	0.6	0.5	0.6	0.7	0.7	0.8	0.7	0.8	
Residue sample time	1500	1300		0.5	0.5				1530	1400	1400	1530				1500	1500	1400	1300					1420	1450	1400	1500				

PLANT STAFFING:

Don CHIA

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead OperatorClass: C Certificate No.: 6256
Class: Certificate No.:
Class: Certificate No.:
Class: C Certificate No.: 8946Name: Bob offer
Name:
Name:
Name: ROBERT PAVESType of Effluent Disposal or Reclaimed Water Reuse:
Limited Wet Weather Discharge Activated: Yes No: Not Applicable X If yes, cumulative days of weather discharge:

Also, in addition, use if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sandalhaven Utility Inc
MAILING ADDRESS: 6881 Placidia Rd.
Englewood Fl 34224

PERMIT NUMBER:
MONITORING PERIOD--From: August 2001
LIMIT: FINAL
CLASS SIZE:
FACILITY ID:

FACILITY:
LOCATION:
ATTN: Same

GROUP: DOMESTIC
CWS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:
*** NO DISCHARGE [] ***

DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE:
TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form. Reuse

Parameter	STOREY CODE	MON. SITE NO.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	1/min	Minimum	Average	Maximum			
FLOW								Units			
030850 1 MONTHLY AVERAGE DAILY CBOD5, INFLUENT			.066	.105	.059						
080852 0 INFLUENT CROSS VALUE TSS, INFLUENT							105	127			
08530 0 INFLUENT CROSS VALUE CBOD5, EFFLUENT							128	148			
080852 1 EFFLUENT CROSS VALUE TSS, EFFLUENT							1	1			
080530 1 EFFLUENT CROSS VALUE COLIFORM, FBAL							40.6	40.6			
091616 1 EFFLUENT CROSS VALUE							1	1			

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: Robt Paul
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Robt Paul
TELEPHONE NO.: 941 6974797
DATE (YY/MM/DD): 01-9-27

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:

PLANT SIZE/TREATMENT TYPE: 150/3-2* NO DISCHARGE (1)

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

Please read instructions before completing this form. *Review*

Parameter	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Date
		Average	Maximum	Units	Minimum	Average	Maximum				Units
PHOSPHORUS, TOTAL RESIDUAL		Sample Measurement				6.9		7.1	(12)	
PHOSPHORUS, TOTAL RESIDUAL		Permit Requirement				MINIMUM		DAILY MAX	54	SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement				2.0			(18)	
CHLORINE, TOTAL RESIDUAL		Permit Requirement				MINIMUM				SEE PERMIT
EFFLUENT GROSS VALUE		Sample Measurement							(18)	
EFFLUENT GROSS VALUE		Permit Requirement						595		SEE PERMIT
NITROGEN, TOTAL (as N)		Sample Measurement							(18)	
NITROGEN, TOTAL (as N)		Permit Requirement						2.75		SEE PERMIT
EFFLUENT GROSS VALUE		Sample Measurement						REPORT DAILY MAX	(18)	SEE PERMIT
EFFLUENT GROSS VALUE		Permit Requirement								SEE PERMIT
MODS, EFFLUENT		Sample Measurement				1.58			(18)	
MODS, EFFLUENT		Permit Requirement				REPORT ANNUAL AVO				SEE PERMIT
MODS, EFFLUENT		Sample Measurement				1.42			(18)	
MODS, EFFLUENT		Permit Requirement				REPORT ANNUAL AVO				SEE PERMIT

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

NAME OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Ralph Paine*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Ralph Paine*

TELEPHONE NO: 941 697-7575

DATE: 01-09-22

MENTION ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: **Sandhyanew Utility, Inc.**
 MAILING ADDRESS: **6811 Placiday Rd.**
Englewood, FL 34224

FACILITY:
 LOCATION:

ATTN: **Same**

PERMIT NUMBER:

MONITORING PERIOD--From: **4-2001** **August 2001**

LIMIT: FINAL

CLASS SIZE:

FACILITY ID:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

*** NO DISCHARGE [] ***

Please read instructions before completing this form. **Reject**

Parameter	STORY CODE	ANON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW											
030050 1 MONTHLY AVERAGE DAILY CBOD5, INFLUENT											
030052 0 INFLUENT GROSS VALUE											
TSS, INFLUENT											
00530 0 INFLUENT GROSS VALUE											
CBOD5, EFFLUENT											
080082 1 EFFLUENT GROSS VALUE											
TSS, EFFLUENT											
000530 1 EFFLUENT GROSS VALUE											
COLIFORM, FECAL											
031616 1 EFFLUENT GROSS VALUE											

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.

WAFR/STATE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type name)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE NO. **941 674797**
 DATE (YY/MM/DD) **01-09-01**

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 // Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From: ~~9-2001~~ August 2001

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: .150/3-0** NO DISCHARGE () **

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form. *Repeat*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Date of Test
		Average	Maximum	Units	Minimum	Average	Maximum				Units
CHLORINE, TOTAL RESIDUAL	Sample Measurement				69		7.1			
PERMIT REQUIREMENT	Permit Requirement				MINIMUM		DAILY MAX		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement				2.0					
PERMIT REQUIREMENT	Permit Requirement				MINIMUM		mpL		SEE PERMIT	SEE PERMIT
NITRATE (as N)	Sample Measurement						5.95			
PERMIT REQUIREMENT	Permit Requirement						15.0		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement						7.75			
PERMIT REQUIREMENT	Permit Requirement						REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample Measurement									
PERMIT REQUIREMENT	Permit Requirement								SEE PERMIT	SEE PERMIT
PHOS, EFFLUENT	Sample Measurement				1.58					
PERMIT REQUIREMENT	Permit Requirement				REPORT ANNUAL AVG		mpL		SEE PERMIT	SEE PERMIT
PHOS, EFFLUENT	Sample Measurement				1.42					
PERMIT REQUIREMENT	Permit Requirement				REPORT ANNUAL AVG		mpL		SEE PERMIT	SEE PERMIT

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, 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 (Type or Print): *Ralph P...* SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Ralph P...* TELEPHONE NO: 941 6974775 DATE: 10-09-27

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: 059
Daily Flow % of Permitted Capacity: 039

INT STAFFING:

Class: Certificate No.: 6256
Class: Certificate No.:
Class: Certificate No.:
Class: C Certificate No.: 8946

Name: Robert offer
Name:
Name:
Name: Robert PAVER

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEP LIMITS (REPLACES MON FORM)

PERMITTEE NAME: Sandalhaven Utility, Inc.

MAILING ADDRESS: 681 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FKA9K4953

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form.

Russ / Reelant

Parameter	MON. SITE NO.	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW		Sample Measurement	072	146	.067						
00050 1 MONTHLY AVERAGE DAILY		Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MOD					SEE PERMIT	SEE PERMIT
00050 0 INFLUENT GROSS VALUE		Sample Measurement				716	120	(19)			
00050 0 INFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00050 0 INFLUENT		Sample Measurement				1515	178	(19)			
00050 0 INFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00050 0 EFFLUENT		Sample Measurement				21	21	(19)			
00050 0 EFFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00050 0 EFFLUENT		Sample Measurement				4.6	4.6	(19)			
00050 0 EFFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00050 0 EFFLUENT		Sample Measurement				1.001	1.03	2	(19)		
00050 0 EFFLUENT GROSS VALUE		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	ORAN

I, the undersigned, under penalty of law that I have personally examined and am familiar with the information submitted hereto; 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 (print name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
	<i>Barb Go</i>	918974797	01-09-23

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TEST SITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form.

Reuse

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Notes
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
CHLORINE, TOTAL RESIDUAL	Sample Measurement				6.8		7.1	(15)			
MINIMUM	Period Requirement				MINIMUM		DAILY MAX	50		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement				134			(15)			
PERCENTAGE (as N)	Period Requirement				MINIMUM			mg/L		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement						.92	(15)			
PERCENTAGE (as N)	Period Requirement						12.0	mg/L		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							(15)			
PERCENTAGE (as N)	Period Requirement						REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement				1.29			(15)			
PERCENTAGE (as N)	Period Requirement				REPORT ANNUAL AVG			mg/L		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement				1.01			(15)			
PERCENTAGE (as N)	Period Requirement				REPORT ANNUAL AVG			mg/L		SEE PERMIT	SEE PERMIT

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 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 AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print) _____ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT _____ TELEPHONE NO. 941-697- _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

RDEP LIMITS (REPLACES MON FORM 1)

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 681 Placida Road
Englewood, FL 34224

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

9-2001

LIMIT: FINAL
CLASS SIZE:
FACILITY ID: PKA9L4953
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: .150/3-C** NO DISCHARGE () **
TYPE OF EFFLUENT DISPOSAL:

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

FACILITY: Same
LOCATION:
ATTN:

Please read instructions before completing this form.

Reject

Parameter	STREET CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum				Units
Flow			Sample Measurement	.012	.146	(M)					
000010 1 MONTHLY AVERAGE DAILY			Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MOD				SEE PERMIT	SEE PERMIT
000011 0 INFLUENT			Sample Measurement					176	120	(M)	
000012 0 INFLUENT GROSS VALUE			Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT
000013 0 INFLUENT			Sample Measurement					151.5	178	(M)	
000014 0 INFLUENT GROSS VALUE			Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT
000015 0 EFFLUENT			Sample Measurement					<1	<1	(M)	
000016 1 EFFLUENT GROSS VALUE			Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT
000017 0 EFFLUENT			Sample Measurement					0.6	<0.6	(M)	
000018 1 EFFLUENT GROSS VALUE			Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT
000019 0 FORM, FECAL			Sample Measurement					1.01	103	2	(M)
000020 1 EFFLUENT GROSS VALUE			Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT

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 (Typed Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y/Y/M/D)
	<i>Carl Ho</i>	911 697 4747	01-23

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6811 Placida Road
 Englewood FL 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				Units
PH	Sample Measurement				6.8		7.1	(15)		
PH 400 I MINIMUM	Permit Requirements				6.0 MINIMUM		8.3 DAILY MAX	EU	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement				1.34			(18)		
CHLORINE, TOTAL RESIDUAL	Permit Requirements				MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N) IF REQUIRED IN THE PERMIT	Sample Measurement						.92	(19)		
NITRATE (as N) IF REQUIRED IN THE PERMIT	Permit Requirements						12.0	mg/l	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) IF REQUIRED IN THE PERMIT	Sample Measurement							(19)		
NITROGEN, TOTAL (as N) IF REQUIRED IN THE PERMIT	Permit Requirements						REPORT DAILY MAX	mg/l	SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT	Sample Measurement				1.29			(19)		
BOD5, EFFLUENT	Permit Requirements				REPORT ANNUAL AVO			mg/L	SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement				1.01			(19)		
TSS, EFFLUENT	Permit Requirements				REPORT ANNUAL AVO			mg/L	SEE PERMIT	SEE PERMIT

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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE
	<i>Robert Pauer</i>	941-697	01-10-23

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

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

9-01

Facility ID: FLA014053

Three-month Average Daily Flow: 1067
Daily Flow % of Permitted Capacity: 44%

Month/Year:										Three-month Average Daily Flow: 1067 Daily Flow % of Permitted Capacity: 44%																						
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Flow (MGD)	2.7	2.6	2.4	2.7	2.6	2.0	2.7	2.8	2.5	2.8	2.6	2.5	2.3	2.0	1.6	2.7	2.8	2.9	2.9	2.8	2.9	2.8	2.6	2.6	2.3	2.3	2.3	2.3	2.3	2.3	2.3	
Chlorine Residual after Contact (mg/L as Cl ₂)	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	
CBOD ₅ Influent (mg/L as O ₂)																																
TSS Influent (mg/L)										112															120							
CBOD ₅ Effluent (mg/L as O ₂)										179															124							
TSS Effluent (mg/L)										1															21							
NH ₃ Effluent (mg/L as N)										0.6															0.6							
Total N Effluent (mg/L as N)																		2			92											
Fecal Coliform (#/100ML)										<1																						
pH Effluent, minimum	6.8	6.9	6.9	6.9	6.5	7.0	6.5	7.0	6.9	6.5	6.5	6.5	6.5	7.0	7.0	7.0	6.9	6.9	7.0	7.1	7.0	7.1	7.0	7.1	7.1	7.0	7.0	7.0	7.0	7.0	7.0	
pH Effluent, maximum																																
Feasibility (N.T.U.)	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)										C																						
TIME OF SAMPLE										7:15																						
Recess Fecal / Grab				<1	<1	<1	<1			<1	<1	<1	<1							<1	<1	<1	<1		<1	<1	<1	2				
Recess TSS / Grab				120	120	120	120			0.6	120	120	120							120	120	120	120		120	120	120	120	120	120	120	120
Reject to Pond	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Run Flow	0.7	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8
Recess sample time				1:50	1:50	1:50				1:50	1:50	1:50	1:50							1:10	1:10	1:10	1:10		1:10	1:10	1:10	1:10	1:10	1:10	1:10	1:10

LANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

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

Name: Bob Offe

Name:

Name:

Name:

Name: Robert Piv

Use of Effluent Disposal or Reclaimed Water Route:

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

Each addition: If necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 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: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 33533

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE: None

COUNTY: Charlotte

MONITORING PERIOD From: 10-01-01 To: 10-31-01

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.077						
PARM Code 50050 Y Mon Site No. OTH-1B (Rapid Rate)	Permit Requirement	0.15 (An Avg.)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	.066						
PARM Code 50050 Y Mon Site No. OTH-1B (Rapid Rate)	Permit Requirement	Report (Mo Avg.)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.71				
PARM Code 80082 Y Mon Site No. BEA-1	Permit Requirement			20.0 (An Avg.)	mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<1				
PARM Code 80082 Y Mon Site No. BEA-1	Permit Requirement			20.0 (Mo Avg.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			1.38				
PARM Code 00530 Y Mon Site No. BEA-1	Permit Requirement			20.0 (Mo Avg.)	mg/l		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
	<i>Ralt Paur</i>	9416977797	01-10-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandhaven WWTP

PERMIT NUMBER: FLA014053

MONITORING GROUP No.:

R-001 and Influent

MONITORING PERIOD From:

10-01-01 To

10-31-01

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				1.1						
PARM Code 00530 Mon Site No. EPA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	8-hour PPC
pH	Sample Measurement				6.9	7.1					
PARM Code 00400 Mon Site No. EPA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		pH		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement										
PARM Code 74055 Mon Site No. EPA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1						
PARM Code 74055 Mon Site No. EPA-1	Permit Requirement				Report (100 Geo. Mean)	800 (Max.)		#/100ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.97						
PARM Code 50060 Mon Site No. EPA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement										
PARM Code 00620 Mon Site No. EPA-1	Permit Requirement				120 (Max.)			mg/l		Every Two Weeks	8-hour PPC
Flow	Sample Measurement	077									
PARM Code 50050 Mon Site No. OTH-1B (Rapid Rate Pond)	Permit Requirement	0.15 (An. Avg.)		mgd						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	066	068								
PARM Code 50050 Mon Site No. OTH-1B (Rapid Rate Pond)	Permit Requirement	Report (Mo. Avg.)	Report (1-Mo. Avg.)	mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				101.7						
PARM Code 80082 Mon Site No. INP-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour PPC
Solids, Total Suspended	Sample Measurement				81.5						
PARM Code 00530 Mon Site No. INP-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour PPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 33533

MONITORING GROUP NUMBER: R-002

NO DISCHARGE FROM SITE:

COUNTY: Charlotte

MONITORING PERIOD From: 10-01-01 To 10-31-01

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.001						
PARM Code 50050 Y Mon Site No. OTH-1A (Reuse Storage Ponds)	Permit Requirement	0.100 (An Avg)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0						
PARM Code 50050 1 Mon Site No. OTH-1A (Reuse Storage Ponds)	Permit Requirement	Report (Mo Avg)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.71				
PARM Code 80082 Y Mon Site No. BFA-1	Permit Requirement			20.0 (An Avg)	mg/l		Every Two Weeks	8-hour RPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<1				
PARM Code 80082 1 Mon Site No. BFA-1	Permit Requirement			Report (Mo Avg)	mg/l		Every Two Weeks	8-hour RPC
Solids, Total Suspended	Sample Measurement			1.38				
PARM Code 00530 1 Mon Site No. BFA-1	Permit Requirement			50 (Max)	mg/l		5 Days/Week	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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)
	<i>Robert Pauer</i>	941/697-1797	01-10-18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP

PERMIT NUMBER: FLA014053

MONITORING GROUP No.:

R-002

MONITORING PERIOD

From:

10-1-00

To

10-30-01

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.9	7.1					
PARM Code 00400 Mon Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		u		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			21						
PARM Code 74055 Mon Site No. EPA-1	Permit Requirement			Non-Detectable (1000)	25 (Max.)		#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.97						
PARM Code 50060 Mon Site No. EPA-1	Permit Requirement			1.0 (Min.)			mg/l		Continuous	Grab
Turbidity	Sample Measurement			2.011						
PARM Code 00070 Mon Site No. EPA-1	Permit Requirement			1 (Max.)			ntu		Continuous	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014053

Monitoring Period

From: 10-2-01

To: 10-31-01

Facility: Sandalhaven WWTP

	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	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)
				<i>bi weekly</i>	<i>Reus</i>							
Code	50050	80082	80082	00530	00530	00530	00400	74055	50060	50060	00620	00070
Mon. Site	OTH-1A& OTH-1B	EFA-1	INF-1	EFA-1	EFB-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1
1	073						7.0		2.0			.503
2	044				<0.6		7.0	<1	2.0			.611
3	047				<0.6		7.0	<1	2.0			.601
4	051				<0.6		7.0	<1	2.0			.511
5	058				<0.6		7.1	<1	2.0			.681
6	056						7.0		2.0			.571
7	094						7.0		1.97			.501
8	049	* <1		<0.6	172	<0.6	6.9	<1	2.0			.711
9	057				<0.6		7.0	<1	2.0			.613
10	054				<0.6		7.0	<1	2.0			.501
11	064				<0.6		7.0	<1	2.0			.511
12	079		173			94	6.9		2.0			.429
13	051						7.0		2.0			.653
14	080						7.0		2.0			.683
15	074						7.0		2.0			.707
16	049				0.6		6.9	<1	2.0			2.011
17	060				0.8		6.9	<1	2.0			.444
18	057				<0.6		7.0	<1	2.0			.562
19	055				<0.6		7.0	<1	2.0			.543
20	056						7.0		2.0			.613
21	097						6.9		2.0			.711
22	091	<1	134	1.6	1.9	150	6.9	<1	2.0			1.151
23	076				1.4		7.0	<1	2.0			1.071
24	078				0.9		7.0	<1	2.0			.781
25	084				<0.6		7.0	<1	2.0			.612
26	086						7.0		2.0			.394
27	066						7.0		2.0			.317
28	084						7.0		2.0			.279
29	047						7.0		2.0			.439
30	047				<0.6		7.0	<1	2.0			.312
31	080				<0.6		7.0	<1	2.0			.307
Total	2.043	<1	308.0	3.2		244.59						
Mo. Avg.	066	<1	101.7	1.1		81.5						

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

Name:

Bob Offer

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Head Operator

Class: 22C

Certificate No:

8946

Name:

Robert Pauer

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 33533

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

COUNTY: Charlotte

MONITORING PERIOD From: 11-01-01 To 11-30-01

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.14				0		
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	0				0		
PARM Code 50050 I Mon. Site No. OTH-1B (Rapid Rate Ponds)	Permit Requirement	Report (Mo Avg.)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.35		0		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An Avg.)	mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.5	2	0		
PARM Code 80082 I Mon. Site No. EPA-1	Permit Requirement			Report (Mo Avg.)	60.0 (Max)		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			1.28		0		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			120.0 (An Avg.)	mg/l		Every Two Weeks	8-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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)
	<i>Paul J. Bann</i>	941 697-9747	12-16-01

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP

PERMIT NUMBER: FLA014053
MONITORING PERIOD From:

MONITORING GROUP No.:
To:

R-001 and Influent
11-01-02 11-30-01

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			6.6	20.6			0		
PARM Code 00530 Mon Site No. EPA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	8-hour FPC
pH	Sample Measurement			6.9	7.1			0		
PARM Code 00400 Mon Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		U		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.08				0		
PARM Code 74055 Mon Site No. EPA-1	Permit Requirement			200 (Ani Avg.)			#/100ml		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Mon Site No. EPA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.4				0		
PARM Code 50060 Mon Site No. EPA-1	Permit Requirement			0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.36				0	N/A	
PARM Code 00620 Mon Site No. EPA-1	Permit Requirement			12.0 (Max.)			mg/l		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	.014						0		
PARM Code 50050 Mon Site No. OTH-1B (Rapid Rate Pond)	Permit Requirement	0.15 (An. Avg.)	mgd						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0 .004						0		
PARM Code 50050 Mon Site No. OTH-1B (Rapid Rate Pond)	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			20.1				0		
PARM Code 80082 Mon Site No. INP-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			151				0		
PARM Code 00530 Mon Site No. INP-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
Altamonte Springs, FL 32714

PERMIT NUMBER FLA014053

LIMIT:
CLASS SIZE:

Final
N/A

REPORT
GROUP:

Monthly
Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 33533

MONITORING GROUP NUMBER: R-002

NO DISCHARGE FROM SITE:

COUNTY: Charlotte

MONITORING PERIOD From: 11-01-01 To 11-30-01

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	086				0		
PARM Code 50050 Y Mon Site No. OTH-1A (Reuse Storage Pond)	Permit Requirement	0.100 (An Avg.)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	067				0		
PARM Code 50050 I Mon Site No. OTH-1A (Reuse Storage Pond)	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.35		0		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)	mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.5	2	0		
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max)		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			40.6		0		
PARM Code 00530 I Mon Site No. EFB-1	Permit Requirement			5.0 (Max)			Days/Week	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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)
	<i>Ruth Pau</i>	941 6974757	12-16-01

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sundalhaven WWTP

PERMIT NUMBER: FLA014053
MONITORING PERIOD From

MONITORING GROUP No. 11-01-01 To

R-002 11-30-01

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.9	7.1			0		
PARM Code 00400 Mon Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			5		
PARM Code 74055 Mon Site No. EPA-1	Permit Requirement			Non Detectable (7.5)	25 (Max.)		#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.4				0		
PARM Code 50060 Mon Site No. EPA-1	Permit Requirement			1.0 (Min.)			mg/l		Continuous	Grab
Turbidity	Sample Measurement			1.24				0		
PARM Code 00070 Mon Site No. EPA-1	Permit Requirement			(Max.)			ntu		Continuous	Meter
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014053

Facility: Sandalhaven WWTP

Monitoring Period From: 11-01-01 To 11-30-01

	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	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 (ntu)
				Rever	Direct			4055				
Code	50050	80082	80082	00530	00530	00530	00400	74055	50060	50060	00620	00070
Mon. Site	OTH-1A& OTH-1B	EFA-1	INF-1	EFA-1	EFB-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1
1	063			<0.6			7.0	<1	2.0			.371
2	061			<0.6			7.0	<1	2.0			.327
3	069						7.0		2.0			.20
4	079						7.0		2.0			.617
5	060	<1	179	<0.6	<0.6	124	7.0	<1 / <1	2.0			1.241
6	072			<0.6			7.0	<1	2.0			.601
7	072			<0.6			7.0	<1	2.0			.413
8	070			<0.6			7.0	<1	2.0			.371
9	074						7.0		2.0			.340
10	070						7.0		2.0			.279
11	066						7.0		2.0			.326
12	069						7.0		2.0			.406
13	039			<0.6			6.9	<1	2.0			.471
14	062			<0.6			7.0	<1	1.4			.401
15	073			<0.6			7.0	<1	2.0			.407
16	051			<0.2			7.0	<1	2.0			.649
17	078						7.0		2.0			.391
18	070						7.0		2.0			.671
19	076	2	223	0.7	<0.6	178	7.0	<1 / <1	2.0		0.36	.701
20	074			0.7			7.0	<1	1.7			.331
21	069			0.8			6.9	<1	2.0			.624
22	071			0.6			6.9	<1	2.0			.501
23	.062						7.0		2.0			.531
24	.080						7.0		2.0			.613
25	.110						7.1		2.0			.572
26	.054						7.1		2.0			.575
27	034			0.9			7.1	<1	2.0			.653
28	059			1.1			7.1	<1	2.0			.672
29	060			1.0			7.1	<1	2.0			.813
30	061			<0.6			7.0	<1	2.0			.717
31												
Total	2.008	3	462	9.9	<0.12	302	210.2	<16 / <12	59.1			16.218
Mo. Avg.	.067	1.5	201	.55	<0.6	151	7.01	<1 / <1	1.97			.541

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C
Class:
Class:
Class: C

Certificate No:
Certificate No:
Certificate No:
Certificate No: 2946

Name: Bob Offer
Name:
Name:
Name: Robert Paver

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 33533

MONITORING GROUP NUMBER: R-002

NO DISCHARGE FROM SITE:

COUNTY: 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	0.074				⊕		
PARM Code 50050 Mon Site No. OTH-1A (Reuse)	Permit Requirement	0.100 (Mo. Avg.)	mgd				5 Days/Week	Flow meters
Flow	Sample Measurement	0.067				⊕		
PARM Code 50050 Mon Site No. OTH-1A (Reuse)	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.61		⊕		
PARM Code 80082 Mon Site No. BPA-1	Permit Requirement			20.0 (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3	3	⊕		
PARM Code 80082 Mon Site No. BPA-1	Permit Requirement			20.0 (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			<0.6		⊕		
PARM Code 00530 Mon Site No. OTH-1A	Permit Requirement			1.0 (Mo. Avg.)	mg/l		5 Days/Week	Gravimetric

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 JM Paver Head opp.	Robert JM Paver	941 6974797	02-01-09

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

Sandalhaven Utilities

(941) 697-8959

P.1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT:
CLASS SIZE:

Final
N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 33533

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

COUNTY: 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 Y Mon Site No. OTH-1B (Rapid Rate)	Permit Requirement	0.15 (An Avg)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0				0		
PARM Code 50050 Y Mon Site No. OTH-1B (Rapid Rate)	Permit Requirement	Report (Mo Avg)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.61				
PARM Code 80082 Y Mon Site No. FA-10	Permit Requirement			20.0 (An Avg)	mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3	3	0		
PARM Code 80082 Y Mon Site No. FA-10	Permit Requirement			20.0 (An Avg)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			1.37		0		
PARM Code 80130 Y Mon Site No. FA-10	Permit Requirement			20.0 (An Avg)	mg/l		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ROBERT J M PAUER head op.	<i>Robert J M Pauer</i>	941 6974797	12-08-09

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandhaven WWTP

PERMIT NUMBER: FLA014053
MONITORING PERIOD From

MONITORING GROUP No.:
12-01-01 To

R-001 and Influent
12-30-01

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				40.6	≤06				
PARM Code 00530 Mon Site No. EPA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)	mg/l		Every Two Weeks	8-hour PPC
pH	Sample Measurement				6.9	7.1		0		
PARM Code 00400 Mon Site No. EPA-1	Permit Requirement				6.0 (Min)	8.5 (Max)			5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			0		
PARM Code 74053 Mon Site No. EPA-1	Permit Requirement				200 (Max)		/100ml		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Mon Site No. EPA-1	Permit Requirement				Report (Mon Avg) (5 day)	800 (Max)	/100ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0					
PARM Code 50060 Mon Site No. EPA-1	Permit Requirement				0.5 (Min)		mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.8			0	N/A	
PARM Code 00620 Mon Site No. EPA-1	Permit Requirement				12.0 (Max)		mg/l		Every Two Weeks	8-hour PPC
Flow	Sample Measurement	0.074								
PARM Code 50050 Mon Site No. OTH-1B (Rapid Rate Flow)	Permit Requirement	0.15 (An Avg)		mgd					5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.067	0.067					0		
PARM Code 50050 Mon Site No. OTH-1B (Rapid Rate Flow)	Permit Requirement	Report (Mo Avg)	Report (3 Mo Avg)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				236.33			0		
PARM Code 80082 Mon Site No. OTH-1B	Permit Requirement				Report (Mo Avg)		mg/l		Every Two Weeks	8-hour PPC
Solids, Total Suspended	Sample Measurement				177.07			0		
PARM Code 00540 Mon Site No. EPA-1	Permit Requirement									8-hour PPC

Sandhaven Utilities

(941) 697-8959

P.4

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA014053

Facility: Sandalhaven WWTP

Monitoring Period

From: 12-1-01

To: 12-30-01

	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	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	74053	50060	50060	00620	00070
Mon. Site	OTH-1A & OTH-1B	EFA-1	INF-1	EFA-1	EFB-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1
1	090						7.1		2.0			0.671
2	080						7.1		2.0			0.401
3	073	42	181	<0.6	1.1	1602	7.0	41/41	2.0		0.80	0.613
4	063				0.8		7.1	41	2.0			0.80
5	066				0.6		7.1	41	2.0			0.571
6	063				0.8		7.1	41	2.0			0.445
7	063						7.1		2.0			0.395
8	080						7.1		2.0			0.429
9	072						7.1		2.0			0.469
10	048				<0.6		7.0	<1	2.0			0.371
11	068				<0.6		7.0	<1	2.0			0.311
12	064				<0.6		7.1	<1	2.0			0.401
13	051				0.7		7.0	<1	2.0			0.411
14	074						7.0		2.0			0.351
15	063						7.1		2.0			0.413
16	060						7.0		2.0			0.371
17	050	42	194	<0.6	<0.6	103	7.0	41/41	2.0			0.371
18	068				<0.6		6.9	<1	2.0			0.371
19	063				<0.6		7.0	<1	2.0			0.301
20	052				<0.6		7.0	<1	2.0			0.289
21	071				.		7.0		2.0			0.541
22	063						7.0		2.0			0.204
23	077						7.0		2.0			0.211
24	056						7.0		2.0			0.312
25	070				<0.6		7.0	<1	2.0			0.251
26	069				<0.6		7.0	<1	2.0			0.287
27	067				<0.6		7.0	<1	2.0			0.285
28	069				<0.6		6.9	<1	2.0			0.251
29	072						6.9		2.0			0.351
30	081						6.9		2.0			0.361
31	070	3	334	<0.6	<0.6	268	7.0	<1	2.0		0.79	0.441
Total	2.086	7	709	<0.19	11.2	531.2	217.6	<19	62		1.59	12.25
Mo. Avg	0.067	23	23633	0.6	0.66	172.07	7.0	51	2.0		0.80	0.395

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C
Class: C
Class: C
Class: C

Certificate No: 6256
Certificate No: 8946

Name: Bob O'Neil
Name: Robert Paul

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

Docket No. 020409

25.30-440(1)
Operation Reports
2000

Test Year Ended December 31, 2001

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: *January 00*

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: *Reclaim/Reuse*

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STREET CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	00000 1 MONTHLY AVERAGE DAILY	Sample Measurement	<i>.090</i>	<i>.113</i>	(03)	.....	.....	.....
		Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD	.....	.....	.....		SEE PERMIT	SEE PERMIT
GROSS, INFLUENT	00002 G INFLUENT GROSS VALUE	Sample Measurement	.....	.....	.....	<i>217</i>	.....	(19)			
		Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	00010 G INFLUENT GROSS VALUE	Sample Measurement	.....	.....	.....	<i>242</i>	.....	(19)			
		Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
GROSS, EFFLUENT	00002 1 EFFLUENT GROSS VALUE	Sample Measurement	.....	.....	.....	<i>1.6</i>	.....	(19)			
		Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	00010 1 EFFLUENT GROSS VALUE	Sample Measurement	.....	.....	.....	<i>10.7</i>	.....	(19)			
		Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	00016 1 EFFLUENT GROSS VALUE	Sample Measurement	.....	.....	.....	<i>41</i>	<i>41</i>	<i>41</i>	(13)		
		Permit Requirement	.....	.....	.....	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100mL	SEE PERMIT	GRAB

I, the undersigned, 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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Robert Offer, Operator	<i>[Signature]</i>	941 474-5191	00-2-27

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6811 Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From: *January 00*

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL: Ponds

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form.

Parameter	Sample Type	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PHOSPHATE (as P) PERMIT REQUIRED IN THE PERMIT	Sample Measurement	.....	.....	.....	6.7	.....	7.2	(12)			
PHOSPHATE (as P) PERMIT REQUIRED IN THE PERMIT	Permit Requirement	.....	.....	.....	6.0 MINIMUM	.....	8.5 DAILY MAX	5U		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	3.0	.....	.....	(19)			
CHLORINE, TOTAL RESIDUAL	Permit Requirement	.....	.....	.....	.....	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) PERMIT REQUIRED IN THE PERMIT	Sample Measurement	.....	.....	.....	.....	.....	3.005	(19)			
NITRATE (as N) PERMIT REQUIRED IN THE PERMIT	Permit Requirement	.....	.....	.....	.....	.....	120	mg/l		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) PERMIT REQUIRED IN THE PERMIT	Sample Measurement	.....	.....	.....	.....	.....	.....	(19)			
NITROGEN, TOTAL (as N) PERMIT REQUIRED IN THE PERMIT	Permit Requirement	.....	.....	.....	.....	.....	REPORT DAILY MAX	mg/l		SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT	Sample Measurement	.....	.....	.....	1.49	.....	.....	(19)			
BOD5, EFFLUENT	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	.....	.....	.....	0.88	.....	.....	(19)			
TSS, EFFLUENT	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L		SEE PERMIT	SEE PERMIT

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 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 Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (MM/DD/YY)
Robert Offer, Operator	<i>Robert Offer</i>	941-474-5191	00-3-27

STATEMENT 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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: January 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

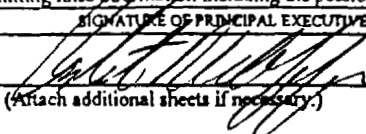
FACILITY: Same

LOCATION: ATTN:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW				(03)							
00010 1 MONTHLY AVERAGE DAILY	Sample Measurement	.117	.123								
	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD						SEE PERMIT	SEE PERMIT
00003, INFLUENT	Sample Measurement					217		(19)			
00002 G INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00004, INFLUENT	Sample Measurement					242		(19)			
00003 G INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00005, EFFLUENT	Sample Measurement					1.6		(19)			
00002 1 EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00006, EFFLUENT	Sample Measurement					<0.7		(19)			
00003 1 EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00007, FORMAL	Sample Measurement				<1	<1	<1	(13)			
00006 1 EFFLUENT GROSS VALUE	Permit Requirement				REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100mL		SEE PERMIT	GRAB

I, the undersigned, 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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Robert Offer, Operator		941 474-5191	00-2-27

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6811 Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038
 MONITORING PERIOD--From: *January 00*
 LIMIT: FINAL

FACILITY: Same
 LOCATION: ATTN

CLASS SIZE:
 FACILITY ID: FLA014053
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: .150/3-**C** NO DISCHARGE [] *****
 TYPE OF EFFLUENT DISPOSAL: *Reclaim/Reuse*

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

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No Ex.	Frequency of Analysis	Sample Type
SECRET CODE	MON SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units		
000400 I		Sample Measurement	.....	.....	.....	6.7	.....	7.2	(12)	
MINIMUM		Permit Requirement	.....	.....	.....	60 MINIMUM	.....	85 DAILY MAX	5U	SEE PERMIT SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement	.....	.....	.....	2.0	.....	.....	(19)	
000600 I		Permit Requirement	.....	.....	.....	MINIMUM	.....	.....	mg/L	SEE PERMIT SEE PERMIT
EFFLUENT GROSS VALUE		Sample Measurement	.....	.....	.....	.....	.....	3.005	(19)	
CONCENTRATE (as N)		Permit Requirement	.....	.....	.....	.....	.....	12.0	mg/l	SEE PERMIT SEE PERMIT
000620 I		Sample Measurement	.....	.....	.....	.....	.....	.....	(19)	
EFFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	.....	.....	REPORT DAILY MAX	mg/l	SEE PERMIT SEE PERMIT
NITROGEN, TOTAL (as N)		Sample Measurement	.....	.....	.....	.....	.....	.....	(19)	
CONCENTRATE (as N)		Permit Requirement	.....	.....	.....	.....	.....	REPORT DAILY MAX	mg/l	SEE PERMIT SEE PERMIT
000600 I		Sample Measurement	.....	.....	.....	.....	.....	.....	(19)	
EFFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	.....	.....	.....	mg/L	SEE PERMIT SEE PERMIT
BOD5, EFFLUENT		Sample Measurement	.....	.....	.....	1.49	.....	.....	(19)	
00082 Y		Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L	SEE PERMIT SEE PERMIT
ANNUAL AVERAGE		Sample Measurement	.....	.....	.....	0.88	.....	.....	(19)	
SS, EFFLUENT		Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L	SEE PERMIT SEE PERMIT
000530 Y		Sample Measurement	.....	.....	.....	.....	.....	.....	(19)	
ANNUAL AVERAGE		Permit Requirement	.....	.....	.....	.....	.....	.....	mg/L	SEE PERMIT SEE PERMIT

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 (TYPE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (MM/DD/YY)
Robert Offer, Operator	<i>[Signature]</i>	941-474-5191	00-2-27

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014053

Month/Year: January 2000

Three-month Average Daily Flow: .080
Daily Flow % of Permitted Capacity: 53%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31																																																																
Flow (MGD)	Reclaimed																														0.93	0.94	0.93	0.91	0.85	0.80	0.83	0.91	0.94	0.88	0.82	0.85	0.90	0.75	1.10	0.87	0.88	0.97	0.97	0.94	1.30	0.85	0.84	1.08	1.18	1.07	0	0	%																																			
Chlorine Residual after Contact (mg/L as Cl ₂)																															3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0																																			
COD, Influent (mg/L as O ₂)																																									217											216																																										
TSS Influent (mg/L)																																									257											226																																										
COD, Effluent (mg/L as O ₂)																																									1.6											<1																																										
TSS Effluent (mg/L)																															2.0	<0.7				0.7	2.4	<0.7				1.0	<0.7				0.7	1.0				0.9	2.0	2.1	<7				1.8	1.1	1.3																																	
NO ₃ Effluent (mg/L as N)																																									1.9											4.0																																										
Total N Effluent (mg/L as N)																																																																																														
Fecal Coliform (#/100ML)																															<1	<1				<1	<1	<1				<1	<1	<1				<1	<1				<1	<1				<1	<1																																			
pH effluent, minimum																															6.8	6.7	6.8	6.9	6.8	6.8	6.7	6.8	6.9	7.0	6.8	6.8	6.9	6.8	6.9	7.0	6.8	6.8	6.9	7.0	6.9	7.0	6.9	7.0	7.0	7.1	7.2	7.2	7.1																																			
pH effluent, maximum																																																																																														
Turbidity (N.T.U.)																															8.0	9.2	1.4	0.9	0.6	0.5	0.4	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1																																			
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)																															G				G				G				G				G				G				G				G																																			
TIME OF SAMPLE																															1430				1400				1400				1400				1100				1145				1500				1400				1200				1300				1400				1300				1400				1500				1500				1400			
Flow MGD ^{to ponds}																															0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																		
Sludge Analysis																																																																																														

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead OperatorClass: Certificate No.:
Class: Certificate No.:
Class: Certificate No.:
Class: C Certificate No.: 6256Name:
Name:
Name:
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.

DEP Form 62-630.910(10), Effective November 29, 1994

Robert Offer is a sampling technician. He will contact Bob Offer. TSS + Fecals are supposed to be 5 days/week. Also test COD whenever at pond to the pond pump. Supposed to be weekly. Bob pump the water out of the pond to the pond.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

APR 14 2000

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 681/ Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD--From: February 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 []**

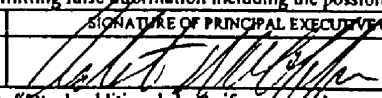
TYPE OF EFFLUENT DISPOSAL: Reclaim/Reuse

FACILITY: Same
LOCATION:
ATTN:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
SECRET CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW		Sample Measurement	104	130	(03)						
000050 1	MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD					SEE PERMIT	SEE PERMIT
000055, INFLUENT		Sample Measurement				339.5		(19)			
000082 G	EFFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
000082 G	EFFLUENT GROSS VALUE	Sample Measurement				383		(19)			
000082 G	EFFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
000085, EFFLUENT		Sample Measurement				1.8		(19)			
000082 1	EFFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
000085, EFFLUENT		Sample Measurement				1.9		(19)			
000082 1	EFFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
000085, EFFLUENT		Sample Measurement				<1	<1	<1	(13)		
000082 1	EFFLUENT GROSS VALUE	Permit Requirement				REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	N/100mL	SEE PERMIT	GRAB

I declare 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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert Offer, Operator		941 474-5191	00-3-24

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6811 Placida Road
 Englewood Fl 34224

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.:

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

TYPE OF EFFLUENT DISPOSAL: *Reclaim/Reuse*

FACILITY: Same

LOCATION:
 ATTN:

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				Units
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	6.6	.....	7.1	(12)		
CHLORINE, TOTAL RESIDUAL	Permit Requirement	.....	.....	.....	6.0 MINIMUM	.....	8.5 DAILY MAX	5U	SEE PERMIT	SEE PERMIT
AMMONIA NITROGEN, TOTAL (as N)	Sample Measurement	.....	.....	.....	2.0	.....	.....	(19)		
AMMONIA NITROGEN, TOTAL (as N)	Permit Requirement	.....	.....	.....	MINIMUM	.....	.....	mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N)	Sample Measurement	.....	.....	.....	.....	.....	40.05	(19)		
NITRATE (as N)	Permit Requirement	.....	.....	.....	.....	.....	120	mg/l	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample Measurement	.....	.....	.....	.....	.....	.....	(19)		
NITROGEN, TOTAL (as N)	Permit Requirement	.....	.....	.....	.....	.....	REPORT DAILY MAX	mg/l	SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT	Sample Measurement	.....	.....	.....	1.51	.....	.....	(19)		
BOD5, EFFLUENT	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L	SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	.....	.....	.....	.96	.....	.....	(19)		
TSS, EFFLUENT	Permit Requirement	REPORT ANNUAL AVG	mg/L	SEE PERMIT	SEE PERMIT

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE/TIME
Robert Offer, Operator	<i>[Signature]</i>	941-474-5191	00-3-24

STATEMENT 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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: February 2000

LIMIT: FINAL

CLASS SIZE:

GROUP: DOMESTIC

FACILITY: Same

FACILITY ID: FKA9k4953

GMS TESTSITE ID NO.:

LOCATION:

DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO.:

ATTN:

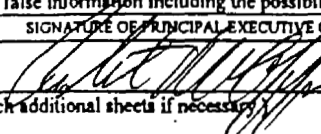
PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE []***

TYPE OF EFFLUENT DISPOSAL: Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
SMPLT CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW		Sample Measurement	.101	.113	(03)	.....	.....	.....
00050 1	MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD	.....	.....	.....		SEE PERMIT	SEE PERMIT
00005, INFLUENT		Sample Measurement	.....	.....	.....	339.5	.....	(19)			
00002 G	EFFLUENT GROSS VALUE	Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00001, INFLUENT		Sample Measurement	.....	.....	.....	383	.....	(19)			
00000 G	EFFLUENT GROSS VALUE	Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00005, EFFLUENT		Sample Measurement	.....	.....	.....	1.8	.....	(19)			
00002 1	EFFLUENT GROSS VALUE	Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00001, EFFLUENT		Sample Measurement	.....	.....	.....	1.9	.....	(19)			
00000 1	EFFLUENT GROSS VALUE	Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00001, FORMAL		Sample Measurement	.....	.....	.....	<1	<1	<1	(13)		
00006 1	EFFLUENT GROSS VALUE	Permit Requirement	.....	.....	.....	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100mL	SEE PERMIT	GRAB

I, the undersigned, 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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Robert Offer, Operator		941 474-5191	00-3-24

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6811 Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038
 MONITORING PERIOD--From: *February 2000*
 LIMIT: FINAL

FACILITY: Same
 LOCATION:
 ATTN:

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: Ponds

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No Ex.	Frequency of Analysis	Date of Type
		Average	Maximum	Units	Minimum	Average	Maximum				Units
SECRET CODE MON SITE No.										
000400 1 MINIMUM	Sample Measurement	.....	.....	.....	6.6	.....	7.1	(12)		
	Permit Requirement	.....	.....	.....	6.0 MINIMUM	.....	8.5 DAILY MAX	5U	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	2.0	.....	.....	(19)		
00060 1 EFFLUENT GROSS VALUE	Permit Requirement	.....	.....	.....	MINIMUM	.....	.....	mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N) (AS REQUIRED IN THE PERMIT)	Sample Measurement	.....	.....	.....	.....	.....	40.05	(19)		
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	.....	.....	.....	.....	.....	12.0	mg/l	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (AS REQUIRED IN THE PERMIT)	Sample Measurement	.....	.....	.....	.....	.....	.....	(19)		
000600 1 EFFLUENT GROSS VALUE	Permit Requirement	.....	.....	.....	.....	.....	REPORT DAILY MAX	mg/l	SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT	Sample Measurement	.....	.....	.....	1.51	.....	.....	(19)		
00082 Y ANNUAL AVERAGE	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L	SEE PERMIT	SEE PERMIT
SS, EFFLUENT	Sample Measurement	.....	.....	.....	96	.....	.....	(19)		
000530 Y ANNUAL AVERAGE	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L	SEE PERMIT	SEE PERMIT

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 AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE OF SIGNATURE
Robert Offer, Operator	<i>[Signature]</i>	941-474-5191	00-3-24

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

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014053

Month/Year: February 2000

Three-month Average Daily Flow: 1,090 mgd
Daily Flow % of Permitted Capacity: 60%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Flow (MGD)	Reclaim/Reuse	0	100	0	0	0	0	0	0	0	0	0	126	173	113	108	125	125	123	108	103	113	113	109	130	114	112	107		
Chlorine Residual after Contact (mg/L as Cl ₂)		2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
CBOD, Influent (mg/L as O ₂)													244											7435						
TSS Influent (mg/L)													176											590						
CBOD, Effluent (mg/L as O ₂)													1.7											1.9						
TSS Effluent (mg/L)		20												1.8	4.5		6.7	1.4						2.0	6.7				1.0	Reject/Ponds
NH ₃ Effluent (mg/L as N)													4005											4005						
Total N Effluent (mg/L as N)																														
Fecal Coliform (#/100ML)		<1												<1	<1		<1	<1				<1	<1	<1				<1		
pH effluent, minimum		6.9	6.8	6.9	7.0	6.6	6.8	6.7	6.7	6.8	6.9	6.7	6.8	6.8	6.9	6.8	6.7	6.8	6.9	7.0	7.0	7.1	7.0	7.0	7.1	7.1	7.1	7.0	7.1	
pH effluent, maximum																														
Turbidity (N.T.U.)		1.9	1.5	3.4	2.4	3.4	2.1	2.6	3.2	2.5	1.9	1.6	1.7	1.9	1.7	1.8	1.8	1.9	1.4	1.8	2.0	1.8	1.7	1.6	1.9	1.7	1.6	1.1	1.7	1.1
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)		G												C	G		G	G			G		G	C	G			G		
TIME OF SAMPLE		1400												1500	1300		1400	1500			1000		1200	1300	1500			1130		
Flow Ponds		107	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
← making ELECTRIC plant Adjustment phase →																														
Yearly Reclaimed/Reuse																														
1st Quarter Monitor Wells																														

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead OperatorClass: Certificate No.:
Class: Certificate No.:
Class: Certificate No.:
Class: C Certificate No.: 6256Name:
Name:
Name:
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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: Sandalhaven Utility, Inc.

MAILING ADDRESS: 6800 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD--From: March 2000

LIMIT: FINAL

CLASS SIZE:

GROUP: DOMESTIC

FACILITY ID: FKA9k4953

GMS TESTSITE ID NO.:

DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO.:

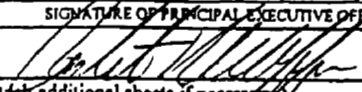
PLANT SIZE/TREATMENT TYPE: .150/3-C** NO DISCHARGE []**

TYPE OF EFFLUENT DISPOSAL: Reclaim/Reuse

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
STREET CODE MON. SITE No.										
00000 1	Sample Measurement	105	129	(03)						
MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD					SEE PERMIT	SEE PERMIT
00005, INFLUENT	Sample Measurement					323		(19)		
00002 G	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE										
00000 G	Sample Measurement					410		(19)		
INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
00005, EFFLUENT	Sample Measurement					1.35		(19)		
00002 1	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE										
00000 1	Sample Measurement					1.8		(19)		
EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
00000, FECAL	Sample Measurement				<1	<1	<1	(13)		
00006 1	Permit Requirement				REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100mL	SEE PERMIT	GRAB
EFFLUENT GROSS VALUE										

I, the undersigned, 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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Robert Offer, Operator		941 474-5191	00-4-25

COMMENT 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: 6800 Placida Road
Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From: *March 2000*

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: *Reclaim/Reuse*

FACILITY: Same

LOCATION

ATTN:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
SECRET CODE	MON SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
00400 1	MINIMUM	Sample Measurement	6.9	60	MINIMUM	7.2	83	DAILY MAX	SU	SEE PERMIT	SEE PERMIT
00600 1	EFFLUENT GROSS VALUE	Sample Measurement	2.0	MINIMUM				mg/L	SEE PERMIT	SEE PERMIT	
00620 1	EFFLUENT GROSS VALUE	Sample Measurement	3.56	120				mg/l	SEE PERMIT	SEE PERMIT	
00600 1	EFFLUENT GROSS VALUE	Sample Measurement						REPORT DAILY MAX	mg/l	SEE PERMIT	SEE PERMIT
00802 Y	ANNUAL AVERAGE	Sample Measurement	1.49	REPORT ANNUAL AVG				mg/L	SEE PERMIT	SEE PERMIT	
00530 Y	ANNUAL AVERAGE	Sample Measurement	1.03	REPORT ANNUAL AVG				mg/L	SEE PERMIT	SEE PERMIT	

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 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 (TYPE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (MM/YY)

Robert Offer, Operator

941-474-5191

00-4-25

MENT 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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6800 Placida Road
 Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD--From: *March 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: Ponds

FACILITY: Same
 LOCATION:

ATTN:

Please read instructions before completing this form.

Parameter STREET CODE MON. SITE No.		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analyses	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW		Sample Measurement	<i>1.092</i>	<i>1.092</i>	(03)	.....	.....	.....
00050 1 MONTHLY AVERAGE DAILY		Permit Requirement	REPORT MONTHLY AVG	PERMITTED CAPACITY	MOD	.....	.....	.....		SEE PERMIT	SEE PERMIT
00005, INFLUENT		Sample Measurement	.....	.....	.....	<i>323</i>	.....	(19)			
00002 G INFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00000 INFLUENT		Sample Measurement	.....	.....	.....	<i>410</i>	.....	(19)			
00000 G INFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00005, EFFLUENT		Sample Measurement	.....	.....	.....	<i>1.35</i>	.....	(19)			
00002 I EFFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00000 EFFLUENT		Sample Measurement	.....	.....	.....	<i>1.8</i>	.....	(19)			
00000 I EFFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00000, FECAL		Sample Measurement	.....	.....	.....	<i><1</i>	<i><1</i>	<i><1</i>	(13)		
00016 I EFFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100mL	SEE PERMIT	GRAB

I, the undersigned, 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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert Offer, Operator	<i>[Signature]</i>	941 474-5191	00-4-25

CONTENT 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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6800 Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From: *March 2000*

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: Ponds

FACILITY: Same

LOCATION:
 ATTN:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Remarks
SECRET CODE	MON SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units		
00400 1		Sample Measurement			6.9		7.2	(12)		
MINIMUM		Permit Requirement			6.0 MINIMUM		8.3 DAILY MAX	SU	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement			2.0			(19)		
00060 1		Permit Requirement			MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE		Sample Measurement					3.56	(19)		
NITRATE (as N)		Permit Requirement					12.0	mg/l	SEE PERMIT	SEE PERMIT
00620 1		Sample Measurement						(19)		
EFFLUENT GROSS VALUE		Permit Requirement					REPORT DAILY MAX	mg/l	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)		Sample Measurement						(19)		
00600 1		Permit Requirement						mg/l	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE		Sample Measurement			1.49			(19)		
BOD5, EFFLUENT		Permit Requirement			REPORT ANNUAL AVG			mg/L	SEE PERMIT	SEE PERMIT
00082 Y		Sample Measurement			1.03			(19)		
ANNUAL AVERAGE		Permit Requirement			REPORT ANNUAL AVG			mg/L	SEE PERMIT	SEE PERMIT
PHOS, EFFLUENT		Sample Measurement						(19)		
00530 Y		Permit Requirement						mg/L	SEE PERMIT	SEE PERMIT
ANNUAL AVERAGE										

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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Offer, Operator	<i>Robert Offer</i>	941-474-5191	00-4-25

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

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014053

Month/Year: March 2000

Three-month Average Daily Flow: 100 mgd
Daily Flow % of Permitted Capacity: 67%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Flow (MGD)	0	1.00	1.09	1.18	0.90	1.07	1.06	1.07	1.05	1.07	1.29	1.15	1.00	1.01	1.16	1.00	1.12	1.00	1.11	1.00	1.10	1.05	1.30	1.32	0.91	1.09	0.92	1.15	0.85	1.26/1.14
Chlorine Residual after Contact (mg/L as Cl ₂)	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
COD, Influent (mg/L as O ₂)														300															340	
TSS Influent (mg/L)														380															440	
COD, Effluent (mg/L as O ₂)														1.4															1.3	
TSS Effluent (mg/L)	*1.0	0.9	0.7			0.7	0.7	0.7	0.7	0.7			0.7	0.7	0.7	1.9			1.9	0.9	0.7	0.7				1.6	1.8	1.4	0.7	
NO ₃ Effluent (mg/L as N)														0.48															0.65	
Total N Effluent (mg/L as N)																														
Fecal Coliform (#/100ML)	<1	4	4			<1	<1	<1	<1				<1	<1	<1	<1			4	<1	<1	<1				<1	<1	<1	<1	<1
pH Effluent, minimum	7.0	6.9	7.0	7.1	7.0	6.9	7.0	7.1	7.0	6.9	6.9	7.0	7.0	7.1	7.0	7.1	7.2	7.0	7.1	7.0	7.0	6.9	6.9	7.1	7.0	7.1	7.2	7.0	7.0	7.0
pH Effluent, maximum																														
Turbidity (N.T.U.)	2.25	1.1	1.2	3.2	1.81	0.99	1.1	1.0	0.71	1.3	1.1	0.95	0.96	0.85	1.3	0.91	1.4	1.1	1.0	0.99	0.90	1.1	1.1	1.3	1.5	1.4	1.6	0.89	1.2	1.1
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)	G	G	G			G			G	G	G			C	G	G	G			G	G	G	G			G		C	G	G
TIME OF SAMPLE	1300	1300	1400			1400			1400	1400	1400			1500	1500	1400	1300			1400	1500	1400	1400			1500		1400	1500	1500
Flow Ponds	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
*Lab ERROR																														

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead OperatorClass: Certificate No.:
Class: Certificate No.:
Class: Certificate No.:
Class: C Certificate No.: 6256Name:
Name:
Name:
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 #: 532310

Date: 14-Apr-00

Southwest Water & Waste
10429 Sandrift Ave.
Englewood, FL 34224-

Project 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	Analysis Date/Time		LabID:
N003126	grab	EFF	3/1/2000	13:30						
Total Suspended 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 Suspended 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 Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	3/6/00		E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	3/3/00	16:50	E84380
N003235	grab	EFF	3/6/2000	9:00						
Total Suspended 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 Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	3/9/00		E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	3/8/00	17:00	E84380
N003436	grab	EFF	3/9/2000	14:30						
Total Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	3/10/00		E84380
N003472	grab	EFF	3/10/2000	14:00						
Total Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	3/13/00		E84380

IIRS 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	Analysis Date/Time		LabID:
Fecal Coliform			SM9222D		<1	1	col/100ml	3/10/00	16:30	E84380
N003678	composite	INF	3/14/2000	15:00						
cBOD			SM5210B		306	1	mg/L	3/15/00	15:00	E84380
Total Suspended 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 Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	3/15/00		E84380
Fecal Coliform			SM9222D		<1	1	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 Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	3/16/00		E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	3/15/00	16:55	E84380
N003832	grab	EFF	3/16/2000	14:00						
Total Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	3/17/00		E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	3/16/00	16:55	E84380
N003878	grab	EFF	3/17/2000	13:00						
Total Suspended Solids			EPA 160.2		1.9	0.7	mg/L	3/20/00		E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	3/17/00	16:55	E84380
N003967	grab	EFF	3/20/2000	14:00						
Total Suspended Solids			EPA 160.2		1.9	0.7	mg/L	3/23/00		E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	3/20/00	17:50	E84380
N004007	grab	EFF	3/21/2000	15:00						
Total Suspended Solids			EPA 160.2		0.9	0.7	mg/L	3/23/00		E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	3/21/00	17:05	E84380
N004102	grab	EFF	3/22/2000	14:00						
Total Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	3/23/00		E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	3/22/00	17:05	E84380
N004299	grab	EFF	3/23/2000	14:30						
Total Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	3/24/00		E84380
Fecal Coliform			SM9222D		<1	1	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	Analysis Date/Time	LabID:	
N004467	grab	EFF	3/27/2000 15:00						
Total Suspended Solids			EPA 160.2	1.6	0.7	mg/L	3/28/00	E84380	
Fecal Coliform			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 Suspended 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 Suspended Solids			EPA 160.2	1.8	0.7	mg/L	3/31/00	E84380	
Fecal Coliform			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 Suspended Solids			EPA 160.2	1.4	0.7	mg/L	3/31/00	E84380	
Fecal Coliform			SM9222D	<1	1	col/100ml	3/30/00 17:05	E84380	
N004793	grab	EFF	3/31/2000 15:00						
Total Suspended Solids			EPA 160.2	<0.7	0.7	mg/L	4/3/00	E84380	
Fecal Coliform			SM9222D	<1	1	col/100ml	3/31/00 17:15	E84380	

Approved by:



Debra Sanders
Laboratory Director

Comments:

** LAB ERROR

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: April 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:

FACILITY: Same
LOCATION:

ATTN:

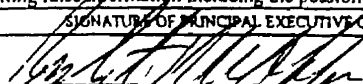
RECEIVED
JUN 12 2000

Please read instructions before completing this form.

Reclaim/Reuse

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
STATION CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum			
FLOW				(0)						
00001	MONTHLY AVERAGE DAILY	Sample Measurement	.087	.132						
		Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD				SEE PERMIT	SEE PERMIT
00003, INFLUENT		Sample Measurement				236		(19)		
000032 G	EFFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
00004, INFLUENT		Sample Measurement				334		(19)		
00004 G	EFFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
00005, EFFLUENT		Sample Measurement				1.2		(19)		
000052 G	EFFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
00006, EFFLUENT		Sample Measurement				0.8		(19)		
00006 G	EFFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
00008, FORMAL		Sample Measurement			<1	<1	<1	(13)		
00008 G	EFFLUENT GROSS VALUE	Permit Requirement			REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100mL	SEE PERMIT	GPAB

I, the undersigned, 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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Robert Offer, Operator		941 474-5191	00-5-24

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
Englewood Fl 34224

FACILITY: Same
LOCATION:
ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From: *April 2000*

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

Please read instructions before completing this form.

Reclam/Reuse

Parameter		Quantity or Loading	Quality or Concentration						No. Ex.	Frequency of Analysis	Sample Type	
REPORT CODE	MON SITE No.		Average	Maximum	Units	Minimum	Average	Maximum				Units
001		Sample Measurement	.....	.....	.....	6.7	.....	7.2	(12)			
000400 1		Permit Requirement	.....	.....	.....	6.0 MINIMUM	.....	8.5 DAILY MAX	5U		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement	.....	.....	.....	2.0	.....	.....	(19)			
00060 1		Permit Requirement	.....	.....	.....	MINIMUM	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N)		Sample Measurement	.....	.....	.....	.....	.....	3.93	(19)			
000620 1		Permit Requirement	.....	.....	.....	.....	.....	12.0	mg/l		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)		Sample Measurement	.....	.....	.....	.....	.....	.....	(19)			
000600 1		Permit Requirement	.....	.....	.....	.....	.....	REPORT DAILY MAX	mg/l		SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT		Sample Measurement	.....	.....	.....	1.46	.....	.....	(19)			
00082 Y		Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT		Sample Measurement	.....	.....	.....	1.01	.....	.....	(19)			
000530 Y		Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L		SEE PERMIT	SEE PERMIT

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 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 Print)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

PATENT OFFICE

Robert Offer, Operator

941-474-519

00-5-24

MENT 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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD--From: *April 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: *Ponds*

FACILITY: Same
LOCATION:

ATTN:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
SYMBOL CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW		Sample Measurement	<i>.087</i>	<i>.110</i>	(03)	.....	.....	.....	.....
05000 1		Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD	.....	.....	.....	.....	SEE PERMIT	SEE PERMIT
05005 INFLUENT		Sample Measurement	.....	.....	.....	<i>236</i>	.....	(19)	.....	
05005 2 G		Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	.....	SEE PERMIT	SEE PERMIT
05010 INFLUENT		Sample Measurement	.....	.....	.....	<i>334</i>	.....	(19)	.....	
05010 2 G		Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	.....	SEE PERMIT	SEE PERMIT
05015 EFFLUENT		Sample Measurement	.....	.....	.....	<i>1.2</i>	.....	(19)	.....	
05015 2 1		Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	.....	SEE PERMIT	SEE PERMIT
05020 EFFLUENT		Sample Measurement	.....	.....	.....	<i>0.8</i>	.....	(19)	.....	
05020 2 1		Permit Requirement	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	.....	SEE PERMIT	SEE PERMIT
05030 FORM, FECL		Sample Measurement	.....	.....	.....	<i><1</i>	<i><1</i>	(13)	.....	
05030 2 1		Permit Requirement	.....	.....	.....	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	#/100mL	.....	SEE PERMIT	GRAB

I, the undersigned, 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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Robert Offer, Operator	<i>[Signature]</i>	941 474-5191	00-5-24

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6811 Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038
 MONITORING PERIOD--From: April 2000
 LIMIT: FINAL

FACILITY: Same
 LOCATION: ATTN

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: Ponds

Please read instructions before completing this form.

Parameter	MON SITE No.	Quantity or Loading			Quality or Concentration			No Ex.	Frequency of Analysis	Sample Type		
		Average	Maximum	Units	Minimum	Average	Maximum				Units	
PH		Sample Measurement	.....	.....	.....	6.7	.....	7.2	(12)			
PH 0400 1 MINIMUM		Permit Requirement	.....	.....	.....	6.0 MINIMUM	.....	8.5 DAILY MAX	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement	.....	.....	.....	2.0	.....	.....	(19)			
CHLORINE 0600 1 EFFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	MINIMUM	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (NOT REQUIRED IN THE PERMIT)		Sample Measurement	.....	.....	.....	.....	.....	3.93	(19)			
NITRATE 0620 1 EFFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	.....	.....	120	mg/l		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (NOT REQUIRED IN THE PERMIT)		Sample Measurement	.....	.....	.....	.....	.....	.....	(19)			
NITROGEN 0600 1 EFFLUENT GROSS VALUE		Permit Requirement	.....	.....	.....	.....	.....	REPORT DAILY MAX	mg/l		SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT		Sample Measurement	.....	.....	.....	1.46	.....	.....	(19)			
BOD5 082 Y ANNUAL AVERAGE		Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT		Sample Measurement	.....	.....	.....	1.01	.....	.....	(19)			
TSS 0530 Y ANNUAL AVERAGE		Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L		SEE PERMIT	SEE PERMIT

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 AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
Robert Offer, Operator	<i>[Signature]</i>	941-474-5191	00-5-24

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

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014053

Month/Year: April 2000

Three-month Average Daily Flow: 1099 mgd
Daily Flow % of Permitted Capacity: 66.9%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Flow (MGD) <i>Reclaim/Reuse</i>	118.09	118.54	119.09	113.05	129.09	129.09	129.09	0	0	0	0	0	132.17	124.02	120.07	120.07	120.07	120.07	120.07	120.07	113.07	120.07	120.07	120.07	120.07	120.07	120.07	120.07	120.07	120.07
Chlorine Residual after Contact (mg/L as Cl ₂)	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
CBOD ₅ Influent (mg/L as O ₂)													256													216				
TSS Influent (mg/L)													372													396				
CBOD ₅ Effluent (mg/L as O ₂)													1.2													<1				
TSS Effluent (mg/L)																														
NO ₃ Effluent (mg/L as N)																														
Total N Effluent (mg/L as N)																														
Fecal Coliform (#/100ML)																														
pH Effluent, minimum	6.9	6.9	6.9	6.8	6.9	6.8	6.8	6.9	6.9	6.8	6.9	6.9	7.0	7.0	7.1	7.2	7.0	7.2	7.0	7.0	6.9	6.9	6.9	7.0	6.9	6.8	7.2	7.1		
pH Effluent, maximum																														
Turbidity (N.T.U.)	0.73	0.49	0.52	0.57	0.48	0.53	0.61	0.63	0.70	0.82	1.1	1.7	0.82	0.56	0.54	0.67	0.79	0.89	1.5	0.86	0.74	0.86	0.92	1.0	0.77	0.71	0.75	0.72	0.70	0.68
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)																														
TIME OF SAMPLE																														
Flow MGD, Ponds	0	0	0	0	0	0	0	0	0	0	0	0	0.02	0.10	0.08	0.04	0	0	0	0	0	0	0	0	0	0	0	0	0	0

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead OperatorClass: Certificate No.:
Class: Certificate No.:
Class: Certificate No.:
Class: C Certificate No.: 6256Name:
Name:
Name:
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.



Date: 04-May-00

Utilities, Inc.
Sandalhaven
200 Weathersfield Ave.
Altamonte Springs, FL 32714-

INTAKE #: 533316

Project 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	Type	Sample Date/Time							
Analysis			Method		Result	D. L.	Unit	Analysis Date/Time	LabID:	
N004875	grab	EFF	4/3/2000	12:00						
Total Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	4/7/00	E84380	
Fecal Coliform			SM9222D		<1	1	col/100ml	4/3/00	17:00	E84380
N004928	grab	EFF	4/4/2000	13:00						
Total Suspended 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 Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	4/10/00	E84380	
Fecal Coliform			SM9222D		<1	1	col/100ml	4/6/00	17:00	E84380
N005060	grab	EFF	4/7/2000	12:00						
Total Suspended 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 Suspended 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 Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	4/13/00	E84380	
Fecal Coliform			SM9222D		<1	1	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	Type	Sample Date/Time						
Analysis			Method		Result	D. L.	Unit	Analysis Date/Time	LabID:
Total Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	4/21/00	E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	4/20/00 17:00	E84380
N005314	composite	INF	4/13/2000	14:00					
cBOD			SM5210B		256	1	mg/L	4/14/00 13:00	E84380
Total Suspended 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 Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	4/14/00	E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	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 Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	4/17/00	E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	4/14/00 17:05	E84380
N005481	grab	EFF	4/18/2000	15:00					
Total Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	4/19/00	E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	4/18/00 16:50	E84380
N005520	grab	EFF	4/19/2000	14:00					
Total Suspended Solids			EPA 160.2		0.9	0.7	mg/L	4/21/00	E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	4/19/00 17:30	E84380
N005563	grab	EFF	4/21/2000	13:00					
Total Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	4/24/00	E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	4/21/00 16:50	E84380
N005770	grab	EFF	4/25/2000	15:00					
Total Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	4/28/00	E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	4/25/00 16:45	E84380
N005805	grab	EFF	4/26/2000	11:00					
Total Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	4/28/00	E84380
Fecal Coliform			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	Type	Sample Date/Time						
Analysis			Method		Result	D. L.	Unit	Analysis Date/Time	LabID:
Total Suspended 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 Suspended Solids			EPA 160.2		0.8	0.7	mg/L	5/2/00	E84380
Fecal Coliform			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 Suspended Solids			EPA 160.2		<0.7	0.7	mg/L	5/2/00	E84380
Fecal Coliform			SM9222D		<1	1	col/100ml	4/28/00 16:55	E84380

Approved by:



Debra Sanders
Laboratory Director

Comments:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6811 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

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

Please read instructions before completing this form.

Russell Reeland

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PERMIT CODE MON. SITE No.											
00000 1 MONTHLY AVERAGE DAILY	Sample Measurement	.045	.075	(9) .09							
	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD						SEE PERMIT	SEE PERMIT
00003 INFLUENT	Sample Measurement					207		(19)			
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00003 G EFFLUENT GROSS VALUE	Sample Measurement							(19)			
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00003 INFLUENT	Sample Measurement					380		(19)			
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00003 G EFFLUENT GROSS VALUE	Sample Measurement							(19)			
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00003 EFFLUENT	Sample Measurement					1.15		(19)			
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00003 EFFLUENT	Sample Measurement					.72		(19)			
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00003 EFFLUENT GROSS VALUE	Sample Measurement							(19)			
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00003 EFFLUENT	Sample Measurement					<1	<1	<1	(19)		
	Permit Requirement					REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100ml	SEE PERMIT	GRAB

I, the undersigned, 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 (Print or Type)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Robert Gauer	<i>Robert Gauer</i>	941 697-8959	00/6/22

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6877 Placida Road
 Englewood FL 34224

FACILITY: Same
 LOCATION:
 ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD-From: MAY 200

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

Please read instructions before completing this form. *Robert Gauer*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				Units
CHLORINE, TOTAL RESIDUAL	Sample Measurement	6.6	7.0	(12)						
CHLORINE, TOTAL RESIDUAL	Permit Requirement				6.0 MINIMUM		8.3 DAILY MAX	SL	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement	2.0		(19)						
EFFLUENT GROSS VALUE	Permit Requirement				MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N)	Sample Measurement		18.9	(19)				3		
EFFLUENT GROSS VALUE	Permit Requirement						12.0	mg/l	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample Measurement			(19)						
EFFLUENT GROSS VALUE	Permit Requirement						REPORT DAILY MAX	mg/l	SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT	Sample Measurement	1.18		(19)						
ANNUAL AVERAGE	Permit Requirement				REPORT ANNUAL AVO			mg/L	SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	0.87		(19)						
ANNUAL AVERAGE	Permit Requirement				REPORT ANNUAL AVO			mg/L	SEE PERMIT	SEE PERMIT

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 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 Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
ROBERT GAUER	<i>Robert Gauer</i>	941-697-8959	00/6/92

INDENT 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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6811 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
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: .150/3-C** NO DISCHARGE []**
 TYPE OF EFFLUENT DISPOSAL:

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

Please read instructions before completing this form. *2000*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
000000 1 MONTHLY AVERAGE DAILY	Sample Measurement	.036	.046	(B)	.....	.....	.....	.....
	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD	.....	.....	.....	.....		SEE PERMIT	SEE PERMIT
000000 2 INFLUENT	Sample Measurement	.....	.....	.....	.....	207	.....	(19)			
	Permit Requirement	.....	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
000000 3 INFLUENT GROSS VALUE	Sample Measurement	.....	.....	.....	.....	380	.....	(19)			
	Permit Requirement	.....	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
000000 4 EFFLUENT	Sample Measurement	.....	.....	.....	.....	1.15	.....	(19)			
	Permit Requirement	.....	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
000000 5 EFFLUENT GROSS VALUE	Sample Measurement	.....	.....	.....	.....	.72	.....	(19)			
	Permit Requirement	.....	.....	.....	.....	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
000000 6 EFFLUENT GROSS VALUE	Sample Measurement	.....	.....	.....	.....	<1	<1	(19)			
	Permit Requirement	.....	.....	.....	.....	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	GPAR

I, the undersigned, 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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Robert Paver	<i>Robert Paver</i>	941 697 8959	00/6/22

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6811 Placida Road
 Englewood Fl 34224

FACILITY: Same
 LOCATION: ATTN

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From: May 2000

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO:

WAFR SYSTEM ID NO:

Please read instructions before completing this form.

Parameter	Sample Monitoring	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Date of Test
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
CHLORINE, TOTAL RESIDUAL	Sample Measurement	6.6			6.0 MINIMUM		70	(12)	0		
CHLORINE, TOTAL RESIDUAL	Permit Requirement						DAILY MAX	50		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement	2.0			MINIMUM			mg/L		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Permit Requirement									SEE PERMIT	SEE PERMIT
NITRATE (as N)	Sample Measurement						18.9	(19)	3		
NITRATE (as N)	Permit Requirement						120	mg/l		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							(19)			
EFFLUENT GROSS VALUE	Permit Requirement						DAILY MAX	mg/l		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample Measurement							(19)			
NITROGEN, TOTAL (as N)	Permit Requirement									SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Sample Measurement							(19)			
EFFLUENT GROSS VALUE	Permit Requirement									SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT	Sample Measurement	1.18			REPORT ANNUAL AVO			mg/L		SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT	Permit Requirement									SEE PERMIT	SEE PERMIT
SS, EFFLUENT	Sample Measurement	0.87			REPORT ANNUAL AVO			mg/L		SEE PERMIT	SEE PERMIT
SS, EFFLUENT	Permit Requirement									SEE PERMIT	SEE PERMIT

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 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 Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
ROBERT PAVER	[Signature]	941-697-8959	00-6/22

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

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Activity ID: FLA014053

Month/Year: MAY 2000

Three-month Average Daily Flow: 1079 ACD
Daily Flow % of Permitted Capacity: 50%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD)	0.53	0.51	0.48	0.55	0.46	0.44	0.46	0.35	0.38	0.70	0.28	0.39	0.66	0.25	0.40	0.32	0.33	0.43	0.48	0.55	0.53	0.44	0.36	0.29	0.47	0.49	0.46	0.44	0.42	0.51	0.33
Chlorine Residual after Contact (mg/L as Cl ₂)	2.2	2.2	2.0	2.2	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0
CBOD, Influent (mg/L as O ₂)											337															77					
TSS Influent (mg/L)											300															460					
CBOD, Effluent (mg/L as O ₂)											13															41					
TSS Effluent (mg/L)		2.2	2.2	2.2	2.2			6.7		6.7	2.0	6.7				6.7	6.7	6.7	0.9			6.7		0.9	6.7	2.7				20.7	1.1
NO ₃ Effluent (mg/L as N)											45															27.9					14.58
Total N Effluent (mg/L as N)																															
Fecal Coliform (#/100ML)		<1	<1	<1	<1			<1		<1	<1	<1				<1	<1	<1	<1			<1		<1	<1	<1				<1	<1
pH effluent, minimum	6.9	6.9	7.0	6.5	6.9	6.8	6.9	6.8	6.5	6.9	6.8	6.9	6.8	6.5	6.8	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.8	6.9	6.8	6.9	6.8	6.8	6.8	6.8	6.7
pH effluent, maximum																															
Turbidity (N.T.U.)	526	521	456	523	421	513	506	543	617	435	466	431	457	302	307	429	302	338	462	392	366	454	321	464	460	507	467	503	443	501	653
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)		G	G	G	G	G	G	G	G	G	C	G																			
TIME OF SAMPLE		1700	1715	1725	1740	1746		1645		1645	1645	1645				1650	1710	1720	1641			1655		1700	1740	1645					1655
Flow MGD Pond	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C Certificate No.: 6256
Class: Certificate No.:
Class: Certificate No.:
Class: C Certificate No.: 8946

Name: Robert OFFER
Name:
Name:
Name: ROBERT PAUER

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.

PEP Form D-428, W-10, Change Number 21, 1994

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 34224FACILITY: Same
LOCATION:

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FKA9K4953

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

June 2000

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

Please read instructions before completing this form.

Reclar/Reuse

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STREET CODE MON. SITE NO.											
00450 1 MONTHLY AVERAGE DAILY	Sample Measurement	047	109	06							
	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MOD						SEE PERMIT	SEE PERMIT
00451 G INFLUENT GROSS VALUE	Sample Measurement					198.5		(19)			
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00452 G INFLUENT GROSS VALUE	Sample Measurement					287		(19)			
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00453 G EFFLUENT GROSS VALUE	Sample Measurement					3		(19)			
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00454 G EFFLUENT GROSS VALUE	Sample Measurement					0.63		(19)			
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00455 G EFFLUENT GROSS VALUE	Sample Measurement					<1	<1	(13)			
	Permit Requirement					REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100ml	SEE PERMIT	GRAB

I, the undersigned, 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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
ROBERT PAVER	<i>Robert Paver</i>		00-07-28

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)

PERMITEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No Ex.	Frequency of Analysis	Date of Test
		Average	Maximum	Units	Minimum	Average	Maximum				Units
SECRET CODE NON SITE No.										
000400 1 MINIMUM	Sample Measurement				6.8		71	(12)		
	Permit Requirement				60 MINIMUM		83 DAILY MAX	3U	SEE PERMIT	SEE PERMIT
000600 1 EFFLUENT GROSS VALUE	Sample Measurement				2.0			(19)		
	Permit Requirement				MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
000620 1 EFFLUENT GROSS VALUE	Sample Measurement						802	(19)		
	Permit Requirement						120	mg/L	SEE PERMIT	SEE PERMIT
000600 1 EFFLUENT GROSS VALUE	Sample Measurement							(19)		
	Permit Requirement						REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT
000802 Y ANNUAL AVERAGE	Sample Measurement				1.7			(19)		
	Permit Requirement				REPORT ANNUAL AVO			mg/L	SEE PERMIT	SEE PERMIT
000530 Y ANNUAL AVERAGE	Sample Measurement				2.2			(19)		
	Permit Requirement				REPORT ANNUAL AVO			mg/L	SEE PERMIT	SEE PERMIT

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE/TIME

Robert Pan

00-07-28

STATEMENT 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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

600

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	State of Fla.
		Average	Maximum	Units	Minimum	Average	Maximum				Units
CHLORINE, TOTAL RESIDUAL	Sample Measurement	6.8	7.1	(12)	6.0 MINIMUM	8.5 DAILY MAX	SL		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Permit Requirement									
NITRATE (as N)	Sample Measurement	20		(19)	MINIMUM		mg/L		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Permit Requirement									
NITROGEN, TOTAL (as N)	Sample Measurement		8.02	(19)		120	mg/l		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Permit Requirement									
NITROGEN, TOTAL (as N)	Sample Measurement			(19)						
EFFLUENT GROSS VALUE	Permit Requirement					REPORT DAILY MAX	mg/l		SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT	Sample Measurement	1.7		(19)	REPORT ANNUAL AVO		mg/L		SEE PERMIT	SEE PERMIT
ANNUAL AVERAGE	Permit Requirement									
SS, EFFLUENT	Sample Measurement	2.2		(19)	REPORT ANNUAL AVO		mg/L		SEE PERMIT	SEE PERMIT
ANNUAL AVERAGE	Permit Requirement									

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE OF REPORT

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

00-0728

600

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: 106
Daily Flow % of Permitted Capacity: 31%

City ID: FLA014053

Year:

Day of the Month

Flow (MGD)

Chlorine Residual after Contact

(mg/L as Cl₂)DO, Influent (mg/L as O₂)

DO, Effluent (mg/L)

DO, Effluent (mg/L as O₂)

DO, Effluent (mg/L)

DO, Effluent (mg/L as N)

DO, Effluent (mg/L as N)

DO, Effluent (#/100ML)

DO, Effluent, minimum

DO, Effluent, maximum

DO, Effluent (N.T.U.)

TYPE OF SAMPLE (C=COMPOSITE,
G=GRAB)

NAME OF SAMPLE

REUSE FROM 16mb

REUSE T. S.S. Gmb

Impact to Pond.

Flow

ANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C Certificate No.:

Class: Certificate No.:

Class: Certificate No.:

Class: C Certificate No.:

Name:

Name:

Name:

Name:

Name: Robert Pauer

Type of Effluent Disposal or Reclaimed Water Reuse:

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

Form 42-42B (9/87), Edition November 29, 1994

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

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038
MONITORING PERIOD-From:
LIMIT: FINAL
CLASS SIZE:
FACILITY ID: FKA9k4953
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE []***
TYPE OF EFFLUENT DISPOSAL: Reuse/Reclean

July 00

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

FACILITY: Same
LOCATION:
ATTN:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	058	096	(B)							
00050 1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD						SEE PERMIT	SEE PERMIT
00052 G INFLUENT	Sample Measurement					163		(19)			
00052 G INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00050 G INFLUENT	Sample Measurement							(19)			
00050 G INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00052 G EFFLUENT	Sample Measurement					2.5		(19)			
00052 G EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00050 G EFFLUENT	Sample Measurement					873		(19)			
00050 G EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
00050 G EFFLUENT	Sample Measurement					1.1	3	(13)			
00050 G EFFLUENT GROSS VALUE	Permit Requirement					REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	#/100mL		SEE PERMIT	GRAB

I, the undersigned, 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 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 Print)
ROBERT FAWER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE NO.
697 4797
DATE (YY/MM/YY)
7/00

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE PERMIT
FDEP LIMITS (REPLACES MOR FORM)

PERMIT NUMBER: FLA014053-378038
MONITORING PERIOD--From: 7-00
LIMIT: FINAL
CLASS SIZE:
FACILITY ID: FLA014053
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: .150/3-C** NO DISCHARGE () ***
TYPE OF EFFLUENT DISPOSAL:

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 68 Placida Road
Englewood Fl 34224

FACILITY: Same
LOCATION: Same
ATTN:

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

Please read instructions before completing this form.

Parameter	NOV. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	DATE
		Average	Maximum	Units	Minimum	Average	Maximum				Units
000400 1 MINIMUM					6.1		7.1	(12)		
CHLORINE, TOTAL RESIDUAL					6.0 MINIMUM		DAILY MAX	BU	SEE PERMIT	SEE PERM
000600 1 EFFLUENT GROSS VALUE					2.0			mg/L	SEE PERMIT	SEE PER
NITRATE (as N) (IF REQUIRED IN THE PERMIT)					MINIMUM			(19)		
000620 1 EFFLUENT GROSS VALUE							4.0	mg/L	SEE PERMIT	SEE PER
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT)							12.0	mg/L	SEE PERMIT	SEE PER
000600 1 EFFLUENT GROSS VALUE								(19)		
000600 1 EFFLUENT GROSS VALUE							REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PER
000820 Y ANNUAL AVERAGE								(19)		
000600 1 EFFLUENT GROSS VALUE					1.25			mg/L	SEE PERMIT	SEE PER
000820 Y ANNUAL AVERAGE					REPORT ANNUAL AVG			(19)		
000820 Y ANNUAL AVERAGE					1.5			mg/L	SEE PERMIT	SEE PER
000820 Y ANNUAL AVERAGE					REPORT ANNUAL AVG			(19)		

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 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 (Type or Print): *Robert K...*
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Robert K...*
TELEPHONE NO: 697 479
DATE: 00-8-2

STATEMENT 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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 Placida Road
 Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038
 MONITORING PERIOD-From: 7.00
 LIMIT: FINAL
 CLASS SIZE:
 FACILITY ID: FKA9k4953
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE []***
 TYPE OF EFFLUENT DISPOSAL: *Reject*

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

FACILITY: Same
 LOCATION:
 ATTN:

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	0	0	(G)							
MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD				(19)		SEE PERMIT	SEE PERMIT
INFLUENT	Sample Measurement					163				SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	(19)	SEE PERMIT	SEE PERMIT
INFLUENT	Sample Measurement									SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	(19)	SEE PERMIT	SEE PERMIT
EFFLUENT	Sample Measurement					2.5				SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	(19)	SEE PERMIT	SEE PERMIT
EFFLUENT	Sample Measurement					.873				SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	(13)	SEE PERMIT	SEE PERMIT
EFFLUENT	Sample Measurement					1.1	3			SEE PERMIT	GPAN
EFFLUENT GROSS VALUE	Permit Requirement					REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	#/100ml		SEE PERMIT	GPAN

I am 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 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 Print) _____ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT _____ TELEPHONE NO. _____ DATE (YY/MM/DD) _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT

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:

PLANT SIZE/TREATMENT TYPE: 150/3-0** NO DISCHARGE ()***

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

Please read instructions before completing this form.

Parameter	MON SITE No.	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Date of Test
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PH		Sample Measurement	6.1			7.1	(12)				
PH		Permit Requirement			6.0 MINIMUM		8.3 DAILY MAX	5U		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement	2.0				(19)				
CHLORINE, TOTAL RESIDUAL		Permit Requirement			MINIMUM			mpL		SEE PERMIT	SEE PERMIT
NITRATE (as N)		Sample Measurement				4.0	(19)				
NITRATE (as N)		Permit Requirement				12.0	mpL		SEE PERMIT	SEE PERMIT	
NITROGEN, TOTAL (as N)		Sample Measurement					(19)				
NITROGEN, TOTAL (as N)		Permit Requirement				REPORT DAILY MAX	mpL		SEE PERMIT	SEE PERMIT	
BOD5, EFFLUENT		Sample Measurement	1.25				(19)				
BOD5, EFFLUENT		Permit Requirement			REPORT ANNUAL AVG		mpL		SEE PERMIT	SEE PERMIT	
TSS, EFFLUENT		Sample Measurement	1.5				(19)				
TSS, EFFLUENT		Permit Requirement			REPORT ANNUAL AVG		mpL		SEE PERMIT	SEE PERMIT	

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 certify that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print): Robert R. ... SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature] TELEPHONE NO: 677 4797 DATE: 10-26-20

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

6974797

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: 200 057

Daily Flow % of Permitted Capacity: 38

Facility ID: FLA014053

Month/Year:

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Flow (MGD)	0.6	0.6	0.5	0.5	0.5	0.6	0.6	0.5	0.6	0.6	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	
Chlorine Residual after Contact (mg/L as Cl ₂)	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	
CBOD ₅ Influent (mg/L as O ₂)			20.4														119															
TSS Influent (mg/L)																																
CBOD ₅ Effluent (mg/L as O ₂)			1.2														2.3									3.6						
TSS Effluent (mg/L)			20.6														1.9									20.6						
NO ₃ -N Effluent (mg/L as N)			6.74														26.9									36.2						
Total N Effluent (mg/L as N)																	26.9															
Fecal Coliform (#/100ML)			<1														<1									<1						
pH Effluent, minimum	6.9	6.9	6.9	6.9	6.9	6.9	6.8	6.8	6.9	7.1	6.7	6.7	6.9	6.8	6.9	6.1	6.5	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	
pH Effluent, maximum																																
Turbidity (N.T.U.)	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	1.37	
TYPE OF SAMPLE (C=COMPOSITE, G=GRAV)			C														C								C							
TIME OF SAMPLE			10:56														04:5									05:0						
Reuse Samples																																
TSS			0.6														1.0									1.4						
Fecal			<1														<1									<1						
TYPE			G														G									G						
Time			10:5														11:0									12:0						
Flow	0.6	0.6	0.4	0.5	0.5	0.6	0.6	0.5	0.6	0.6	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No.:

Name:

Evening Shift Operator

Class:

Certificate No.:

Name:

Night Shift Operator

Class:

Certificate No.:

Name:

Lead Operator

Class:

Certificate No.:

Name:

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.

- 3 -

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

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FKA9k4953

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same
LOCATION:

ATTN:

Please read instructions before completing this form.

Reuse / Reclean

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				Units
EFFLUENT	Sample Measurement	076	123	060						
MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD					SEE PERMIT	SEE PERMIT
INFLUENT	Sample Measurement					157.5				
INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
INFLUENT	Sample Measurement					482.5				
INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
EFFLUENT	Sample Measurement					1.2				
EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
EFFLUENT	Sample Measurement					0.6				
EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
EFFLUENT	Sample Measurement					<1	<1	<1		
EFFLUENT GROSS VALUE	Permit Requirement					REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	SEE PERMIT	SEE PERMIT

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 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 Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM)
	<i>Robert P...</i>	697 4797	00/08

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TEST SITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same
 LOCATION:
 ATTN:

Please read instructions before completing this form.

Parameter	STATION SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Remarks	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
PHOSPHORUS, TOTAL RESIDUAL		Sample Measurement				6.5		701	(13)		
		Permit Requirement				6.0 MINIMUM		8.5 DAILY MAX	SU	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement				2.0			(19)		
		Permit Requirement				MINIMUM			mpL	SEE PERMIT	SEE PERMIT
NITRATE (as N) AS REQUIRED IN THE PERMIT		Sample Measurement						678	(19)		
		Permit Requirement						12.0	mpL	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) AS REQUIRED IN THE PERMIT		Sample Measurement							(19)		
		Permit Requirement						REPORT DAILY MAX	mpL	SEE PERMIT	SEE PERMIT
BODS, EFFLUENT		Sample Measurement				1.33			(19)		
		Permit Requirement				REPORT ANNUAL AVG			mpL	SEE PERMIT	SEE PERMIT
SS, EFFLUENT		Sample Measurement				81			(19)		
		Permit Requirement				REPORT ANNUAL AVG			mpL	SEE PERMIT	SEE PERMIT

I hereby 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 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 Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
	<i>Robert J. ...</i>	697-4797	00-00

STATEMENT 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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 68 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FKA9k4953

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form.

Parameter	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
000000 1		Sample Measurement	003	.085	(B)					
000000 1		Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MOD				SEE PERMIT	SEE PERMIT
000000 1		Sample Measurement				157.5		(19)		
000000 1		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
000000 1		Sample Measurement				482.5		(19)		
000000 1		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
000000 1		Sample Measurement				1.2		(19)		
000000 1		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
000000 1		Sample Measurement				0.6		(19)		
000000 1		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	SEE PERMIT	SEE PERMIT
000000 1		Sample Measurement				<1	<1	(13)		
000000 1		Permit Requirement				REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/100mL	SEE PERMIT

I declare 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 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 Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y/Y/M)
John O. Reagentman, Sr. (C17)	ROBERT T. PAVEN	697 4797	00/09

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Date of Test
		Average	Maximum	Units	Minimum	Average	Maximum			
CHLORINE, TOTAL RESIDUAL	Sample Measurement				6.5		7.01	(12)		
PERMIT REQUIREMENT	Permit Requirement				6.0 MINIMUM		8.3 DAILY MAX	3U	SEE PERMIT	SEE PERMIT
NITRATE (as N)	Sample Measurement				2.0			(19)		
PERMIT REQUIREMENT	Permit Requirement				MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N)	Sample Measurement						6.78	(19)		
PERMIT REQUIREMENT	Permit Requirement						12.0	mg/l	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample Measurement							(19)		
PERMIT REQUIREMENT	Permit Requirement						REPORT DAILY MAX	mg/l	SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT	Sample Measurement				1.33			(19)		
PERMIT REQUIREMENT	Permit Requirement				REPORT ANNUAL AVG			mg/L	SEE PERMIT	SEE PERMIT
SS, EFFLUENT	Sample Measurement				1.81			(19)		
PERMIT REQUIREMENT	Permit Requirement				REPORT ANNUAL AVG			mg/L	SEE PERMIT	SEE PERMIT

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 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 Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE OF ANALYSIS
	<i>Robert J. Paine</i>	697-4797	00-08

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

08.2000

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: 060
Daily Flow % of Permitted Capacity: 40%

Facility ID: FLA014053

Month/Year:

Facility ID: FLA014053	Daily Flow % of Permitted Capacity: 70/0																														
Month/Year:																															
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Flow (MGD)	0.5	0.3	1.1	1.2	0.8	1.3	0.8	0.5	0.5	0.9	0.6	0.5	0.6	0.5	0.5	0.5	0.7	1.0	1.0	1.0	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Chlorine Residual after Contact (mg/L as Cl ₂)	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	
CBOI, Influent (mg/L as O ₂)														174														141			
TSS Influent (mg/L)														441														344			
CRIID, Effluent (mg/L as O ₂)														<1														14			
TSS Effluent (mg/L)														<0.6														<0.6			
NO ₃ -N, Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)														678														3.26			
Fecal Coliform (#/100ML)														<1														<1			
pH Effluent, minimum	6.9	7.0	6.9	6.9	7.0	7.0	6.9	6.8	6.8	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9
pH Effluent, maximum																															
Turbidity (N.T.U.)	46	58	42	41	37	44	49	46	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49	49
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)														C														C			
TIME OF SAMPLE														090														0950			
Reject MGD Pond	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TSS EFF Reuse	0.8	0.6		0.6			0.6	0.6	0.6	0.6				<1	<1	<1	<1					<1	<1	<1	<1			<1	<1	<1	<1
FECAL Reuse	<1	<1		<1			<1	<1	<1	<1				G	G	G	G					G	G	G	G			G	G	G	G
TYPE OF SAMPLE	G	G		G			G	G	G	G				G	G	G	G					G	G	G	G			G	G	G	G
Time of Sample	150	155		140			140	140	130	150				090	150	130	150					1045	150	150	150			1340	140	150	150

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

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

Name:
Name:
Name:
Name:

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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS REPLACES MOR FORM

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
Englewood, FL 33422

FACILITY: Same
LOCATION: ATTN:

PERMIT NUMBER:
MONITORING PERIOD-From: 9-00
LIMIT: FINAL
CLASS SIZE:
FACILITY ID:
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE:
TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC
QMS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:
*** NO DISCHARGE | | ***

Please read instructions before completing this form. *Rule*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
030030 1 MONTHLY AVERAGE DAILY CBOODS, INFLUENT	Sample Measurement	075	143	070						
080082 0 INFLUENT GROSS VALUE	Sample Measurement	REPORT MONTHLY AVE	PERMITTED CAPACITY	1400					SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement					98				
00530 0 INFLUENT GROSS VALUE	Sample Measurement					449				
CBOODS, EFFLUENT	Sample Measurement					576				
080082 1 EFFLUENT GROSS VALUE	Sample Measurement					28				
TSS, EFFLUENT	Sample Measurement									
00530 1 EFFLUENT GROSS VALUE	Sample Measurement									
COLIFORM, FBAL	Sample Measurement									
031616 1 EFFLUENT GROSS VALUE	Sample Measurement									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
	<i>[Signature]</i>	1 697 4757	00 9-77

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 Placida Road
 Englewood Fl 34224

FACILITY: Same

LOCATION: ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From: 9-00

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	State of Fla.
PERMIT CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
PH		Sample Measurement	.....	.....	.....	6.5	.....	6.5	(12)		
PH0400 1		Permit Requirement	.....	.....	.....	6.0 MINIMUM	.....	DAILY MAX	50	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement	.....	.....	.....	2.0	.....	.....	(19)		
CH0060 1		Permit Requirement	.....	.....	.....	MINIMUM	.....	.....	mg/L	SEE PERMIT	SEE PERMIT
AMMONIA (as N)		Sample Measurement	.....	.....	.....	.....	.....	.....	(19)		
AM0620 1		Permit Requirement	.....	.....	.....	.....	.....	12.0 362	mg/l	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)		Sample Measurement	.....	.....	.....	.....	.....	.....	(19)		
N0600 1		Permit Requirement	.....	.....	.....	.....	.....	REPORT DAILY MAX	mg/l	SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT		Sample Measurement	.....	.....	.....	.....	.....	.....	(19)		
B00082 Y		Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L	SEE PERMIT	SEE PERMIT
SS, EFFLUENT		Sample Measurement	.....	.....	.....	.....	.....	.....	(19)		
SS0530 Y		Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L	SEE PERMIT	SEE PERMIT

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 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 in Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE
	<i>[Signature]</i>	941/697-4797	00-9-7

STATEMENT 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)

PERMITTEE NAME:

MAILING ADDRESS:

Sandalhaven Util Inc.
6311 Placida Rd
Englewood Fl 34224

FACILITY:

LOCATION:

ATTN:

Same

PERMIT NUMBER:

MONITORING PERIOD--From:

LIMIT: FINAL.

CLASS SIZE:

FACILITY ID:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

TYPE OF EFFLUENT DISPOSAL:

9.00

GROUP: DOMESTIC

OMS TESTSITE ID NO.:

WAIR SYSTEM ID NO.:

*** NO DISCHARGE [] ***

Please read instructions before completing this form.

Reject

Parameter	STOREY CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW			Sample Measurement	0	0	(G)					
050050 1 MONTHLY AVERAGE DAILY			Permit Requirement	REPORT MONTHLY AVE.	PERMITTED CAPACITY	MOD				SEE PERMIT	SEE PERMIT
CBODS, INFLUENT			Sample Measurement				158		(1)		
080082 0 INFLUENT GROSS VALUE			Permit Requirement	REPORT MONTHLY AVE.	REPORT DAILY MAX	mg/L				SEE PERMIT	SEE PERMIT
TSS, INFLUENT			Sample Measurement				449		(1)		
00530 0 INFLUENT GROSS VALUE			Permit Requirement	REPORT MONTHLY AVE.	REPORT DAILY MAX	mg/L				SEE PERMIT	SEE PERMIT
CBODS, EFFLUENT			Sample Measurement				76		(1)		
080082 1 EFFLUENT GROSS VALUE			Permit Requirement	REPORT MONTHLY AVE.	REPORT DAILY MAX	mg/L				SEE PERMIT	SEE PERMIT
TSS, EFFLUENT			Sample Measurement				60.8		(1)		
000530 1 EFFLUENT GROSS VALUE			Permit Requirement	REPORT MONTHLY AVE.	REPORT DAILY MAX	mg/L				SEE PERMIT	SEE PERMIT
COLIFORM, FECAL			Sample Measurement				1		(1)		
031616 1 EFFLUENT GROSS VALUE			Permit Requirement	REPORT MONTHLY AVE.	REPORT DAILY MAX	mg/L				SEE PERMIT	ORAB

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)
	<i>Ralph P...</i>	(941) 697-8959	00 9 17

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)

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:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Date of Test
		Average	Maximum	Units	Minimum	Average	Maximum				Units
PH	Sample Measurement	6.5			6.5			(12)		
PH	Permit Requirement				6.0 MINIMUM		8.5 DAILY MAX	50	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	2.0						(19)		
CHLORINE, TOTAL RESIDUAL	Permit Requirement				MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N)	Sample Measurement						4.9 12mth Avg	(19)		
NITRATE (as N)	Permit Requirement						12.0	mg/L	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample Measurement							(19)		
NITROGEN, TOTAL (as N)	Permit Requirement						REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT	Sample Measurement				1.37			(19)		
BOD5, EFFLUENT	Permit Requirement				REPORT ANNUAL AVG			mg/L	SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement				1.91			(19)		
TSS, EFFLUENT	Permit Requirement				REPORT ANNUAL AVG			mg/L	SEE PERMIT	SEE PERMIT

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 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 Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE OF TEST
	<i>[Signature]</i>	941 697 4797	10/9/15

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

Sandhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

 Three-month Average Daily Flow: 0.70
 Daily Flow % of Permitted Capacity: 77%

Utility ID:

FLA014053

Date/Year:

Days of the Month

low (MGD)	0.94	0.7	0.7	0.51	0.45	0.26	0.85	0.75	0.50	0.90	0.83	0.72	0.72	0.65	0.70	0.63	0.68	1.13	0.65	0.7	0.75	0.70	0.76	0.76	0.69	0.68	0.87	0.70	0.67	0.61	
Chlorine Residual after Contact (mg/L as Cl ₂)	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	
BOD ₅ Influent (mg/L as O ₂)											231															164					
TSS Influent (mg/L)											743															150					
CBOD ₅ Effluent (mg/L as O ₂)											1.5															10.8					
TSS Effluent (mg/L)											40.8															362					
NO ₃ -N Effluent (mg/L as N)											212															10.8					
Total N Effluent (mg/L as N)											4															10.8					
Fecal Coliform (#/100ML)											41															6.9	6.8	6.8	6.7	6.7	6.7
pH effluent, minimum	6.6	6.6	6.6	6.6	6.6	6.6	6.5	6.5	6.5	6.6	6.6	6.6	6.8	6.7	6.7	6.7	6.7	6.7	6.6	6.6	6.6	6.5	6.6	6.6	6.6	6.9	6.8	6.8	6.7	6.7	
pH effluent, maximum																										11.5	11.4	11.3	11.3	11.3	11.3
Turbidity (N.T.U.)	8.4	5.6	4.3	1.5	1.6	1.6	1.6	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)											Comp															Comp					
TIME OF SAMPLE																															
Reuse: TSS																															
FECAL																															
Time																															
Tide																															
Reuse Flow																															
Reject Flow																															

PLANT STAFFING:

 Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

 Class: C Certificate No.: 6256
 Class: C Certificate No.:
 Class: C Certificate No.:
 Class: C Certificate No.: 8946

Name: Bob O'Farrell

Name:

Name:

Name:

Name: Robert Fowler

 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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6877 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FKA9K4953

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
SYMBOL CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	000050 1 MONTHLY AVERAGE DAILY	Sample Measurement	066	144	073						
		Permit Requirement	REPORT MONTHLY AVG	PERMITTED CAPACITY	NOD					SEE PERMIT	SEE PERMIT
GROSS INFLUENT	000032 G INFLUENT GROSS VALUE	Sample Measurement				164		(19)			
		Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS INFLUENT	000010 G INFLUENT GROSS VALUE	Sample Measurement				293		(19)			
		Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
GROSS EFFLUENT	000062 G EFFLUENT GROSS VALUE	Sample Measurement				<1		(19)			
		Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS EFFLUENT	000010 G EFFLUENT GROSS VALUE	Sample Measurement				1.3		(19)			
		Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	000016 G EFFLUENT GROSS VALUE	Sample Measurement				<1	<1	(13)			
		Permit Requirement				REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	1/100ML	SEE PERMIT	GRAT

I, the undersigned, 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 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 Print) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. DATE (YY/MM)

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)

PERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 // Placida Road
 Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form.

Parameter SECRET CODE MON SITE No		Quantity or Loading			Quality or Concentration			No. Ex	Frequency of Analysis	Type of Test
		Average	Maximum	Units	Minimum	Average	Maximum				Units
PH	Sample Measurement				6.5		7.0	(12)		
PH 400 I MINIMUM	Permit Requirement				6.0 MINIMUM		8.5 DAILY MAX	50	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement				20			(19)		
CHLORINE, TOTAL RESIDUAL	Permit Requirement				MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N) REQUIRED IN THE PERMIT	Sample Measurement						2.82	(19)		
NITRATE (as N) REQUIRED IN THE PERMIT	Permit Requirement						120	mg/l	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) REQUIRED IN THE PERMIT	Sample Measurement							(19)		
NITROGEN, TOTAL (as N) REQUIRED IN THE PERMIT	Permit Requirement						REPORT DAILY MAX	mg/l	SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT	Sample Measurement				1.70			(19)		
BOD5, EFFLUENT	Permit Requirement				REPORT ANNUAL AVO			mg/L	SEE PERMIT	SEE PERMIT
SS, EFFLUENT	Sample Measurement				96			(19)		
SS, EFFLUENT	Permit Requirement				REPORT ANNUAL AVO			mg/L	SEE PERMIT	SEE PERMIT

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 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 Print)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE

[Signature]

941 6974757

00 26

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ERMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 68 Placida Road
 Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FKA9k4953

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Same

LOCATION:

ATTN:

Please read instructions before completing this form.

Perfect

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
000001 1 MONTHLY AVERAGE DAILY	Sample Measurement	003	058	(03)						
000002 1 MONTHLY AVERAGE DAILY	Sample Measurement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MOD					SEE PERMIT	SEE PERMIT
000003 1 MONTHLY AVERAGE DAILY	Sample Measurement					164				
000004 1 MONTHLY AVERAGE DAILY	Sample Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
000005 1 MONTHLY AVERAGE DAILY	Sample Measurement					293				
000006 1 MONTHLY AVERAGE DAILY	Sample Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
000007 1 MONTHLY AVERAGE DAILY	Sample Measurement					293				
000008 1 MONTHLY AVERAGE DAILY	Sample Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
000009 1 MONTHLY AVERAGE DAILY	Sample Measurement					293				
000010 1 MONTHLY AVERAGE DAILY	Sample Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
000011 1 MONTHLY AVERAGE DAILY	Sample Measurement					293				
000012 1 MONTHLY AVERAGE DAILY	Sample Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
000013 1 MONTHLY AVERAGE DAILY	Sample Measurement					293				
000014 1 MONTHLY AVERAGE DAILY	Sample Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
000015 1 MONTHLY AVERAGE DAILY	Sample Measurement					293				
000016 1 MONTHLY AVERAGE DAILY	Sample Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
000017 1 MONTHLY AVERAGE DAILY	Sample Measurement					293				
000018 1 MONTHLY AVERAGE DAILY	Sample Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
000019 1 MONTHLY AVERAGE DAILY	Sample Measurement					293				
000020 1 MONTHLY AVERAGE DAILY	Sample Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT

I, the undersigned, 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 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 (Print or Print)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (MM/YY)

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)

PERMITTEE NAME:
 MAILING ADDRESS:

PERMIT NUMBER:
 MONITORING PERIOD--From:
 LIMIT: FINAL
 CLASS SIZE:
 FACILITY ID:
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE:
 TYPE OF EFFLUENT DISPOSAL:

oct 00

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

FACILITY:
 LOCATION:
 ATTN:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
SYNCH CODE	MON. SITE NO.	Average	Maximum	Units	Minimum	Average	Maximum			
pH		Sample Measurement			6.5		7.0			
000400 1		Permit Requirement			6.5 MINIMUM		7.5 DAILY MAX			
MINIMUM										
CHLORINE, TOTAL RESIDUAL		Sample Measurement			2.0					
030060 1		Permit Requirement			MINIMUM					
EFFLUENT GROSS VALUE										
NITRATE (as N)		Sample Measurement					2.82			
(IF REQUIRED IN THE PERMIT)		Permit Requirement					17.0			
010620 1										
EFFLUENT GROSS VALUE										
NITROGEN, TOTAL (as N)		Sample Measurement								
(IF REQUIRED IN THE PERMIT)		Permit Requirement					REPORT DAILY MAX			
000600 1										
EFFLUENT GROSS VALUE										
CODS, EFFLUENT		Sample Measurement			170					
030082 Y		Permit Requirement			REPORT ANNUAL AVG					
ANNUAL AVERAGE										
TSS, EFFLUENT		Sample Measurement			96					
000530 Y		Permit Requirement			REPORT ANNUAL AVG					
ANNUAL AVERAGE										

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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
	<i>Robert M. Paine</i>	()	

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

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014053

Month/Year:

Three-month Average Daily Flow:
Daily Flow % of Permitted Capacity:0.73
0.53%

Daily Flow % of Permitted Capacity.																															
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Flow (MGD)	0.0	0.0	0.1	0.5	0.7	0.8	0.6	0.5	0.6	0.5	0.5	0.6	0.7	0.5	0.5	0.6	0.4	0.5	0.6	0.6	0.6	0.6	0.5	0.5	0.5	0.4	0.5	0.5	0.5	0.0	
Chlorine Residual after Contact (mg/L as Cl ₂)	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	
CBCD _i Influent (mg/L as O ₂)									181															147							
TSS Influent (mg/L)									842															243							
CBCD _e Effluent (mg/L as O ₂)									<1															<1							
TSS Effluent (mg/L)									1.8															608							
EC _e Effluent (mg/L as Cl ₂)									113															282							
Total N Effluent (mg/L as N)																															
Fecal Coliform (#/100ML)									<1															<1							
pH effluent, minimum	6.7	6.7	6.7	6.7	6.7	6.6	6.6	6.5	6.6	7.0	7.0	6.9	6.5	6.8	6.8	6.9	7.0	6.9	6.9	7.0	6.8	6.9	6.9	6.9	6.9	6.9	6.5	6.5	6.5	6.5	
pH effluent, maximum																															
Turbidity (N.T.U.)	476	401	487	331	353	377	450	453	450	355	359	384	355	335	330	318	380	448	385	420	466	385	465	403	440	436	314	312	478	561	
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)									G															Comp							
TIME OF SAMPLE									400															1000							
Reuse Fecal/Grab			<1	<1	<1	<1			<1	<1	<1	26				<1	<1	<1	<1				<1	<1	<1	<1	<1				
Reuse TSS/Grab	6.8		408	408	408	408			18	408	408	408				408	408	408	408				408	408	408	408	408				51
Reject to Pond	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reuse flow	0.79	0.0	0.1	0.75	0.75	0.60	0.54	0.45	0.53	0.46	0.69	0.48	0.68	0.53	0.54	0.65	0.39	0.45	0.60	0.60	0.53	0.68	0.45	0.53	0.65	0.86	0.45	0.78	0.69	0.65	
Reuse sample time			11/10	11/15	11/30	11/30			400	1500	1700	1700				1700	1700	1700	1700				1710	1730	1745						1700

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

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

Name: Bob Offer
Name:

Name: Robert Pave
Name:

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.

DEP Form 62-602.918(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOP FORM)

MITTEE NAME: Sandalhaven Utility, Inc.
 ADDRESS: 6811 Placida Road
 Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038
 MONITORING PERIOD-From:

LIMIT: FINAL
 CLASS SIZE:
 FACILITY ID: FKA9k4953
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: .150/3-C** NO DISCHARGE []**
 TYPE OF EFFLUENT DISPOSAL: *Reuse*

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

UTILITY: Same
 ACTION: ATTN:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				Nu. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
ST CODE MON. SITE No.											
101	MONTHLY AVERAGE DAILY										
102	INFLUENT	074	099	072						SEE PERMIT	SEE PERMIT
103	INFLUENT GROSS VALUE	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MOD							
104	INFLUENT					313.5	349	(19)		SEE PERMIT	SEE PERMIT
105	INFLUENT GROSS VALUE					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
106	INFLUENT					242	324	(19)		SEE PERMIT	SEE PERMIT
107	INFLUENT GROSS VALUE					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
108	EFFLUENT					2.75	4.5	(19)		SEE PERMIT	SEE PERMIT
109	EFFLUENT GROSS VALUE					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
110	EFFLUENT					50.8	508	(19)		SEE PERMIT	SEE PERMIT
111	EFFLUENT GROSS VALUE					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
112	FORM, FEUCL					51	51	(13)		SEE PERMIT	OPAR
113	EFFLUENT GROSS VALUE					REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/100mL	SEE PERMIT	OPAR

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Robert J. Pauer*
 TELEPHONE NO.: 941 897 4752
 DATE (YYMMDD): 00 12 24

CONTENT 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)

ITTEE NAME: Sandalhaven Utility, Inc.
ING ADDRESS: 6811 Placida Road
Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

JITY: Same

ATION:

ATTN:

Please read instructions before completing this form. *Ruse*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Date
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
ET CODE	MOY SITE No.										
400 1					6.9		72	(12)			
MINIMUM	Permit Requirement				MINIMUM		DAILY MAX	50		SEE PERMIT	SEE PERMIT
LORINE, TOTAL RESIDUAL	Sample Measurement				1.86			(19)			
060 1	Permit Requirement				MINIMUM			mg/L		SEE PERMIT	SEE PERMIT
FLUENT GROSS VALUE	Sample Measurement							(19)			
060 1	Permit Requirement						12.0	mg/L		SEE PERMIT	SEE PERMIT
FLUENT GROSS VALUE	Sample Measurement							(19)			
060 1	Permit Requirement						REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
FLUENT GROSS VALUE	Sample Measurement							(19)			
060 1	Permit Requirement							mg/L		SEE PERMIT	SEE PERMIT
FLUENT GROSS VALUE	Sample Measurement				1.68			(19)			
060 1	Permit Requirement				REPORT ANNUAL AVO			mg/L		SEE PERMIT	SEE PERMIT
FLUENT GROSS VALUE	Sample Measurement				967			(19)			
060 1	Permit Requirement				REPORT ANNUAL AVO			mg/L		SEE PERMIT	SEE PERMIT

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 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 Print) *Robert J. M. PAVEK, Operator* SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT *Robert J. M. Pavek* TELEPHONE NO. *941.837.757* DATE *02-24*

STATEMENT 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)

COMMITTEE NAME: Sandalhaven Utility, Inc.
 MAILING ADDRESS: 6811 Placida Road
 Englewood, FL 34224

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FKA9k4953

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

CITY: Same

CATION:

ATTN:

Please read instructions before completing this form. *Reject*

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
PARAMETER CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
001		Sample Measurement		(03)							
002 1		Permit Requirement	REPORT MONTHLY AVG.	MGD						SEE PERMIT	SEE PERMIT
003	INFLUENT	Sample Measurement				313.5	345	(19)			
002 G	INFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
003	INFLUENT	Sample Measurement				242	324	(19)			
002 G	INFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
003	EFFLUENT	Sample Measurement				2.75	4.5	(19)			
002 1	EFFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
003	EFFLUENT	Sample Measurement				40.8	40.8	(19)			
002 1	EFFLUENT GROSS VALUE	Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
003	FORM, FECL	Sample Measurement				41	41	(13)			
002 1	EFFLUENT GROSS VALUE	Permit Requirement				REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	mg/L		SEE PERMIT	GRAB

I, the undersigned, declare that I have personally examined and am familiar with the information submitted hereby, 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 (Type or Print): ROBERT J M PAVER
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE NO.: 941 697 8959
 DATE (YY/MM/DD): 00-02-24

STATEMENT 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)

COMMITTEE NAME: Sandalhaven Utility, Inc.
MAILING ADDRESS: 6811 Placida Road
Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

CITY: Same

CATION:

ATTN:

Please read instructions before completing this form.

Reject

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Date
		Average	Maximum	Units	Minimum	Average	Maximum			
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	6.9	.....	7.2	(12)		
CHLORINE, TOTAL RESIDUAL	Permit Requirement	.....	.....	.....	6.0 MINIMUM	.....	8.3 DAILY MAX	50	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	1.86	.....	.....	(19)		
CHLORINE, TOTAL RESIDUAL	Permit Requirement	.....	.....	.....	MINIMUM	.....	.....	mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N)	Sample Measurement	.....	.....	.....	.....	.....	5.2	(19)		
NITRATE (as N)	Permit Requirement	.....	.....	.....	.....	.....	12.0	mg/L	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample Measurement	.....	.....	.....	.....	.....	.90	(19)		
NITROGEN, TOTAL (as N)	Permit Requirement	.....	.....	.....	.....	.....	REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT
LEAD	Sample Measurement	.....	.....	.....	1.68	.....	.....	(19)		
LEAD	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L	SEE PERMIT	SEE PERMIT
SS	Sample Measurement	.....	.....	.....	967	.....	.....	(19)		
SS	Permit Requirement	.....	.....	.....	REPORT ANNUAL AVG	.....	.....	mg/L	SEE PERMIT	SEE PERMIT

I, the undersigned, 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 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 OF PRINCIPAL ENGINEER: [Signature] OPERATOR: [Signature]
TELEPHONE NO: 941-6574797
DATE: 00 12-24

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: 1072
Daily Flow % of Permitted Capacity: 055%

ID: FLA014053

Year: _____
of the Month _____

(MGD)
Reclam/Reise

ine Residual after Contact

Los Cl.)

1) Influent (mg/L as O₂)

Influent (mg/L)

D, Effluent (mg/L as O₂)

Effluent (mg/L)

Effluent (mg/L : 514)

1 N ENluent (mg/L as N)

Coliform (#103ML)

frequency, minimum

சென்னை, தமிழ்நாடு

Trinity (N.T.U.)

TYPE OF SAMPLE: (C=COMPOSITE,

(GRAB)

WE OF SAMPLE

Reject

Решае

Reuse TSS

Range Feb 1

Type

Time

ANT STAFFING:

Day Shift Operator

Day Shift Operator
Evening Shift Operator

Night Shift Operator

Night Shift Operator Lead Operator

Class: C Certificado No.: 6750

Class: Certificate No.:

Class: _____
Certificate No.: _____

Class: C Certificate No.:

Class: C Certificate No.: 0

Name: Robert OFFER

Name:

NAME: _____
NAME: _____

Name: _____
 Name: _____

Name: A. 1900

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ITTEE NAME: Sandalhaven Utility, Inc
 NO ADDRESS: 6811 Placida Road
 Englewood, FL 34224

ITY:
 TION:
 ATTN:

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
 QMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form. *Review*

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Limit (5)	Minimum	Average	Maximum			
50 1 THLY AVERAGE DAILY DS, INFLUENT	Sample Measurement	094	107	079						
	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD					SEE PERMIT	SEE PERMIT
82 0 UENT GROSS VALUE INFLUENT	Sample Measurement					130				
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
82 0 UENT GROSS VALUE INFLUENT	Sample Measurement					166				
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
30 0 UENT GROSS VALUE DS, EFFLUENT	Sample Measurement					1				
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
382 1 LUENT GROSS VALUE , EFFLUENT	Sample Measurement					0.6				
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
530 1 LUENT GROSS VALUE LIFORM, FECAL	Sample Measurement					<1	<1			
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
616 1 LUENT GROSS VALUE	Sample Measurement									
	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT

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 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 Print) *Robert Parn* TELEPHONE NO. 1941 6574797 DATE (YYMMDD) 01/01/23

MENT 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)

PERMIT NAME: Sandalhaven Utility, Inc.
PERMIT ADDRESS: 68 Placida Road
Englewood Fl 34224

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

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

TYPE OF EFFLUENT DISPOSAL:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

PERMIT TYPE: Same

PERMIT NO.:

ATTN:

Please read instructions before completing this form. *Review*

Parameter	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Limit Type
		Average	Maximum	Units	Minimum	Average	Maximum			
1001		Sample Measurement			6.8		71	(12)		
1001		Permit Requirement			6.0 MINIMUM		8.3 DAILY MAX	SU	SEE PERMIT	SEE PERMIT
601		Sample Measurement			2.0			(19)		
601		Permit Requirement			MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
1201		Sample Measurement					121	(19)		
1201		Permit Requirement					12.0	mg/L	SEE PERMIT	SEE PERMIT
1201		Sample Measurement					4.69	(19)		
1201		Permit Requirement					REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT
1082		Sample Measurement			1.61			(19)		
1082		Permit Requirement			REPORT ANNUAL AVG			mg/L	SEE PERMIT	SEE PERMIT
1530		Sample Measurement			1.96			(19)		
1530		Permit Requirement			REPORT ANNUAL AVG			mg/L	SEE PERMIT	SEE PERMIT

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 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 Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (MM/DD/YY)
	<i>Robert P. ...</i>	941 697 9757	01-01-23

(MENTION ANY VIOLATIONS (Reference all attachments here); (Attach additional sheets if necessary).)

Received: 1/25/01 3:01PM;
Jan 24 01 02:57p

Sandalhaven Utilities
(941) 697-8959
941 697 8959 -> Utilities Inc. FL; Page 3

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

MITTEE NAME:
 LING ADDRESS:

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.:
 WAIR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

ILITY:
 ATION:
 ATTN:

Please read instructions before completing this form. *Reject*

Parameter	REV CODE	MON SITE No	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum				Units
0010 1 MONTHLY AVERAGE DAILY ODS, INFLUENT			006	107	003					SEE PERMIT	SEE PERMIT
0020 0 FLUENT GROSS VALUE S, INFLUENT							130			SEE PERMIT	SEE PERMIT
0030 0 FLUENT GROSS VALUE ODS, EFFLUENT							166			SEE PERMIT	SEE PERMIT
0040 1 FLUENT GROSS VALUE S, EFFLUENT							0.6			SEE PERMIT	SEE PERMIT
0050 1 FLUENT GROSS VALUE OLIFORM, FBAL							1			SEE PERMIT	SEE PERMIT
0060 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0070 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0080 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0090 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0100 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0110 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0120 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0130 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0140 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0150 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0160 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0170 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0180 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0190 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0200 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0210 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0220 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0230 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0240 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0250 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0260 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0270 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0280 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0290 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0300 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0310 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0320 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0330 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0340 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0350 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0360 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0370 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0380 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0390 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0400 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0410 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0420 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0430 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0440 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0450 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0460 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0470 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0480 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0490 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0500 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0510 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0520 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0530 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0540 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0550 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0560 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0570 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0580 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0590 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0600 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0610 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0620 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0630 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0640 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0650 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0660 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0670 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0680 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0690 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0700 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0710 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0720 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0730 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0740 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0750 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0760 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0770 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0780 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0790 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0800 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0810 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0820 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0830 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0840 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0850 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0860 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0870 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0880 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0890 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0900 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0910 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0920 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0930 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0940 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0950 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0960 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0970 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
0980 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT
0990 1 FLUENT GROSS VALUE							1			SEE PERMIT	SEE PERMIT
1000 1 FLUENT GROSS VALUE							0.6			SEE PERMIT	SEE PERMIT

I hereby 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 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: *Robert P. Parn*
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Robert P. Parn*
 TELEPHONE NO.: 697-4757
 DATE (YY/MM/DD): 01-01-23

ADDITIONAL 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)

MITTEE NAME: Sandalhaven Utility, Inc.
 ADDRESS: 6811 Placida Road
 Englewood FL 34224

PERMIT NUMBER: FLA014053-378038
 MONITORING PERIOD--From:
 LIMIT: FINAL
 CLASS SIZE:
 FACILITY ID: FLA014053
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 150/3-C** NO DISCHARGE [] **
 TYPE OF EFFLUENT DISPOSAL:

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

ILITY: Same
 ATTN:

Please read instructions before completing this form. *Respect*

Parameter	NOV SITE No.	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	State of Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
0400 1 MINIMUM					6.8		7.1	(15)			
					MINIMUM		DAILY MAX	50		SEE PERMIT	SEE PERMIT
0600 1 CHLORINE, TOTAL RESIDUAL					2.0			(19)			
					MINIMUM			mpL		SEE PERMIT	SEE PERMIT
0060 1 EFFLUENT GROSS VALUE							1.21	(19)			
							12.0	mpL		SEE PERMIT	SEE PERMIT
00620 1 EFFLUENT GROSS VALUE							2.0	(19)			
							4.69	mpL		SEE PERMIT	SEE PERMIT
00620 1 EFFLUENT GROSS VALUE							REPORT DAILY MAX	(19)		SEE PERMIT	SEE PERMIT
00600 1 EFFLUENT GROSS VALUE								(19)			
00600 1 EFFLUENT GROSS VALUE					1.61			mpL		SEE PERMIT	SEE PERMIT
					REPORT ANNUAL AVO			(19)			
00000 1 ANNUAL AVERAGE					96			mpL		SEE PERMIT	SEE PERMIT
					REPORT ANNUAL AVO			(19)			
00000 1 ANNUAL AVERAGE											

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 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 (Print or Type) _____

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT _____

TELEPHONE NO _____ DATE/TIME _____

941 697 4797 01-01-23

Operator

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

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

FLA014053

Three-month Average Daily Flow: 1078
 Daily Flow % of Permitted Capacity: 62%

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
OD	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103
Reclaim/Reuse	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103
Residual after Contact	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103	103
Influent (mg/L as O ₂)																														
BO D																														
Influent (mg/L)																														
TSS																														
Effluent (mg/L as O ₂)																														
BO D																														
Effluent (mg/L)																														
TSS																														
Influent (mg/L as N)																														
Effluent (mg/L as N)																														
Coliform (#/100ML)																														
Influent, minimum	6.8	6.9	6.8	6.9	7.0	7.0	7.0	7.0	7.0	7.0	6.9	6.9	7.0	6.9	6.9	7.0	7.0	7.0	6.9	7.0	6.8	6.8	6.9	6.9	6.9	6.9	7.0	7.0	7.0	7.0
Influent, maximum	6.8	6.9	6.8	6.9	7.0	7.0	7.0	7.0	7.0	7.0	6.9	6.9	7.0	6.9	6.9	7.0	7.0	7.0	6.9	7.0	6.8	6.8	6.9	6.9	6.9	6.9	7.0	7.0	7.0	7.0
Effluent (N.T.U.)	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3	5.3
TYPE OF SAMPLE (C=COMPOSITE, J=JAB)																														
TYPE OF SAMPLE																														
Reject	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45
Reuse	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38	0.38
Reuse TSS																														
Reuse FeCH	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Time																														

ANT STAFFING: Day Shift Operator: [Name] Evening Shift Operator: [Name] Night Shift Operator: [Name] Lead Operator: [Name]
 Name: Robert Offer
 Name: Robert Paver

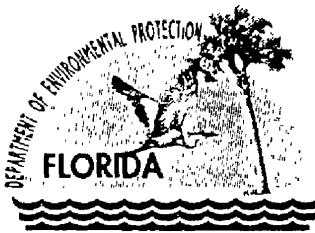
Type of Effluent Disposal or Reclaimed Water Reuse: [Type]
 Initiated Wet Weather Discharge Activated: Yes No Not Applicable: X If yes, cumulative days of wet weather discharge: [Days]
 Additional comments if necessary to list all certified operators.

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



Jeb Bush
Governor

142 640
cc: DR

Department of Environmental Protection

RECEIVED

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

David B. Struhs
Secretary

APR 25 2002

April 23, 2002

msl
UTILITIES, INC.

Donald Rasmussen, Vice President
Utilities of Sandalhaven
200 Westersfield 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:

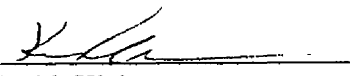
During the inspection Department personnel observed solids in the dual filters and in the chlorine contact chamber. Florida Administrative Code (F. A. C.) Rule 62-600.410(6) requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic 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

"More Protection, Less Process"

Printed on recycled paper.

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

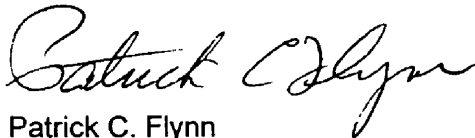
Dear Mr. Kleinmann:

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

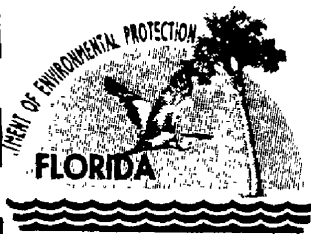
cc: Elin Jackson, DEP
Don Rasmussen, Vice President
Bill Coates, Area Manager
Robert Paver, Lead Operator

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

Docket No. 020409

25.30-440(6)
Permits

Test Year Ended December 31, 2001



Jeb Bush
Governor

Department of Environmental Protection

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

STATE OF FLORIDA
NOTICE OF PERMIT REVISION

David B. Struhs
Secretary

RECEIVED

NOV 13 2001

UTILITIES, INC.

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.

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.

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.

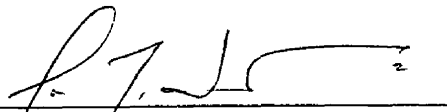
In addition to requesting an administrative hearing, any petitioner may elect to pursue mediation. The election may be accomplished by filing with the Department a mediation agreement with all parties to the proceeding (which include the permittee, the Department, and any person who has filed a timely 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.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Richard W. Cantrell
Director of
District Management

Date: November 8, 2001

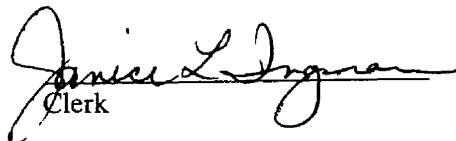
CERTIFICATE OF SERVICE

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 8, 2001, 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.



Clerk 11-8-01
Date

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

AUG 18 1997

PF rec'd copy

In the matter of an
Application for Permit
by:

Sandalhaven Utilities, Inc.
Mr. Donald Rasmussen, Vice President
200 Weathersfield Avenue
Altamonte Springs, FL 32714

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:

- 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;
- 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 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.

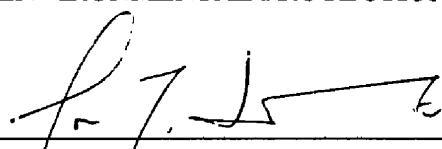
As provided in section 120.573 of the Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by section 120.569 and 120.57 for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within 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

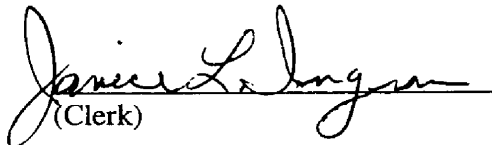
CERTIFICATE OF SERVICE

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.


(Clerk)

8-14-01
(Date)

RWC/MHR/jli
Copies furnished to:

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



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:

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

PERMIT NUMBER: FLA014053
PA FILE NUMBER: FLA014053-004-DW2P and
FLA014053-005-DW2MR
ISSUANCE DATE: August 14, 2001
EXPIRATION DATE: August 13, 2006

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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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				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
BOD, Carbonaceous 5 day, 20C	mg/l	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Solids, Total Suspended	mg/l	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
pH	s.u.	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100ml	Maximum	See Permit Condition I.A.4.				Every Two Weeks	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/l	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond.I.A 5
Nitrogen, Nitrate, Total (as N)	mg/l	Maximum	-	-	-	12.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	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]

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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				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
BOD, Carbonaceous 5 day, 20C	mg/l	Maximum	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	
pH	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-1	
Total Residual Chlorine (For Disinfection)	mg/l	Minimum	-	-	-	1.0	Continuous	Grab	EFA-1	See Cond I.A 10
Turbidity	ntus	Maximum	See Permit Condition I.A.11.				Continuous	Meter	EFB-1	

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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-1	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]



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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:

			Limitations				Monitoring Requirements			
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

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

Monitoring Location Site Number	Description of Monitoring Location
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), 12-24-96]
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.

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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 28
	April 1 – June 30	July 28
	July 1 – September 30	October 28
	October 1 – December 31	January 28
Seminannual	January 1 – June 30	July 28
	July 1 – December 31	January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department 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

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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
Copper	4300 mg/kg dry weight	1340 pounds/acre
Lead	840 mg/kg dry weight	268 pounds/acre

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Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application 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
pH	(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 - POTW Sludge Sampling and Analysis Guidance Document, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the POTW Sludge Sampling and Analysis Guidance Document, 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]
16. 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 Name	Site Type (AG or LR)	App. Area (acres)	Site Location						
			County	Latitude			Longitude		
				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:
- a. Date of application of the residuals;
 - b. Location of the residuals application site as specified in the Agricultural Use Plan;
 - c. 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;
 - e. 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
5. Signature of Responsible Party at Source Facility
6. 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
5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

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

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

<u>Sampling Period</u>	<u>Monitoring Well</u>	<u>Report Due Date</u>
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.:

- Water level (NGVD)
- Nitrate (as N)
- Total dissolved solids
- Chloride
- pH
- Sulfate
- Sodium
- Arsenic
- Cadmium
- Chromium
- Lead
- 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.
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), 8-8-99]*
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
Total		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:
- Immediately discontinue potable water and/or reclaimed water service to the affected area.
 - If the potable water system is contaminated, clear the potable water lines.
 - Eliminate the cross-connection.
 - Test the affected area for other possible cross-connections.
 - Within 24 hours, notify the South District Office's domestic wastewater and drinking water programs.
 - 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

1. 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 days 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):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. 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), 1-9-96] [and 62-600.400(2)(b), 12-24-96]*
9. 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. 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).

FACILITY: Sandalhaven WWTP
PERMITTEE: Utilities Incorporated of Sandalhaven

PERMIT NUMBER: FLA014053
PA FILE NUMBER: FLA014053-004-DW2P and
FLA014053-005-DW2MR

- 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.
 - a. The following shall be included as information which must be reported within 24 hours under this condition:
 - 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discharge to surface or ground waters.
 - b. 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:
 - 1. 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:

FACILITY: Sandalhaven WWTP
PERMITTEE: Utilities Incorporated of Sandalhaven

PERMIT NUMBER: FLA014053
PA FILE NUMBER: FLA014053-004-DW2P and
FLA014053-005-DW2MR

- 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 Department within 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.

FACILITY: Sandalhaven WWTP
PERMITTEE: Utilities Incorporated of Sandalhaven

PERMIT NUMBER: FLA014053
PA FILE NUMBER: FLA014053-004-DW2P and
FLA014053-005-DW2MR

- 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.

FACILITY: Sandalhaven WWTP
PERMITTEE: Utilities Incorporated of Sandalhaven

PERMIT NUMBER: FLA014053
PA FILE NUMBER: FLA014053-004-DW2P and
FLA014053-005-DW2MR

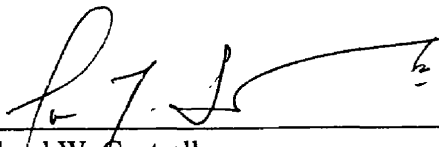
- c. Before an enforcement proceeding is instituted, no representation made during the Department South review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[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



Richard W. Cantrell
Director of
District Management

DATE: August 14, 2001

RWC/MHR/jli

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

Docket No. 020409

25.30-440(7)
Notices

Test Year Ended December 31, 2001

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTIONSPILL/ABNORMAL EVENT REPORTDATE/TIME REPORTED: 12-2-01 11:15amFIRST NOTIFICATION BY: PHONE (FAX) VOICE MAIL OTHERDEP PERSON RECEIVING REPORT: KeithDATE/TIME OF ABNORMAL EVENT: 12-2-01 0940DISCHARGE REPORTED BY: Rita (Disposal) PHONE: 0NAME OF FACILITY/COLLECTION SYSTEM: Sandal havenTYPE OF ABNORMAL EVENT: L/S #6 Bad Float.LOCATION OF EVENT/DISCHARGE: 6610 Gasparilla Blvd. L/S #6APPROXIMATE GALLONAGE DISCHARGED: 100 gal. approx.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: Bad FloatSTEPS TAKEN TO CORRECT THE PROBLEM/PREVENT ITS RECURRENCE: Removed down drain around 8am to pump if need. Bob O. to check around midnight. 1/20/02. To check on Mon 3. HTHoall brushed in. then brush out after 30min. stays in low part of road.TIME FACILITY WILL BE OPERATING AGAIN: Back in order by 10:00amREFERRED TO: KeithFOLLOW UP: Rita didn't go this yesterday. L/S fixed by Rita & Bob. 12-3-01 1300Rita & Bob

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTIONSPILL / ABNORMAL EVENT REPORT

DATE/TIME REPORTED: 10/20/01 1530

FIRST NOTIFICATION BY: PHONE PHONE FAK VOICE MAIL OTHER

DEP PERSON RECEIVING REPORT: Keith

DATE/TIME OF ABNORMAL EVENT: 10/20-01

DISCHARGE REPORTED BY: 0 PHONE: _____

NAME OF FACILITY/COLLECTION SYSTEM: Sandal haven

TYPE OF ABNORMAL EVENT: 4/5 3Phase Babbag.

LOCATION OF EVENT/DISCHARGE: Geoprotula Blvd. 4/5 4

APPROXIMATE GALLONAGE DISCHARGED: 0

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: Bad bag

STEPS TAKEN TO CORRECT THE PROBLEM/PREVENT ITS RECURRENCE: Gen
on Oct 20 OK

TIME FACILITY WILL BE OPERATING AGAIN: Ele 5 am 10-2301
calling Sunohin alt for location 10/23/01

REFERRED TO: Keith

FOLLOW UP: _____

Rah J. Pave

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTIONSPILL/ABNORMAL EVENT REPORTDATE/TIME REPORTED: 9-20-01 1731FIRST NOTIFICATION BY: PHONE ☒ FAX ☐ VOICE MAIL ☐ OTHER ☐DEP PERSON RECEIVING REPORT: Tom Jackson

DATE/TIME OF ABNORMAL EVENT: _____

DISCHARGE REPORTED BY: _____ PHONE: _____

NAME OF FACILITY/COLLECTION SYSTEM: Sandel havenTYPE OF ABNORMAL EVENT: Put in Project (Clz Cont. Baffles not fully installed)LOCATION OF EVENT/DISCHARGE: SandehavenAPPROXIMATE GALLONAGE DISCHARGED: in ProjectDISCHARGE 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: Clz baffles not fully installed
no one to make a use pump pumpSTEPS TAKEN TO CORRECT THE PROBLEM/PREVENT ITS RECURRENCE: Baffles
will be finished 9-21-01NTU .427 Clz 5.0TIME FACILITY WILL BE OPERATING AGAIN: 9-21-01

REFERRED TO: _____

FOLLOW UP: _____

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTIONSPILL/ABNORMAL EVENT REPORTDATE/TIME REPORTED: 5-7-01 1015 AMFIRST NOTIFICATION BY: PHONE ☒ FAX ☐ VOICE MAIL ☐ OTHER ☐DEP PERSON RECEIVING REPORT: Bent to Tom JacksonDATE/TIME OF ABNORMAL EVENT: 5-7-01 0845DISCHARGE REPORTED BY: None PHONE: _____

NAME OF FACILITY/COLLECTION SYSTEM: _____

TYPE OF ABNORMAL EVENT: Plant turned and filters off
line for cleaning + Plant correctionLOCATION OF EVENT/DISCHARGE: Sandhaven Sandhaven

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 turnedSTEPS TAKEN TO CORRECT THE PROBLEM/PREVENT ITS RECURRENCE: Incident
are. returned from digesterTIME FACILITY WILL BE OPERATING AGAIN: ? will notifyREFERRED TO: Tom Jackson DEPFOLLOW UP: ?

Att Keith

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORMCOMPANY NO. 690COMPANY NAME Sandalhaven UtilityDATE OF
OCCURRENCE 1-8-01
TIME 0800

WASTEWATER SYSTEMS

Type of Violation

Date Notified

Description of Violation

☐ NPDES☐ FDEP☐ County/Local☐ Overflow/Spill☐ Compliance☒ Other1-8-01
Att Keith

Break one BW ^{mud} well respect.
holding tank over flowed - 2,000 g.
Line let dry to be Rashed up.

(allentard on site)Cell # 941 3203862 office 941 6974777

WATER SYSTEMS

Type of Violation

Date Notified

Description of Violation

☐ FDEP☐ County/Local☐ Compliance☐ Bact's☐ Other

Use additional sheets as necessary.

Att Keith
Operator Signature

Att Keith

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO. 690 COMPANY NAME Sandalhaven Utilities DATE OF OCCURRENCE 1-5-01
Att W. W. Sec Green TIME 4:50 PM Phase

WASTEWATER SYSTEMS

Type of Violation Date Notified Description of Violation

☐ NPDES☐ FDEP☐ County/Local☐ Overflow/Spill☐ Compliance☒ Other1-5-01

one lagoon on Auto Phase at. Pump pulling
 100 AMP + 30 AM. Pumper truck keeping
 up with pump and haul all weekend
 Pump around set up to. Pump to be pulled 1-8-01
 Cell # 941 3203862 Office 941 6974797

WATER SYSTEMS

Type of Violation Date Notified Description of Violation

☐ FDEP☐ County/Local☐ Compliance☐ Bact's☐ Other

(Keith, 1-8-01
 I had the wrong fax #.
 Robert)

Use additional sheets as necessary.

Robert Parn
 Operator Signature

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

11 2000

COMPANY NO. 690 COMPANY NAME Sandalhaven Utility DATE OF OCCURRENCE 12-1-00
Att W. W. Sec. Green TIME around midnite
still in hand
By Pass.

WASTEWATER SYSTEMS

Type of Violation Date Notified Description of Violation

☐ NPDES

☐ FDEP

☐ County/Local

☐ Overflow/Spill

☒ Compliance

12-1-00

Blower Brakes tripped. Reset Brakes called.
Elc. Doug Clark Elc. Back on line EFF cloudy.
Still in defect EFF cloudy 435' high/NTU.
EFF totally clear before going back on line
Robert Paine 8946
Review sample taken from rejected pipe.

☐ Other

Cell # 941 3203862 office 941 6974997

WATER SYSTEMS

Type of Violation Date Notified Description of Violation

☐ FDEP

☐ County/Local

☐ Compliance

☐ Bactis

☐ Other

Use additional sheets as necessary.

Robert Paine
Operator Signature

04/12/2000 15:26

9416978959

SANDLEHAVEN WASTEWAT

PAGE 02

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION**SPILL/ABNORMAL EVENT REPORT**DATE/TIME REPORTED: 4-11-00 1530FIRST NOTIFICATION BY: PHONE FAX VOICE MAIL OTHERDEP PERSON RECEIVING REPORT: Krieth KlineDATE/TIME OF ABNORMAL EVENT: 4-10-00 1130pmDISCHARGE REPORTED BY: Bob O'Leary PHONE: 941-474-5191NAME OF FACILITY/COLLECTION SYSTEM: Sandalhaven Utilities Inc.TYPE OF ABNORMAL EVENT: Sludge SpillLOCATION OF EVENT/DISCHARGE: Sandalhaven Wastewater PlantAPPROXIMATE GALLONAGE DISCHARGED: 30,000 - 40,000 galDISCHARGE 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 upset, Bludge Bladder in plant clarifier Bulked Sludge, Filters and Flows in underwellSTEPS TAKEN TO CORRECT THE PROBLEM/PREVENT ITS RECURRENCE: Washed to digester and Backwashed Filters, turned Skimmers off.TIME FACILITY WILL BE OPERATING AGAIN: should have Filters on line late 4-12-00

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

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

Docket No. 020409

25.30-440(9)
Vehicles

Test Year Ended December 31, 2001

	Unit No.	Cost	A/D	Annual Depr.	% to UIF	Cost	Beg Bal A/D	Annualized Depr. Exp.	End Bal A/D
Vehicles Allocated to Utilities, Inc. of Sandalhaven									
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

IVISION : 00690
: :
ICE ORDER# : 503700
JNT# : 006900000000
CMEK NAME : :
ICE ADDRESS : :
: : 01/12/01
: : 38
: :
ENT : : PLEASE CHECK FOR A NOISE IN THE SEWER LINE ON THE CORNER OF GOLD FINCH
: : LANE AND GOLD FINCH TERRACE. THE CALL CAME FROM THE CUSTOMER AT 100
: : GOLDFINCH TERRACE (ROBERT F. SCHMIDT INC). PLEASE TAG HIS HOME WITH FINDINGS
: : PH. 941-697-4409
: :
LUTION : : LIFT STATION NOISE
: : PW/RP
: : 02/27/01

IVISION : 00690
: :
ICE ORDER# : 505083
JNT# : 006900020851
CMEK NAME : :
ICE ADDRESS : :
: : 01/18/01
: : 36
: :
ENT : : PAGED TO R. FAVER
: : CLOGGED SEWER, PLUMBER RODDED IT OUT TWICE & SAID THE CLOG WAS IN OUR
: : LINES. MR SPRAGUE 941-697-3339
: :
LUTION : : HAS BEEN FIXED
: : PW/RP
: : 02/27/01

IVISION : 00690
: :
ICE ORDER# : 511152
JNT# : 006900020801
CMEK NAME : :
ICE ADDRESS : :
: : 02/14/01
: : 36
: :
ENT : : 3321 GOLDFINCH IS FLOODED, AND 3325 GOLDFINCH IS TRYING TO FLOOD.
: : JOHN BARTON 941-697-1012 PAGED TO R. FAVER.
: :
LUTION : : NOTIFIED CUSTOMER TO CALL PLUMBER BOTH MANHOLES UP STRECH & DOWN STRECH AM
: : FREE FLOWING
: : PW/SCOTTY S
: : 02/14/01

IVISION : 00690
: :
ICE ORDER# : 511300
JNT# : 006900000000
CMEK NAME : :
ICE ADDRESS : :
: : 02/14/01
: : 37

11/16/01

VISION :. 00690
:. 690

CE ORDER# :. 575323

INT# :. 006901014851

MER NAME :. KEYS-CALDWELL, INC.

CE ADDRESS :. 6800 PLACIDA/FIDDLERS GR W POOL

:. 11/20/01

:. 37

NT :. CUSTOMER CALLED STATING THE RESIDENTS IN THE AREA ARE CALLING HIM
:. COMPLAINING OF TERRIBLE ODOR IN THE AREA. PLEASE INSURE IT IS NOT COMING
:. FROM OUR SEWER PLANT.

:. PAGED TO ROBER PAVER

UTION :. HAD L37 CLEARED BY WILLIAM TESTING.

:. TODAY IT IS ENGLEWOOD. SANDALHAVEN NO ODOR.

:. PW/RP

:. 11/30/01

VISION :. 00690

:. 690

CE ORDER# :. 575848

INT# :. 006901013951

MER NAME :. BANG, ROBERT

CE ADDRESS :. 6600 GASPARILLA PINES BLVD 113

:. 12/03/01

:. 36

:. SH

NT :. CUSTOMER CALLED ANSWERING SERVICE AT APPROXIMATELY 9:30 A.M. STATING
:. THAT THE MANHOLE COVERS ARE OVER FLOWING

UTION :. BAD FLOATS. CLEAN HTH, REPORTED

:. PW/ROBERT P

:. 12/14/01

ords listed.