



DOCKET 950495-WS
EXHIBIT NO. 67
NO. 96-04227

ORIGINAL
FILE COPY

BEFORE THE
FLORIDA PUBLIC SERVICE COMMISSION
DOCKET NO. 950495 - WS
APPLICATION FOR A GENERAL RATE INCREASE

VOLUME XI
BOOK 12 OF 17

ADDITIONAL ENGINEERING INFORMATION

Containing

1993 AND 1994
WASTEWATER MONTHLY OPERATING REPORTS (PLANTS A-L)
25-30.440 (4)

FLORIDA PUBLIC SERVICE COMMISSION
DOCKET
NO. 950496-WS EXHIBIT NO. 67
COMPANY: SSU
WITNESS: R. Adam
DATE: 5/10/96

DOCUMENT NUMBER - DATE
06063 JUN 28 96
FPSC-RECORDS/REPORTING

SOUTHERN STATES UTILITIES, INC.
DOCKET NO. 950495-WS
VOLUME XI, BOOK 12 OF 17
ADDITIONAL ENGINEERING INFORMATION

1993 AND 1994 WASTEWATER MONTHLY OPERATING REPORTS (PLANTS A - L)

25-30.440 (4) F.A.C.: All water and wastewater plant operating reports for the test year and the year preceding the test year.

TABLE OF CONTENTS

PAGE

WASTEWATER MONTHLY OPERATING REPORTS

PLANT NAME

Amelia Island	1
Apache Shores.....	49
Apple Valley.....	97
Beacon Hills.....	99
Beecher's Point.....	147
Buenaventura Lakes.....	195
Bumt Store.....	243
Chuluota	291
Citrus Park.....	339
Citrus Springs	387
Deep Creek.....	435
Deltona Lakes.....	437
Enterprise	489
Fisherman's Haven	537
Florida Central Commerce Park.....	585
Fox Run	633
Holiday Haven.....	645
Jungle Den.....	693
Lehigh.....	741
Leilani Heights	789
Leisure Lakes (Covered Bridge).....	837

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

(4) Plant Address 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class B Cert. No. 6194
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Denny W. L. R. 8-6194
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.628
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.623
(19) Percent of permitted capacity	%	-	73%
(20) BOD5 Effluent	mg/L	80082	2.00
(21) BOD5 Effluent	lbs/day	-	10.5
(22) TSS Effluent	mg/L	900201	0.17
(23) TSS Effluent	lbs/day	-	1.1
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate (NO as N)	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons			54,000

DES FORM NO 17.601.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DES APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Amelia Island

Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.768	2.3				0.2		7.4					<1
2	0.670	1.6				0.1		7.4					<1
3	0.612	2.4				0.1		7.3					<1
4	0.612	1.8	108	116	2	0.1		7.3					<1
5	0.630	2.1				0.1		7.3					<1
6	0.682	1.0				0.1		7.4					<1
7	0.585	2.7				0.1		7.5					<1
8	0.645	2.5				0.1		7.3					<1
9	0.632	2.5				0.2		7.3					<1
10	0.577	3.5				0.1		7.3					<1
11	0.520	2.9	87	98	2	0.1		7.3					<1
12	0.514	2.2				0.2		7.2					<1
13	0.594	3.1				0.1		7.3					<1
14	0.578	2.0				0.2		7.3					<1
15	0.625	1.9				0.2		7.3					<1
16	0.629	2.1				0.4		7.4					<1
17	0.590	2.2				0.4		7.4					<1
18	0.576	2.2	109	80	2	0.1		7.5					<1
19	0.618	2.3				0.1		7.6					<1
20	0.655	2.4				0.1		7.5					<1
21	0.620	1.9				0.1		7.5					<1
22	0.649	1.3				0.3		7.6					<1
23	0.574	1.6				0.2		7.5					<1
24	0.738	1.7				0.1		7.4					<1
25	0.524	1.0	102	87	2	0.1		7.6					<1
26	0.721	1.6				0.1		7.3					<1
27	0.561	1.3				0.1		7.3					<1
28	0.595	1.7				0.04		7.4					<1
29	0.737	2.4				0.3		7.6					<1
30	0.758	2.0				0.5		7.6					<1
31	0.668	1.7				0.2		7.2					<1

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

Signed:

Name (Please Type)

Company Name

Danny White

Danny White R-6194

Southern States Utilities

Date:

2-14-94

Telephone No. (Please Type)

904-261-9452

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3145PD4522

(3) Plant Name Anelia Island

(4) Plant Address 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0811

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *Danayntia* B-6194
 Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.634
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.609
(19) Percent of permitted capacity	%	-	72%
(20) BOD5 Effluent	mg/L	80082	2.00
(21) BOD5 Effluent	lbs/day	-	10.6
(22) TSS Effluent	mg/L	900201	0.24
(23) TSS Effluent	lbs/day	-	1.3
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TXN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate (NO as N)	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons			78,000

DER FORM NO 17.601.988(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Amelia Island

Month February Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.626	1.2	118	99	2	0.2		7.3					<1
2	0.652	1.6				0.1		7.3					<1
3	0.661	1.4				0.3		7.3					<1
4	0.666	1.7				0.2		7.4					<1
5	0.659	1.4				0.2		7.6					<1
6	0.642	2.2				0.1		7.6					<1
7	0.608	1.6				0.04		7.2					<1
8	0.566	1.5	103	148	2	0.3		7.2					<1
9	0.546	2.1				0.4		7.2					<1
10	0.586	1.9				0.2		7.2					<1
11	0.615	1.8				0.1		7.2					<1
12	0.677	1.3				0.3		7.2					<1
13	0.611	1.3				0.2		7.2					<1
14	0.615	2.2				0.2		7.2					<1
15	0.573	2.1				0.4		7.2					<1
16	0.582	2.6	144	137	2	0.1		7.2					<1
17	0.613	2.5				0.3		7.2					<1
18	0.646	1.7				0.2		7.2					<1
19	0.679	1.0				0.3		7.2					<1
20	0.634	1.1				0.4		7.2					<1
21	0.615	1.5				0.2		7.2					<1
22	0.578	1.3	144	152	2	0.2		7.2					<1
23	0.630	1.9				0.3		7.2					<1
24	0.624	1.3				0.3		7.2					<1
25	0.708	1.0				0.2		7.2					<1
26	0.729	1.5				0.3		7.2					<1
27	0.736	1.4				0.4		7.2					<1
28	0.662	1.2				0.3		7.2					<1
29		1.9						7.2					<1
30													
31													

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

Signature:

Danny White

Name (Please Type):

Danny White

Company Name

Southern States Utilities

Date:

3-15-94

Telephone No. (Please Type):

904-261-9452

DER FORM NO 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

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

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Kenny White B-6194
 Signature Cert No

Parameter	UNITS	STORED	VALUE
(16) Monthly average daily flow	mgd	50053	0.690
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.651
(19) Percent of permitted capacity	%	-	77.8
(20) BOD5 Effluent	mg/L	80082	2.00
(21) BOD5 Effluent	lbs/day	-	11.5
(22) TSS Effluent	mg/L	900201	0.32
(23) TSS Effluent	lbs/day	-	1.8
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate (NO as N)	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons			48,000

DES FORM NO 17.001.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DES APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Amelia Island

Month March Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TSS Effluent (mg/L)	NR3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.669	1.9	236	156	2	0.4		7.2					<1
2	0.707	1.2				0.8		7.3					<1
3	0.691	1.3				0.2		7.3					<1
4	0.781	1.0				0.3		7.2					<1
5	0.706	1.5				0.2		7.3					<1
6	0.665	1.7				0.3		7.3					<1
7	0.644	1.8				0.2		7.2					<1
8	0.671	1.8	143	293	2	0.3		7.2					<1
9	0.656	1.7				0.3		7.3					<1
10	0.671	1.7				0.4		7.2					<1
11	0.725	1.4				0.1		7.3					<1
12	0.720	1.7				0.4		7.3					<1
13	0.674	1.3				0.3		7.2					<1
14	0.663	1.6				0.3		7.2					<1
15	0.635	2.0	154	267	2	0.4		7.3					<1
16	0.636	1.8				0.4		7.2					<1
17	0.636	1.7				0.3		7.2					<1
18	0.665	1.8				0.1		7.3					<1
19	0.696	1.5				0.2		7.2					<1
20	0.710	1.5				0.2		7.3					<1
21	0.679	1.5				0.1		7.4					<1
22	0.665	2.1	169	125	2	0.3		7.4					<1
23	0.638	2.0				0.2		7.3					<1
24	0.695	2.3				0.2		7.3					<1
25	0.736	1.4				0.4		7.4					<1
26	0.774	1.4				0.8		7.3					<1
27	0.778	1.0				0.1		7.4					<1
28	0.756	1.1				0.8		7.4					<1
29	0.703	1.1	186	137	2	0.1		7.4					<1
30	0.668	1.1				0.6		7.3					<1
31	0.693	1.3				0.2		7.4					<1

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

Signed:

Name (Please Type)

Company Name

Danny White

Southern States Utilities

Date:

Telephone No. (Please Type)

904-261-9452

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

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

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Danny White B-6194
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.726
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.683
(19) Percent of permitted capacity	%	-	804
(20) BOD5 Effluent	mg/L	80082	2.5
(21) BOD5 Effluent	lbs/day	-	15.1
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	7.9
(24) Minimum pH			7.0
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate (NO as N)	mg/L	071850	0.8
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons	gallons		156,000

SEE FORM NO. 17-601-990(1)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 SEE APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Amelia Island

Month April Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TSS Effluent (mg/L)	NH3-N Effluent (mg/L)	SITRATZ Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.748	1.1				0.6		7.0					<1
2	0.784	1.0				2		7.4					<1
3	0.805	1.8				3.3		7.5					<1
4	0.784	1.8				2.4		7.2					<1
5	0.791	3.4	168	180	3	1.2		7.2			0.78		<1
6	0.775	3.1				0.2		7.3					<1
7	0.803	2.7				3.7		7.3					<1
8	0.820	2.6				2.2		7.4					<1
9	0.809	2.6				2.4		7.4					<1
10	0.750	2.7				1.8		7.4					<1
11	0.616	3.0				0.8		7.3					<1
12	0.603	2.8	182	152	3	1.2		7.4					<1
13	0.666	2.7				0.6		7.4					<1
14	0.622	1.0				0.6		7.4					<1
15	0.682	1.0				0.2		7.4					<1
16	0.726	1.4				1.6		7.3					<1
17	0.649	1.0				1.3		7.3					<1
18	0.893	2.7				0.8		7.0					<1
19	0.938	2.6	164	136	2	1.8		7.3					<1
20	0.657	3.3				0.4		7.3					<1
21	0.634	4.0				0.4		7.3					<1
22	0.662	2.6				0.2		7.4					<1
23	0.708	2.0				1.2		7.4					<1
24	0.707	1.8				0.4		7.5					<1
25	0.595	1.9				0.4		7.3					<1
26	0.586	1.5	163	160	2	2		7.4					<1
27	0.748	1.0				0.9		7.5					<1
28	0.699	2.1				1		7.4					<1
29	0.740	1.0				1.8		7.6					<1
30	0.786	1.0				0.8		7.2					<1
31		2.4						7.2					<1

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

Signed: Danny White 8-6194
 Name (Please Type) Danny White
 Company Name Southern States Utilities

Date: 5-11-94
 Telephone No. (Please Type) 904-261-9452

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

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

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Kim White 6-1-94
 Signature Cert No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.711
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.709
(19) Percent of permitted capacity	%	-	83%
(20) BOD5 Effluent	mg/L	80082	3.30
(21) BOD5 Effluent	lbs/day	-	19.6
(22) TSS Effluent	mg/L	90020	0.67
(23) TSS Effluent	lbs/day	-	4.0
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000603	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate (NO as N)	mg/L	071850	0.2
(30) Total Phosphorus	mg/L	000666	-
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	4.6
(33) Other Effluent Parameters			
Sludge Residuals in gallons			60,000

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	10.741	2.4				0.2		7.2					<1
2	10.652	1.4				0.5		7.2					<1
3	10.802	1.0	112	230	1.7	0.4		7.1			0.24		<1
4	10.706	2.4				1.1		7.2					<1
5	10.680	2.0				1.3		7.3					<1
6	10.698	1.5				0.1		7.2					<1
7	10.722	2.5				0.1		7.2					<1
8	10.722	2.0				0.1		7.3					<1
9	10.654	1.9				0.13		7.2					<1
10	10.602	2.4	171	180	0.8	0.6		7.3					<1
11	10.636	1.9				0.6		7.3					<1
12	10.696	1.6				0.1		7.3					<1
13	10.780	1.5				0.2		7.3					<1
14	10.714	1.0				0.5		7.3					<1
15	10.930	3.6				1.3		7.3					<1
16	10.754	3.1				0.9		7.2					<1
17	10.670	2.3	209	172	9.9	0.9		7.3					<1
18	10.638	1.7				0.2		7.3					<1
19	10.627	3.4				1.3		7.3					<1
20	10.676	1.9				0.1		7.2					<1
21	10.674	1.5				1		7.3					<1
22	10.689	1.7				0.6		7.3					<1
23	10.653	1.9				0.2		7.2					<1
24	10.631	2.0	132	136	3.05	1.2		7.4					<1
25	10.642	2.3				0.1		7.3					<1
26	10.659	1.6				0.1		7.3					<1
27	10.734	2.3				1.1		7.3					<1
28	10.831	1.5				2.8		7.5					<1
29	10.877	1.0				0.8		7.5					<1
30	10.858	4.0				1.8		7.2					<1
31	10.701	4.6	122.7	195	1.03	0.2		7.1					<1

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

Signature:

Name (Please Type):

Company Name:

Danny White 5-6-1994
Danny White
Southern States Utilities

Date:

Telephone No. (Please Type):

5-23-94
904-261-9452

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name: Amelia Island

(4) Plant Address: 5500 First Coast Hwy, A-1-A Se
P.O. Box 907

(5) City: Fernandina Beach, Florida 32034

(6) County: Nassau

(7) Phone Number: 904-261-0820

(8) Permit Number: DC45-164910

(9) Plant Type: SD

(10) Test Site Identification Number: 3145X10609

(11) Fecal Coliform Sample Method: XX Membrane Filter XX Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse: Sanitary Landfill - Golf Course

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

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing:
 Day Shift Operator Class B Cert. No. 6194
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator
 Signature Cert. No.

Parameter	UNITS	STORED	VALUE
(16) Monthly average daily flow	mgd	50050	0.770
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.750
(19) Percent of permitted capacity	%	-	89%
(20) BOD5 Effluent	mg/L	80080	2.81
(21) BOD5 Effluent	lbs/day	-	18.9
(22) TSS Effluent	mg/L	60050	0.44
(23) TSS Effluent	lbs/day	-	0.6
(24) Minimum pH			7.1
(25) Maximum pH			7.8
(26) Total N	mg/L	000500	-
(27) TKN	mg/L	000620	-
(28) Ammonia (NH3 - N)	mg/L	000310	-
(29) Nitrate (NO as N)	mg/L	071650	0.0
(30) Total Phosphorus	mg/L	000560	-
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Sludge Residuals in gallons			100,000

DER FORM NO. 17-651-800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month June Year 1994

(34)

Day of the Month	Flow (MGD)	Chemical Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	10.661	3.9				0.1		7.1					<1
2	10.674	3.6				0.1		7.2					<1
3	10.706	2.1				0.5		7.3					<1
4	10.725	3.2				0.4		7.3					<1
5	10.710	1.6				0.1		7.3					<1
6	10.702	4.4				0.4		7.1					<1
7	10.650	5.0	76	206	0.5	0.3		7.2					<1
8	10.654	4.1				0.6		7.5					<1
9	10.810	1.6				0.1		7.2					<1
10	10.792	3.2				0.1		7.3					<1
11	10.800	2.1				1		7.2					<1
12	10.820	2.6				1.6		7.4					<1
13	10.849	3.1				0.4		7.3					<1
14	10.805	2.4				0.1		7.2					<1
15	10.765	2.1	131	106	2	0.2		7.4					<1
16	10.795	1.5				0.1		7.3					<1
17	10.825	2.8				0.7		7.3			0.74		<1
18	10.960	2.2				0.1		7.4					<1
19	10.802	2.5				0.1		7.3					<1
20	10.808	2.3				0.1		7.3					<1
21	10.818	2.2	95	204	0.92	1.2		7.4					<1
22	10.802	2.3				0.6		7.3					<1
23	10.810	1.1				0.6		7.3					<1
24	10.818	1.7				0.2		7.4					<1
25	10.809	1.0				0.7		7.2					<1
26	10.860	2.8				0.2		7.3					<1
27	10.766	3.4				0.5		7.3					<1
28	10.754	1.3				0.1		7.3					<1
29	10.472	1.0	115	154	7.9	0.7		7.5					<1
30	10.992	2.1				0.9		7.3					<1
31		2.8						7.3					<1

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

Signed:

Name (Please Type):

Company Name:

Danny White

Southern States Utilities

Date:

Telephone No. (Please Type):

904-200-6101

DER FORM NO 17.801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

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

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *Donny-Lite* 8-6194
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.844
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.778
(19) Percent of permitted capacity	%	-	92%
(20) BOD5 Effluent	mg/L	80082	1.53
(21) BOD5 Effluent	lbs/day	-	10.7
(22) TSS Effluent	mg/L	900201	0.73
(23) TSS Effluent	lbs/day	-	5.2
(24) Minimum pH			6.4
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate (NO as N)	mg/L	071850	-
(30) Total Phosphorus	mg/L	000666	-
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Sludge Residuals in gallons			102,000

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month July Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.964	2.8				0.2		7.3					<1
2	0.920	1.1				0.3		7.2					<1
3	1.072	1.2				1		7.3					<1
4	1.008	2.0				3.8		6.7					<1
5	0.980	1.0				2.6		6.8					<1
6	1.010	5.0	105	190	1.7	2		6.7					<1
7	0.860	4.9				0.5		6.8					<1
8	0.836	5.0				0.3		7.0					<1
9	0.840	1.3				1.2		6.9					<1
10	0.796	3.3				2.5		7.2					<1
11	0.744	4.1				1.7		6.9					<1
12	0.702	3.5	157	132	1.7	0.1		6.8					<1
13	0.770	4.1				0.6		6.9					<1
14	0.842	3.1				0.1		7.1					<1
15	0.802	4.0				0.2		6.9					<1
16	0.830	4.3				0.1		6.9					<1
17	0.744	2.3				0.1		6.9					<1
18	0.716	4.0				0.6		7.2					<1
19	0.806	4.4	141	158	1.1	0.8		7.1					<1
20	0.846	3.5				0.1		6.9					<1
21	0.784	3.5				0.1		7.0					<1
22	0.760	2.6				0.1		7.1					<1
23	0.844	3.6				0.7		7.0					<1
24	0.906	4.5				1.1		7.0					<1
25	0.786	3.6				0.7		7.0					<1
26	0.804	4.5	172	190	1.6	0.1		7.0					<1
27	0.796	4.7				0.7		7.0					<1
28	0.820	3.4				0.1		7.0					<1
29	0.876	2.7				0.1		7.1					<1
30	0.894	3.4				0.1		6.4					<1
31	0.824	2.7				0.1		7.0					<1

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

Signed:

Name (Please Type)

Company Name

Danny White B-6194
Danny White
Southern States Utilities

Date:

Telephone No. (Please Type)

8-2-94

904-261-9452

DER FORM NO. 17-001.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name: Amelia Island

(4) Plant Address: 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City: Fernandina Beach, Florida 32034

(6) County: Nassau

(7) Phone Number: 904-261-0822

(8) Permit Number: DC45-184910

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing:
 Day Shift Operator Class: B Cert No. 8194
 Evening Shift Operator Class: Cert No.
 Night Shift Operator Class: Cert No.
 Lead Operator: Denny White B-6174
 Signature: Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.723
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.782
(19) Percent of permitted capacity	%	-	92%
(20) BOD5 Effluent	mg/L	80082	1.86
(21) BOD5 Effluent	lbs/day	-	11.2
(22) TSS Effluent	mg/L	900201	0.83
(23) TSS Effluent	lbs/day	-	5.0
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate (NO as N)	mg/L	071850	2.0
(30) Total Phosphorus	mg/L	000666	-
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Sludge Residuals in gallons			300,000
The plant rejected 8-29 to 8-31 because			
of turbidity > 2.5 NTU. The suspected			
cause is a toxic inflow, possibly laundry			
soap. This would account for the foam			
on the plant. The TSS was > 5.0 on 8-30			
and 8-31. The TSS on 8-29 and 9-1			
was 2.2 and .4 with turbidity > 2.5 NTU.			

DER FORM NO. 17-801-800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month August Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.784	3.6				0.1		7.1					<1
2	0.816	3.8	189	216	1.36	0.1		7.1			2		<1
3	0.866	3.8				0.8		7.0					<1
4	0.840	3.5				0.1		7.0					<1
5	0.880	2.1				0.1		7.2					<1
6	0.926	2.1				0.1		7.2					<1
7	0.896	1.0				0.1		7.3					<1
8	0.978	5.0				0.1		7.0					<1
9	0.868	5.0	211	128	1.71	0.1		7.2					<1
10	0.784	5.0				0.1		7.1					<1
11	0.886	4.7				0.1		7.1					<1
12	0.924	4.2				0.3		7.2					<1
13	0.986	1.0				0.1		7.2					<1
14	0.836	5.0				1.1		7.2					<1
15	0.552	5.0				0.6		7.1					<1
16	0.722	5.0	147	128	1.09	0.1		7.2					<1
17	0.720	5.0				0.1		7.2					<1
18	0.802	4.6				0.1		7.2					<1
19	0.862	5.0				0.1		7.3					<1
20	0.784	5.0				1		7.0					<1
21	0.776	4.1				1.2		7.1					<1
22	0.670	4.3				0.3		7.2					<1
23	0.660	4.9	157	124	1.46	0.1		7.3					<1
24	0.658	4.4				0.1		7.2					<1
25	0.698	5.0				1.2		7.2					<1
26	0.774	4.5				1.2		7.3					<1
27	0.778	4.9				0.2		7.1					<1
28	0.684	4.0				0.2		7.1					<1
29	0.008	5.0				2.2		7.2					<1
30	0.0	4.3				6.8		7.0					<1
31	0.002	5.0	169	108	3.7	6.8		7.0					<1

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

Signed: *Danny White* R-6194
 Name (Please Type) Danny White
 Company Name Southern States Utilities

Date: 9-9-94
 Telephone No. (Please Type) 904-261-9452

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

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

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number: 904-281-0822

(8) Permit Number: DD45-224076

(9) Plant Type 3-C

(10) Test Site Identification Number: 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 8194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator: *Donna L. P.* 8-6194
 Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.648
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.738
(19) Percent of permitted capacity	%	-	87%
(20) BOD5 Effluent	mg/L	80082	1.42
(21) BOD5 Effluent	lbs/day	-	7.7
(22) TSS Effluent	mg/L	900201	1.07
(23) TSS Effluent	lbs/day	-	5.8
(24) Minimum pH			7.0
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate (NO as N)	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	-
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Sludge Residuals in gallons			66,000

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month Septemb Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.518	5.0				0.4		7.0					<1
2	0.720	5.0				1.4		7.0					<1
3	0.794	5.0				0.2		7.0					<1
4	0.786	2.1				2.6		7.4					<1
5	0.714	1.4				0.6		7.3					<1
6	0.572	3.7				0.4		7.0					<1
7	0.830	5.0	134	104	1.89	0.2		7.0					<1
8	0.800	5.0				1.6		7.2					<1
9	0.718	5.0				2		7.2					<1
10	0.718	5.0				0.6		7.2					<1
11	0.010	0.0				1		7.1					<1
12	0.650	1.1				1		7.6					<1
13	0.644	1.0				0.4		7.4					<1
14	0.650	1.2	92	224	2.4	4.2		7.2					<1
15	0.650	1.2				4		7.0					<1
16	0.650	5.0				2		7.2					<1
17	0.650	5.0				0.4		7.2					<1
18	0.650	1.0				1.4		7.2					<1
19	0.652	1.0				0.8		7.1					<1
20	0.650	1.0				1.2		7.1					<1
21	0.650	1.0	134	121	0.2	0.8		7.2					<1
22	0.650	1.0				1.4		7.3					<1
23	0.650	1.0				0.2		7.3					<1
24	0.650	1.0				0.8		7.3					<1
25	0.650	1.0				0.8		7.2					<1
26	0.650	1.0				0.2		7.3					<1
27	0.650	1.0				0.2		7.2					<1
28	0.650	1.0	176	128	1.2	0.4		7.4					<1
29	0.588	5.0				0.6		7.3					<1
30	0.614	5.0				0.2		7.2					<1
31		3.5						7.3					<1

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

Signed:

Name (Please Type)

Company Name

Danny White 10-11-94
Danny White
Southern States Utilities

Date:

Telephone No. (Please Type):

904-261-9452

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Ameia Island

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

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DO45-224076

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *[Signature]* 6194
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.705
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.692
(19) Percent of permitted capacity	%	-	81%
(20) BOD5 Effluent	mg/L	80082	1.86
(21) BOD5 Effluent	lbs/day	-	10.9
(22) TSS Effluent	mg/L	900201	0.26
(23) TSS Effluent	lbs/day	-	1.5
(24) Minimum pH			6.6
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate (NO as N)	mg/L	071850	
(30) Total Phosphorus	mg/L	000688	-
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Sludge Residuals in gallons			80.000

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month October Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.700	3.5				0.2		7.3					<1
2	0.762	3.2				0.2		7.4					<1
3	0.728	3.3				0.2		7.1					<1
4	0.616	4.5				0.2		6.9					<1
5	0.408	2.9	131	156	1.21	0.2		6.6					<1
6	0.734	3.8				0.2		6.8					<1
7	0.614	3.2				0.2		6.8					<1
8	0.662	2.2				0.2		6.9					<1
9	0.636	2.0				0.2		6.8					<1
10	0.698	4.3				0.2		6.6					<1
11	0.964	1.9	161	90	3.07	0.4		6.6					<1
12	0.986	2.2				0.2		6.8					<1
13	0.898	2.0				1		6.7					<1
14	0.888	2.5				0.2		6.9					<1
15	0.704	3.3				0.2		6.9					<1
16	0.752	3.5				0.2		7.5					<1
17	0.686	2.8				0.2		6.7					<1
18	0.682	2.3				0.2		7.2					<1
19	0.694	3.7				0.2		7.2					<1
20	0.720	3.0	198	110	2.15	0.6		7.2					<1
21	0.702	3.9				0.2		7.2					<1
22	0.694	3.9				0.2		7.2					<1
23	0.676	3.8				0.2		7.1					<1
24	0.630	1.0				0.2		7.3					<1
25	0.642	3.8				0.2		7.3					<1
26	0.666	1.0				0.2		7.4					<1
27	0.588	2.7	170	94	1.02	0.2		7.3					<1
28	0.838	5.0				0.2		7.4					<1
29	0.694	5.0				0.2		7.5					<1
30	0.620	5.0				0.2		7.3					<1
31	0.572	5.0				0.7		7.3					<1

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

Signed: Danny White 8-6-94
 Name (Please Type) Danny White
 Company Name Southern States Utilities

Date: 11-6-94
 Telephone No. (Please Type) 904-261-9452

DER FORM NO. 17,801,600(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

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

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DO45-224076

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 8194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *Barry White* B-6194
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.592
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.648
(19) Percent of permitted capacity	%	-	76%
(20) BOD5 Effluent	mg/L	80082	1.75
(21) BOD5 Effluent	lbs/day	-	8.8
(22) TSS Effluent	mg/L	900201	0.36
(23) TSS Effluent	lbs/day	-	1.8
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate (NO as N)	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	-
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Sludge Residuals in gallons			42,000

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month November Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.555	5.0		72		0.2		7.4					<1
2	0.558	5.0		126		0.2		7.4					<1
3	0.593	3.6	172	166	2.19	0.2		7.3					<1
4	0.571	3.0		98		0.6		7.4					<1
5	0.581	3.8				0.2		7.3					<1
6	0.567	3.2				0.2		7.2					<1
7	0.528	4.2		187		0.2		7.3					<1
8	0.503	4.6		374		0.2		7.3					<1
9	0.374	1.0	157	102	1.11	0.4		7.3					<1
10	0.797	2.9		82		0.2		7.3					<1
11	0.632	5.0		102		0.2		7.2					<1
12	0.655	4.4				1.4		7.1					<1
13	0.639	3.2				0.8		7.2					<1
14	0.624	4.0		146		1		7.2					<1
15	0.608	3.7		74		1.6		7.1					<1
16	0.710	3.8	194	102	2.43	0.2		7.3					<1
17	0.630	3.8		110		0.2		7.3					<1
18	0.619	2.9		144		0.2		7.3					<1
19	0.666	3.2				0.2		7.1					<1
20	0.655	2.5				0.2		7.2					<1
21	0.572	4.2		60		0.2		7.3					<1
22	0.529	4.0	181	118	1.35	0.2		7.2					<1
23	0.571	3.8		70		0.2		7.3					<1
24	0.628	3.3				0.2		7.2					<1
25	0.646	2.2				0.2		7.2					<1
26	0.628	1.9				0.2		7.2					<1
27	0.566	1.7				0.2		7.3					<1
28	0.502	3.5		70		0.4		7.3					<1
29	0.526	3.6		80		0.2		7.2					<1
30	0.516	5.0	163	126	1.66	0.2		7.3					<1
31													

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

Signed

Danny White B-6194

Date:

12-12-94

Name (Please Type)

Danny White

Telephone No. (Please Type)

Company Name

Southern States Utilities

904-261-9452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

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

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DO45-224076

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator James White 8-6194
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.539
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.612
(19) Percent of permitted capacity	%	-	72%
(20) BOD5 Effluent	mg/L	80082	2.41
(21) BOD5 Effluent	lbs/day	-	10.8
(22) TSS Effluent	mg/L	900201	0.64
(23) TSS Effluent	lbs/day	-	2.9
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate (NO as N)	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	--
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Sludge Residuals in gallons			72,000

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month December Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.544	3.9		82		0.2		7.2					<1
2	0.514	3.9		114		1		7.4					<1
3	0.500	3.6				0.2		7.4					<1
4	0.520	3.1				0.4		7.2					<1
5	0.490	4.2		94		1		7.3					<1
6	0.488	4.0		82		0.8		7.3					<1
7	0.526	5.0	149	104	2	1.2		7.3					<1
8	0.528	5.0		120		1.2		7.2					<1
9	0.512	2.0		194		2.8		7.3					<1
10	0.548	1.6				1		7.2					<1
11	0.546	1.2				1.4		7.2					<1
12	0.488	5.0		98		1.8		7.1					<1
13	0.464	5.0		144		0.2		7.1					<1
14	0.456	5.0	183	84	3.02	0.2		7.3					<1
15	0.454	5.0		102		0.4		7.3					<1
16	0.448	5.0				0.2		7.3					<1
17	0.490	5.0				0.2		7.2					<1
18	0.484	4.2				0.2		7.3					<1
19	0.448	4.3		86		0.4		7.2					<1
20	0.444	5.0		76		0.2		7.2					<1
21	0.524	5.0	153	196	2.12	0.2		7.3					<1
22	0.496	4.8		58		0.2		7.2					<1
23	0.538	4.0				0.2		7.2					<1
24	0.506	3.1				0.2		7.3					<1
25	0.576	2.6				0.2		7.2					<1
26	0.576	2.7				1		7.2					<1
27	0.562	2.5		116		1.7		7.2					<1
28	0.602	2.3		84		0.2		7.2					<1
29	0.738	1.0		154		0.2		7.2					<1
30	0.880	1.0	243	122	2.49	0.4		7.3					<1
31	0.831	1.0				0.2		7.3					<1

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

Signed:

Name (Please Type)

Company Name

Danny White
Danny White
Southern States Utilities

Date:

Telephone No. (Please Type)

1-11-95
904-261-9452

DER FORM NO 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

(4) Plant Address 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class E Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Danny White B-6194
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.553
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.538
(19) Percent of permitted capacity	%	-	63%
(20) BOD5 Effluent	mg/L	80082	1.1
(21) BOD5 Effluent	lbs/day	-	4.65
(22) TSS Effluent	mg/L	900201	0.5
(23) TSS Effluent	lbs/day	-	2.21
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.1
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.8
(33) Other Effluent Parameters			
Sludge Residuals in gallons			66,000

** Duplicate fecal samples run each day. First sample had 22 colonies.
Second had 12 colonies. Samples were most likely contaminated by water.
Run extra fecal test on Saturday, 1-8-83.

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Plant manually bypassed overnight on the 8th. Effluent lagoon full.

Golf Course had a pump failure. Repumped the extra the next day.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month January Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.717	1.0						7.2					<1
2	0.574	3.2						7.2					
3	0.492	1.4						7.3					
4	0.472	3.8						7.2					<1
5	0.372	3.0	132.39	147	0.95	0.5		7.3			4.92		**
6	0.458	3.2						7.3					<1
7	0.501	3.0						7.3					<1
8	0.572	2.5						7.4					<1
9	0.164	1.8						7.4					<1
10	0.928	1.9						7.3					
11	0.719	2.0						7.3					<1
12	0.559	3.2	160.61	96	1.44	0.57		7.3			4.42		<1
13	0.561	1.8						7.3					<1
14	0.538	1.7						7.3					<1
15	0.566	1.2						7.3					<1
16	0.635	1.8						7.4					
17	0.572	1.7						7.3					
18	0.566	2.1						7.4					<1
19	0.521	2.3	164.1	91	1.28	0.7		7.3					<1
20	0.521	3.3						7.3			7.72		<1
21	0.544	1.5						7.2					<1
22	0.555	1.6						7.4					<1
23	0.604	1.0						7.3					
24	0.554	2.3						7.4					
25	0.511	2.7						7.3					<1
26	0.533	2.8	127.9	156	0.74	0.33		7.3			7.17		<1
27	0.546	2.0						7.4					<1
28	0.542	1.7						7.3					<1
29	0.549	1.9						7.3					<1
30	0.562	1.9						7.3					
31	0.635	1.4						7.2					

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

Signed: Original signed by Danny White B-6194
Name (Please Type) Danny White
Company Name Southern States Utilities

Resampled nitrate on the 20th
Date: 2/15/93
Telephone No. (Please Type) 904-261-9452

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3145P04522

(3) Plant Name Amelia Island

(4) Plant Address 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Danny White B-6194
 Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.586
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.541
(19) Percent of permitted capacity	%	-	64.1
(20) BOD5 Effluent	mg/L	80082	0.9
(21) BOD5 Effluent	lbs/day	-	4.3
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	-	6.9
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.0
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons			30,000

DEK FORM NO 17.601.988(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DEK APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Amelia Island

Month February Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	HE3-W Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.584	1.7						7.3					<1
2	0.556	1.7	86.72	196	0.45	0.76		7.2			6.95		<1
3	0.529	1.9						7.3					<1
4	0.511	2.4						7.4					<1
5	0.533	1.5						7.4					<1
6	0.582	1.2						7.4					
7	0.631	1.3						7.4					
8	0.635	1.5						7.3					<1
9	0.617	1.0	133.89	128	1.14	0.347		7.3			5.43		<1
10	0.573	1.0						7.3					<1
11	0.574	1.0						7.4					<1
12	0.579	1.0						7.4					<1
13	0.649	1.7						7.3					
14	0.601	1.2						7.3					
15	0.571	1.4						7.4					<1
16	0.498	2.3	162.06	62.7	1.13	4.2		7.4			6.1		<1
17	0.518	2.3						7.4					<1
18	0.563	2.3						7.4					<1
19	0.603	1.7						7.4					<1
20	0.606	1.8						7.4					
21	0.589	1.0						7.3					
22	0.564	1.0						7.1					<1
23	0.565	3.0	132.92	104	0.83	0.3		7.2			5.53		<1
24	0.558	3.2						7.2					<1
25	0.629	1.4						7.3					<1
26	0.647	1.0						7.2					<1
27	0.706	2.9						7.2					<1
28	0.635	1.0						7.3					<1
29													
30													
31													

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

Signed: Original signed by Danny White B-6194 Date: 3/19/93
 Name (Please Type) Danny White Telephone No. (Please Type) 904-261-9452
 Company Name Southern States Utilities

DER FORM NO. 17.801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

(4) Plant Address 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>6194</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Danny White B-6194

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.649
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.596
(19) Percent of permitted capacity	%	-	70%
(20) BOD5 Effluent	mg/L	80082	2.08
(21) BOD5 Effluent	lbs/day	-	11.3
(22) TSS Effluent	mg/L	900201	0.42
(23) TSS Effluent	lbs/day	-	2.3
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate (NO as N)	mg/L	071850	2.9
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons			114,000

* Plant bypassed for turbidity

DER FORM NO. 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month March Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.608	1.0						7.2					<1
2	0.528	1.0						7.2					<1
3	0.557	1.2	122.9	64	0.97	0.07		7.1			4		<1
4	0.594	1.0						7.2					<1
5	0.592	1.5						7.1					<1
6	0.653	2.1						7.1					
7	0.612	1.7						7.1					
8	0.563	3.3						7.3					<1
9	0.517	1.1	161.6	138.7	1.87	0.72		7.3			3.63		<1
10	0.590	1.4						7.5					<1
11	1.137	2.3						7.3					<1
12	0.635	1.1						7.4					<1
13	0.824	3.2						7.3					
14	1.079	1.0						7.4					
15	0.659	2.4						7.3					<1
16	0.214	2.6	167.9	153.3	3.73	0.41		7.2			3.4		<1
17	0.680	3.5						7.3					<1
18	0.838	2.6						7.3					<1
19	0.776	1.1						7.3					<1
20	0.673	1.2						7.3					
21	0.642	1.1						7.3					
22	0.574	1.3						7.3					<1
23	0.561	1.2	139.6	133.3	1.5	0.3		7.4			1.97		<1
24	0.616	1.0						7.3					<1
25	0.636	1.4						7.3					<1
26	0.692	2.3						7.2					<1
27	0.665	1.2						7.3					
28	0.632	2.4						7.3					
29	0.573	1.6						7.1					<1
30	0.550	1.3						7.2					<1
31	0.639	2.0	140.6	102.7	2.32	0.6		7.1			1.57		<1

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

Signed: Original signed by Danny White B-6194
Name (Please Type) Danny White
Company Name Southern States Utilities

Date: 4/23/93
Telephone No. (Please Type) 904-261-9452

DER FORM NO 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

(4) Plant Address 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Danny White B-6194
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.653
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.629
(19) Percent of permitted capacity	%	-	74%
(20) BOD5 Effluent	mg/L	80082	6.1
(21) BOD5 Effluent	lbs/day	-	33.2
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	-	9.8
(24) Minimum pH			7.0
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate (NO as N)	mg/L	071850	1.3
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons			96,000

* Plant bypassed for turbidity on the 11th and the 28th.

** BOD test results void; effluent DO's below 1.0 TSS tests ok

DEK FORM NO 17-681-900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DEK APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month April Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.773	2.7						7.5					<1
2	0.584	1.0						7.2					<1
3	0.711	1.0						7.3					
4	0.722	1.1						7.1					
5	0.767	2.8						7.2					<1
6	0.679	1.6	92.9	286.7	7.52	1.03		7.2			2.22		<1
7	0.653	1.0						7.3					<1
8	0.691	1.0						7.3					<1
9	0.755	2.9						7.0					<1
10	0.816	2.8						7.1					
11	0.463	3.4						7.0					
12	0.815	2.5						7.3					<1
13	0.649	1.0						7.2					<1
14	0.640	1.0	113.75	157.3	5.26	2.2		7.3			0.75		<1
15	0.817	2.2						7.4					<1
16	0.695	2.2						7.3					<1
17	0.717	1.2						7.2					
18	0.683	1.3						7.2					
19	0.360	1.0						7.2					<1
20	0.511	3.5	**157.4	172	**10.67	2.8		7.2			1.07		<1
21	0.665	3.2						7.3					<1
22	0.719	2.4						7.2					<1
23	0.621	3.8						7.2					<1
24	0.621	3.3						7.2					
25	0.606	3.0						7.3					
26	0.051	2.0						7.2					<1
27	0.714	4.4						7.4					<1
28	0.814	4.4	179.2	172	5.6	1.03		7.1			1.1		<1
29	0.600	4.1						7.1					<1
30	0.675	3.6						7.2					<1
31													

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

Signed: Original signed by Danny White B-6194 Date: 5-21-93
 Name (Please Type): Danny White Telephone No. (Please Type):
 Company Name: Southern States Utilities 904-261-9452

DER FORM NO 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Iselend

(4) Plant Address 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Danny White B-6194
 Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.578
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.627
(19) Percent of permitted capacity	%	-	74%
(20) BOD5 Effluent	mg/L	80082	3.3
(21) BOD5 Effluent	lbs/day	-	16
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	7.2
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate (NO as N)	mg/L	071850	1.3
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons			174,000

DES FORM NO 17-601.999(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DES APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Amelia Island

Month May Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	SRB-H Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.679	3.3						7.2					
2	0.575	3.4						7.1					
3	0.550	2.7						7.3					<1
4	0.563	2.4						7.2					<1
5	0.528	2.8	165.17	223.4	5.13	1.13		7.3			0.45		<1
6	0.573	2.8						7.3					<1
7	0.596	2.2						7.2					<1
8	0.605	2.4						7.3					
9	0.535	2.2						7.3					
10	0.497	2.7						7.3					<1
11	0.513	2.1	127	117.3	4	0.9		7.4			1.5		<1
12	0.559	2.3						7.3					<1
13	0.549	2.2						7.3					<1
14	0.606	2.2						7.3					<1
15	0.652	2.0						7.4					
16	0.552	1.0						7.3					
17	0.595	1.4						7.3					<1
18	0.574	2.1	192	141	1	2.5		7.4			1.28		<1
19	0.618	2.5						7.2					<1
20	0.580	3.8						7.4					<1
21	0.517	3.8						7.2					<1
22	0.529	3.9						7.2					
23	0.560	3.9						7.3					
24	0.417	3.7						7.4					<1
25	0.505	3.1	131	120	3.1	1.4		7.4			1.79		<1
26	0.521	1.0						7.4					<1
27	0.559	1.3						7.4					<1
28	0.656	1.9						7.1					<1
29	0.743	1.0						7.4					<1
30	0.723	1.0						7.4					<1
31	0.678	3.5						7.3					<1

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

Signed: Original signed by Danny White B-6194 Date: 4/23/93
 Name (Please Type) Danny White Telephone No. (Please Type) _____
 Company Name Southern States Utilities 904-261-9452

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3145P04522

(3) Plant Name Amelia Island

(4) Plant Address 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Danny White B-6194
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.662
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.631
(19) Percent of permitted capacity	%	-	74%
(20) BOD5 Effluent	mg/L	80082	2.08
(21) BOD5 Effluent	lbs/day	-	11.6
(22) TSS Effluent	mg/L	900201	1.6
(23) TSS Effluent	lbs/day	-	8.6
(24) Minimum pH			7.08
(25) Maximum pH			7.57
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate (NO as N)	mg/L	071850	2.16
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons			48,000

DES FORM NO 17.601.980(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DES APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Amelia Island

Month June Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.546	1.0	122	121	2	2.4		7.30			4.49		<1
2	0.636	2.1						7.40					<1
3	0.642	1.7						7.40					<1
4	0.674	3.0						7.50					<1
5	0.662	1.6						7.40					
6	0.553	1.0						7.30					
7	0.720	2.9						7.36					<1
8	0.677	2.3						7.36					<1
9	0.716	2.8	101	101.3	3	1.4		7.46			1.23		<1
10	0.680	1.1						7.35					<1
11	0.504	1.0						7.32					<1
12	0.701	1.0						7.20					
13	0.669	1.0						7.36					
14	0.826	1.8						7.20					<1
15	0.727	2.6	109	162	1	1		7.30			2.17		<1
16	0.662	2.7						7.13					<1
17	0.678	2.4						7.22					<1
18	0.712	2.2						7.30					<1
19	0.725	1.0						7.34					
20	0.594	1.0	**157.4		**10.67			7.27					
21	0.706	2.0						7.08					<1
22	0.691	2.6	113	169	2.4	1.1		7.26			1.52		<1
23	0.659	3.1						7.19					<1
24	0.689	2.7						7.32					<1
25	0.702	2.3						7.40					<1
26	0.398	1.2						7.33					
27	0.702	1.0						7.31					
28	0.662	3.3						7.57					<1
29	0.664	3.9	12	115.1	<2	2.1		7.43			1.4		<1
30	0.694	3.7						7.22					<1
31													

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

Signed: Original signed by Danny White B-6194 Date: 7-19-93
 Name (Please Type): Danny White Telephone No. (Please Type):
 Company Name: Southern States Utilities 904-261-9452

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

(4) Plant Address 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Danny White B-6194
Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.721
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.654
(19) Percent of permitted capacity	%	-	77%
(20) BOD5 Effluent	mg/L	80082	3.75
(21) BOD5 Effluent	lbs/day	-	17.6
(22) TSS Effluent	mg/L	900201	2.3
(23) TSS Effluent	lbs/day	-	11.2
(24) Minimum pH			7.05
(25) Maximum pH			7.58
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate (NO as N)	mg/L	071850	0.8
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons			180,000

* Test not run - sample out of time limit to lab.

NOTE: High and low flows during month are the result of plant bypasses because of the turbidity with the extra flow being returned to the plant for the next few days

DER FORM NO 17-661.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month July Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.663	3.9						7.37					<1
2	0.738	3.3						7.26					<1
3	0.945	1.2						7.38					
4	0.359	1.0						7.40					
5	1.029	1.0						7.37					<1
6	0.173	2.4						7.17					*
7	0.697	1.0	142	110	6	4		7.37			0.34		<1
8	1.115	2.8						7.58					<1
9	0.805	2.5						7.28					<1
10	0.832	1.8						7.35					
11	0.761	2.7						7.29					
12	0.378	1.0						7.24					<1
13	0.690	1.0	118	109	2	1.1		7.52			1.37		<1
14	0.851	2.2						7.44					<1
15	0.723	2.8						7.23					<1
16	0.772	1.0						7.37					<1
17	0.849	1.0						7.22					
18	0.761	1.3						7.28					
19	0.721	1.9						7.22					<1
20	0.553	1.0	142	102	2	2		7.33			0.17		<1
21	0.815	1.9						7.23					<1
22	0.805	2.6						7.19					<1
23	0.471	1.2						7.17					<1
24	0.105	1.5						7.28					
25	1.140	1.6						7.37					
26	0.843	1.0						7.10					<1
27	0.357	1.2	138	100	5	2		7.19			1.18		<1
28	0.810	1.0						7.15					<1
29	0.813	1.0						7.13					<1
30	0.852	1.4						7.05					<1
31	0.914	2.9						7.16					

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

Signed: _____ Original signed by Danny White B-6194 Date: 8-24-93
Name (Please Type) Danny White Telephone No. (Please Type) _____
Company Name Southern States Utilities 904-261-9452

DER FORM NO 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

(4) Plant Address 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Danny White B-6194
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.710
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.698
(19) Percent of permitted capacity	%	-	82%
(20) BOD5 Effluent	mg/L	80082	2.4
(21) BOD5 Effluent	lbs/day	-	13.7
(22) TSS Effluent	mg/L	900201	2.4
(23) TSS Effluent	lbs/day	-	13.9
(24) Minimum pH			7.0
(25) Maximum pH			8.07
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate (NO as N)	mg/L	071850	1.6
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons			48,000

* Plant bypassed for turbidity on the 14th
started 7 day week local tests on the 22

DES FORM NO. 17-691.988(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DES APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month August Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.715	1.1						7.13					
2	0.746	1.4						7.36					<1
3	0.693	3.7	136	112	3	4		7.14			1.09		<1
4	0.710	3.3						7.00					<1
5	0.780	3.2						7.12					<1
6	0.746	1.0						7.22					<1
7	0.553	1.0						7.37					
8	0.857	1.5						7.27					
9	0.738	1.6						7.19					<1
10	0.822	2.0	148	126	2	2		7.23			1.33		<1
11	0.780	3.1						7.36					<1
12	0.754	2.1						7.27					<1
13	0.798	1.1						7.17					<1
14	0.295	1.0						7.23					
15	0.863	1.0						7.28					
16	0.855	3.1						7.12					<1
17	0.706	3.2	92	120	2	2		7.33			0.76		<1
18	0.694	4.5						7.59					<1
19	0.726	4.1						7.90					<1
20	0.691	1.0						7.24					<1
21	0.886	1.2						7.40					
22	0.734	1.0						7.36					<1
23	0.693	2.4						7.11					<1
24	0.648	1.9	98	122	2	2		7.93			0.6		<1
25	0.640	2.0						7.84					<1
26	0.542	2.3						7.80					<1
27	0.701	2.3						7.59					<1
28	0.744	1.8						8.07					<1
29	0.648	2.3						8.02					<1
30	0.651	2.2						7.37					<1
31	0.597	2.3	100	68	3	2		7.41			3.98		<1

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

Signed: Original signed by Danny White B-6194 Date: 9-21-93
Name (Please Type): Danny White Telephone No. (Please Type):
Company Name: Southern States Utilities 904-261-9452

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

(4) Plant Address 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Danny White B-6194
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.691
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.707
(19) Percent of permitted capacity	%	-	83%
(20) BOD5 Effluent	mg/L	80082	2
(21) BOD5 Effluent	lbs/day	-	11.4
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	11.4
(24) Minimum pH			7.16
(25) Maximum pH			7.62
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate (NO as N)	mg/L	071850	2.05
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons			144,000

DER FORM NO. 17-601.908(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Amelia Island

Month Septemb Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.660	2.2						7.62					<1
2	0.630	2.3						7.35					<1
3	0.694	2.1						7.39					<1
4	0.662	1.9						7.43					<1
5	0.826	1.0						7.37					<1
6	0.866	1.4						7.29					<1
7	0.848	2.3	96	69	2	2		7.35			2.49		<1
8	0.753	3.4						7.36					<1
9	0.712	3.2						7.38					<1
10	0.771	2.8						7.59					<1
11	0.720	2.5						7.35					<1
12	0.666	2.0						7.39					<1
13	0.875	1.5						7.38					<1
14	0.652	2.2	63	72	2	2		7.30			1.57		<1
15	0.684	2.6						7.33					<1
16	0.634	2.3						7.38					<1
17	0.660	2.2						7.43					<1
18	0.668	2.1						7.33					<1
19	0.638	2.3						7.39					<1
20	0.618	2.4	**157.4		**10.67			7.44					<1
21	0.606	2.6	115	134	2	2		7.25			1.1		<1
22	0.594	1.9						7.35					<1
23	0.600	2.5						7.29					<1
24	0.614	2.0						7.42					<1
25	0.720	1.0						7.45					<1
26	0.694	1.0						7.17					<1
27	0.842	1.0						7.49					<1
28	0.646	3.0						7.31					<1
29	0.628	3.6	120	100	2	2		7.37			3.04		<1
30	0.562	4.5						7.35					<1
31													

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

Signed: Original signed by Danny White B-6194 Date: 10/25/93
 Name (Please Type): Danny White Telephone No. (Please Type):
 Company Name: Southern States Utilities 904-261-9452

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

(4) Plant Address 5390 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0822

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6194

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Danny White B-6194
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.649
(17) Permitted capacity	mgd	-	0.850
(18) Three month average daily flow	mgd	-	0.683
(19) Percent of permitted capacity	%	-	80%
(20) BOD5 Effluent	mg/L	80082	2
(21) BOD5 Effluent	lbs/day	-	9.9
(22) TSS Effluent	mg/L	900201	1.75
(23) TSS Effluent	lbs/day	-	8.7
(24) Minimum pH			7.26
(25) Maximum pH			7.78
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate (NO3 as N)	mg/L	071850	11.95
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Sludge Residuals in gallons			66,000

DER FORM NO. 17-801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month October Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.592	3.5						7.41					<1
2	0.638	2.8						7.44					<1
3	0.642	2.7						7.78					<1
4	0.568	3.5						7.34					<1
5	0.560	4.7	126	92	2	1		7.37			8.81		<1
6	0.662	3.9						7.43					<1
7	0.690	0.3						7.33					<1
8	0.660	1.7						7.54					<1
9	0.714	1.4						7.47					<1
10	0.722	1.4						7.26					<1
11	0.676	1.8						7.46					<1
12	0.646	2.3	138	142	2	2		7.49			10.85		<1
13	0.602	2.8						7.41					<1
14	0.624	2.8						7.46					<1
15	0.658	2.1						7.43					<1
16	0.714	3.3						7.33					<1
17	0.714	2.4						7.39					<1
18	0.614	2.7						7.37					<1
19	0.610	2.4	146	142	2	2		7.55			11.72		<1
20	0.597	2.7						7.48					<1
21	0.614	2.7						7.39					<1
22	0.648	2.6						7.41					<1
23	0.636	3.4						7.35					<1
24	0.636	1.6						7.41					<1
25	0.610	2.5						7.39					<1
26	0.586	1.7						7.49					<1
27	0.546	1.8	96	92	2	2		7.4			16.42		<1
28	0.588	1.8						7.38					<1
29	0.664	1.2						7.4					<1
30	0.948	1.5						7.34					<1
31	0.744	1.9						7.4					<1

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

Signed: original signed by Danny White B-6194
 Name (Please Type): Danny White
 Company Name: Southern States Utilities

Date: 11-17-93
 Telephone No. (Please Type): 904-261-9452

Note: Nitrate testing no longer required by operating permit.
 Note: Effluent TSS now being ran daily as per operating permit

DER FORM NO 17-601.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Amelia Island

Month November Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.636	2.2						7.38					<1
2	0.624	2.6						7.43					<1
3	0.655	1.8	146	198	2	2		7.19			12.58		<1
4	0.720	1.0						7.38					<1
5	0.696	1.4						7.40					<1
6	0.760	1.7						7.36					<1
7	0.694	1.9						7.45					<1
8	0.694	3.0						7.42					<1
9	0.614	4.2						7.39					<1
10	0.746	2.5	114	76	2	1		7.46			14.26		<1
11	0.640	2.5						7.42					<1
12	0.406	1.5						7.45					<1
13	1.044	1.2						7.36					<1
14	0.831	1.4						7.52					<1
15	0.688	2.6						7.35					<1
16	0.684	2.1	133	146	2	2		7.14			14.38		<1
17	0.633	2.2						7.34					<1
18	0.812	1.0						7.24					<1
19	0.667	3.2						7.45					<1
20	0.649	3.4						7.34					<1
21	0.614	1.4						7.34					<1
22	0.534	2.3	121	134	2	2		7.37					<1
23	0.554	3.2						7.28					<1
24	0.578	2.7						7.43					<1
25	0.699	1.7				2		7.31					<1
26	0.716	1.9				2		7.32					<1
27	0.748	1.8				2		7.35					<1
28	0.696	1.4				1		7.35					<1
29	0.675	1.3				2		7.13					<1
30	0.573	2.3	123	124	2	2		7.30					<1
31													

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

Signed: Original signed by Danny White B-6194 Date: 12/23/93
 Name (Please Type): Danny White Telephone No. (Please Type): 904-261-0822
 Company Name: Southern States Utilities

DER FORM NO 17.601.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3145PO4522

(3) Plant Name Amelia Island

(4) Plant Address 5350 First Coast Hwy, A-1-A So.
P.O. Box 907

(5) City Fernandina Beach, Florida 32034

(6) County Nassau

(7) Phone Number 904-261-0622

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Danny White 8-6194
 Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.565
(17) Permitted capacity	mgd	-	0.650
(18) Three month average daily flow	mgd	-	0.635
(19) Percent of permitted capacity	%	-	74.67%
(20) BOD5 Effluent	mg/L	80082	2.0
(21) BOD5 Effluent	lbs/day	-	9.4
(22) TSS Effluent	mg/L	900201	0.8
(23) TSS Effluent	lbs/day	-	3.8
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	4.1
(33) Other Effluent Parameters			
Sludge Residuals in gallons	78000		

DER FORM NO 17-681-900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Amelia Island

Month December Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.566	3.1				2		7.38					<1
2	0.584	2.8				4		7.34					<1
3	0.530	2				2		7.32					<1
4	0.562	1.8				2		7.34					<1
5	0.612	1				1		7.37					<1
6	0.564	1.3				2		7.34					<1
7	0.578	1				2		7.56					<1
8	0.562	2	112	124	2	1		7.49					<1
9	0.570	2.1				2		7.43					<1
10	0.568	1.6				2		7.42					<1
11	0.626	1.8				0.1		7.35					<1
12	0.580	1.5				0.2		7.39					<1
13	0.518	2.6				0.1		7.15					<1
14	0.488	2.5	96	130	2	0.2		7.34					<1
15	0.522	2.4				0.2		7.28					<1
16	0.514	2.5				0.2		7.29					<1
17	0.476	2.9				0.1		7.34					<1
18	0.524	2.9				0.04		7.39					<1
19	0.528	3.2				0.2		7.56					<1
20	0.484	4.1				0.2		7.24					<1
21	0.518	1.6	103	50	2	0.4		7.41					<1
22	0.538	2.2				0.1		7.39					<1
23	0.540	1.2				0.2		7.33					<1
24	0.574	2.8				0.1		7.35					<1
25	0.582	2.2				0.02		7.3					<1
26	0.594	1.8				0.2		7.36					<1
27	0.610	1.6				0.2		7.3					<1
28	0.584	1.5	138	118	2	0.2		7.29					<1
29	0.608	1.4				0.1		7.35					<1
30	0.668	1.5				0.1		7.33					<1
31	0.744	1.2				0.1		7.56					<1

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

Signed:

Name (Please Type)

Company Name

Danny White
Danny White B-6194
Southern States Utilities

Date:

Telephone No. (Please Type)

904-261-9452

DER FORM NO 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.011	1.4						7.3								
2																
3	0.025	1.6						7.3								
4	0.010	1.6						7.3								
5	0.013	1.4		237	127	2	5	7.3			11.8		<1			
6	0.011	1.4						7.3								
7	0.011	1.4						7.3								
8	0.006	1.4						7.3								
9																
10	0.025	1.4						7.3								
11	0.015	1.6						7.3								
12	0.011	1.6						7.3								
13	0.006	1.6						7.3								
14	0.014	1.6						7.3								
15	0.009	1.5						7.3								
16																
17	0.024	1.6						7.4								
18	0.013	1.6						7.4								
19	0.011	1.6						7.4								
20	0.011	1.4						7.4								
21	0.015	1.4						7.4								
22	0.006	1.4						7.4								
23																
24	0.026	1.4						7.4								
25	0.017	1.6						7.4								
26	0.008	1.6						7.4								
27	0.014	1.6						7.4								
28	0.015	1.6						7.4								
29	0.010	1.6						7.4								
30																
31	0.028	1.6						7.4								

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my Knowledge and belief, this

information is true, complete and accurate

Signed:

Name (Please Type,

Company Name

Robert T. Beqesta
ROBERT T. BEQUESTA
 Southern States Utility

Date

Telephone No. (Please Type,

904-489-2452

Part 3 - General Information

(2) Plant DER Identification Number: 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

XX	Membrane Filter		Most Probable Number
----	-----------------	--	----------------------

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

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

(14) Cumulative Days of Wet Weather Discharge _____
N/A

(15) Plant Staffing

Day Shift Operator Class **A** **Cert. No.** **6936**

Evening Shift Operator Class Cert. No. _____

Night Shift Operator Class Cert. No. _____

Lead Operator Robert Bernal 6936

Signature _____ Cert No _____

(26) Total N	mg/L	000600
--------------	------	--------

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month February Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Conform		
1	0.015	1.6						7.3							
2	0.017	1.6						7.3							
3	0.015	1.6						7.3							
4	0.011	1.4						7.3							
5	0.012	1.6						7.3							
6															
7	0.028	1.6						7.3							
8	0.013	1.6						7.3							
9	0.015	1.6		113	126	2	3	7.3			10.9		20/100		
10	0.013	1.8						7.3							
11	0.011	1.6						7.4							
12	0.013	1.8						7.4							
13															
14	0.029	1.8						7.4							
15	0.013	1.8						7.4							
16	0.018	1.8						7.4					<1/100		
17	0.009	1.8						7.4							
18	0.013	1.8						7.4							
19	0.010	1.8						7.4							
20															
21	0.028	1.8						7.3							
22	0.015	1.8						7.3							
23	0.011	1.8						7.3							
24	0.012	1.6						7.4							
25	0.015	1.6						7.4							
26	0.008	1.7						7.4							
27															
28	0.014	1.6						7.4							
29															
30															
31															

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

Signed

Name (Please Type)

Company Name

Robert Bogosta
ROBERT BOGOSTA
 Southern States Utilities

Date

Telephone No. (Please Type)

904-489-2452

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

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

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

(14) Cumulative Days of Wet Weather Discharge _____
N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Re. A. Baez 6936

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.011
(17) Permitted capacity	mgd	-	0.017
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	0.6
(20) BODs Effluent	mg/L	80082	9
(21) BODs Effluent	lbs/day	-	0.8
(22) TSS Effluent	mg/L	900201	0.5
(23) TSS Effluent	lbs/day	-	0.0
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.2
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	1.6
(33) Other Effluent Parameters			

DER FORM NO. 17.601.800(1)

FORM TITLE Domestic Wastewater Treatment Plant Operating Report

EFFECTIVE DATE July 1, 1991

DER APPLICATION NO

Domestic Wastewater Treatment Plant

Monthly Operating Report

Apache Shores

Month March Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.015	1.6						7.4							
2	0.011	1.6		236	133	9	0.5	7.4			1.2		<1/100		
3	0.014	1.4						7.3							
4	0.008	1.6						7.3							
5	0.012	1.4						7.3							
6															
7	0.028	1.6						7.3							
8	0.015	1.4						7.3							
9	0.011	1.4						7.3							
10	0.008	1.4						7.3							
11	0.015	1.6						7.3							
12	0.008	1.5						7.3							
13															
14	0.025	1.6						7.4							
15	0.014	1.4						7.4							
16	0.014	1.6						7.4							
17	0.004	1.6						7.4							
18	0.006	1.6						7.4							
19	0.007	1.4						7.4							
20															
21	0.020	1.4						7.4							
22	0.014	1.4						7.4							
23	0.015	0.6						7.3							
24	0.008	1						7.3							
25	0.011	1						7.3							
26	0.006	1						7.3							
27															
28	0.017	1						7.3							
29	0.014	1						7.3							
30	0.007	1						7.3							
31	0.011	1						7.3							

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

Signed: Robert Bogosta

Date: 4-4-94

Name (Please Type) Robert Bogosta

Telephone No. (Please Type) _____

Company Name Southern States Utilities

904-489-2452

DER FORM NO. 17.801.800(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

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

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

(14) Cumulative Days of Wet Weather Discharge _____
N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Robert Exposito 6936

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.011
(17) Permitted capacity	mgd	-	0.017
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	0.6
(20) BODs Effluent	mg/L	80082	3
(21) BODs Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	0.3
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.6
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	1.6
(33) Other Effluent Parameters			

DER FORM NO 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month April Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.014	1.4						7.4							
2	0.006	1.6						7.4							
3															
4	0.030	1.6						7.4							
5	0.008	1.4						7.4							
6	0.015	1.4		217	565	3	4	7.4			1.32		<1/100		
7	0.013	1.4						7.4							
8	0.010	1.4						7.4							
9	0.009	1.4						7.4							
10															
11	0.026	1.6						7.4							
12	0.011	1.4						7.3							
13	0.012	1.4				4	4	7.3			3.78				
14	0.012	1.4						7.4							
15	0.012	1.4						7.4							
16	0.007	1.4						7.4							
17															
18	0.022	1.6						7.4							
19	0.011	1.6						7.4							
20	0.011	1.6				3	1	7.4							
21	0.008	1.4						7.3							
22	0.010	1.4						7.3							
23	0.010	1.4						7.3							
24															
25	0.021	1.4						7.4							
26	0.006	1.4						7.4							
27	0.011	1.2				2	3	7.4							
28	0.008	1.4						7.4							
29	0.011	1.4						7.4							
30	0.005	1.4						7.4							
31															

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

Signed:

Name (Please Type)

Company Name

Robert Boquist

Southern States Utilities

Date:

Telephone No. (Please Type)

904-489-2452

DER FORM NO. 17.901.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Robert B. [Signature] 6936

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.017
(18) Three month average daily flow	mgd	-	0.968
(19) Percent of permitted capacity	%	-	0.4
(20) BODs Effluent	mg/L	80082	2.0
(21) BODs Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			6.8
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

DER FORM NO. 17-201.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1															
2	0.014	1.4						7.4							
3	0.007	1.2						7.4							
4	0.006	1.4		96	133	2.0	3.0	7.4			1.3		<1/100		
5	0.011	1.5						7.4							
6	0.006	1.5						7.4							
7	0.005														
8															
9	0.015	1.6						7.4							
10	0.006	3.0						6.9							
11	0.008	2.4						6.8							
12	0.007	2.5						7.0							
13	0.008	2.2						7.0							
14	0.006														
15															
16	0.016	2.2						7.0							
17	0.006	2.0						7.0							
18	0.007	2.2						7.0							
19	0.006	1.4						7.0							
20	0.006	1.8						7.0							
21	0.005														
22															
23	0.013	2.0						7.0							
24	0.009	1.6						7.0							
25	0.006	1.8						6.9							
26	0.005	1.5						6.9							
27	0.006	3.0						6.9							
28	0.007														
29															
30	0.018	3.0						6.9							
31	0.008	2.0						6.9							

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

complete and accurate

Signed:

Name (Please Type)

Company Name

Robert Bogosta

Robert Bogosta

Southern States Utilities

Date:

Telephone No. (Please Type)

6-3-94

904-489-2452

Part 4 - General Information

(2) Plant DER Identification Number 4009P01183

(3) Plant Name Apache Snores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

XX	Membrane Filter	Most Probable Number
----	-----------------	----------------------

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds

(13) Limited Wet Weather Discharge Activated

☐	Yes	☐	No	☒	XX Not Applicable
--------------------------	-----	--------------------------	----	-------------------------------------	-------------------

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *Robert J. Bennett* 6936

Signature _____ Cert No _____

[illegible]

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month June Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.009	1.9		66	620	4.0	0	6.9			10.3		<1/100		
2	0.007	3.0						7.0							
3	0.005	3.0						7.0							
4	0.006														
5															
6	0.014	3.0						7.2							
7	0.007	3.0						7.3							
8	0.007	3.0						7.3							
9	0.006	3.0						7.3							
10	0.005	3.0						6.9							
11	0.005														
12															
13	0.015	3.0						7.0							
14	0.005	3.0						7.0							
15	0.005	3.0						7.0							
16	0.007	3.0						7.0							
17	0.005	3.0						7.0							
18	0.005														
19															
20	0.012	3.0						7.1							
21	0.007	3.0						7.0							
22	0.005	3.0						7.0							
23	0.006	3.0						7.0							
24	0.007	3.0						7.0							
25	0.003														
26															
27	0.014	1.2						7.4							
28	0.005	1.8						7.4							
29	0.005	1.8						7.4							
30	0.005	3.0						7.7							
31															

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

complete and accurate

Signed.

Name (Please Type)

Company Name

Robert Bogosta

Southern States Utilities

Date:

Telephone No. (Please Type)

904-489-2452

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month July Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.004							7.6							
2	0.009														
3															
4	0.015	3.0						7.9							
5	0.006	3.0						7.3							
6	0.008	3.0						7.3							
7	0.005	3.0						7.2							
8	0.006	3.0						7.6							
9	0.008														
10															
11	0.013	3.0		314	332	6.5	<1	7.6			0.1		<1/100		
12	0.004	3.0						7.6							
13	0.007	3.0						7.6							
14	0.005	3.0						7.6							
15	0.005	3.0						7.5							
16	0.004														
17															
18	0.014	3.0						7.9							
19	0.005	3.0						7.7							
20	0.007	3.0						7.6							
21	0.005	3.0						7.5							
22	0.006	3.0						7.5							
23	0.005														
24															
25	0.013	1.6						7.4							
26	0.007	3.0						7.5							
27	0.004	3.0						7.4							
28	0.006	3.0						7.3							
29	0.005	3.0						7.3							
30	0.004														
31															

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

complete and accurate.

Signed.

Name (Please Type)

Company Name

Robert Bogosta

Robert Bogosta

Southern States Utilities

Date:

Telephone No. (Please Type)

904-489-2452

[illegible]

DER FORM NO. 17-901-900(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month August Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.014	3.0						7.3							
2	0.005	3.0						7.3							
3	0.005	3.0		431	385	10.0	1.0	7.3			1.0		<1/100		
4	0.004	3.0						7.5							
5	0.006	3.0						7.5							
6	0.004														
7															
8	0.014	3.0						7.5							
9	0.005	3.0						7.4							
10	0.006	3.0						7.4							
11	0.005	3.0						7.4							
12	0.005	3.0						7.4							
13	0.004														
14															
15	0.014	3.0						7.5							
16	0.005	3.0						7.5							
17	0.007	3.0						7.3							
18	0.006	3.0						7.3							
19	0.006	3.0						7.3							
20	0.004														
21															
22	0.013	3.0						7.4							
23	0.007	3.0						7.5							
24	0.007	3.0						7.5							
25	0.004	3.0						7.5							
26	0.006	3.0						7.5							
27	0.005														
28															
29	0.013	3.0						7.5							
30	0.006	3.0						7.5							
31	0.006	3.0						7.5							

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

complete and accurate

Signed:

Robert Bogosta

Date: 09/12/94

Name (Please Type):

Robert Bogosta

Telephone No. (Please Type)

Company Name

Southern States Utilities

904-489-2452

Part II - General Information

(2) Plant DER Identification Number 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address **Bluewater & Wells St.**

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

XX	Membrane Filter	Most Probable Number
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0
10	0	0
11	0	0
12	0	0
13	0	0
14	0	0
15	0	0
16	0	0
17	0	0
18	0	0
19	0	0
20	0	0
21	0	0
22	0	0
23	0	0
24	0	0
25	0	0
26	0	0
27	0	0
28	0	0
29	0	0
30	0	0
31	0	0
32	0	0
33	0	0
34	0	0
35	0	0
36	0	0
37	0	0
38	0	0
39	0	0
40	0	0
41	0	0
42	0	0
43	0	0
44	0	0
45	0	0
46	0	0
47	0	0
48	0	0
49	0	0
50	0	0
51	0	0
52	0	0
53	0	0
54	0	0
55	0	0
56	0	0
57	0	0
58	0	0
59	0	0
60	0	0
61	0	0
62	0	0
63	0	0
64	0	0
65	0	0
66	0	0
67	0	0
68	0	0
69	0	0
70	0	0
71	0	0
72	0	0
73	0	0
74	0	0
75	0	0
76	0	0
77	0	0
78	0	0
79	0	0
80	0	0
81	0	0
82	0	0
83	0	0
84	0	0
85	0	0
86	0	0
87	0	0
88	0	0
89	0	0
90	0	0
91	0	0
92	0	0
93	0	0
94	0	0
95	0	0
96	0	0
97	0	0
98	0	0
99	0	0
100	0	0

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds

(13) Limited Wet Weather Discharge Activated

☐	Yes	☐	No	☒	XX	Not Applicable
--------------------------	-----	--------------------------	----	-------------------------------------	----	----------------

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class Cert. No.

Night Shift Operator ~~Glass~~ Cert. No.

Lead Operator *Frank B. 2.0* 6936

Signature _____ Cert No _____

[illegible]

DER FORM NO. 17.801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month September Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.008	3.0						7.5							
2	0.004	3.0						7.5							
3	0.004														
4															
5	0.014	3.0						7.4							
6	0.008	3.0						7.4							
7	0.005	3.0						7.5							
8	0.005	3.0		255	313.3	2.0	1.5	7.5			0.4		<1/00		
9	0.005	3.0						7.5							
10	0.005														
11															
12	0.014	3.0						7.3							
13	0.007	3.0						7.3							
14	0.005	3.0						7.3							
15	0.007	3.0						7.3							
16	0.005	3.0						7.3							
17	0.005														
18															
19	0.015	3.0						7.4							
20	0.006	3.0						7.4							
21	0.006	3.0						7.4							
22	0.007	3.0						7.4							
23	0.006	3.0						7.4							
24	0.005														
25															
26	0.015	3.0						7.4							
27	0.006	3.0						7.4							
28	0.006	3.0						7.4							
29	0.006	3.0						7.4							
30	0.005	3.0						7.4							
31															

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

complete and accurate

Signed:

Name (Please Type)

Company Name

Robert Bogosta

Southern States Utilities

Date

Telephone No. (Please Type)

10-12-94
904-489-2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Dzys of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>A</u>	Cert. No.	<u>6936</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>[Signature]</u>		<u>6936</u>
	Signature		Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.017
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	0.5
(20) BODs Effluent	mg/L	80082	1.7
(21) BODs Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			6.9
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.04
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

DER FORM NO. 17.601.600(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month October Year 1994

(34)	Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
	1	0.005														
	2															
	3	0.015	3.0						7.4							
	4	0.006	3.0						7.4							
	5	0.006	3.0						7.4							
	6	0.006	2.0						7.4							
	7	0.006	3.0						7.4							
	8	0.005														
	9															
	10	0.018	3.0						7.4							
	11	0.005	3.0						7.4							
	12	0.006	3.0						7.4							
	13	0.007	3.0						7.4							
	14	0.006	3.0						7.4							
	15	0.005														
	16															
	17	0.015	3.0		307.7	787.7	1.7	3.0	6.9			1.0		<1/100		
	18	0.007	3.0						6.9							
	19	0.006	3.0						6.9							
	20	0.006	3.0						7.3							
	21	0.007	3.0						7.1							
	22	0.005														
	23															
	24	0.015	3.0						7.1							
	25	0.006	3.0						7.1							
	26	0.007	3.0						7.1							
	27	0.006	3.0						7.1							
	28	0.005	3.0						7.1							
	29	0.006														
	30															
	31	0.018	3.0						7.1							

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

Complete and accurate

Signed:

Robert Bogosta

Date:

11-2-94

Name (Please Type)

Robert Bogosta

Telephone No. (Please Type)

Company Name

Southern States Utilities

904-489-2452

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month November Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.007	3.0						7.1							
2	0.006	3.0						7.0							
3	0.006	3.0						6.9							
4	0.006	3.0						6.9							
5	0.007														
6															
7	0.015	3.0						7.3							
8	0.007	3.0		205.6	185	1.3	3.0	7.3							
9	0.008	3.0						7.0			0.9		<1/100		
10	0.006	3.0						7.0							
11	0.006	3.0						7.0							
12	0.007														
13															
14	0.014	3.0						7.0							
15	0.008	3.0						7.0							
16	0.008	3.0						7.0							
17	0.006	3.0						7.0							
18	0.008	3.0						7.0							
19	0.006														
20															
21	0.016	3.0						7.0							
22	0.005	3.0						7.0							
23	0.012	3.0						7.0							
24	0.005	3.0						7.0							
25	0.010	3.0						7.0							
26	0.010														
27															
28	0.018	3.0						7.0							
29	0.008	3.0						7.0							
30	0.006	3.0						7.0							
31															

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

complete and accurate.

Signed:

Name (Please Type)

Company Name

Robert Bogosta

Robert Bogosta

Southern States Utilities

Date:

Telephone No. (Please Type)

12-13-94

904-489-2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: Decembe Year: 1994

(2) Plant DER Identification Number 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Rolando Bogard 6936
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.017
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	0.4
(20) BODs Effluent	mg/L	80082	1.3
(21) BODs Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	5.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			8.9
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	0.67
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

DER FORM NO 17 801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month December Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.007	3.0						7.0							
2	0.007	3.0						7.0							
3	0.010														
4															
5	0.017	3.0						7.0							
6	0.007	3.0		423.1	700.7	1.3	5.0	6.9							
7	0.010	3.0						6.9			0.7		<1/100		
8	0.005	3.0						7.0							
9	0.010	3.0						7.0							
10	0.005														
11															
12	0.017	3.0						7.0							
13	0.009	3.0						7.0							
14	0.006	3.0						7.0							
15	0.006	3.0						7.0							
16	0.007	3.0						7.0							
17	0.009														
18															
19	0.014	3.0						7.0							
20	0.010	3.0						7.0							
21	0.008	3.0						7.0							
22	0.005	3.0						7.0							
23	0.009	3.0						7.0							
24	0.005														
25															
26	0.018	3.0						7.0							
27	0.012	3.0						7.0							
28	0.009	3.0						7.0							
29	0.008	3.0						6.9							
30	0.013	3.0						6.9							
31	0.007														

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

complete and accurate

Signed:

Name (Please Type)

Company Name

Robert Bogosta

Robert Bogosta

Southern States Utilities

Date:

Telephone No. (Please Type)

904-489-2452

Part II - General Information

Signature	Cart No
------------------	----------------

[illegible]

DER FORM NO 17.601.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month January Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.013	2.0						7.4							
2	0.008	1.8						7.4							
3	0.012														
4	0.011	1.8						7.4							
5	0.010	1.8						7.4							
6	0.011	1.8						7.4							
7	0.010	2.0						7.3							
8	0.009	2.0						7.3							
9	0.007	2.0						7.3							
10	0.010														
11	0.010	2.0						7.4							
12	0.012	2.0		338	96	12	7	7.4			0.80		<1		
13	0.008	2.2						7.3							
14	0.007	2.0						7.3							
15	0.008	2.0						7.4							
16	0.010														
17	0.010	2.0						7.4							
18	0.013	2.2						7.4							
19	0.008	2.0						7.4							
20	0.010	2.0						7.4							
21	0.010	2.0						7.4							
22	0.010	2.0						7.4							
23	0.008	2.0						7.4							
24	0.010														
25	0.010	2.2						7.4							
26	0.007	2.2						7.4							
27	0.008	2.0						7.4							
28	0.009	2.0						7.4							
29	0.014	2.0						7.4							
30	0.011	2.0						7.4							
31	0.010														

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

Signed: Original signed by Robert Bogosta

Date: 2-1-93

Name (Please Type): Robert Bogosta

Telephone No. (Please Type):

Company Name: Southern States Utilities

904-489-2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6936
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Robert Bogosta A6936
 Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.010
(17) Permitted capacity	mgd	-	0.017
(18) Three month average daily flow	mgd	-	0.010
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	5
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.4
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.19
(30) Total Phosphorus	mg/L	000656	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month February Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.010	2.0						7.4							
2	0.009	2.0						7.4							
3	0.011	2.2		240	46	5	3	7.4			0.19		<1		
4	0.011	2.0						7.4							
5	0.008	2.2						7.4							
6	0.007	2.2						7.4							
7	0.010														
8	0.011	2.0						7.4							
9	0.013	2.0						7.4							
10	0.009	2.2						7.4							
11	0.009	2.0						7.4							
12	0.011	2.0						7.4							
13	0.008	2.0						7.4							
14	0.010														
15	0.011	2.0						7.4							
16	0.012	2.2						7.4							
17	0.007	2.2						7.4							
18	0.008	2.0						7.4							
19	0.009	2.0						7.4							
20	0.010	2.0						7.4							
21	0.009														
22	0.009	2.2						7.5							
23	0.010	2.0						7.5							
24	0.010	2.0						7.5							
25	0.010	2.0						7.4							
26	0.012	2.0						7.4							
27	0.007	2.0						7.4							
28	0.007														
29															
30															
31															

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

Signed: Original signed by Robert Bogosta

Date: 3-1-93

Name (Please Type) Robert Bogosta

Telephone No. (Please Type)

Company Name Southern States Utilities

904-489-2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: **March** Year: **1993**

(2) Plant DER Identification Number: **4009P01183**

(3) Plant Name **Apache Shores**

(4) Plant Address **Bluewater & Walls St.**

(5) City **Hernando**

(6) County **Citrus**

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

XX	Membrane Filter	Most Probable Number
----	-----------------	----------------------

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds

(13) Limited Wet Weather Discharge Activated

	Yes	No	XX	Not Applicable
--	-----	----	----	----------------

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class Cert. No.Night Shift Operator Class Cert. No.

Lead Operator Original signed by Robert Bogosta A6936

Signature _____ Cert No _____

[illegible]

DER FORM NO. 17.801.800(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month March Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.010	2.0						7.4							
2	0.013	2.2		247	50	6	2	7.4			1.05				
3	0.008	2.0						7.4							
4	0.007	2.0						7.4							
5	0.010	2.0						7.4							
6	0.008	2.0						7.4							
7	0.011														
8	0.011	2.0						7.4							
9	0.011	2.2						7.4							
10	0.013	2.2						7.4							
11	0.006	2.0						7.4							
12	0.011	2.0						7.4							
13	0.009														
14	0.010	2.0						7.4							
15	0.007	2.0						7.4							
16	0.006	2.0						7.4							
17	0.011	2.0						7.4							
18	0.010	2.2						7.4							
19	0.011	2.2						7.4							
20	0.004	2.0						7.5							
21	0.011														
22	0.011	2.2						7.5							
23	0.010	2.0						7.4							
24	0.014	2.0						7.4							
25	0.008	2.2						7.4					<1		
26	0.007	2.0						7.4							
27	0.013	2.0						7.4							
28	0.007														
29	0.008	2.2						7.4							
30	0.011	2.0						7.4							
31	0.009	2.0						7.4							

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

Signed: Original signed by Robert Bogosta

Date: 4-2-93

Name (Please Type) Robert Bogosta

Telephone No. (Please Type)

Company Name Southern States Utilities

904-489-2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Robert Bogosta A-6936

Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.017
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	221
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.4
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.34
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17.501.500(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month April Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.007	2.0						7.4							
2	0.011	2.2						7.4							
3	0.006	2.0						7.4							
4	0.010														
5	0.011	2.0						7.4							
6	0.010	2.2						7.4							
7	0.012	2.2						7.4							
8	0.009	2.2						7.4							
9	0.008	2.0						7.4							
10	0.012	2.0						7.4							
11	0.012														
12	0.012	2.0						7.4							
13	0.006	2.0						7.4							
14	0.010	2.0		392	152	22	6	7.4			1.34		<1		
15	0.010	2.2						7.4							
16	0.009	2.0						7.4							
17	0.009	2.0						7.4							
18	0.012														
19	0.012	2.0						7.4							
20	0.008	2.0						7.4							
21	0.009	2.0						7.4							
22	0.009	2.2						7.5							
23	0.008	2.0						7.5							
24	0.010	2.0						7.5							
25	0.008														
26	0.008	2.0						7.5							
27	0.009	2.0						7.5							
28	0.010	2.2						7.4							
29	0.006	2.0						7.4							
30	0.009	2.0						7.4							
31															

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

Signed: Original signed by Robert Bogosta

Date: 5-2-93

Name (Please Type) Robert Bogosta

Telephone No. (Please Type)

Company Name Southern States Utilities

904-489-2452

Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address **Bluewater & Wells St.**

(5) City **Hernando**

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number

(11) Fecal Colliform Sample Method

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds

(13) Limited Wet Weather Discharge Activated

Yes	No	☒ Not Applicable
-----	----	--

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	A	Cert. No.	6936
--------------------------	---	-----------	------

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Robert Bogosta A-6936

Cert No[illegible]

DER FORM NO. 17.601.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month May Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dazchlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.012	1.8						7.4							
2	0.007														
3	0.006	1.5						7.4							
4	0.008	1.6						7.4							
5	0.005	1.5						7.4							
6	0.009	1.5						7.4							
7	0.006	1.5						7.4							
8	0.006	1.5						7.4							
9	0.007														
10	0.007	1.5						7.4							
11	0.008	1.5						7.4							
12	0.006	1.5						7.4							
13	0.007	1.5						7.5							
14	0.007	1.5						7.4							
15	0.007	1.6						7.4							
16	0.008														
17	0.006	1.6						7.4							
18	0.005	1.6						7.4							
19	0.007	1.5						7.4							
20	0.006	1.6		335	106	6	5	7.3			1.5		<1		
21	0.005	1.6						7.3							
22	0.007	1.5						7.3							
23	0.007														
24	0.010	1.6						7.3							
25	0.006	1.4						7.3							
26	0.008	1.4						7.4							
27	0.005	1.4						7.4							
28	0.008	1.4						7.4							
29	0.009	1.2						7.4							
30	0.009														
31	0.007	1.2						7.4							

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

Signed: Original signed by Robert Bogosta
 Name (Please Type) Robert Bogosta
 Company Name Southern States Utilities

Date: 5-7-1993
 Telephone No. (Please Type) 904-489-2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Robert Bogosta

Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.017
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	9
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.90
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17.801.800(1)

FORM TITLE Domestic Wastewater Treatment Plant Operating Report

EFFECTIVE DATE July 1, 1991

DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month June Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.006	1.6						7.4							
2	0.005	1.6						7.4							
3	0.010	1.6						7.4							
4	0.010	1.6						7.4							
5	0.004	2.0						7.4							
6	0.005														
7	0.006	2.0						7.4							
8	0.005	2.2						7.3							
9	0.006	2.0						7.3							
10	0.005	2.0						7.3							
11	0.005	2.0						7.3							
12	0.007	2.2						7.3							
13	0.008														
14	0.007	2.0						7.3							
15	0.007	2.2						7.3							
16	0.012	2.2						7.3							
17	0.005	2.2						7.3							
18	0.007	2.0						7.3							
19	0.008	2.0						7.3							
20	0.007														
21	0.007	2.0						7.3							
22	0.006	2.0						7.3							
23	0.008	2.2		404	106	9	4	7.3			1.9		<1		
24	0.007	2.2						7.3							
25	0.006	2.0						7.3							
26	0.004	2.0						7.3							
27	0.007														
28	0.007	2.0						7.3							
29	0.010	2.0						7.3							
30	0.005	2.0						7.3							
31															

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

Signed: Original signed by Robert BogostaDate: 7-6-93Name (Please Type) Robert Bogosta

Telephone No. (Please Type)

Company Name Southern States Utilities904-4892452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>A</u>	Cert. No.	<u>8936</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Robert Bogosta

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.017
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	8
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	10
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.52
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17.801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month July Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.007	2.0						7.4							
2	0.005	2.0						7.4							
3	0.012	2.0						7.4							
4	0.013														
5	0.012	2.0						7.4							
6	0.015	2.0						7.4							
7	0.012	2.0		343	204	8	10	7.4			1.52		<1		
8	0.010	2.0						7.4							
9	0.010	2.0						7.4							
10	0.012	2.0						7.4							
11	0.008														
12	0.010	2.0						7.4							
13	0.007	2.0						7.4							
14	0.011	2.0						7.4							
15	0.007	2.0						7.4							
16	0.009	2.0						7.4							
17	0.007	2.0						7.4							
18	0.006														
19	0.009	2.0						7.4							
20	0.008	2.0						7.4							
21	0.005	2.0						7.4							
22	0.010	2.2						7.3							
23	0.005	2.2						7.3							
24	0.007	2.2						7.3							
25	0.010														
26	0.012	2.0						7.4							
27	0.011	2.0						7.4							
28	0.006	2.0						7.4							
29	0.010	2.2						7.4							
30	0.005	2.2						7.4							
31															

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

Signed: Original signed by Robert Bogosta

Date: 8-2-93

Name (Please Type) Robert Bogosta

Telephone No. (Please Type)

Company Name Southern States Utilities

904-489-2452

DER FORM NO. 17,801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>A</u>	Cert. No.	<u>8936</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Robert Bogosta A-8936

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.017
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	9
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	8
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.49
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO. 17.901.900(1)

FORM TITLE Domestic Wastewater Treatment Plant Operating Report

EFFECTIVE DATE July 1, 1991

DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month August Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.006														
2	0.006	2.0						7.4							
3	0.006	2.0						7.4							
4	0.005	2.2						7.4							
5	0.005	2.2						7.4							
6	0.009	2.2						7.4							
7	0.005	2.2						7.4							
8	0.006														
9	0.007	2.0						7.4							
10	0.007	2.2						7.4							
11	0.007	2.0		205	194	9	8	7.4			3.49		<1		
12	0.004	2.2						7.4							
13	0.007	2.0						7.4							
14	0.005	2.0						7.4							
15	0.006														
16	0.006	2.0						7.4							
17	0.006	2.2						7.4							
18	0.007	2.2						7.3							
19	0.006	2.2						7.3							
20	0.007	2.0						7.4							
21	0.005	2.0						7.4							
22	0.006														
23	0.007	2.2						7.3							
24	0.007	2.0						7.4							
25	0.005	2.0						7.4							
26	0.007	2.0						7.4							
27	0.006	2.0						7.4							
28	0.005	2.0						7.4							
29	0.006														
30	0.006	2.0						7.4							
31	0.006	2.0						7.4							

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

Signed: Original signed by Robert BogostaDate: 9-1-93Name (Please Type) Robert Bogosta

Telephone No. (Please Type)

Company Name Southern States Utilities904-489-2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>A</u>	Cert. No.	<u>8936</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Robert B. D.</u>		<u>8936</u>
	Signature	Cert No	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.007
(17) Permitted capacity	mgd	-	0.017
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	0.4322353
(20) BODs Effluent	mg/L	80082	6
(21) BODs Effluent	lbs/day	-	0.3676939
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	0.2451293
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.44
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17.601.900(1)
 FORM TITLE Domestic Wastewater Tr
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month September Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.006	2						7.4							
2	0.007	2.2						7.4							
3	0.006	2.2						7.4							
4	0.006	2						7.4							
5															
6	0.020	2.2						7.4							
7	0.012	2						7.4							
8	0.007	2		253	122	6	4	7.4			1.44		<1		
9	0.007	2						7.4							
10	0.005	2						7.4							
11	0.005	2						7.4							
12															
13	0.017	2.2						7.3							
14	0.009	2						7.3							
15	0.007	2						7.3							
16	0.005	2						7.3							
17	0.007	2						7.3							
18	0.005	2						7.2							
19															
20	0.016	2.2						7.2							
21	0.007	2.2						7.2							
22	0.007	2						7.2							
23	0.010	2						7.2							
24	0.004	2.2						7.2							
25	0.006	2						7.2							
26															
27	0.016	2.2						7.2							
28	0.007	2						7.2							
29	0.006	2.2						7.2							
30	0.007	2						7.2							
31															

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

Signed: Robert Beaudin

Name (Please Type) ROBERT BEAUDIN

Company Name Southern States Utilities

Date: 10-4-93

Telephone No. (Please Type)

904 489 2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 4009P01183

(3) Plant Name Apache Shores

(4) Plant Address Bluewater & Wells St.

(5) City Hernando

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-213217

(9) Plant Type D III

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>A</u>	Cert. No.	<u>8936</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Robert B. [Signature]</u>	Cert. No.	<u>8936</u>
Signature		Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.008
(17) Permitted capacity	mgd	-	0.017
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	0.4859203
(20) BODs Effluent	mg/L	80082	6
(21) BODs Effluent	lbs/day	-	0.4133627
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	0.2755751
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.514
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	1.5
(33) Other Effluent Parameters			

DER FORM NO 17.501.500(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month October Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.007	1						7.3							
2	0.007	1.2						7.3							
3															
4	0.019	1.2						7.3							
5	0.008	1.2						7.3							
6	0.008	1.4				6	4	7.3			1.514		<1		
7	0.009	1.2						7.3							
8	0.009	1.2						7.3							
9	0.008	1.5						7.3							
10															
11	0.026	1.4						7.4							
12	0.009	1.4						7.4							
13	0.011	1.4						7.4							
14	0.011	1.4						7.4							
15	0.005	1.4						7.4							
16	0.008	1.4						7.4							
17															
18	0.018	1.4						7.4							
19	0.008	1.4						7.4							
20	0.009	1.4						7.4							
21	0.007	1.2						7.4							
22	0.011	1.4						7.4							
23	0.003	1.5						7.4							
24															
25	0.020	1.4						7.3							
26	0.008	1.4						7.3							
27	0.011	1.4						7.3							
28	0.007	1.4						7.3							
29	0.009	1.5						7.3							
30	0.007	1.5						7.3							
31															

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

Signed: Robert Bogosta
 Name (Please Type) ROBERT BOGOSTA
 Company Name Southern States Utilities

Date: 12-8-93
 Telephone No. (Please Type) 904-489-2852

DER FORM NO 17.601.600(1)

FORM TITLE Domestic Wastewater Treatment Plant Operating Report

EFFECTIVE DATE July 1, 1991

DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apache Shores

Month November Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.103	1.4						7.4							
2	0.098	1.4						7.4							
3	0.059	1.4		215	58	22	3	7.4			1.98		<1		
4	0.109	1.4						7.4							
5	0.064	1.4						7.4							
6	0.144	1.4						7.4							
7															
8	0.205	1.4						7.4							
9	0.064	1.4						7.4							
10	0.095	1.4						7.4							
11	0.049	1.4						7.4							
12	0.096	1.4						7.3							
13	0.066	1.4						7.3							
14															
15	0.186	1.4						7.3							
16	0.091	1.2						7.3							
17	0.106	1.4						7.4							
18	0.078	1.4						7.4							
19	0.108	1.4						7.4							
20	0.079	1.4						7.4							
21															
22	0.205	1.5						7.4							
23	0.090	1.5						7.4							
24	0.090	1.5						7.4							
25	0.104	1.4						7.4							
26	0.095	1.4						7.4							
27	0.096	1.4						7.4							
28															
29	0.235	1.4						7.4							
30	0.096	1.4						7.4							
31															

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

Signed: Robert BogosioName (Please Type) ROBERT BOGOSIOCompany Name Southern States UtilitiesDate: 12-8-93

Telephone No. (Please Type)

904 457 2452

DER FORM NO 17.901.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Apeche Shores

Month December Year 1993

(24)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.013	1.4						7.4							
2	0.007	1.6						7.4							
3	0.010	1.6						7.4							
4	0.008	1.8						7.4							
5															
6	0.020	1.6						7.4							
7	0.011	1.6						7.4							
8	0.011	1.6						7.4							
9	0.007	1.4						7.4							
10	0.015	1.4						7.4							
11	0.005	1.4						7.4							
12															
13	0.019	1.6						7.3							
14	0.012	1.4						7.3							
15	0.013	1.4		281	30	10	1	7.3			9.87		<1/100		
16	0.006	1.6						7.3							
17	0.012	1.4						7.3							
18	0.010	1.5						7.3							
19															
20	0.022	1.4						7.3							
21	0.012	1.4						7.3							
22	0.015	1.4						7.3							
23	0.008	1.4						7.3							
24	0.009	1.4						7.3							
25	0.010	1.4						7.3							
26															
27	0.021	1.4						7.3							
28	0.013	1.2						7.3							
29	0.014	1.2						7.3							
30	0.009	1.2						7.3							
31	0.011	1.2						7.3							

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

Signed: Robert Bogasta
 Name (Please Type) ROBERT BOGASTA
 Company Name Southern States Utilities

Date: 1-4-94
 Telephone No. (Please Type) (904) 489-2452

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

Please Note:

Wastewater treatment for the **Apple Valley** service area is
provided by the City of Altamonte Springs, Public Works Division.

There are no monthly operating reports for this area.

THIS PAGE INTENTIONALLY LEFT BLANK

DER FORM NO 17.001.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16-213087

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X12382

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. Johns River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>5444</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>8720</u>
Lead Operator	<u>Bill H. Green</u>		<u>B-7005</u>
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.663
(17) Permitted capacity	mgd	-	1.780
(18) Three month average daily flow	mgd	900238	0.650
(19) Percent of permitted capacity	%	-	37%
(20) CBOD5 Effluent	mg/L	80082	2.4
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	5.7
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	6.9
(26) Total N	mg/L	000600	<.01
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000810	0.032
(29) Nitrate	mg/L	000620	8.66
(30) Total Phosphorus	mg/L	000665	2.50
(31) Minimum Chlorine Residual	mg/L	900243	1.2
(32) Maximum Chlorine Residual	mg/L	900244	BDL
(33) Other Effluent Parameters			
Fecal Coliform			9
BOD5 Effluent	mg/L		3.6
Organic Nitrogen	mg/L		0.638
Orthophosphates	mg/L		2.41

DER FORM NO. 17-601-900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month January

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform #/100ml	Dechlor Fecal Coliform	SCOD Effluent (mg/L)	SCOD Influent (mg/L)
1	0.740	1.7	BDL					6.8							
2	0.752	1.8	BDL					6.9							
3	0.718	1.4	BDL					6.9							
4	0.622	1.3	BDL					6.9							
5	0.631	1.3	BDL	197	182	2.9	6.9	6.9				<1	13	248	4.3
6	0.636	1.2	BDL					6.9							
7	0.557	1.2	BDL					6.9							
8	0.752	1.2	BDL					6.9							
9	0.752	1.8	BDL					6.9							
10	0.631	1.6	BDL					6.8							
11	0.610	1.5	BDL					6.9							
12	0.702	1.4	BDL	154	156	3.0	6.9	6.8	0.032	6.86	2.5	6	9	181	3.9
13	0.636	1.1	BDL					6.9							
14	0.568	1.6	BDL					6.8							
15	0.732	1.6	BDL					6.9							
16	0.641	1.7	BDL					6.8							
17	0.735	1.4	BDL					6.9							
18	0.614	1.8	BDL					6.9					8		
19	0.663	1.4	BDL	115	169	1.9	3.5	6.9						143	2.8
20	0.567	1.3	BDL					6.8							
21	0.575	1.3	BDL					6.8							
22	0.651	1.7	BDL					6.8							
23	0.809	1.9	BDL					6.8							
24	0.577	1.5	BDL					6.8							
25	0.578	1.4	BDL					6.9				2	5		
26	0.631	1.6	BDL	145	205	1.8	5.5	6.9						174	3.2
27	0.673	1.5	BDL					6.8							
28	0.604	1.3	BDL					6.8							
29	0.729	1.8	BDL					6.9							
30	0.792	1.6	BDL					6.8							
31	0.666	1.5	BDL					6.9							

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

Signed

Billy G. Green

Date 3 February 1994

Name (Please Type)

Billy G. Green B-7005

Telephone No. (Please Type)

Company Name

Southern States Utilities

904-642-9408

DER FORM NO 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16-213087

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X12382

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. Johns River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>5444</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>8720</u>
Lead Operator	<u>Billie L. Evans</u> <u>B-7005</u>		
Signature	Cert No		

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0 657
(17) Permitted capacity	mgd	-	1.78
(18) Three month average daily flow	mgd	900238	0.219
(19) Percent of permitted capacity	%	-	12%
(20) CBOD5 Effluent	mg/L	80082	2.7
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	000530	6.1
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.0
(26) Total N (nitrite)	mg/L	000600	
(27) TKN	mg/L	000625	-
(28) Ammonia (NH3 - N)	mg/L	000610	0.190
(29) Nitrate	mg/L	000620	9.18
(30) Total Phosphorus	mg/L	000665	3.03
(31) Minimum Chlorine Residual	mg/L	900243	2.5
(32) Maximum Chlorine Residual	mg/L	900244	BDL
(33) Other Effluent Parameters			
Fecal Coliform			5
BOD5 Effluent	mg/L		173.5
Organic Nitrogen	mg/L		
Orthophosphates	mg/L		2.98

DER FORM NO. 17-801.800(1)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month: February

Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	REDOX Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform #/100ml chlorinated	Dechlor Fecal Coliform	BCOD5 Influent (mg/L)	BCOD5 Effluent (mg/L)	
1	0.623	1.3	BDL	134	143	1.8	3.4	6.8				1	7	167	2.9	
2	0.641	1.7	BDL					6.9								
3	0.593	1.4	BDL					6.8								
4	0.584	1.1	BDL					6.8								
5	0.768	1.9	BDL					6.8								
6	0.790	2.0	BDL					6.9								
7	0.610	1.7	BDL					6.9								
8	0.584	2.1	BDL	144	177	2.9	3.3	7.0				<1	2	178	3.9	
9	0.700	1.8	BDL					6.8								
10	0.622	1.1	BDL					6.8								
11	0.640	1.6	BDL					6.8								
12	0.715	1.8	BDL					6.8								
13	0.707	1.1	BDL					6.8								
14	0.625	2.5	BDL					6.8								
15	0.587	1.3	BDL					6.9								
16	0.628	1.5	BDL	129	184	3.0	11.9	7.0	0.19	9.18	3.03	3	9	166	4.7	
17	0.637	1.2	BDL					6.8								
18	0.676	1.2	BDL					6.8								
19	0.709	1.4	BDL					6.8								
20	0.738	1.9	BDL					6.9								
21	0.677	1.5	BDL					6.9								
22	0.625	1.9	BDL					6.8								
23	0.645	1.2	BDL	146	210	3.2	5.9	6.9				2	<1	183	4.1	
24	0.621	1.2	BDL					6.8								
25	0.613	1.5	BDL					6.8								
26	0.668	1.7	BDL					6.8								
27	0.763	1.5	BDL					6.9								
28	0.602	1.4	BDL					6.9								
29																
30																
31																

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

Signed:

Billy J. Green

Date:

11 March 94

Name (Please Type)

Billy J. Green B-7005

Telephone No. (Please Type)

Company Name

Southern States Utilities

904-642-9408

DER FORM NO 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-842-9408

(8) Permit Number DO18-213087

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X12382

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. Johns River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>5444</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>8720</u>
Lead Operator	<u>Bill Green</u>		<u>B-7005</u>
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.842
(17) Permitted capacity	mgd	-	1.78
(18) Three month average daily flow	mgd	900238	0.654
(19) Percent of permitted capacity	%	-	37%
(20) CBOD5 Effluent	mg/L	80082	2.9
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	000530	4.1
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.2
(26) Total N (nitrite)	mg/L	000800	<0.01
(27) TKN	mg/L	000625	-
(28) Ammonia (NH3 - N)	mg/L	000610	0.180
(29) Nitrate	mg/L	000620	4.20
(30) Total Phosphorus	mg/L	000665	2.87
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	mg/L	900244	BDL
(33) Other Effluent Parameters			
Faecal Coliform			1
BOD5 Effluent	mg/L		3.2
Organic Nitrogen	mg/L		1.120
Orthophosphates	mg/L		1.55

DER FORM NO. 17.801.800(1)

FORM TITLE Domestic Wastewater Treatment Plant

EFFECTIVE DATE July 1, 1991

DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month MarchYear 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CODS Influent (mg/L)	TSS Influent (mg/L)	CODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform #/100ml chlorinated	Decolor Fecal Coliform	BOD5 Influent (mg/L)	BOD5 Effluent (mg/L)	
1	0.614	1.2	BDL					6.8								
2	0.626	1.0	BDL	110	220	3.8	2.2	6.8	0.18	4.2	2.87	4	1	154	4.1	
3	0.622	1.0	BDL					6.8								
4	0.591	0.7	BDL					6.8								
5	0.673	1.0	BDL					6.9								
6	0.708	0.8	BDL					6.9								
7	0.669	1.2	BDL					6.8								
8	0.692	1.0	BDL	222	226	3.0	4.0	6.9				7	1	250	4	
9	0.534	1.1	BDL					6.9								
10	0.624	1.1	BDL					6.8								
11	0.557	0.9	BDL					6.8								
12	0.674	0.8	BDL					6.8								
13	0.797	1.1	BDL					6.8								
14	0.640	0.8	BDL					6.9								
15	0.562	1.1	BDL					6.9								
16	0.613	1.3	BDL	164	183	1.8	2.1	6.9				<1	<1	204	2.5	
17	0.595	1.0	BDL					6.8								
18	0.397	0.9	BDL					6.8								
19	0.844	1.4	BDL					6.9								
20	0.786	1.4	BDL					6.9								
21	0.625	1.2	BDL					7.0								
22	0.579	1.2	BDL					7.0								
23	0.609	1.0	BDL	200	238	3.0	8.0	7.0				<1	<1	220	1.1	
24	0.629	1.0	BDL					7.0								
25	0.656	1.3	BDL					6.9								
26	0.671	1.5	BDL					7.0								
27	0.844	1.4	BDL					7.0								
28	0.652	1.3	BDL					7.0								
29	0.560	1.4	BDL					7.1								
30	0.621	1.4	BDL	174	314	3.0	4.0	7.0				<1	<1	203	4.2	
31	0.605	0.9	BDL					6.8								

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

Signed:

*Bill Green*Date: 12 APRIL 94

Name (Please Type)

Billy J. Green B-7005

Telephone No. (Please Type)

Company Name

Southern States Utilities

904-642-9408

Page 3 of 3

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16-213087

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X12382

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. Johns River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>5444</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>8720</u>
Lead Operator	<u>Bill Green</u>		<u>B-7005</u>
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.628
(17) Permitted capacity	mgd	-	1.78
(18) Three month average daily flow	mgd	900238	0.642
(19) Percent of permitted capacity	%	-	36%
(20) CBOD5 Effluent	mg/L	80082	1.9
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	000530	3.1
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.1
(26) Total N (nitrite)	mg/L	000600	0.1
(27) TKN	mg/L	000625	-
(28) Ammonia (NH3 - N)	mg/L	000610	6.860
(29) Nitrate	mg/L	000620	1.56
(30) Total Phosphorus	mg/L	000665	1.05
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	mg/L	900244	BDL
(33) Other Effluent Parameters			
Fecal Coliform			22
BOD5 Effluent	mg/L		3.0
Organic Nitrogen	mg/L		2.020
Orthophosphates	mg/L		0.82

DER FORM NO. 17,801,800(1)

FORM TITLE Domestic Wastewater Treatment Plant

EFFECTIVE DATE July 1, 1991

DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month AprilYear 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dchlor	CODS Influent (mg/L)	TSS Influent (mg/L)	CODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform #/100ml chlorinated	Dector Fecal Coliform	BOD5 Influent (mg/L)	BOD5 Effluent (mg/L)	
1	0.594	0.8	BDL					6.8								
2	0.673	1.1	BDL					7.0								
3	0.669	1.0	BDL					7.0								
4	0.636	1.0	BDL					6.9								
5	0.587	1.0	BDL					7.0								
6	0.639	1.7	BDL	155	186	1.8	2.5	7.0	6.88	1.56	1.05	1	70	179	3.5	
7	0.610	1.3	BDL					7.0								
8	0.575	1.5	BDL					7.0								
9	0.669	1.6	BDL					7.0								
10	0.714	1.4	BDL					7.0								
11	0.631	1.3	BDL					7.0								
12	0.583	1.4	BDL					7.1								
13	0.647	1.0	BDL	218	218	2.6	2.8	7.1				1	2	256	3.8	
14	0.690	1.1	BDL					6.9								
15	0.571	1.1	BDL					6.9								
16	0.658	1.3	BDL					6.9								
17	0.658	1.3	BDL					7.0								
18	0.582	0.8	BDL					6.9								
19	0.545	1.1	BDL					6.9								
20	0.608	1.0	BDL	197	170	2.0	4.0	6.8				1	14	197	3	
21	0.593	1.0	BDL					6.9								
22	0.668	1.1	BDL					6.9								
23	0.676	0.7	BDL					6.9								
24	0.714	1.0	BDL					6.9								
25	0.598	1.1	BDL					7.0								
26	0.590	1.0	BDL					6.9								
27	0.607	1.0	BDL	140	161	1.2	3.1	6.9				6	1	169	1.6	
28	0.586	0.7	BDL					6.9								
29	0.536	0.9	BDL					6.9								
30	0.737	1.1	BDL					6.9								
31																

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

Signed:

Billy J. Green

Date:

12 MAY 94

Name (Please Type)

Billy J. Green B-7005

Telephone No. (Please Type)

Company Name

Southern States Utilities904-642-9408

Page 3 of 3

DER FORM NO 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-842-8408

(8) Permit Number DO16-213087

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X12382

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. Johns River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>5444</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>8720</u>
Lead Operator	<u>Bill Green</u>	Cert. No.	<u>B-7005</u>
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.639
(17) Permitted capacity	mgd	-	1.78
(18) Three month average daily flow	mgd	900238	0.636
(19) Percent of permitted capacity	%	-	36%
(20) CBOD5 Effluent	mg/L	80082	3.0
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	000530	4.3
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.0
(26) Total N (nitrite)	mg/L	000600	<0.01
(27) TKN	mg/L	000625	-
(28) Ammonia (NH3 - N)	mg/L	000610	0.330
(29) Nitrate	mg/L	000620	5.50
(30) Total Phosphorus	mg/L	000665	1.00
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Chlorine Residual	mg/L	900244	BDL
(33) Other Effluent Parameters			
Fecal Coliform			12
BOD5 Effluent	mg/L		3.4
Organic Nitrogen	mg/L		0.640
Orthophosphates	mg/L		0.89

DER FORM NO. 17,801,800(1)

FORM TITLE Domestic Wastewater Treatment Plant

EFFECTIVE DATE July 1, 1991

DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month May

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dachlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform #/100ml chlorinated	Dechlor Fecal Coliform	BOD5 Influent (mg/L)	BOD5 Effluent (mg/L)	
1	0.770	1.0	BDL					6.9								
2	0.649	1.0	BDL					6.9								
3	0.630	0.8	BDL	211	188	2.0	1.0	6.9	0.19	5.5	1	<1	<1	226	2	
4	0.595	1.3	BDL					6.9								
5	0.615	0.7	BDL					6.9								
6	0.604	0.9	BDL					6.9								
7	0.650	1.0	BDL					6.9								
8	0.824	1.0	BDL					6.9								
9	0.578	1.0	BDL					6.9								
10	0.810	0.8	BDL	174	212	5.0	12.0	6.8						166	4	
11	0.606	0.6	BDL					6.9				1	26			
12	0.601	0.9	BDL					6.9								
13	0.606	0.7	BDL					6.9								
14	0.683	1.0	BDL					6.9								
15	0.812	1.1	BDL					6.8								
16	0.631	1.0	BDL					6.9								
17	0.662	1.0	BDL					6.9								
18	0.502	0.8	BDL	128	158	3.8	8.2	6.8	0.6			<1	8	175	4.9	
19	0.585	0.8	BDL					6.8								
20	0.579	0.9	BDL					6.8								
21	0.575	1.0	BDL					6.8								
22	0.706	1.1	BDL					6.8								
23	0.609	0.8	BDL					6.8								
24	0.566	1.3	BDL					6.8								
25	0.612	0.6	BDL	130	270	1.5	1.5	6.8	0.2			<1	3	149	2.2	
26	0.603	0.8	BDL					6.8								
27	0.611	1.0	BDL					7.0								
28	0.672	1.0	BDL					6.8								
29	0.669	0.9	BDL					6.8								
30	0.744	0.5	BDL					6.8								
31	0.638	1.1	BDL	179	137	2.9	3.2	6.9				<1	25	206	3.9	

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

Signed:

Billy J. Green

Date

13 JUNE 1994

Name (Please Type)

Billy J. Green B-7005

Telephone No. (Please Type)

Company Name

Southern States Utilities

904-642-9402

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16-213087

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X12382

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. Johns River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>5444</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>8720</u>
Lead Operator	<u>Billie J. Greene-7005</u>		
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.684
(17) Permitted capacity	mgd	-	1.78
(18) Three month average daily flow	mgd	900238	0.650
(19) Percent of permitted capacity	%	-	37%
(20) CBOD5 Effluent	mg/L	80082	2.3
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	000530	4.2
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	6.9
(26) Total N (nitrite)	mg/L	000600	0.03
(27) TKN	mg/L	000625	-
(28) Ammonia (NH3 - N)	mg/L	000610	0.170
(29) Nitrate	mg/L	000620	3.82
(30) Total Phosphorus	mg/L	000655	2.77
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	mg/L	900244	BDL
(33) Other Effluent Parameters			
Fecal Coliform			16
BOD5 Effluent	mg/L		3.4
Organic Nitrogen	mg/L		0.660
Orthophosphates	mg/L		3.10

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month June

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dchlor	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBODs Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	Am-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform #/100ml chlorinated	Decolor Fecal Coliform	BOC5 Influent (mg/L)	BOC5 Effluent (mg/L)
1	0.772	1.0	BDL					6.8							
2	0.655	1.1	BDL					6.8							
3	0.634	0.8	BDL					6.8							
4	0.669	0.9	BDL					6.8							
5	0.742	1.1	BDL					6.8							
6	0.640	0.7	BDL					6.8							
7	0.743	0.7	BDL					6.8							
8	0.667	0.9	BDL	171	170	3.3	12.0	6.7				<1	33	199	4.1
9	0.663	0.8	BDL					6.7							
10	0.694	0.8	BDL					6.8							
11	0.623	1.1	BDL					6.8							
12	0.740	0.8	BDL					6.7							
13	0.666	0.7	BDL					6.8							
14	0.661	1.0	BDL					6.7							
15	0.641	0.9	BDL					6.7	0.17	3.82	2.77	<1	7		
16	0.676	1.0	BDL	141	191	3.2	2.2	6.8						152	3.7
17	0.631	0.7	BDL					6.8							
18	0.756	1.0	BDL					6.7							
19	0.835	0.9	BDL					6.9							
20	0.648	0.7	BDL					6.8							
21	0.606	0.8	BDL					6.8							
22	0.746	0.8	BDL	133	208	2.6	3.2	6.8				3	10	143	3
23	0.645	0.7	BDL					6.9							
24	0.636	0.7	BDL					6.8							
25	0.789	1.0	BDL					6.8							
26	0.744	1.0	BDL					6.9							
27	0.664	0.7	BDL					6.8							
28	0.636	1.1	BDL					6.8							
29	0.665	0.9	BDL	200	205	2.3	3.5	6.8				1	15	191	2.9
30	0.621	0.9	BDL					6.8							
31															

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

Signed:

Billy J. Green

Date:

16 July 94

Name (Please Type)

Billy J. Green B-7005

Telephone No. (Please Type)

Company Name

Southern States Utilities

904-642-9408

DER FORM NO. 17 801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16-213087

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X12362

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. Johns River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>5444</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>8720</u>
Lead Operator	<u>Billy J. Brown B-7005</u>		
Signature	Cert No		

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.688
(17) Permitted capacity	mgd	--	1.78
(18) Three month average daily flow	mgd	900238	0.670
(19) Percent of permitted capacity	%	--	38%
(20) CBOD5 Effluent	mg/L	80062	2.4
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	000530	8.4
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.0
(26) Total N (nitrite)	mg/L	000600	< 01
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	0.140
(29) Nitrate	mg/L	000620	9.39
(30) Total Phosphorus	mg/L	000665	2.51
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Chlorine Residual	mg/L	900244	BDL
(33) Other Effluent Parameters			
Fecal Coliform			48
BOD5 Effluent	mg/L		2.7
Organic Nitrogen	mg/L		1.280
Orthophosphates	mg/L		2.60

DER FORM NO. 17-601 BOC(1)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.:

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month July

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform #/100ml (Channelland)	Decolor Fecal Coliform	SCOD Influent (mg/L)	SCOD Effluent (mg/L)
1	0.595	0.6	BDL					6.8							
2	0.617	0.9	BDL					6.8							
3	0.623	0.8	BDL					6.8							
4	0.722	0.7	BDL					6.8							
5	0.639	0.7	BDL	111	175	2.4	9.4	6.8						131	2.3
6	0.659	1.0	BDL					6.8				1	80		
7	0.654	0.8	BDL					6.9							
8	0.654	0.6	BDL					6.8							
9	0.729	0.8	BDL					6.8							
10	0.737	0.7	BDL					6.8							
11	0.691	0.7	BDL					6.8							
12	0.569	1.0	BDL	107	146	3.1	10.8	6.8						139	3.9
13	0.712	1.1	BDL					6.9	C 14	9.39	2.51				
14	0.643	0.8	BDL					6.5							
15	0.645	0.8	BDL					6.9				4	70		
16	0.681	0.9	BDL					6.8							
17	0.716	1.0	BDL					6.9							
18	0.870	1.3	BDL					6.9							
19	0.634	0.9	BDL	148	64	3.0	9.0	6.8				1	6	162	3
20	0.644	1.1	BDL					6.8							
21	0.658	0.8	BDL					6.8							
22	0.647	0.5	BDL					6.9							
23	0.765	1.0	BDL					6.8							
24	0.802	0.9	BDL					6.8							
25	0.786	0.7	BDL					6.8							
26	0.703	1.0	BDL					6.6							
27	0.685	0.7	BDL	114	188	1.1	4.4	6.8				1	36	141	1.4
28	0.683	1.4	BDL					7.0							
29	0.625	0.9	BDL					6.8							
30	0.712	0.6	BDL					6.8							
31	0.774	0.8	BDL					6.5							

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

Signed

Billy J. Green

Date

11 August 94

Name (Please Type)

Billy J. Green B-7005

Telephone No. (Please Type)

Company Name

Southern States Utilities

904-642-9408

DER FORM NO 17.801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part B - General Information

(1) Month August Year 1994

(2) Plant DER Identification Number 3118PO1328

(3) Plant Name Bencon Hills

(4) Plant Address 4894 Ashley Manor Way

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904.642.9405

(8) Permit Number DO15-213057

(9) Plant Type 3 C

(10) Test Site Identification Number 3116X12382

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. Johns River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert No	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert No	<u>5444</u>
Night Shift Operator Class	<u>C</u>	Cert No	<u>8720</u>
Lead Operator:	<u>[Signature]</u>	Cert No	<u>B-7005</u>
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.713
(17) Permitted capacity	mgd	--	1.78
(18) Three month average daily flow	mgd	900238	0.694
(19) Percent of permitted capacity	%	--	39%
(20) CBOD5 Effluent	mg/L	80082	2.1
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	000530	3.7
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.0
(26) Total N (nitrite)	mg/L	000600	0.03
(27) TKH	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	0.200
(29) Nitrate	mg/L	000620	8.28
(30) Total Phosphorus	mg/L	000655	1.06
(31) Minimum Chlorine Residual	mg/L	900243	0.6
(32) Maximum Chlorine Residual	mg/L	900244	BDL
(33) Other Effluent Parameters			
Fecal Coliform			13
BOD5 Effluent	mg/L		2.4
Organic Nitrogen	mg/L		0.520
Orthophosphates	mg/L		1.00

DER FORM NO. 17-901-900(11)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month August

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform #/100ml chlorinated	Decolor. Factor	BOOD Influent (mg/L)	BOOD Effluent (mg/L)
1	0.754	0.6	BDL					6.8							
2	0.656	0.9	BDL	121	139	1.7	4.1	7.0				1	5	134	2.3
3	0.728	0.7	BDL					7.0							
4	0.804	0.6	BDL					6.9							
5	0.546	0.9	BDL					6.9							
6	0.739	0.8	BDL					6.9							
7	0.836	0.9	BDL					7.0							
8	0.691	1.1	BDL					7.0							
9	0.647	0.9	BDL	134	172	1.7	2.2	7.0	200	8.28	1.05	1	12	154	1.7
10	0.765	1.0	BDL					6.9							
11	0.654	0.9	BDL					6.9							
12	0.644	0.8	BDL					6.9							
13	0.729	0.9	BDL					6.9							
14	0.829	1.0	BDL					7.0							
15	0.710	1.0	BDL					7.0							
16	0.661	0.9	BDL					7.0							
17	0.718	1.0	BDL	130	168	1.8	3.7	6.9				1	12	156	2.1
18	0.695	1.1	BDL					7.0							
19	0.755	1.0	BDL					6.9							
20	0.742	0.9	BDL					6.9							
21	0.804	1.2	BDL					7.0							
22	0.803	1.1	BDL					6.9							
23	0.650	1.0	BDL					7.0							
24	0.690	1.0	BDL	128	184	2.5	4.4	6.8				3	25	151	2.8
25	0.672	0.9	BDL					6.9							
26	0.670	0.7	BDL					6.8							
27	0.714	1.0	BDL					6.9							
28	0.850	1.0	BDL					6.9							
29	0.647	1.3	BDL					6.9							
30	0.620	1.4	BDL					6.9				1	10	155	3.2
31	0.673	1.0	BDL	147	177	2.8	4.1	6.8							

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

Signed

Billy J. Green

Date

8/31/94

Name (Please Type)

Billy J. Green B-7005

Telephone No. (Please Type)

Company Name

Southern States Utilities

904-642-9408

DER FORM NO. 17-601.90G(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DD16-213067

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X12382

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. Johns River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>5444</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>8720</u>
Lead Operator	<u>Billy J. Frazee</u> <u>B-7005</u>		
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.698
(17) Permitted capacity	mgd	--	1.78
(18) Three month average daily flow	mgd	900238	0.699
(19) Percent of permitted capacity	%	--	39%
(20) CBOD5 Effluent	mg/L	80082	2.3
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	000530	3.7
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.0
(26) Total N (nitrite)	mg/L	000600	0.1
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	0.220
(29) Nitrate	mg/L	000620	8.13
(30) Total Phosphorus	mg/L	000665	2.45
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Chlorine Residual	mg/L	900244	BDL
(33) Other Effluent Parameters			
Fecal Coliform			32
BOD5 Effluent	mg/L		2.6
Organic Nitrogen	mg/L		0.880
Orthophosphates	mg/L		2.70

FORM NO. 17-601 (9001)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month September

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform #/100ml chlorinated	Decolor Fecal Coliform	BCOD5 Influent (mg/L)	BCOD5 Effluent (mg/L)	
1	0.735	0.5	BDL					6.9								
2	0.631	0.5	BDL					6.8								
3	0.641	0.9	BDL					6.8								
4	0.816	1.0	BDL					6.8								
5	0.799	1.0	BDL					6.9								
6	0.665	0.6	BDL					6.9								
7	0.619	1.0	BDL	173	197	3.0	4.2	6.9	220	8.13	2.45	4	80	184	3.2	
8	0.727	0.8	BDL					7.0								
9	0.633	0.8	BDL					7.0								
10	0.730	1.0	BDL					6.9								
11	0.818	1.0	BDL					6.9								
12	0.777	0.9	BDL					6.9								
13	0.616	1.1	BDL					6.9				3	12			
14	0.653	1.2	BDL	130	176	2.3	3.7	6.9						148	2.5	
15	0.636	1.0	BDL					6.9								
16	0.655	1.1	BDL					6.9								
17	0.753	1.0	BDL					6.9								
18	0.944	1.0	BDL					6.9								
19	0.657	1.2	BDL					6.9								
20	0.648	0.9	BDL					6.9								
21	0.684	0.9	BDL	118	172	2.3	4.2	6.9				<1	3	135	2.8	
22	0.685	0.6	BDL					6.9								
23	0.640	0.7	BDL					6.5								
24	0.742	1.0	BDL					6.5								
25	0.721	1.0	BDL					6.9								
26	0.644	0.7	BDL					7.0								
27	0.614	1.1	BDL					7.0								
28	0.676	0.6	BDL	127	166	1.5	2.8	6.9				<1	33	153	1.8	
29	0.641	0.8	BDL					6.9								
30	0.738	0.5	BDL					6.9								
31																

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

Signed:

Billy J. Green

Date:

OCTOBER 12, 1994

Name (Please Type):

Billy J. Green B-7005

Telephone No. (Please Type):

Company Name:

Southern States Utilities

934-642-5408

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16-213087

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X12382

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. Johns River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>5444</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>8720</u>
Lead Operator	<u>Bill Greene</u>		
Signature		Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.783
(17) Permitted capacity	mgd	--	1.78
(18) Three month average daily flow	mgd	900238	0.731
(19) Percent of permitted capacity	%	--	41%
(20) CBOD5 Effluent	mg/L	80082	1.8
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	000530	3.2
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.0
(26) Total N (nitrite)	mg/L	000600	<.01
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	0.220
(29) Nitrate	mg/L	000620	10.60
(30) Total Phosphorus	mg/L	000665	2.97
(31) Minimum Chlorine Residual	mg/L	900243	0.8
(32) Maximum Chlorine Residual	mg/L	900244	BDL
(33) Other Effluent Parameters			
Fecal Coliform			14
BOD5 Effluent	mg/L		2.1
Organic Nitrogen	mg/L		0.540
Orthophosphates	mg/L		2.70

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month October

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	NO ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform 2/100ml chlorinated	Dosage Fecal Coliform	BOD5 Influent (mg/L)	BOD5 Effluent (mg/L)
1	0.745	0.7	BDL					6.8							
2	0.803	0.9	BDL					6.8							
3	0.736	0.6	BDL					6.8							
4	0.645	0.8	BDL	163	100	2.0	3.0	6.8	0.22	10.6	2.97	1	1	173	2
5	0.773	1.1	BDL					6.8							
6	0.636	0.7	BDL					6.8							
7	0.663	1.1	BDL					6.8							
8	0.740	1.1	BDL					6.8							
9	0.823	1.0	BDL					6.9							
10	0.740	0.7	BDL					6.8							
11	0.841	0.7	BDL					6.8							
12	0.944	1.0	BDL	100	156	1.7	4.8	6.7				14	50	126	2.1
13	0.892	0.7	BDL					6.8							
14	1.100	0.7	BDL					6.7							
15	1.067	1.0	BDL					6.8							
16	1.182	0.9	BDL					6.7							
17	0.926	0.8	BDL					6.7							
18	0.666	1.2	BDL	76	154	1.4	2.4	6.7				1	5	90	1.7
19	0.679	0.8	BDL					6.7							
20	0.815	1.0	BDL					6.7							
21	0.661	0.8	BDL					6.7							
22	0.753	1.1	BDL					6.7							
23	0.800	1.1	BDL					6.8							
24	0.674	1.0	BDL					6.8							
25	0.636	1.0	BDL	130	191	2.2	2.4	7.0				4	1	165	2.4
26	0.645	0.9	BDL					6.9							
27	0.655	0.8	BDL					6.9							
28	0.668	1.0	BDL					6.9							
29	0.868	1.0	BDL					6.9							
30	0.813	0.9	BDL					6.9							
31	0.692	1.0	BDL					6.9							

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

Signed

Billy J. Green

Date:

11/8/94

Name (Please Type)

Billy J. Green B-7005

Telephone No. (Please Type)

Company Name

Southern States Utilities

904-642-9408

DER FORM NO 17.001.000(11)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part B - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name: Beacon Hills

(4) Plant Address: 4894 Ashley Manor Way

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-642-9408

(8) Permit Number: DO16-213087

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X12382

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Discharge to St. Johns River

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

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing:

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>5444</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>8720</u>
Lead Operator	<u>Billy J. Farrow</u>		<u>8-7005</u>
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.721
(17) Permitted capacity	mgd	--	1.78
(18) Three month average daily flow	mgd	900238	0.734
(19) Percent of permitted capacity	%	--	41%
(20) CBOD5 Effluent	mg/L	80082	2.2
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	000530	2.7
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH		900241	8.8
(25) Maximum pH		900242	7.0
(26) Total N (nitrite)	mg/L	000800	<0.01
(27) TKN	mg/L	000825	--
(28) Ammonia (NH3 - N)	mg/L	000810	0.220
(29) Nitrate	mg/L	000820	11.40
(30) Total Phosphorus	mg/L	000865	3.21
(31) Minimum Chlorine Residual	mg/L	900243	0.8
(32) Maximum Chlorine Residual	mg/L	900244	BDL
(33) Other Effluent Parameters			
Fecal Coliform			15
BOD5 Effluent	mg/L		2.7
Organic Nitrogen	mg/L		0.570
Orthophosphates	mg/L		2.80

DER FORM NO. 17,801,800(1)

FORM TITLE Domestic Wastewater Treatment Plant

EFFECTIVE DATE July 1, 1991

DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month November

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor.	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	PHOS-PH Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform #/100ml chlorinated	Dector Fecal Coliform	SCOD Influent (mg/L)	SCOD Effluent (mg/L)	
1	0.637	1.3	BDL	161	150	2.0	2.6	6.8	0.22	11.4	3.21	26	9	178	2.8	
2	0.645	1.0	BDL					7.0								
3	0.637	1.1	BDL					6.9								
4	0.602	1.0	BDL					6.9								
5	0.623	0.9	BDL					8.9								
6	0.799	1.0	BDL					6.9								
7	0.680	1.0	BDL					8.8								
8	0.637	1.2	BDL	146	144	4.2	2.3	6.9				10	8	202	4.6	
9	0.621	0.7	BDL					6.8								
10	0.741	1.0	BDL					6.9								
11	0.710	1.1	BDL					6.9								
12	0.752	1.1	BDL					6.9								
13	0.807	0.8	BDL					6.9								
14	0.696	0.8	BDL					6.8								
15	0.742	1.0	BDL	145	164	1.5	2.1	6.8				<1	<1	185	1.9	
16	0.727	0.9	BDL					6.8								
17	0.865	0.9	BDL					6.8								
18	0.662	1.2	BDL					6.9								
19	0.766	1.1	BDL					6.8								
20	0.890	1.1	BDL					6.8								
21	0.729	0.8	BDL					6.8								
22	0.724	1.2	BDL	118	136	1.3	2.9	6.8				3	19	200	1.7	
23	0.737	0.8	BDL					6.8								
24	0.763	1.0	BDL					6.8								
25	0.682	1.1	BDL					6.8								
26	0.703	1.0	BDL					6.8								
27	0.861	1.0	BDL					6.8								
28	0.667	0.6	BDL					6.9								
29	0.677	1.0	BDL					6.9								
30	0.631	1.1	BDL	101	139	2.1	3.6	6.6				1	40	107	2.5	
31																

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

Signed

Billy J. Green

Date:

12/13/94

Name (Please Type)

Billy J. Green B-7005

Telephone No. (Please Type)

Company Name

Southern States Utilities

904-642-9405

DER FORM NO 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: December Year: 1991

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16-213087

(9) Plant Type 3-C

(10) Test Site Identification Number: 3116X12382

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. Johns River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert No	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert No	<u>5444</u>
Night Shift Operator Class	<u>C</u>	Cert No	<u>8720</u>
Lead Operator	<u>Bill G. Lopez</u> B-7005		
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.707
(17) Permitted capacity	mgd	..	1.78
(18) Three month average daily flow	mgd	500238	0.737
(19) Percent of permitted capacity	%	..	41%
(20) CBOD5 Effluent	mg/L	80082	3.2
(21) CBOD5 Effluent	lbs/day	..	...
(22) TSS Effluent	mg/L	000530	5.7
(23) TSS Effluent	lbs/day	..	...
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	6.9
(26) Total N (nitrite)	mg/L	000600	<0.01
(27) TKN	mg/L	000625	...
(28) Ammonia (NH3 - N)	mg/L	000610	0.260
(29) Nitrate	mg/L	000620	5.16
(30) Total Phosphorus	mg/L	000665	2.58
(31) Minimum Chlorine Residual	mg/L	900243	0.6
(32) Maximum Chlorine Residual	mg/L	500244	8.01
(33) Other Effluent Parameters			
Fecal Coliform			221
BOD5 Effluent	mg/L		4.1
Organic Nitrogen	mg/L		0.920
Orthophosphates	mg/L		2.73

DER FORM NO 17 601 800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month December

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dchlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform #/100ml Chlorinated	Decolor Fecal Coliform	BOD5 Influent (mg/L)	BCOD5 Effluent (mg/L)	
1	0.739	0.7	BDL					6.8								
2	0.613	0.9	BDL					6.8								
3	0.723	0.9	BDL					6.8								
4	0.807	0.9	BDL					6.8								
5	0.760	1.0	BDL					6.9								
6	0.603	1.1	BDL	141	130	1.8	2.3	6.8	0.26	9.16	2.56	<1	14	165	2.1	
7	0.614	1.0	BDL					6.8								
8	0.635	0.6	BDL					6.8								
9	0.576	1.0	BDL					6.8								
10	0.737	1.0	BDL					6.6								
11	0.766	0.9	BDL					6.8								
12	0.639	0.7	BDL					6.8								
13	0.610	0.7	BDL					6.8								
14	0.782	0.6	BDL	151	130	3.3	7.6	6.8				4	110	160	4.4	
15	0.648	0.9	BDL			2.0	10.0	6.8					900			
16	0.595	0.8	BDL					6.7								
17	0.689	1.1	BDL					6.8								
18	0.748	1.0	BDL					6.8								
19	0.766	0.9	BDL					6.8								
20	0.624	1.0	BDL	165	132	5.6	4.2	6.8				5	60	210	c	
21	0.695	1.0	BDL					6.6								
22	0.754	0.7	BDL					6.7								
23	0.799	1.0	BDL					6.6								
24	0.782	0.6	BDL					6.6								
25	0.673	1.1	BDL					6.6								
26	0.736	1.3	BDL					6.8								
27	0.675	1.1	BDL	189	142	3.1	4.3	6.8				2	2	210	3.5	
28	0.732	0.6	BDL					6.9								
29	0.687	0.9	BDL					6.6								
30	0.697	0.7	BDL					6.6								
31	0.997	1.2	BDL					6.8								

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

Signed:

Billy J. Green

Date

Dec 11, 1994

Name (Please Type):

Billy J. Green B-7005

Telephone No. (Please Type):

Company Name

Southern States Utilities

934-642-9406

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way West

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16132425

(9) Plant Type 3-C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. John's River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7005

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original Signed by Billy J. Green C-7005

Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.643
(17) Permitted capacity	mgd	-	1.780
(18) Three month average daily flo	mgd	-	0.651
(19) Percent of permitted capacity	%	-	36%
(20) BOD5 Effluent	mg/L	80082	5.25
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.4
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.8
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	BDL
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	405

REG FORM NO. 17-63, 925.1
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1992
 REG APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Basoon Hills

Month January Year 1993

(34)

Day of the Month	pH	Chlorine Residual After Contact	Chlorine Residual after Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliforms (/100mg)	DECHLOR Fecal Coliforms	CHOD Effluent (mg/L)
1	0.667	3.4	BDL						6.9							
2	0.811	4.7	BDL						7.2							
3	0.802	5.1	BDL						7.2							
4	0.575	3.1	BDL						7.0							
5	0.581	2.7	BDL						6.8							
6	0.596	2.3	BDL	109	183	4.7	2.5		7.2						>1800	
7	0.589	2.0	BDL						7.1							
8	0.619	3.5	BDL						6.9							
9	0.699	2.5	BDL						7.0							
10	0.728	4.3	BDL						7.1							
11	0.828	4.0	BDL						7.2							
12	0.723	3.5	BDL						7.1							
13	0.619	2.6	BDL	217	156	5	4		7.1							
14	0.813	2.6	BDL						7.0						2	
15	0.581	2.8	BDL						7.0							
16	0.677	3.4	BDL						6.8							
17	0.633	3.1	BDL						6.9							
18	0.785	3.3	BDL						7.0							
19	0.554	2.9	BDL						7.0							
20	0.590	3.2	BDL	130	220	6.2	2		7.1							
21	0.607	3.0	BDL						7.1						2	
22	0.589	3.1	BDL						7.1							
23	0.669	2.8	BDL						7.1							
24	0.701	5.6	BDL						7.1							
25	0.644	2.9	BDL						7.0							
26	0.661	2.5	BDL						7.1							
27	0.526	2.6	BDL	193	278	5.1	1		7.1						17	
28	0.540	3.1	BDL						7.1							
29	0.498	2.8	BDL						7.0							
30	0.727	4.0	BDL						7.0							
31	0.697	3.1	BDL						6.8							

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

Signed: Original signed by Billy J. Green
 Name (Please Type): Billy J. Green C-7005
 Company Name: Southern States Utilities

Date: February 5, 1993
 Telephone No. (Please Type): 904-842-8408

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way West

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16132425

(9) Plant Type 3-C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. John's River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original Signed by Billy J. Green</u>		<u>C-7005</u>
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.632
(17) Permitted capacity	mgd	-	1.780
(18) Three month average daily flo	mgd	-	0.638
(19) Percent of permitted capacity	%	-	35%
(20) BOD5 Effluent	mg/L	80082	1.9
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.7
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	BDL
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	95

FORM NO. 17-001-001
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1992
 REG. APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Section Hills

Month February

Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual after Bochlor	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TP Influent (mg/L)	TP Effluent (mg/L)	NO ₃ -N Effluent (mg/L)	BITRATT Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Coliform (/100mg)	BECLOR Pecal Coliform	CROD Effluent (mg/L)
1	0.720	2.9	BDL						7.0								
2	0.840	3.5	BDL						6.8								
3	0.522	1.2	BDL	205	252	2.4	1		7.0								17
4	0.821	3.3	BDL						7.0								
5	0.540	2.7	BDL						6.8								
6	0.865	3.1	BDL						7.0								
7	0.884	4.3	BDL						7.0								
8	0.818	3.8	BDL						6.8								
8	0.588	4.2	BDL						7.0								
10	0.800	2.8	BDL	124	326	2.8	1.1		7.1								13
11	0.812	2.2	BDL						7.0								
12	0.521	1.3	BDL						7.0								
13	0.887	2.4	BDL						6.7								
14	0.854	1.8	BDL						6.8								
15	0.780	2.5	BDL						6.9								
16	0.882	1.7	BDL						7.0								300
17	0.525	1.5	BDL	124	357	1.5	2		6.8								
18	0.567	1.7	BDL						7.0								
19	0.548	1.3	BDL						7.0								
20	0.874	3.5	BDL						6.8								
21	0.751	1.8	BDL						6.8								
22	0.872	2.1	BDL						6.8								
23	0.578	2.4	BDL						7.0								
24	0.878	2.9	BDL	116	263	1	1		6.8								50
25	0.818	2.8	BDL						7.0								
26	0.834	3.1	BDL						7.0								
27	0.638	3.3	BDL						7.0								
28	0.883	3.2	BDL						6.8								
29																	
30																	
31																	

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

Signed: _____
 Name (Please Type): Billy J. Green C-7005
 Company Name: Southern States Utilities

Date: March 2, 1993
 Telephone No. (Please Type): 804-642-8408

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant MOR
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3116P01328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way West

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16132425

(9) Plant Type 3-C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. John's River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7005

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original Signed by Billy J. Green C-7005
 Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.653
(17) Permitted capacity	mgd	-	1.780
(18) Three month average daily flow	mgd	-	0.643
(19) Percent of permitted capacity	%	-	37%
(20) BOD5 Effluent	mg/L	80062	2.3
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3.2
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	BDL
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	125

Job Form No. 17-101 (Rev. 1-78)
 Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
 Effective Date: July 1, 1981
 Job Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month March Year 1983

(34)															
Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Booster	BOD Influent (mg/L)	TSS Influent (mg/L)	BOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	DO Effluent (mg/L)	DO Influent (mg/L)	DO Effluent (mg/L)	DO Influent (mg/L)	DO Effluent (mg/L)	DO Influent (mg/L)
1	0.603	1.8	BDL						8.9						
2	0.578	2.1	BDL						8.9						
3	0.641	2.4	BDL						8.8						
4	0.727	1.3	BDL	153	215	1	8.9		8.9						
5	0.538	1.6	BDL						8.8						
6	0.674	1.8	BDL						8.9						
7	0.728	3.2	BDL						8.8						
8	0.584	1.8	BDL						8.9						
9	0.571	2.9	BDL						8.9						13
10	0.591	1.5	BDL	133	188	3.2	2.4		6.8						
11	0.761	1.1	BDL						6.8						
12	0.576	1.8	BDL						6.7						
13	0.642	1.2	BDL						6.9						
14	0.774	3.0	BDL						6.7						
15	0.625	2.3	BDL						6.6						
16	0.681	2.9	BDL						6.8						500
17	0.581	2.3	BDL	137	300	2.3	1.5		7.0						
18	0.663	1.8	BDL						6.9						
19	0.589	2.3	BDL						6.9						
20	0.663	2.1	BDL						7.0						
21	0.715	2.4	BDL						7.0						
22	0.688	1.9	BDL						7.1						
23	0.601	1.8	BDL						7.1						30
24	0.782	2.2	BDL	153	231	2.6	1.8		7.0						
25	0.670	2.5	BDL						6.9						
26	0.586	3.0	BDL						7.0						
27	0.710	2.2	BDL						6.6						
28	0.743	1.8	BDL						6.9						
29	0.633	2.7	BDL						6.8						
30	0.827	2.3	BDL						6.9						30
31	0.640	1.7	BDL	181	222	2.6	3		7.0						

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

Signed: Original signed by Billy J. Green
 Name (Please Type): Billy J. Green C-7002
 Company Name: Southern States Utilities

Date: April 8 1983
 Telephone No. (Please Type): 904-642-8408

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant MOR
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way West

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16132425

(9) Plant Type 3-C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. John's River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	Original Signed by <u>Billy J. Green</u>		<u>C-7005</u>
	Signature	Cert No	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.656
(17) Permitted capacity	mgd	-	1.780
(18) Three month average daily flow	mgd	-	0.647
(19) Percent of permitted capacity	%	-	37%
(20) CBOD5 Effluent	mg/L	80082	1.2
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Organic Nitrogen	mg/L	000680	0.76
(27) Nitrate	mg/L	000626	<0.01
(28) Ammonia (NH3 - N)	mg/L	000610	0.27
(29) Nitrate	mg/L	071850	6.59
(30) Total Phosphorus	mg/L	000666	2.94
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	BDL
(33) Other Effluent Parameters			
Ortho Phosphate			1.54
BOD5 Effluent	mg/l		2.4
Fecal Coliform			38

WSP Form No. 27 (Rev. 1982)
 Name: WWSA Domestic Wastewater Treatment Plant Monthly Operating Report
 Effective Date: July 1, 1981
 See Application No.

**Domestic Wastewater Treatment Plant
 Monthly Operating Report**

Season: W Month: April Year: 1993

(34)

Day of Month	Flow (MGD)	Chlorine Residual: After Contact	Chlorine Residual: After Booster	PH ¹ Influent (mg/L)	TSS ¹ Influent (mg/L)	BOD ¹ Effluent (mg/L)	TSS ¹ Effluent (mg/L)	pH ¹ Effluent (mg/L)	TSS ¹ Effluent (mg/L)	BOD ¹ Effluent (mg/L)	BOD ¹ Effluent (mg/L)	TOTAL P Effluent (mg/L)	PH ¹ Effluent (mg/L)	PH ¹ Effluent (mg/L)	PH ¹ Effluent (mg/L)	PH ¹ Effluent (mg/L)	PH ¹ Effluent (mg/L)
1	0.836	2.0	BDL					6.9									
2	0.558	2.8	BDL					7.0									
3	0.808	2.1	BDL					6.8									
4	0.744	3.0	BDL					6.9									
5	0.845	1.3	BDL					6.8									
6	0.802	1.8	BDL					6.8									
7	0.738	1.4	BDL					6.9									
8	0.800	1.8	BDL	104	210	4	4	6.9									
9	0.881	2.0	BDL					6.8									
10	0.864	2.3	BDL					6.9									
11	0.890	2.1	BDL					6.9									
12	0.857	2.4	BDL					6.9									
13	0.829	1.8	BDL					6.9									
14	0.804	2.5	BDL	137	188	1.8	1.1	6.8									
15	0.708	2.3	BDL					7.0									
16	0.887	2.8	BDL					7.0									
17	0.874	1.3	BDL					6.8									
18	0.713	1.8	BDL					6.9									
19	0.832	2.4	BDL					6.9									
20	0.618	2.8	BDL					6.8									
21	0.837	3.8	BDL	140	212	2.3	1.3	6.8			6.59	2.84				137	1.3
22	0.824	2.7	BDL					6.9									
23	0.888	2.4	BDL					6.9									
24	0.718	3.1	BDL					6.9									
25	0.738	2.9	BDL					6.9									
26	0.873	2.7	BDL					6.9									
27	0.823	2.1	BDL					6.9									
28	0.837	1.2	BDL	180	198	1.5	1.4	7.0								147	1.0
29	0.832	1.5	BDL					7.0									
30	0.717	2.0	BDL					7.1									
31																	

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

Signed: _____
 Name (Please Type): Billy J. Green C-7009
 Company Name: Southern States Utilities

Date: May 7, 1993
 Telephone No. (Please Type): 804-642-8408

DER FORM NO. 17-601.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant MOR
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way West

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16132425

(9) Plant Type 3-C

(10) Test Site Identification Number: _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. John's River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original Signed by Billy J. Green</u>		<u>C-7005</u>
	Signature		Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.636
(17) Permitted capacity	mgd	-	1.78
(18) Three month average daily flo	mgd	-	0.648
(19) Percent of permitted capacity	%	-	36%
(20) CBOD5 Effluent	mg/L	00082	1.3
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.7
(25) Maximum pH			7.1
(26) Organic Nitrogen	mg/L	000600	0.72
(27) Nitrate Nitrogen	mg/L	000626	<0.01
(28) Ammonia (NH3 - N)	mg/L	000610	0.0016
(29) Nitrate	mg/L	071850	4.28
(30) Total Phosphorus	mg/L	000666	3.09
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	BDL
(33) Other Effluent Parameters			
BOD5 Effluent	mg/L		2.3
Ammonia (NH4)	mg/L		0.1384
Total Ammonia	mg/L		0.14
Ortho Phosphorus	mg/L		1.41
Fecal Coliform on 5/18/93 failed f			
unknown reason. Cl2 residual was 2			
at contact chamber and <0.01 at De			
point			

SAN FORM NO. 22-000-1017
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE June 1, 1993
 USE APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Season Half

Month May Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual after 30 min	OBOD: Influent (mg/L)	OBOD: Effluent (mg/L)	TSS: Influent (mg/L)	TSS: Effluent (mg/L)	pH: Influent	pH: Effluent	MLSS: Influent (mg/L)	MLSS: Effluent (mg/L)	BOD5: Influent (mg/L)	BOD5: Effluent (mg/L)	TOTAL P: Influent (mg/L)	TOTAL P: Effluent (mg/L)	FCAL: Coliforms (1000000)	FCAL: Coliforms	OBOD: Influent (mg/L)	OBOD: Effluent (mg/L)
1	0.878	3.1	BDL					7.0											
2	0.783	2.8	BDL					6.9											
3	0.843	1.0	BDL					7.1											
4	0.840	2.4	BDL					7.0									30		
5	0.821	2.3	BDL	188	181	1.8	1.0	7.3										128	1.0
6	0.829	2.6	BDL					7.0											
7	0.580	2.8	BDL					7.0											
8	0.685	2.5	BDL					7.0											
9	0.708	2.6	BDL					6.9											
10	0.825	2.5	BDL					7.0											
11	0.592	2.8	BDL					7.0									90		
12	0.659	1.8	BDL	180	220	1.8	1.0	6.9										152	1.8
13	0.683	1.4	BDL					7.1											
14	0.578	1.3	BDL					7.1											
15	0.644	1.8	BDL					7.0											
16	0.894	2.0	BDL					7.0											
17	0.591	1.4	BDL					7.0											
18	0.628	2.6	BDL					7.1									900		
19	0.530	2.3	BDL	187	182	2.8	0.2	7.1		0.006	4.25	3.09						174	1.5
20	0.590	1.2	BDL					7.0											
21	0.508	2.1	BDL					6.9											
22	0.815	1.8	BDL					6.7											
23	0.674	2.2	BDL					6.9											
24	0.582	1.3	BDL					6.8											
25	0.616	1.5	BDL					6.8									132		
26	0.634	1.7	BDL	187	187	2.4	2.9	6.8										185	1.0
27	0.642	1.8	BDL					6.9											
28	0.573	1.3	BDL					6.9											
29	0.852	2.4	BDL					6.6											
30	0.709	2.0	BDL					6.7											
31	0.752	2.3	BDL					7.1											

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

Signed: _____
 Billy J. Green
 C-7005
 Southern States Utilities

Date: June 15, 1993
 Telephone No.: _____
 904-642-8408

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993
 (2) Plant DER Identification Number: 3116POL328
 (3) Plant Name Beacon Hills
 (4) Plant Address 4894 Ashley Manor Way West
 (5) City Jacksonville
 (6) County Duval
 (7) Phone Number 904-642-9408
 (8) Permit Number DO16132425
 (9) Plant Type 3-C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☐ Membrane Filter ☒ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. John's River
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 7005
 Evening Shift Operator Class A Cert. No. 6035
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original Signed by Billy J. Green
 Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.661
(17) Permitted capacity	mgd	-	1.780
(18) Three month average daily flo	mgd	-	0.651
(19) Percent of permitted capacity	%	-	38%
(20) CBOD5 Effluent	mg/L	80082	1.8
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.2
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.7
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TRN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	0.24
(29) Nitrate/Nitrite Nitrogen	mg/L	071850	15.35
(30) Total Phosphorus	mg/L	000666	2.94
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	BDL
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	604
BOD5 Effluent			2.0
Organic Nitrogen			1.13
Ortho Phosphorus			1.79
Due to a miscommunication with the laboratory a nitrate/nitrite analysis was run. Separate sample for Nitrate and nitrite were not run. I have			

continued with TSS on the mix up

and was assured it wouldn't happen again

USE FORM NO. 27-001-001
 FOR THE Monthly Performance Treatment Plant Monthly Operating Report
 REPORTING DATE: July 1, 1993
 SEE APPENDIX 20

Domestic Wastewater Treatment Plant Monthly Operating Report

Basin No.

Month June Year 1993

Basin No.	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual after 30 min.	BOD Inflow (mg/L)	SS Inflow (mg/L)	BOD Effluent (mg/L)	SS Effluent (mg/L)	pH Effluent (mg/L)	TPP Effluent (mg/L)	NO ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Coliforms /100mg/L	DECELR Coliforms	CBOD Inflow (mg/L)	CBOD Effluent (mg/L)
1	0.821	1.7	BDL					6.7								
2	0.852	1.6	BDL	185	185	1.3	1.3	7.0						1800	155	1
3	0.848	1.4	BDL					6.8								
4	0.831	1.7	BDL					6.8								
5	0.879	1.5	BDL					6.9								
6	0.734	2.4	BDL					6.9								
7	0.835	1.4	BDL					7.1								
8	0.848	1.3	BDL					6.8								
9	0.848	1.5	BDL	188	228	<2	2	7.0						50	175	3
10	0.828	1.2	BDL					6.8						300		
11	0.868	1.2	BDL					6.8								
12	0.830	1.6	BDL					7.1								
13	0.788	1.5	BDL					7.0								
14	0.737	2.1	BDL					6.9								
15	0.827	2.7	BDL					6.9						70		
16	0.575	2.3	BDL	174	188	1.7	2.8	7.0							132	1
17	0.859	2.6	BDL					7.0								
18	0.844	2.4	BDL					6.9								
19	0.864	2.1	BDL					6.9								
20	0.852	1.0	BDL					6.9								
21	0.585	2.4	BDL					7.0								
22	0.848	1.6	BDL					6.8						4		
23	0.865	1.8	BDL	182	179	1.8	1.0	6.9							175	1
24	0.707	2.1	BDL					6.9								
25	0.828	1.8	BDL					7.0								
26	0.885	1.5	BDL					7.0								
27	0.671	2.1	BDL					6.8								
28	0.989	2.3	BDL					6.9								
29	0.844	1.4	BDL	173	180	5	4	6.9		0.24		2.94		1800	185	3
30	0.816	0.7	BDL					6.8								
31																

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

Signed: Original signed by Billy J. Green
 Billy J. Green C-7005 Glen Whitcomb A-8035
 Company Name Southern States Utilities

Date: July 16, 1993
 Telephone No. (Please Type): 804-642-6408

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant MOR
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3116P01328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way West

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16132425

(9) Plant Type 3-C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. John's River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6035</u>
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original Signed by Billy J. Green</u>		
	Signature	Cert. No.	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.635
(17) Permitted capacity	mgd	-	1.780
(18) Three month average daily flow	mgd	-	0.644
(19) Percent of permitted capacity	%	-	36%
(20) CBOD5 Effluent	mg/L	80082	1.2
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3.9
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.5
(25) Maximum pH			7.0
(26) Nitrite Nitrogen	mg/L	000600	<0.01
(27) TRN	mg/L	000626	
(28) Ammonia (NH3 - N) Total	mg/L	000610	0.16
(29) Nitrate Nitrogen	mg/L	071850	17.02
(30) Total Phosphorus	mg/L	000666	3.64
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	BDL
(33) Other Effluent Parameters			
BOD5 Effluent	mg/L		2.2
Fecal Coliform	#/100 mL		89
Organic Nitrogen	mg/L		0.94
Ortho Phosphorus	mg/L		1.97

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant MCR
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way West

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16132425

(9) Plant Type 3-C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. John's River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No	<u>7005</u>
Evening Shift Operator Class	B	Cert. No	<u>7612</u>
Night Shift Operator Class	B	Cert. No	<u>5444</u>
Lead Operator	Original Signed by <u>Billy J. Green</u>		<u>B-7005</u>
	Signature	Cert. No	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.657
(17) Permitted capacity	mgd	-	1.780
(18) Three month average daily flow	mgd	-	0.651
(19) Percent of permitted capacity	%	-	37%
(20) CBOD5 Effluent	mg/L	80082	2.1
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	4.4
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.5
(25) Maximum pH			7.0
(26) Total Nitrite Nitrogen	mg/L	000600	<0.01
(27) TRN	mg/L	000626	
(28) Ammonia (NH3 - N) (Total)	mg/L	000610	0.18
(29) Nitrate	mg/L	071850	19.08
(30) Total Phosphorus	mg/L	000666	3.81
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	NEL
(33) Other Effluent Parameters			
Fecal Coliform	#/100		492
BOD5 Effluent	mg/L		2.7
Organic Nitrogen	mg/L		0.42
Ortho Phosphorus	mg/L		2.05

DER FORM NO. 17-001-000(1)
 FORM TITLE Domestic Wastewater Treatment Plant MOR
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993
 (2) Plant DER Identification Number: 3116P01328
 (3) Plant Name Beacon Hills
 (4) Plant Address 4894 Ashley Manor Way West
 (5) City Jacksonville
 (6) County Duval
 (7) Phone Number 904-642-9408
 (8) Permit Number DO16132425
 (9) Plant Type 3-C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☐ Membrane Filter ☒ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. John's River
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 7005
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original Signed by Billy J. Green B-7005
 Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.670
(17) Permitted capacity	mgd	-	1.780
(18) Three month average daily flow	mgd	-	0.654
(19) Percent of permitted capacity	%	-	37%
(20) CBOD5 Effluent	mg/L	80082	2.4
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3.7
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.7
(25) Maximum pH			6.9
(26) Total Nitrate Nitrogen	mg/L	000500	0.01
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N) (Total)	mg/L	000610	0.057
(29) Nitrate	mg/L	071850	12.64
(30) Total Phosphorus	mg/L	000666	3.19
(31) Minimum Chlorine Residual	mg/L	-	0.95
(32) Maximum Chlorine Residual	mg/L	-	BDL
(33) Other Effluent Parameters			
Fecal Coliform	#/100		35
BOD5 Effluent	mg/L		2.6
Organic Nitrogen	mg/L		0.54
Ortho Phosphorus	mg/L		3.06

REPORT NO. 10-111-1-1
 PROJECT: Domestic Wastewater Treatment Plant Monthly Operating Report
 REPORTING DATE: July 1, 1993
 DATA ACQUISITION BY:

Domestic Wastewater Treatment Plant Monthly Operating Report

Recon Mile

Month September Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Neutralizer	CBOD ₅ Influent (mg/L)	5d _B Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TVS Effluent (mg/L)	DO ₂ Effluent (mg/L)	WTPATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCOL Coliforms (100mg/L)	SECOL ₂₀ Fecal Coliforms	SDO ₁ Influent (mg/L)	SDO ₅ Effluent (mg/L)
1	0.635	1.8	BDL					6.9								
2	0.681	1.6	BDL					6.8								
3	0.578	1.5	BDL					6.9								
4	0.829	1.4	BDL					6.8								
5	0.658	1.4	BDL					6.9								
6	0.979	1.0	BDL					6.9								
7	0.557	1.7	BDL					6.9								
8	0.646	2.8	BDL	187	174	4.0	9.7	6.5		0.054	12.84	3.19	<1	24	188	3.9
9	0.688	1.4	BDL					6.9								
10	0.614	2.0	BDL					6.7								
11	0.691	1.5	BDL					6.8								
12	0.702	1.3	BDL					6.8								
13	0.750	1.2	BDL					6.9								
14	0.661	1.3	BDL					6.9								
15	0.702	1.3	BDL	140	204	2.3	2.8	6.9					2	6	142	2.3
16	0.727	1.0	BDL					6.7								
17	0.688	1.0	BDL					6.7								
18	0.691	1.2	BDL					6.8		0.16	16.08	3.81				
19	0.744	1.5	BDL					6.6								
20	0.663	1.3	BDL					6.8								
21	0.629	1.3	BDL					6.9								
22	0.687	1.3	BDL	203	152	1.8	3.2	6.8					3	40	213	2.4
23	0.650	1.4	BDL					6.9								
24	0.585	1.2	BDL					6.9								
25	0.786	1.2	BDL					6.8								
26	0.725	1.2	BDL					6.9								
27	0.657	1.4	BDL					6.9								
28	0.614	1.4	BDL					6.9						70		
29	0.672	2.0	BDL	148	167	1.2	3.0	6.8							165	1.9
30	0.577	1.2	BDL					6.9								
31																

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

Signed: _____
 Name (Please Print): Billy J. Green, B-7005
 Company Name: Southern States Utilities

Date: October 5 1993
 Telephone No. (Please Print): 904-642-6408

DER FORM NO. 17-691.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant MCR
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way West

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number PO16132425

(9) Plant Type J-C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. John's River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>7612</u>
Night Shift Operator Class	<u>B</u>	Cert. No.	<u>5444</u>
Lead Operator	<u>Original signed by Bill Green</u>		<u>B7005</u>
	Signature	Cert No	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.671
(17) Permitted capacity	mgd	-	1.78
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) CBOD5 Effluent	mg/L	80082	1.8
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	4.6
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.7
(25) Maximum pH			7.1
(26) Total Nitrite Nitrogen	mg/L	000600	<0.01
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N) (Total)	mg/L	000610	0.08
(29) Nitrate	mg/L	871850	6.14
(30) Total Phosphorus	mg/L	000665	3.23
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	BDL
(33) Other Effluent Parameters			
Fecal Coliform	#/100		329
BOD5 Effluent	mg/L		1.6
Organic Nitrogen	mg/L		0.62
Ortho Phosphorus	mg/L		1.83

SDS FORM NO. 11-02-1991
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 SDS APPLICATION NO.:

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month October Year 1991

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	SS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NO3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Coliform (/100mg)	SECTOR Coliform	SSOD5 Influent (mg/L)	SSOD5 Effluent (mg/L)
1	0.780	1.6	BDL					6.8								
2	0.686	1.6	BDL					6.7								
3	0.709	1.2	BDL					6.8								
4	0.806	1.2	BDL					6.8								
5	0.607	1.7	BDL					6.8						<1600		
6	0.616	1.7	BDL	255	292	1	3.8	6.8							295	1.4
7	0.616	1.7	BDL					6.8						6	20	
8	0.656	1.5	BDL					6.8								
9	0.558	1.3	BDL					6.8								
10	0.789	1.8	BDL					6.8								
11	0.705	1.2	BDL					6.8								
12	0.531	1.4	BDL					6.8								
13	0.549	2.6	BDL	157	150	3	6	6.8		0.08	6.14	3.23	4	6	153	2
14	0.582	1.6	BDL					6.7								
15	0.748	1.1	BDL					6.9								
16	0.754	1.2	BDL					6.9								
17	0.766	1.1	BDL					6.8								
18	0.631	1.5	BDL					6.8								
19	0.590	2.2	BDL					6.9								
20	0.648	2.3	BDL	167	202	<2	5	6.9						20	156	<2
21	0.605	1.6	BDL					6.8								
22	0.621	1.6	BDL					7.1								
23	0.694	1.8	BDL					7.0								
24	0.780	1.5	BDL					7.1								
25	0.897	1.3	BDL					7.1								
26	0.653	2	BDL					7.0						<1		
27	0.636	1.6	BDL	95	169	<1	3.8	7.0							96	<1
28	0.617	1.6	BDL					7.0								
29	0.669	1.4	BDL					7.1								
30	0.875	1	BDL					7.0								
31	0.831	1.6	BDL					7.0								

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

Signed: Original signed by Billy Green
 Name (Please Type): Billy J. Green B-7005
 Company Name: Southern States Utilities

Date: 11/10/91
 Telephone No. (Please Type): 904-642-9408

DER FORM NO. 17-601.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant DER
 EFFECTIVE DATE July 1, 1992
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 3116PD1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way West

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16132425

(9) Plant Type 3-C

(10) Test Site Identification Number

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. John's River

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original signed by Bill Green</u>		<u>B7005</u>
	Signature	Cert No	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.670
(17) Permitted capacity	mgd	-	1.780
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	38%
(20) CBOD5 Effluent	mg/L	80082	1.7
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3.2
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total Nitrate Nitrogen	mg/L	000600	<0.01
(27) TRN	mg/L	000625	
(28) Ammonia (NH3 - N) (Total)	mg/L	000610	0.07
(29) Nitrate	mg/L	071850	8.20
(30) Total Phosphorus	mg/L	000666	2.69
(31) Minimum Chlorine Residual	mg/L	-	1.20
(32) Maximum Chlorine Residual	mg/L	-	BDL
(33) Other Effluent Parameters			
Fecal Coliform	#/100		87
BOD5 Effluent	mg/L		2.2
Organic Nitrogen	mg/L		0.69
Ortho Phosphorus	mg/L		0.67

NEW FORM NO. 17-10-1991
 FROM: FVLS District of Southern Treatment Plant Monthly Operating Report
 EXPIRATION DATE: July 1, 1991
 USE APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Geason Hills

Month November Year 1993

(14)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual after Disinfect	CBOD5 Influent (mg/L)	TS Influent (mg/L)	CBOD5 Effluent (mg/L)	TS Effluent (mg/L)	pH Effluent (mg/L)	VSS Effluent (mg/L)	MLSS-W Effluent (mg/L)	PHOSPHATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PHOSPHATE Solids (mg/L)	RECLAM POCAL Coliform	pop5 Influent (mg/L)	pop5 Effluent (mg/L)
1	0.671	1.6	0.0					7.0								
2	0.581	1.6	0.0					6.9								
3	0.652	1.7	0.0	197	290	<2	4.0	7.1						170	212	2
4	0.683	1.8	0.0					7.1								
5	0.650	1.7	0.0					7.0								
6	0.726	1.3	0.0					7.0								
7	0.756	1.5	0.0					7.0								
8	0.703	1.4	0.0					7.0								
9	0.624	1.7	0.0					7.0								
10	0.637	1.9	0.0	95	188	1.4	2.5	7.0					5	140	145	1.8
11	0.667	1.3	0.0					7.0								
12	0.608	1.4	0.0					6.9								
13	0.609	1.4	0.0					7.0								
14	0.749	1.3	0.0					7.1								
15	0.686	1.3	0.0					7.0								
16	0.609	1.4	0.0					7.1								
17	0.650	1.6	0.0	125	158	1.0	2.2	7.2					1	7	151	1.6
18	0.635	1.2	0.0					7.0								
19	0.633	1.6	0.0					7.0								
20	0.660	1.3	0.0					7.0								
21	0.754	1.2	0.0					7.0								
22	0.640	1.8	0.0					7.1								
23	0.645	1.5	0.0					7.1		0.07	8.20	2.69	9	12		
24	0.663	1.6	0.0	154	166	2.5	4.0	7.1							143	3.3
25	0.754	1.5	0.0					7.0								
26	0.687	1.2	0.0					6.9								
27	0.785	1.3	0.0					7.0								
28	0.726	1.4	0.0					7.0								
29	0.675	1.2	0.0					7.0								
30	0.578	1.4	0.0					7.0								
31																

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

Signed: Original signed by Billy J. Green
 Name (Please Type): Billy J. Green B-7005
 Company Name: Southern States Utilities

Date: 12/10/93
 Telephone No. (Please Type):
804-562-9408

DER FORM NO. 17,501,900(1)
 FORM TITLE Domestic Wastewater Treatment Plant MOR
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3116PO1328

(3) Plant Name Beacon Hills

(4) Plant Address 4894 Ashley Manor Way West

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-642-9408

(8) Permit Number DO16132425

(9) Plant Type 3-C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to St. John's River

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

(14) Cumulative Days of Wet Weather Discharge
N A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7005</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>7612</u>
Night Shift Operator Class	<u>B</u>	Cert. No.	<u>5444</u>

Lead Operator Original signed by Billy J Green B-7005

Signature _____ Cert No _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.648
(17) Permitted capacity	mgd	-	1.780
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	36%
(20) CBOD5 Effluent	mg/L	80062	2.3
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	4.4
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.8
(25) Maximum pH			7.0
(26) Total Nitrite Nitrogen	mg/L	1000600	<0.01
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N) (Total)	mg/L	000610	0.08
(29) Nitrate	mg/L	071850	2.65
(30) Total Phosphorus	mg/L	000666	2.62
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	BDL
(33) Other Effluent Parameters			
Fecal Coliform	#/100		185
BOD5 Effluent	mg/L		3.0
Organic Nitrogen	mg/L		0.39
Ortho Phosphorus	mg/L		2.38

601 Form No. 17 (Rev. 9-66)
 Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 GEN APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beacon Hills

Month: December Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual after Disinfect	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	VFA Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA: Calcium #/100mg	DECHLOR: Free Calcium	SCODs Influent (mg/L)	SCODs Effluent (mg/L)
1	0.616	2.2	BDL					7.0						900		
2	0.613	1.5	BDL	118	182	1.5	2.0	7.0							127	1.9
3	0.580	1.4	BDL					6.9								
4	0.486	1.2	BDL					6.9								
5	0.731	1.3	BDL					7.0								
6	0.599	2.2	BDL					7.0								
7	0.672	1.5	BDL					7.0		0.08	2.65	2.62		1		
8	0.555	1.5	BDL	169	212	1.6	3.9	6.9							203	2.1
9	0.575	1.1	BDL					7.0								
10	0.563	1.2	BDL					6.9								
11	0.656	1.2	BDL					6.9								
12	0.675	1.5	BDL					6.9								
13	0.817	1.3	BDL					7.0								
14	0.718	1.2	BDL					7.0								
15	0.608	1.8	BDL	148	165	2	5.6	6.9					2	4	155	3.7
16	0.620	1.2	BDL					7.0								
17	0.584	1.2	BDL					7.0								
18	0.689	1.5	BDL					6.8								
19	0.688	1.3	BDL					6.8								
20	0.675	1.1	BDL					6.8								
21	0.616	1.4	BDL					6.9								
22	0.679	1.3	BDL	157	146	3.2	5.6	6.9					<1	6	176	3.6
23	0.658	1.1	BDL					6.9								
24	0.740	1.8	BDL					6.8								
25	0.664	1.9	BDL					6.9								
26	0.701	1.4	BDL					6.9								
27	0.743	1.4	BDL					6.9								
28	0.647	1.9	BDL					6.8					<1	11		
29	0.642	1.8	BDL	170	187	3.4	4.6	6.9							207	3.7
30	0.615	1.5	BDL					6.8								
31	0.666	1.4	BDL					6.9								

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

Signed: _____ Original signed by Billy J. Green
 Name (Please Type): Billy J. Green B-7005
 Company Name: Southern States Utilities

Date: _____
 Telephone No. (Please Type): 904-642-9408

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3154P04859

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Waikiki

(6) County Putnam

(7) Phone Number 904-649-8873

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
 Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Roy Williams Cert. No. C-8301

Signature Roy Williams Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	39%
(20) CBOD5 Effluent	mg/L	80082	1.2
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000800	-
(27) TKN	mg/L	000825	-
(28) Ammonia (NH3 - N)	mg/L	000810	-
(29) Nitrate	mg/L	071850	<0.5
(30) Total Phosphorus	mg/L	000885	-
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	4.8
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO. 17 (01/00/11)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NC

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	WQ-1 Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2									7.0						
3															
4	0.032	1.2							7.4						
5	0.007	1.5							7.2						
6	0.008	0.9							7.4						
7	0.005	2.2							7.3						
8	0.005	2.9							7.4						
9															
10	0.014	1.2							7.3						
11	0.005	4.9							7.3						
12	0.006	2.2							7.3						
13	0.007	1.6							7.4			< 0.5			
14	0.006	3.0							7.3						
15															
16															
17															
18	0.030	1.9							7.4						
19	0.006	3.4		72.0	31	12	2		7.4					< 1	
20	0.005	3.4							7.3						
21	0.004	2.4							7.3						
22	0.006	3.0							7.4						
23															
24	0.013	2.5							7.3						
25															
26	0.014	3.9							7.2						
27	0.005	3.4							7.3						
28	0.006	1.4							7.2						
29	0.006	2.4							7.3						
30															
31	0.030	2.8							7.4						

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

Signed:

Name (Please Type):

Company Name:

Roy White
 Roy White

Southern States Utilities / Beechers Point

Date:

Telephone No. (Please Type):

504-649-6673

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3154P04859

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-8873

(8) Permit Number DQ54-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
 Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Ry W. E. C-8301
 Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	48%
(20) CBOD5 Effluent	mg/L	80082	3.7
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000625	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	< 5
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	99.0

DER FORM NO. 17-801.800(11)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month February Year 1994

(34)

Day of the Month	Flow (MGD)	Chemical Residual After Contact	Chemical Residual After Disinfect	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TAN Effluent (mg/L)	NO ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2	0.013	2.0							7.3						
3	0.007	1.7							7.4						
4	0.005	1.8							7.4						
5	0.007	1.1							7.4						
6															
7	0.020	0.5							7.3						
8	0.008	0.8							7.4						
9	0.007	2.7		159.0	126	37	4		7.4						
10	0.008	1.2							7.4						
11	0.009	2.4							7.3						
12															
13															
14	0.031	0.6							7.3						
15	0.007	0.5							7.1						
16															
17	0.015	0.7							7.1						
18	0.008	2.8							7.3						
19	0.005	5.0							7.3						
20															
21	0.023	0.9							7.3						
22	0.009	1.0							7.4						
23	0.011	2.5							7.3						
24	0.011	0.9							7.3						
25	0.010	5.0							7.5		< 5			99	
26															
27															
28	0.028	0.6							7.4						
29															
30															
31															

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

Signed

Roy White

Date

3/28/94

Name (Please Type)

Roy White

Telephone No. (Please Type)

Company Name

Southern States Utilities - Beechers Point

904-649-8673

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II • General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3154P04652

(3) Plant Name Beachers Point

(4) Plant Address Beachers Point Drive

(5) City Waleska

(6) County Putnam

(7) Phone Number 904-649-6673

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Roy Williams C-6301

Signature Cert No

[illegible]

DER FORM NO. 17 (01/90)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DEA APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month March Year 1994

(34)

City of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfectant	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TAN Effluent (mg/L)	NO3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliforms	
1	0.005	2.4							7.4						
2	0.014	1.6							7.3						
3	0.009	5.0							7.3						
4	0.008	2.2							7.4						
5															
6	0.018														
7	0.009	0.5							7.4						
8	0.008	1.0							7.4						
9	0.008	0.8							7.3						
10	0.010	0.5							7.3						
11	0.008	0.5							7.3						
12	0.007														
13	0.010														
14	0.008	0.5							7.2						
15	0.010	1.6							7.3						
16	0.009	1.6							7.3						
17	0.006	1.3		120.0	92	4	4.8		7.4			< 5		< 1	
18	0.005	1.0							7.4						
19	0.006														
20	0.009														
21	0.009	0.8							7.2						
22	0.005	1.4							7.2						
23	0.005	1.4							7.2						
24	0.006	1.0							7.3						
25	0.010	3.4							7.3						
26															
27															
28	0.025	0.8							7.3						
29	0.008	0.8							7.3						
30	0.009	3.6							7.3						
31	0.006	2.4							7.2						

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

Signed

Name (Please Type)

Company Name

Roy White

Roy White

Southern States Utilities / Beechers Point

Date APRIL 25, 1994

Telephone No. (Please Type)

904-849-8873

DER FORM NO. 17-001 (REV. 11)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3154P04659

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-8673

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>8301</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Rg W</u>	Cert. No.	<u>C-8301</u>
	Signature		Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50083	0.008
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	55%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000800	-
(27) TKN	mg/L	000825	-
(28) Ammonia (NH3 - N)	mg/L	000810	-
(29) Nitrate	mg/L	071850	<0.5
(30) Total Phosphorus	mg/L	000865	-
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1
SLUDGE ANALYSIS ATTACHED			

DEA FORM NO. 17-601.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DEA APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month April Year 1994

(34)

Day of the Month	Flow (MGD)	Chemical Residual After Contact	Chemical Residual After Dewater	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TCh Influent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Columns
1	0.009	2.5							7.3					
2	0.009													
3	0.013													
4	0.013	0.7							7.4					
5	0.011	3.8							7.3					
6	0.014	1.1							7.1					
7	0.008	5.0							7.3					
8	0.010	5.0							7.4					
9	0.008													
10	0.007													
11	0.003	1.0							7.3					
12	0.008	2.3							7.3					
13	0.005	0.7							7.2					
14	0.005	5.0							7.1					
15	0.008	5.0							7.4					
16	0.009													
17	0.006													
18	0.007	3.2							7.3					
19	0.010	5.0							7.2					
20	0.004	2.0							7.3					
21	0.008	5.0							7.1					
22	0.007	5.0							7.2					
23	0.008													
24	0.008													
25	0.007	0.5							7.3					
26	0.004	1.2							7.4					
27	0.007	5.0							7.3					
28	0.004	4.3		42.0	30	1	2		7.4			<0.5		
29	0.005	5.0							7.3					<1
30	0.006													
31														

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

Signed



Date MAY 20, 1994

Name (Please Type)

Roy White

Telephone No. (Please Type)

Company Name

Southern States Utilities / Beechers Point

904-649-8673

DER FORM NO 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3154PD4559

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Wetake

(6) County Putnam

(7) Phone Number 904-649-6673

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *R. J. [Signature]* C-8301
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.002
(19) Percent of permitted capacity	%	-	14%
(20) CBOD5 Effluent	mg/L	80082	2.0
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			6.9
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000625	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	0.7
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	18.0

DER FORM NO. 17 (01/2001)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.:

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	Ammonia Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.005													
2	0.007	2.3							7.2					
3	0.004	1.4							7.2					
4	0.004	1.3							7.1					
5	0.003	1.5							7.1					
6	0.009	5.0							7.3					
7	0.005													
8	0.006													
9	0.005	0.8							7.3					
10	0.004	5.0							7.4					
11	0.007	3.2							7.3					
12	0.003	2.5							7.0					
13	0.003	2.0							7.0					
14	0.005													
15	0.006													
16	0.005	2.5							7.1					
17	0.007	3.0							6.9					
18	0.006	2.8							7.0					
19	0.005	2.0							7.1					
20	0.005	5.0							7.2					
21	0.009													
22	0.009													
23	0.006	1.2							7.3					
24	0.006	1.4							7.3					
25	0.004	2.6							7.3					
26	0.007	1.5		64.0	63	2	1		7.3			0.72		18
27	0.007	0.8							7.0					
28	0.008													
29	0.011													
30	0.007	0.5							7.2					
31	0.010	1.6							7.2					

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

Signed:

Name (Please Type):

Company Name:

Roy White
 Roy White

Southern States Utilities / Beechers Point

Date:

Telephone No. (Please Type):

904-649-6673

DER FORM NO. 17.801.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3154P04859

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-6873

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *R. J. [Signature]* Cert. No. C-8301

Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	47%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000625	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	1.0
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	2.0

DER FORM NO. 17 801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month June Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CRD5 Influent (mg/L)	TSS Influent (mg/L)	CRD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Coliform	
1	0.008	2.4							7.2						
2	0.007	4.2							7.3						
3	0.006	3.0							7.3						
4	0.006														
5	0.007														
6	0.004	3.2							7.3						
7	0.006	5.0							7.1						
8	0.005	3.1							7.2						
9	0.007	1.6							7.2						
10	0.005	0.5							7.0						
11	0.010														
12	0.008														
13	0.009	0.6							7.2						
14	0.005	3.5							7.1						
15	0.005	1.4							7.0						
16	0.006	2.5							7.1						
17	0.007	0.8							7.1						
18	0.008														
19	0.008														
20	0.007	1.4							7.3						
21	0.010	3.5							7.3						
22	0.006	5.0							7.3						
23	0.010	1.1		200.0	130	1	2		7.3			0.98		2	
24	0.012	1.0							7.2						
25	0.010														
26	0.008														
27	0.007														
28	0.007	0.8							7.2						
29	0.005	1.3							7.3						
30	0.006	3.5							7.2						
31															

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

Signed:

Name (Please Type)

Company Name

Roy White
Roy White
Southern States Utilities / Beechers Point

Date

Telephone No. (Please Type)

904-649-8673

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3154P04859

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-8873

(8) Permit Number DO64-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
 Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Roy W. [Signature] C-8301
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	45%
(20) CBOD5 Effluent	mg/L	80082	2.0
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	800201	<1
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			8.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000800	-
(27) TKN	mg/L	000825	-
(28) Ammonia (NH3 - N)	mg/L	000810	-
(29) Nitrate	mg/L	071850	0.7
(30) Total Phosphorus	mg/L	000885	-
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	4.1
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	
FECAL : CONFLUENT			
POND EFF RESULT ATTACHED			

DER FORM NO. 17-801-800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month July Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TAN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.007	3.7							7.1					
2	0.008	1.1							7.2					
3	0.010													
4	0.011	1.4							7.1					
5	0.009	1.4							7.1					
6	0.007	1.8							7.2					
7	0.008	3.1							7.2					
8	0.006	3.8							7.2					
9	0.009													
10	0.009													
11	0.008	0.6							7.2					
12	0.007	1.1							7.1					
13	0.007	0.6							7.1					
14	0.006	1.0							7.1					
15	0.008	0.8							7.1					
16	0.009													
17	0.008													
18	0.006	0.5							7.0					
19	0.005	4.1							6.9					
20														
21	0.009	1.5							6.9					
22	0.005	2.9							7.0					
23	0.006	0.5							7.0					
24	0.011													
25	0.007	3.0							7.1					
26	0.006	1.8							7.1					
27	0.006	1.6							7.0					
28	0.005	0.6		16.0	35	2	<1		7.3			0.67		
29	0.005	0.6							6.9					
30	0.007													
31	0.008													

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

Signed

Name (Please Type)

Company Name

Roy White
Roy White
Southern States Utilities / Beechers Point

Date

Telephone No. (Please Type)

904-649-5572

DER FORM NO. 17-801.300(1)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month August Year 1994

(34)

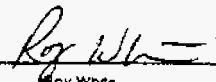
Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	Ammonia Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Calcium
1	0.005	0.5							7.1					
2	0.006	3.1							6.9					
3	0.006	3.2							7.1					
4	0.005	3.0							7.0					
5	0.006	0.8							7.1					
6	0.006													
7	0.007													
8	0.005	3.2							7.1					
9	0.006	2.0							7.1					
10	0.003	1.4							7.1					
11	0.004	2.8							7.2					
12	0.006	5.0							7.3					
13	0.004													
14	0.008													
15	0.008	2.0							7.2					
16	0.006	1.4							7.2					
17	0.004	1.6		70.0	137	1.1	1.2		7.1					
18	0.005	0.6							7.2					
19	0.003	5.0							7.4					
20	0.012													
21	0.004													
22	0.004	2.2							7.3					
23	0.005	1.6							7.3					
24	0.004	2.0							7.4					
25	0.004	2.2							7.4					
26	0.003	2.2							7.3					
27	0.003													
28	0.003													
29	0.004	2.2							7.2					
30	0.004	2.2							7.1			7.9		<1
31	0.004	1.6							7.3					

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

Signed:

Name (Please Type)

Company Name


 Roy White
 Southern States Utilities - Beechers Point

Date

Telephone No. (Please Type)

804-648-8673

DER FORM NO. 17-001-000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3154P04859

(3) Plant Name: Beechers Point

(4) Plant Address: Beechers Point Drive

(5) City: Waikiki

(6) County: Putnam

(7) Phone Number: 904-649-8873

(8) Permit Number: DO54-147243

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [Signature] C-8301
 Signature Cert No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	38%
(20) CBOD5 Effluent	mg/L	80082	1.2
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	2.7
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000625	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	13.0
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO. 17.801.600.1
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month: September Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	Ammonia Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Calcium	
1	0.005	1.0							7.3						
2	0.005	1.5							7.3						
3	0.008														
4	0.009														
5	0.007	2.0							7.4						
6	0.006	1.0							7.3						
7	0.003	0.9							7.1						
8	0.005	1.2							7.1						
9	0.005	0.6							7.1						
10	0.004														
11	0.006														
12	0.004	2.2							7.3						
13	0.004	2.2							7.2						
14	0.004	0.6		52.0	39	1.2	2.7		7.3						
15	0.004	1.0							7.2						
16	0.004	2.2							7.2						
17	0.003														
18	0.006														
19	0.005	1.4							7.2						
20	0.004	2.2							7.3						
21	0.003	2.2							7.2			13	<1		
22	0.005	2.2							7.3						
23	0.005	2.2							7.4						
24	0.005														
25	0.006														
26	0.005	2.2							7.3						
27	0.006	2.2							7.3						
28	0.006	1.0							7.3						
29	0.004	2.2							7.3						
30	0.005	2.2							7.4						
31															

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

Signed:

Roy White
Roy White

Name (Please Type):

Company Name:

Southern States Utilities / Beechers Point

Date:

11/15/94

Telephone No. (Please Type):

904-649-8673

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3154P04859

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-648-6873

(8) Permit Number DO64-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *Ray Williams* C-8301
 Signature Cert. No.

Parameter	UNITS	STOREY Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	35%
(20) CBOD5 Effluent	mg/L	80082	2.0
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000825	-
(28) Ammonia (NH3 - N)	mg/L	000810	-
(29) Nitrate	mg/L	071850	12.0
(30) Total Phosphorus	mg/L	000885	-
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	<1

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month October Year 1984

(34)

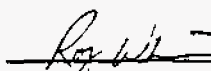
Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfecter	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	NH ₄ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PRCAL Cells/ml	
1	0.008														
2	0.008														
3	0.005	2.2							7.3						
4	0.004	2.2							7.3						
5	0.003	2.2							7.3						
6	0.003	2.2							7.3						
7	0.005	1.8							7.2						
8	0.004														
9	0.006														
10	0.006	2.2							7.2						
11	0.008	2.2							7.0						
12	0.004	2.2							7.0						
13	0.007	2.2							7.0						
14	0.007	1.6							7.0						
15	0.006														
16	0.006														
17	0.005	0.9							7.0						
18	0.005	1.0		80.0	44	2	1.8		7.0			12			
19															
20	0.006	2.2							7.1						
21	0.005	1.0							7.1						
22	0.008														
23	0.006	1.0							7.0						
24	0.005	2.2							7.0					<1	
25	0.005	2.2							7.0						
26	0.006	1.6							6.9						
27	0.006	1.0							6.9						
28	0.005	1.0							6.9						
29	0.006														
30	0.006														
31	0.008	2.2							7.0						

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

Signed:

Name (Please Type)

Company Name


 Roy White
 Southern States Utilities / Beechers Point

Date:

Telephone No. (Please Type)

904-642-6573

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3154PD659

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-6673

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Roy W. [Signature] C-8301
 Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	38%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	000800	-
(27) TKN	mg/L	000825	-
(28) Ammonia (NH3 - N)	mg/L	000810	-
(29) Nitrate	mg/L	071850	9.0
(30) Total Phosphorus	mg/L	000865	-
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	2.0

DER FORM NO. 17,801,806(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechners Point

Month November Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfectant	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TDS Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FEEDAL Coliforms
1	0.007	2.2							7.1					
2	0.007	2.2							7.0			9		2
3	0.006	2.2							7.0					
4	0.004	2.2							7.0					
5	0.005													
6	0.006													
7	0.006	2.2							6.9					
8	0.005	2.2							7.0					
9	0.003	1.0		212.0	36	1	2.5		7.0					
10	0.004	0.6							7.0					
11	0.006	0.6							7.0					
12	0.006													
13	0.006													
14	0.006	2.2							7.1					
15	0.006	2.2							7.0					
16	0.007	1.2							7.0					
17	0.011	2.2							6.9					
18	0.006	1.0							7.0					
19	0.005													
20	0.006													
21	0.006	0.6							7.0					
22	0.006	0.6							7.0					
23	0.007	1.5							7.0					
24	0.004	1.2												
25	0.006	2.2							7.0					
26	0.006	1.0							7.0					
27	0.006													
28	0.006	2.2							7.0					
29	0.005	0.8							7.0					
30	0.005	1.0							7.0					
31														

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

Signed

Name (Please Type)

Company Name

Roy White
 Roy White

Southern States Utilities / Beechners Point

Date

Telephone No. (Please Type)

904-649-8573

1/12/95

DER FORM NO. 17.801.800.11
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3154P04659

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-3673

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>8301</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Ry WE</u>	Cert. No.	<u>C-8301</u>
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	39%
(20) CBOD5 Effluent	mg/L	80082	1.4
(21) CBOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	2.1
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	000500	-
(27) TKN	mg/L	000625	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	14.0
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO. 17 (01/80011)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month December Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TAN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.005	0.8							6.9						
2	0.005	2.2							6.9						
3	0.004														
4	0.005														
5	0.004	1.0							7.0						
6	0.005	1.4							7.1						
7	0.005	2.2							7.1						
8	0.005	2.2							7.1						
9	0.006	0.8							7.1						
10	0.003														
11	0.007														
12	0.008	0.6							6.9						
13	0.008	1.4							7.0						
14	0.004	2.0							7.0						
15	0.006	1.6		52.0	37	1.4	2.1		7.1						
16															
17	0.007	2.0							7.1						
18	0.005														
19	0.007	2.2							7.0						
20	0.004	1.8							6.9			11	<1		
21	0.005	2.2							7.0						
22	0.005	1.8							7.1						
23	0.006	2.0							7.0						
24	0.007														
25	0.006														
26	0.009	2.2							7.1						
27	0.008	0.6							7.1						
28	0.007	0.5							7.1						
29	0.006	1.0							7.1						
30	0.007	2.0							7.1						
31	0.005														

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

Signed:

Name (Please Type):

Company Name:

Roy White
 Roy White
 Southern States Utilities / Beechers Point

Date:

Telephone No. (Please Type):

904-649-6673

DER FORM NO 17,001,000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3154P04659

(3) Plant Name Beechere Point

(4) Plant Address Beechere Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-8673

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Ray White C8301
 Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.008
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	1.70
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	800201	1.7
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.37
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	118

DER FORM NO. 17,601-900(1)
FORM TITLE: Domestic Wastewater Treatment Plant
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month January Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Calcium
1	0.006													
2														
3		0.8							7.3					
4	0.017	0.5							7.3					
5	0.007	1.0							7.4					
6	0.006	0.7		33	1.7	53	1.7		7.3			5.37		
7	0.006	0.8							7.4					
8	0.006	0.8							7.3					
9														
10														
11	0.016	0.7							7.4					
12	0.007	1.0							7.5					
13	0.008	0.6							7.4					
14	0.007	0.7							7.3					
15	0.006	0.8							7.5					
16														
17														
18	0.031	0.6							7.4					
19	0.007	1.0							7.4					
20	0.010	1.0							7.4					
21	0.008	0.5							7.4					
22	0.009	0.7							7.3					
23														
24														
25	0.026	0.5							7.2					
26														
27	0.018	0.5							7.3					
28														
29	0.028	0.5							7.2					
30	0.008	1.0							7.2					
31	0.011	0.5							7.2					

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

Signed: _____ Original signed by Roy white
 Name (Please Type) Roy White
 Company Name Southern States Utilities

Date: 2/25/93
 Telephone No. (Please Type) 904-649-8873

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3154P04859

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Waikiki

(6) County Putnam

(7) Phone Number 904-649-8573

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Ray White C8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	47%
(20) BOD5 Effluent	mg/L	80082	2.4
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.98
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	1800

DER FORM NO. 17-901.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month February Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Coliform	
1	0.006	1.0							7.4						
2	0.005	0.5							7.4						
3	0.007														
4	0.007	0.5							7.3						
5	0.006	0.5							7.3						
6		1.0							7.4						
7															
8	0.024	1.0							7.4						
9	0.006	0.5							7.4						
10	0.007	0.6							7.4						
11	0.008	0.8							7.4						
12	0.006	0.6							7.4						
13															
14															
15	0.014	1.0							7.6						
16	0.005														
17	0.004	0.5		201	193	2.4	2.5		7.1			0.98			
18	0.004	0.6							6.9						
19	0.005	0.9							6.9						
20		1.0							7.0						
21															
22	0.017	0.6							7.0						
23	0.007	1.0							7.1						
24	0.008														
25	0.006	0.7							7.0					1600	
26	0.007	0.7							7.2						
27															
28	0.011	0.8							7.2						
29															
30															
31															

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

Signed: Original signed by Roy White
 Name (Please Type) Roy White
 Company Name Southern States Utilities

Date: 3/26/93
 Telephone No. (Please Type) 904-649-8673

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3164P04659

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-849-8673

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>8301</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Roy White 08301

Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.005
(17) Permitted capacity	mgd	-	0.018
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	3.7
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	800201	8.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			8.9
(25) Maximum pH			7.8
(26) Total N	mg/L	800800	
(27) TKN	mg/L	800626	
(28) Ammonia (NH3 - N)	mg/L	800610	
(29) Nitrate	mg/L	871850	1.08
(30) Total Phosphorus	mg/L	800646	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NC 17,601,800 (1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NC

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month March Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dasher	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.004	1.0							7.0						
2	0.005	0.8							6.9						
3	0.005	1.0							7.0						
4	0.004	0.8							7.2						
5	0.005	1.0							7.2						
6															
7															
8	0.017	0.6							7.0						
9	0.004	0.8							7.0						
10	0.006	0.5							7.0						
11	0.007	0.6							7.0						
12	0.004	0.7							7.0						
13															
14															
15	0.020	0.6							7.0						
16	0.007	0.5							7.0						
17	0.006	0.6		183	198	4.7	3.5		7.2			1.08		<1	
18	0.005	0.7							7.6						
19	0.005	0.6							7.2						
20															
21															
22	0.014	1.0							7.1						
23	0.006	0.5							7.1						
24	0.005	1.0							7.3						
25	0.005	0.5				2.6	13		7.4						
26	0.005														
27		0.5							7.4						
28															
29	0.015														
30	0.005														
31	0.005	1.0							7.5						

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

Signed: _____ Original signed by Roy White
 Name (Please Type): Roy White
 Company Name: Southern States Utilities

Date: 4/25/93
 Telephone No. (Please Type): 904-649-8673

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3154P04859

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-8673

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Roy White C8301

Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	80083	0.006
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80062	1.3
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	800201	1.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.9
(30) Total Phosphorus	mg/L	000646	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	2.0
Sludge Analysis (results Attached)			
Effluent Analysis (permit renewed)			
Pond effluent (results attached)			

DER FORM NO. 17-901.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month April Year 1993

(34)

Day at the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dachler	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAI Coliform	
1	0.006	0.5							7.1						
2	0.005	1.0							7.4						
3	0.006	0.8							7.3						
4															
5	0.014	1.0							7.4						
6	0.006	1.2							7.3						
7	0.006	0.9							7.3						
8	0.007	1.0							7.4						
9	0.006	1.0							7.3						
10															
11															
12	0.022	0.8							7.3						
13	0.006	0.5							7.2						
14	0.005	1.0							7.2						
15	0.003	0.5		196.0	161	1.3	1.5		7.3						
16	0.005	0.8							7.2						
17															
18															
19	0.025	1.0							7.3						
20	0.003	0.5							7.2						
21	0.002	0.8							7.3			0.9		2	
22	0.001	1.0							7.3						
23															
24	0.007	0.9							7.1						
25															
26	0.011	0.5							7.1						
27	0.005	1.0							7.3						
28	0.002	0.8							7.1						
29	0.005	1.0							7.3						
30	0.009	0.9							7.4						
31															

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

Signed: Original signed by Roy White
 Name (Please Type) Roy White
 Company Name Southern States Utilities

Date: 5/28/93
 Telephone No. (Please Type) 904-549-5573

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3154P04859

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-849-8673

(8) Permit Number D054-147243

(9) Plant Type D-3

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Roy White

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	33%
(20) BOD5 Effluent	mg/L	80082	3.3
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.3
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.1
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO. 17.901.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beachers Point

Month May Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TEN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2															
3	0.026	1.0							7.2						
4	0.005	0.6							7.3						
5	0.005	1.0							7.4						
6	0.005	0.9							7.3						
7	0.005	1.0							7.3						
8															
9															
10	0.017	0.7							7.3						
11	0.004	0.9							7.2						
12	0.001	1.0		58.0	57	3.3	1		7.3			1.3			
13	0.005	0.8							7.3						
14	0.005	1.1							7.3						
15															
16															
17	0.013	0.6							7.3						
18	0.003	1.0							7.4						
19	0.004	0.9							7.3						
20	0.005	0.6							7.4						
21	0.004	1.0							7.3						
22															
23															
24	0.011	0.9							7.4						
25	0.007	1.0							7.4						
26	0.002	1.0							7.3						
27	0.004	0.7							7.3						
28	0.004	0.8							7.3						
29															
30															
31	0.026	0.5							7.4						

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

Signed Original signed by Roy White
 Name (Please Type) Roy White
 Company Name Southern States Utilities

Date 6/25/93
 Telephone No. (Please Type) 904-649-8673

DER FORM NO 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3154P04659

(3) Plant Name Beachers Point

(4) Plant Address Beachers Point Drive

(5) City Weslaks

(6) County Putnam

(7) Phone Number 904-849-8873

(8) Permit Number DD54-147243

(9) Plant Type D-3

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>8301</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Roy White CS301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.006
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	6.5
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.45
(30) Total Phosphorus	mg/L	000656	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO. 17.601.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beachers Point

Month June Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TEN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.008	1.2							7.4					
2	0.005	0.9							7.3					
3	0.005	0.6							7.4					
4	0.005	0.5							7.4					
5														
6														
7	0.017	1.0							7.3					
8	0.005	0.6							7.4					
9	0.004	0.7							7.4					
10	0.005	1.0							7.3					
11	0.006	1.0							7.4					
12														
13														
14	0.028	0.6							7.4					
15	0.005	0.7							7.4					
16	0.004	0.5		184.0	72	8.5	1		7.4			1.45		
17	0.006	0.5							7.2					
18	0.003	2.0							7.3					
19														
20														
21	0.027	0.5							7.3					
22	0.004	0.9							7.4					
23	0.008	0.7							7.3					
24	0.004	0.7							7.3					
25	0.004	1.0							7.3					
26														
27														
28	0.013	0.8							7.3					
29	0.006	0.6							7.4					
30	0.004	0.5							7.3					
31														

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

Signed: Original signed by Roy White
 Name (Please Type) Roy White
 Company Name Southern States Utilities

Date: 7/19/93
 Telephone No. (Please Type) 904-849-8573

DER FORM NO 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993
 (2) Plant DER Identification Number: 3154P04659
 (3) Plant Name Beechers Point
 (4) Plant Address Beechers Point Drive
 (5) City Waikiki
 (6) County Putnam
 (7) Phone Number 904-649-6673
 (8) Permit Number DD54-147243
 (9) Plant Type D-3
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by: Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	1
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.47
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	70.0

DER FORM NO. 17,801,900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month July Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dewater	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.007	0.9							7.1						
2	0.005	1.0							7.1						
3															
4															
5	0.038	0.7							7.3						
6	0.004	0.5							7.2						
7	0.004	1.0		183.0	285	1	1.8		7.3			0.47		70	
8	0.001	0.6							7.2						
9	0.010	0.5							7.1						
10															
11															
12	0.017	2.5							7.2						
13	0.005	1.2							7.2						
14	0.006	3.5							7.1						
15	0.005	1.8							7.1						
16	0.005	0.9							7.3						
17															
18															
19	0.018	1.0							7.3						
20	0.005	1.2							7.3						
21	0.004	2.0							7.4						
22	0.005	0.5							7.4						
23	0.005	0.6							7.4						
24															
25															
26	0.023	0.5							7.4						
27	0.005	0.6							7.3						
28	0.004	0.5							7.4						
29															
30	0.013	1.5							7.4						
31	0.004	2.0							7.4						

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

Signed: Original signed by Roy White
 Name (Please Type): Roy White
 Company Name: Southern States Utilities

Date: 8-15-93
 Telephone No. (Please Type):
904-649-8673

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3154PD6559

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welska

(6) County Putnam

(7) Phone Number 904-849-8673

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154 X10024

(11) Fecal Collform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Roy White C-8301

Signature Cert No

[illegible]

DER FORM NO. 17-601.500(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beecham Point

Month August

Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TURB Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2	0.012	0.7							7.4						
3	0.004	1.0							7.3						
4	0.005	2.5							7.4						
5	0.005	3.5		110.0	43	1	1		7.4			5.71		<1	
6	0.005	0.9							7.4						
7															
8															
9	0.019	1.2							7.4						
10	0.005	2.0							7.3						
11	0.005	3.5							7.5						
12	0.005	2.0							7.4						
13	0.005	2.5							7.4						
14															
15															
16	0.016	3.0							7.4						
17	0.004	3.5							7.4						
18	0.007	3.0							7.3						
19	0.009	3.0							7.4						
20	0.004	1.5							7.4						
21															
22															
23	0.011	0.7							7.5						
24	0.003	3.5							7.3						
25	0.003	1.0							7.4						
26	0.004	1.2							7.4						
27	0.004	1.0							7.4						
28															
29															
30	0.014	0.9							7.3						
31	0.003	3.0							7.4						

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

Signed: Original signed by Roy White

Name (Please Type) ROY WHITE

Company Name Southern States Utilities

Date: SEPT 27, 1993

Telephone No. (Please Type)

904-649-8673

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3154P04459

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Weslake

(6) County Putnam

(7) Phone Number 904-849-8673

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154 X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>8301</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original signed by Roy White C-8301</u>		
Signature		Cert No	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	36%
(20) BOD5 Effluent	mg/L	80082	1.20
(21) BOD5 Effluent	lbs/day	-	1.45
(22) TSS Effluent	mg/L	800201	2.6
(23) TSS Effluent	lbs/day	-	3.1
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	11.5
(30) Total Phosphorus	mg/L	000686	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	2.0

DER FORM NO. 17.001.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month September Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Cellam	
1	0.002	2.0							7.4						
2	0.003	1.0							7.3						
3	0.005	2.0							7.1						
4															
5															
6	0.022	3.0							7.4						
7	0.011	0.6							7.4						
8	0.001	3.0							7.3						
9	0.002	1.2							7.5						
10	0.006	2.0							7.5						
11															
12															
13	0.014	3.5							7.5						
14	0.004	2.0							7.4						
15	0.004	1.5		67.0	77	1.2	2.6		7.4						
16	0.005	1.0							7.4						
17	0.006	0.9							7.4						
18															
19															
20	0.018	0.5							7.5						
21	0.002	1.8							7.4			16		2	
22	0.004	2.0							7.3						
23	0.003	2.0							7.3						
24	0.003	1.2							7.3						
25															
26															
27	0.012	1.5							7.3						
28	0.005	2.0							7.4						
29	0.004	2.0							7.4						
30	0.009	3.0							7.3			6.9			
31															

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

Signed: Original signed by Roy White

Date: OCT 28, 1993

Name (Please Type) ROY WHITE

Telephone No. (Please Type)

Company Name Southern States Utilities

904-649-8573

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3154PD4659

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-8673

(8) Permit Number DOS4-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154 X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.160
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	33%
(20) BOD5 Effluent	mg/L	80062	1.00
(21) BOD5 Effluent	lbs/day	-	1.33
(22) TSS Effluent	mg/L	900201	2.2
(23) TSS Effluent	lbs/day	-	2.9
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000826	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.9
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.8
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO. 17 801 900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechers Point

Month October Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Coliform	
1	0.002	1.6							7.4						
2															
3															
4	0.003	0.6							7						
5	0.002	1.2							7.3						
6	0.006	1.0		121.0	81	1	2.2		7.2						
7	0.006	0.7							7.4						
8	0.004	0.9							7.3						
9															
10															
11	0.020	1.2							7.4						
12	0.004	2.0							7.3						
13	0.003	0.9							7.4						
14	0.005	0.6							7.4			3.9		<1	
15	0.005	1.6							7.3						
16															
17															
18	0.020	1.6							7.4						
19	0.005	0.8							7.3						
20	0.005	0.6							7.3						
21	0.004	0.7							7.3						
22	0.002	2.5							7.3						
23															
24															
25	0.012	0.6							7.4						
26	0.003	1.4							7.2						
27															
28	0.010	1.0							7.3						
29	0.004	3.0							7.3						
30	0.011	3.5							7.4						
31	0.014														

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

Signed: Original signed by Roy White
 Name (Please Type) ROY WHITE
 Company Name Southern States Utilities

Date: DEC.14,1993
 Telephone No. (Please Type) 904-649-8573

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 3154P04659

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Weslake

(6) County Putham

(7) Phone Number 904-849-5573

(8) Permit Number DC54-147243

(9) Plant Type D-3

(10) Test Site Identification Number: 3154 X10024

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Recycled Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>8301</u>
Evening Shift Operator Class	<u></u>	Cert. No.	<u></u>
Night Shift Operator Class	<u></u>	Cert. No.	<u></u>
Lead Operator:	<u>Ray, R. L.</u>		<u>0-8301</u>
	Signature	Cert No	

[illegible]

SDR FORM NO. 17-901.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 SDR APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beechboro Point

Month November Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	SPG-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PECAL Coliform	
1	0.005	3.0							7.4						
2	0.007	1.0							7.3						
3	0.006	0.8							7.5						
4	0.005	3.5							7.4						
5	0.003	1.0							7.4						
6															
7															
8															
9	0.019	2.0							7.3						
10	0.003	1.8							7.4						
11	0.006	1.6							7.3						
12	0.005	2.0							7.3						
13	0.005	1.2							7.4						
14															
15	0.011	0.5							7.1						
16	0.004	1.1							7.2						
17	0.005	0.5							7.4						
18	0.005	0.8							7.3						
19	0.004	1.2							7.4						
20															
21															
22	0.013	1.0							7.3						
23	0.006	0.9		87.0	100	2	4		7.5						
24	0.004	2.5							7.5						
25															
26	0.015	0.6							7.5						
27	0.004	3.0							7.3						
28															
29	0.017	3.5							7.4						
30	0.005	2.5							7.4			4.6		<1	
31															

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

Signed *ROY WHITE*
 Name (Please Type) ROY WHITE
 Company Name Southern States Utilities

Date: JAN 5, 1994
 Telephone No. (Please Type) 904-649-8673

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3154P04659

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-848-8673

(8) Permit Number DS4-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154 X10024

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Rogers C-8301
 Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	33%
(20) BOD5 Effluent	mg/L	80082	1.30
(21) BOD5 Effluent	lbs/day	-	0.05
(22) TSS Effluent	mg/L	800201	3.4
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.5
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	8.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO. 17-001 (Rev. 11)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Beachers Point

Month December Year 1983

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Chlorinator	Chlorine Residual After Disinfectant	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliforms
1	0.008	0.7							7.2					
2	0.004	0.5							7.5					
3	0.005	1.5							7.4					
4														
5														
6	0.017	0.6							7.5					
7	0.004	0.8							7.8					
8	0.006	2.0		80.0	70	1.3	3.4		7.4					
9	0.005	0.8							7.5					
10	0.004	4.2							7.5					
11														
12														
13	0.015	0.5							7.5					
14	0.005	1.9							7.8					
15	0.005	2.2							7.4					
16	0.006	2.0							7.4					
17	0.005	0.5							7.4					
18														
19														
20	0.014	0.7							7.4					
21	0.005	0.5							7.4					
22	0.005	3.2							7.4					
23	0.005	1.4							7.5					
24	0.005	1.9							7.3					
25														
26														
27	0.017	0.9							7.3					
28	0.005	1.5							7.3			2.8	<1	
29	0.006	3.0							7.3					
30	0.006	6.0							7.3					
31	0.007	3.7							7.2					

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

Signed: R. White

Date: FEB 1, 1984

Name (Please Type) ROY WHITE

Telephone No. (Please Type)

Company Name Southern States Utilities

904-849-8673

DER Form 4
Domestic Wastewater Treatment Plant
Monthly Operating Report
Month Year
Effective Date July 1, 1991
DER Application No. Filed in by DER

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month JANUARY Year 1991
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 8390 West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse GWIRB, Tertiary Filters, Wetlands, Golf Course Irrigation
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 5858
 Evening Shift Operator Class C Cert. No. 8298
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator [Signature] A0738
 Signature _____ Cert. No. _____

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.280
(17) Permitted capacity	mgd	-	1.500
(18) Three-month average daily flow	mgd	-	1.276
(19) Percent of permitted capacity	%	-	85
(20) CBOD ₅ Effluent	mg/L	080082	3.6
(21) CBOD ₅ Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH		-	7.8
(25) Maximum pH		-	8.2
(26) Total N	mg/L	000600	1.79
(27) TKN	mg/L	000625	1.19
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.19
(29) Nitrate	mg/L	071850	0.75
(30) Total Phosphorus	mg/L	000665	0.14
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.1
(33) Other Effluent Parameters			
Turbidity	NTU	-	2.1
Golf Course Flow	mgd		0.047
Golf Course Cl ₂ Min.	mg/l		1.0
Golf Course TSS Max.	mg/l		3.8

B6334 C-7755
C 8253 C 6281

O&S Form
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 (Revised Date: July 1, 1991)
 O&S Approval No. _____ (If Applicable by O&S)

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
(34) Golf Course Irrigation

Month JANUARY Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.369	0.7					1.8	7.8					<1	2.1		1.054	1.5	2.8
2	1.407	0.7					6.5	7.9					<1	1.7		0	-	-
3	1.390	0.7					0.5	7.9					<1	2.1		0	-	-
4	1.275	0.8		228	166	4.8	6.8	8.1	1.94	6.39	0.52	0.16	21	1.8	2.62	0	-	-
5	1.265	2.1				2.9	1.0	8.2					<1	1.8		0	-	-
6	1.276	2.0					6.5	8.0					<1	2.0		0.130	2.0	6.5
7	1.316	1.7					1.0	8.0		1.53	0.11		<1	2.2		0	-	-
8	1.264	1.9					1.3	7.9					<1	2.6		0	-	-
9	1.287	1.8					2.3	7.8					<1	2.8		0	-	-
10	1.287	1.5					2.0	8.0					<1	2.7		0	-	-
11	1.222	1.5		258	174	5.6	0.5	8.0	1.16	0.11	0.25	0.12	<1	2.8	2.01	0	-	-
12	1.290	1.3				3.6	0.5	8.2					<1	2.4		0	-	-
13	1.281	1.5					1.0	7.9					<1	2.6		0	-	-
14	1.175	1.6					2.0	8.0		0.17	0.15		<1	2.8		0.533	1.6	2.0
15	1.281	1.7					1.3	7.8					<1	2.9		0	-	-
16	1.272	1.0					1.5	7.8					<1	2.8		0.165	1.0	1.5
17	1.426	1.2					3.8	7.9					<1	2.8		0.181	1.2	2.8
18	1.248	1.5		225	174	4.7	2.0	7.8	1.07	0.14	0.20	0.20	<1	1.4	1.77	0	-	-
19	1.231	1.7				2.9	2.0	8.1					<1	2.5		0	-	-
20	1.227	1.6					1.0	7.9					<1	1.8		0	-	-
21	1.229	1.7					1.3	8.1		1.68	0.10		<1	1.7		0	-	-
22	1.288	0.7					0.5	7.8					<1	2.0		0	-	-
23	1.349	2.1					0.5	7.8					<1	1.4		0	-	-
24	1.271	1.7					0.8	8.0					<1	1.3		0	-	-
25	1.258	1.5		265	186	2.6	0.5	7.9	0.57	0.10	0.18	0.18	<1	1.3	0.75	0.079	1.5	0.5
26	1.274	1.5				1.7	0.8	8.1					<1	1.2		0.054	1.5	0.8
27	1.262	1.5					0.5	8.0					<1	1.3		0.093	1.5	0.5
28	1.259	1.4					0.5	8.0		0.34	0.13		<1	1.4		0	-	-
29	1.322	0.8					1.8	7.9					<1	1.6		0	-	-
30	1.366	0.9					2.5	8.0					<1	1.7		0.175	1.6	2.5
31	1.266	1.3					2.5	8.0					<1	1.5		0	-	-

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

Signed: Harold W. Meyer
 Name (Please Type) Harold W. Meyer
 Company Name Orange Osceola Utilities

Date 2/9/94
 Telephone No. (Please Type) (407) 348-5503

DER Form	17-001.0001
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	Filed in the DER

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II--General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month FEBRUARY Year 1991
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse GOLF, Tertiary Filters, Wetlands, Golf Course Irrigation
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 5858
 Evening Shift Operator Class C Cert. No. 8298
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator [Signature] Cert. No. 80738

B6334 C7755
C8053 C6281

Parameter	Units	STORET Code	Val.
(16) Monthly average daily flow	mgd	050053	1.3
(17) Permitted capacity	mgd	—	1.5
(18) Three-month average daily flow	mgd	—	1.2
(19) Percent of permitted capacity	%	—	0.8
(20) CBOD ₅ Effluent	mg/L	080082	2.4
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.
(25) Maximum pH		—	8.
(26) Total N	mg/L	000600	0.8
(27) TKN	mg/L	000625	0.6
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.0
(29) Nitrate	mg/L	071850	0.1
(30) Total Phosphorus	mg/L	000665	0.2
(31) Minimum Chlorine Residual	mg/L	—	0.
(32) Maximum Chlorine Residual	mg/L	—	2.
(33) Other Effluent Parameters			
Turbidity	NTU	—	1.
Golf Course Flow	mgd		0.0
Golf Course Cl ₂ Min.	mg/l		1.
Golf Course TSS Max.	mg/l		1.

O&A Form 17-60(8001)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Report Date: July 1, 1991
 O&A Approval No. (Signed by O&P)

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
(34) Golf Course Irrigation

Month FEBRUARY Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (M/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	FLOW Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)			
1	1.211	1.3		263	190	2.7	1.5	7.9	0.67	<0.25	0.17	0.25	<1	1.6	0.84	0	-	-			
2	1.198	1.5				3.1	1.8	8.0					<1	1.2		0	-	-			
3	1.198	1.3					0.5	7.9					<1	1.4		0.076	1.3	0.5			
4	1.238	1.5					0.8	8.1					<1	1.5		0	-	-			
5	1.326	1.4					1.5	7.9					<1	1.7		0	-	-			
6	1.370	0.9					2.3	7.9					<1	1.6		0.055	1.5	2.3			
7	1.297	1.4					2.0	8.0					<1	1.6		0	-	-			
8	1.287	1.6					4.5	7.9					<1	1.3		0	-	-			
9	1.264	1.4				2.3	2.3	8.0					<1	1.2		0.064	1.4	2.3			
10	1.336	1.4		206	186	2.2	1.3	8.1	0.36	<0.65	0.09	0.27	<1	1.2	0.45	0.265	1.4	1.3			
11	1.303	1.5					1.8	8.0					<1	1.4		0.083	1.5	1.8			
12	1.363	0.7					0.8	7.9					<1	1.4		0	-	-			
13	1.373	2.0					0.8	7.9					<1	1.7		0	-	-			
14	1.287	1.5					1.0	8.0					<1	1.6		0	-	-			
15	1.363	1.8		218	160	2.5	1.0	8.0	0.67	0.19	0.15	0.24	<1	1.3	0.92	0.070	1.8	1.0			
16	1.333	1.7				2.4	1.0	8.1					<1	1.3		0.323	1.7	1.0			
17	1.346	1.9					0.5	7.7					<1	1.3		0	-	-			
18	1.521	1.4					1.5	7.9					<1	1.1		0	-	-			
19	1.480	1.5					1.8	7.9					<1	1.2		0	-	-			
20	1.514	1.4					1.8	7.9					<1	0.7		0	-	-			
21	1.439	1.0					3.0	7.9					<1	1.2		0	-	-			
22	1.377	1.1		230	238	2.5	0.5	7.9	1.00	<0.65	0.11	0.30	<1	1.1	1.12	0	-	-			
23	1.385	1.4				2.3	0.8	8.0					<1	1.2		0	-	-			
24	1.325	1.5					0.5	7.8					<1	1.4		0	-	-			
25	1.349	1.5					0.5	7.9					<1	1.2		0	-	-			
26	1.367	1.6					0.5	7.8					<1	1.5		0	-	-			
27	1.374	1.7					0.8	7.8					<1	1.3		0.021	1.7	0.8			
28	1.352	1.5					0.8	7.8					<1	1.2		0	-	-			

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

Signed: Harold W. Offner
 Name (Please Type) _____
 Company Name Orange Osceola Utilities

Date: 3/10/94
 Telephone No (Please Type) (407)348-5503

DER Form 6 17-801.800(1)
 Domestic Wastewater Treatment Plant
 Form Title Monthly Operating Report
 Effective Date July 1, 1991
 DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month MARCH Year 1994
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407)348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse GWIR, TERTIARY FILTERS, WETLANDS, GOLF COURSE IRRIGATION
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 5858
 Evening Shift Operator Class C Cert. No. 8298
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator [Signature] A0738
 Signature _____ Cert. No. _____

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.334
(17) Permitted capacity	mgd	—	1.500
(18) Three-month average daily flow	mgd	—	1.305
(19) Percent of permitted capacity	%	—	87
(20) CBOD ₅ Effluent	mg/L	080082	2.9
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	0.9
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.8
(25) Maximum pH		—	8.1
(26) Total N	mg/L	000600	0.80
(27) TKN	mg/L	000625	0.67
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.11
(29) Nitrate	mg/L	071850	0.23
(30) Total Phosphorus	mg/L	000665	0.18
(31) Minimum Chlorine Residual	mg/L	—	0.8
(32) Maximum Chlorine Residual	mg/L	—	1.8
(33) Other Effluent Parameters			
Turbidity	NTU	—	1.4
Golf Course Flow	mgd		0.20
Golf Course Cl ₂ Min.	mg/l		1.0
Golf Course TSS Max.	mg/l		1.8

BU334 C7755
 C8053 C6281

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
(34) Golf Course Irrigation

Month MARCH Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100mg)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.296	1.5		235	254	2.6	2.3	7.9	0.51	0.11	0.11	0.15	<1	1.1	0.62	0	-	-
2	1.289	1.7				2.0	1.5	8.1					<1	1.1		0	-	-
3	1.291	1.3					1.8	8.0					<1	1.3		0	-	-
4	1.263	1.4					0.8	7.9			0.49	0.11	<1	1.4		0	-	-
5	1.345	1.0					0.5	7.9					4	1.7		0	-	-
6	1.394	1.0					0.8	7.9					<1	1.7		0.157	1.0	0.8
7	1.365	1.2					1.3	7.8					<1	1.3		0	-	-
8	1.324	1.2		250	270	2.9	0.8	7.9	0.51	0.06	0.03	0.24	<1	1.5	0.59	0.155	1.2	0.8
9	1.356	1.4				3.7	1.0	8.0					<1	1.5		0.095	1.4	1.0
10	1.320	1.5					0.5	7.8					<1	1.4		0	-	-
11	1.239	1.7					0.5	7.9			0.08	0.20	<1	1.4		0.163	1.7	0.5
12	1.340	1.8					0.8	8.0					<1	1.6		0.265	1.8	0.8
13	1.353	1.4					1.5	7.9					<1	1.8		0	-	-
14	1.328	1.0					1.3	8.0					<1	1.4		0.155	1.0	1.3
15	1.293	1.3		243	178	3.0	0.5	7.9	0.68	0.04	0.03	0.26	<1	1.3	0.76	0.127	1.3	0.5
16	1.317	1.0				2.4	<0.5	7.8					<1	1.3		0.534	1.0	<0.5
17	1.242	1.0					0.5	7.7					<1	1.2		0.194	1.0	0.5
18	1.297	1.3					1.0	7.9			0.53	0.13	<1	1.4		0.316	1.3	1.0
19	1.338	1.4					0.5	7.9					<1	1.6		0.443	1.4	0.5
20	1.347	1.3					1.0	7.9					<1	1.5		0.162	1.3	1.0
21	1.336	1.2					1.0	7.9					<1	1.2		0.134	1.2	1.0
22	1.311	1.4		258	182	2.5	0.5	7.8	0.96	0.14	0.16	0.23	<1	1.4	1.12	0	-	-
23	1.306	0.8				2.2	<0.5	8.0					<1	1.3		0.634		<0.5
24	1.331	1.3					0.5	7.8					<1	1.4		0.749	1.3	0.5
25	1.360	1.3					0.5	7.8			0.31	0.13	<1	1.4		0.633	1.3	0.5
26	1.415	1.3					1.8	7.8					<1	1.5		0.171	1.3	1.8
27	1.439	1.2					1.0	7.9					<1	1.5		0.315	1.2	1.0
28	1.410	1.1					1.3	7.8					<1	1.5		0.392	1.1	1.3
29	1.337	1.2		260	224	3.4	0.5	8.0	0.67	0.18	0.24	0.19	<1	1.3	0.93	0.274	1.2	0.5
30	1.382	1.3				4.0	1.0	7.9					<1	1.2		0.249	1.3	1.0
31	1.378	1.3					0.5	7.9					<1	1.0		0.243	1.3	0.5

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

Signed: Harold W. Meyer

Date 4-4-94

Name (Please Type) Harold W. Meyer

Company Name Orange Osceola Utilities

Telephone No. (Please Type) (407) 348-5503

DER Form 4 (17-801.0001)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Form Title
Effective Date July 1, 1991
DER Application No. (Filed in the DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month APRIL Year 1994
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse GWIB, Tertiary Filters, Wetlands, Golf Course Irrigation
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
Day Shift Operator Class B Cert. No. 5858
Evening Shift Operator Class C Cert. No. 8298
Night Shift Operator Class _____ Cert. No. _____
Lead Operator [Signature] A0738
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.331
(17) Permitted capacity	mgd	—	1.500
(18) Three-month average daily flow	mgd	—	1.337
(19) Percent of permitted capacity	%	—	89
(20) CBOD ₅ Effluent	mg/L	080082	2.1
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	0.7
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.6
(25) Maximum pH		—	8.1
(26) Total N	mg/L	000600	0.86
(27) TKN	mg/L	000625	0.77
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.12
(29) Nitrate	mg/L	071850	0.19
(30) Total Phosphorus	mg/L	000665	0.27
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	1.8
(33) Other Effluent Parameters			
Turbidity	NTU	—	1.4
Golf Course Flow	mgd		0.24
Golf Course Cl ₂ Min.	mg/l		1.0
Golf Course TSS Max.	mg/l		1.8

B 6334 C 7755
C 8053 C 6281

O&A Form 17-60190021
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date: July 1, 1991
 O&A Association No. (Filled in by O&A)

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
(34) Golf Course Irrigation

Month APRIL Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	COD ₅ Influent (mg/L)	TSS Influent (mg/L)	COD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.367	1.5				2.0	7.8			0.51	0.11	<1	1.3			0.1311	1.5	2.0
2	1.441	1.5				2.3	7.9					<1	1.4			0.285	1.5	2.3
3	1.443	1.4				1.3	7.8					<1	1.5			0	-	-
4	1.415	1.2				<0.5	7.6					<1	1.2			0	-	-
5	1.407	1.2		26.5	218	2.3	<0.5	7.8	0.67	0.10	0.20	0.19	<1	1.2	0.87	0.4131	2	<0.5
6	1.423	1.2			1.9	1.0	7.8					<1	1.2			0.637	1.2	1.0
7	1.429	1.4				<0.5	8.0					<1	1.2			0.601	1.4	<0.5
8	1.520	1.0				0.8	7.9					<1	1.3			0.1911	1.0	0.8
9	1.369	1.4				<0.5	7.8					<1	1.2			0.100	1.4	<0.5
10	1.519	0.5				0.5	7.9					<1	1.4			0.023	1.0	0.5
11	1.277	1.7				0.5	7.8					<1	1.4			0.533	1.7	0.5
12	1.317	1.2		290	222	2.3	<0.5	8.1	0.74	0.06	0.17	0.41	<1	1.2	0.96	0.308	1.2	<0.5
13	1.351	1.3			2.5	0.5	8.0					<1	1.3			0.342	1.3	0.5
14	1.356	1.1				1.0	7.8					<1	1.2			0.129	1.1	1.0
15	1.344	1.1				1.0	7.9			0.15	0.07	<1	1.3			0.377	1.1	1.0
16	1.370	1.1				0.8	7.8					<1	1.8			0.133	1.1	0.8
17	1.375	1.1				0.5	7.7					<1	1.7			0.213	1.1	0.5
18	1.326	1.4				0.5	7.9					<1	1.5			0.103	1.4	0.5
19	1.324	1.3		230	183	1.8	1.0	8.0	0.58	0.15	0.12	0.22	<1	1.5	0.70	0.665	1.3	1.0
20	1.357	0.8			2.1	0.8	7.8					<1	1.6			0.616	1.0	0.8
21	1.496	1.4				0.8	7.9					<1	1.5			0.166	1.4	0.8
22	1.386	1.5				0.8	7.7			0.11	0.22	<1	1.4			0.235	1.5	0.8
23	1.394	1.5				0.8	7.8					<1	1.5			0	-	-
24	1.484	1.1				0.5	7.9					<1	1.2			0	-	-
25	1.344	1.8				1.3	8.0					<1	1.3			0.24	1.8	1.3
26	1.355	1.3		248	194	2.0	0.8	7.8	0.33	0.17	0.09	0.31	<1	1.2	0.92	0	-	-
27	1.310	1.5			2.1	<0.5	7.9					<1	1.3			0.166	1.5	<0.5
28	1.303	1.3				0.8	7.8					<1	1.4			0.096	1.3	0.8
29	1.282	1.4				0.5	7.9			0.20		<1	1.4			0.184	1.4	0.5
30	1.343	1.5				1.0	7.8					<1	1.2			0.265	1.5	1.0

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

Signed: Harold W. Meyer
 Name (Please Type) Harold W. Meyer
 Company Name Orange Osceola Utilities

Date: 7/1/94
 Telephone No (Please Type): (407)348-5503

DER Form 6 (7-8018001)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date July 1, 1991
 DER Application No. (Filed in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month MAY Year 1991
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse GWIB
TERTIARY FILTERS, WETLANDS, GOLF COURSE IRRIGATION
- (13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
- Day Shift Operator Class B Cert. No. 5853
- Evening Shift Operator Class C Cert. No. 8298
- Night Shift Operator Class _____ Cert. No. _____
- Lead Operator [Signature] 2758
 Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.34
(17) Permitted capacity	mgd	—	1.500
(18) Three-month average daily flow	mgd	—	1.352
(19) Percent of permitted capacity	%	—	90
(20) CBOD ₅ Effluent	mg/L	080082	2.5
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	0.8
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.7
(25) Maximum pH		—	8.0
(26) Total N	mg/L	000600	0.87
(27) TKN	mg/L	000625	0.67
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.10
(29) Nitrate	mg/L	071850	0.21
(30) Total Phosphorus	mg/L	000665	0.28
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.6
(33) Other Effluent Parameters			
Turbidity	NTU	—	1.2
Golf Course Flow	mgd		0.163
Golf Course Cl ₂ Min.	mg/l		1.0
Golf Course TSS Max.	mg/l		2.0

B6334 C7755
 C8053 C6281

17-601800-1
 DCA Form Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date July 1, 1991
 DCA Approval No. (If Applicable to DCA)

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
 (34) Golf Course Irrigation

Month MAY Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.380	1.3				0.8	7.9						<1	1.3		0	-	-
2	1.310	1.3				1.5	7.9						<1	1.2		0.109	1.3	1.5
3	1.442	1.3		258	208	1.9	0.5	7.8	0.97	0.11	0.10	0.32	<1	1.3	1.07	0.117	1.3	0.5
4	1.338	1.3				0.7	0.5	8.0					<1	1.3		0	-	-
5	1.287	1.5				0.5	7.7						<1	1.1		0	-	-
6	1.296	1.0				0.5	7.8						<1	1.2		0	-	-
7	1.372	1.3				1.5	7.8						<1	1.0		0.357	1.3	1.5
8	1.323	1.3				0.5	7.8						<1	1.3		0.125	1.3	0.5
9	1.368	1.0				0.5	7.7						<1	1.3		0.305	1.0	0.5
10	1.324	1.5		240	200	2.4	0.5	8.0	0.59	0.07	0.15	0.32	<1	1.1	0.74	0	-	-
11	1.334	1.6				2.8	1.3	7.8					<1	1.1		0	-	-
12	1.287	1.5				2.3	7.9						<1	1.2		0	-	-
13	1.311	1.4				1.8	7.8						<1	1.1		0.383	1.4	1.5
14	1.375	1.2				1.3	7.9						<1	1.1		0.674	1.2	1.3
15	1.407	1.2				2.0	7.8						<1	1.2		0.229	1.2	2.0
16	1.314	1.3				0.5	7.7						<1	1.2		0.204	1.3	0.5
17	1.306	1.3		253	222	3.5	0.8	8.1	0.47	0.10	0.11	0.41	<1	1.2	0.58	0.039	1.3	0.8
18	1.327	1.4				3.3	0.5	8.0					<1	1.2		0.177	1.4	0.5
19	1.284	1.3				0.8	7.8						<1	1.1		0	-	-
20	1.251	1.5				0.5	7.9						<1	1.2		0.249	1.5	0.5
21	1.301	1.5				0.5	7.8						<1	1.2		0.142	1.5	0.5
22	1.363	1.4				0.5	7.7						<1	1.3		0.262	1.4	0.5
23	1.294	1.3				1.3	7.8						<1	1.2		0.423	1.3	1.3
24	1.278	1.2		253	210	2.1	0.5	7.8	0.70	0.07	0.32	0.13	<1	1.3	1.05	0.197	1.2	0.5
25	1.326	1.4				2.0	1.0	7.9					<1	1.3		0.679	1.4	1.0
26	1.315	1.4				0.5	7.8						<1	1.4		0.119	1.4	0.5
27	1.314	1.6				0.8	7.8						<1	0.7		0.548	1.6	0.8
28	1.377	1.2				0.8	7.9						<1	1.4		0.210	1.2	0.8
29	1.424	1.1				0.5	7.8						<1	1.4		0.124	1.1	0.5
30	1.574	1.1				1.3	7.8						<1	1.1		0	-	-
31	1.344	1.3		300	334	3.8	0.8	7.8	0.63	0.11	0.27	0.21	<1	1.1	1.20	0	-	-

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

Signed: Harold W. Meyer
 Name (Please Type) HAROLD W. MEYER
 Company Name Orange Osceola Utilities

Date 6/12/94
 Telephone No. (Please Type) (407)348-5503

DER Form	17-601-800(1)
App Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month June Year 1994
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Ruenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number 0049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse GWIB
TERRESTRIAL FILTERS, WETLANDS, GOLF COURSE IRRIGATION
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
- | | |
|--|------------------------|
| Day Shift Operator Class <u>B</u> | Cert. No. <u>5858</u> |
| Evening Shift Operator Class <u>C</u> | Cert. No. <u>8298</u> |
| Night Shift Operator Class _____ | Cert. No. _____ |
| Lead Operator <u>Donald W. May Jr.</u> | Cert. No. <u>10738</u> |
| Signature | Cert. No. |

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.447
(17) Permitted capacity	mgd	—	1.500
(18) Three-month average daily flow	mgd	—	1.390
(19) Percent of permitted capacity	%	—	93
(20) CBOD ₅ Effluent	mg/L	080082	2.8
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.5
(25) Maximum pH		—	8.0
(26) Total N	mg/L	000600	0.82
(27) TKN	mg/L	000625	0.68
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.09
(29) Nitrate	mg/L	071850	0.14
(30) Total Phosphorus	mg/L	000665	0.34
(31) Minimum Chlorine Residual	mg/L	—	0.7
(32) Maximum Chlorine Residual	mg/L	—	1.6
(33) Other Effluent Parameters			—
Turbidity	NTU	—	1.4
Golf Course Flow	mgd		0.022
Golf Course Cl ₂ Min.	mg/l		1.2
Golf Course TSS Max.	mg/l		1.3

O&A Form 17-601-500-1
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date July 1, 1991
 O&A Approval No. (Filled in by O&A)

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
(34) Golf Course Irrigation

Month June Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (M/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.343	1.3			2.8	0.5	7.8						<1	1.4		0	-	-
2	1.329	1.6				1.3	7.9						<1	1.3		0	-	-
3	1.346	1.4				1.3	7.8				0.19		<1	1.3		0	-	-
4	1.413	1.2				0.8	7.6						<1	1.1		0	-	-
5	1.722	0.7				0.5	7.6						<1	1.3		0	-	-
6	1.453	1.4				0.5	7.7						<1	1.3		0	-	-
7	1.519	1.6		305	228	2.0	7.8	0.76	0.07	0.10	0.32		<1	1.3	16.86	0	-	-
8	1.663	1.4			2.4	0.5	7.9						<1	1.6		0	-	-
9	1.505	1.2				0.5	7.9						<1	1.4		0	-	-
10	1.525	1.1				0.5	7.7				0.22		<1	1.6		0	-	-
11	1.473	1.0				2.5	7.5						<1	1.6		0	-	-
12	1.482	1.0				1.5	7.8						<1	1.8		0	-	-
13	1.433	1.2				2.0	7.9						<1	1.8		0	-	-
14	1.420	1.2		260	180	3.4	7.9	0.74	0.09	0.09	0.44		<1	1.8	10.83	0.140	1.2	
15	1.398	1.1			3.5	1.3	7.9						<1	1.7		0	-	-
16	1.423	1.1				0.5	7.8						<1	1.7		0	-	-
17	1.391	1.3				0.8	7.8				0.51		<1	1.5		0	-	-
18	1.401	1.3				0.5	7.7						<1	1.4		0	-	-
19	1.469	1.1				0.8	7.8						<1	1.4		0	-	-
20	1.367	1.2				0.8	7.8						1	1.3		0	-	-
21	1.488	1.1		245	160	2.1	0.8	7.8	0.58	0.10	0.24	0.36	<1	1.3	0.82	0	-	-
22	1.474	1.2			3.1	1.0	8.0						<1	1.4		0	-	-
23	1.422	1.2				0.5	7.8						<1	1.2		0	-	-
24	1.455	1.2				2.0	7.8				0.30		<1	1.3		0	-	-
25	1.440	1.3				0.8	7.7						<1	1.2		0	-	-
26	1.489	0.9				0.5	7.8						<1	1.3		0	-	-
27	1.337	1.1				0.5	7.8						<1	1.2		0	-	-
28	1.374	1.2		250	180	2.7	0.5	7.9	0.65	0.09	0.13	0.41	<1	1.2	0.78	0.428	1.2	
29	1.381	1.3				1.3	7.8						<1	1.3		0	-	-
30	1.433	1.3				2.8	7.9						<1	1.2		0.099	1.3	

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

Signed: Harold W. Meyer

Date: 7-13-94

Name (Please Type) Harold W. Meyer

Company Name Orange Osceola Utilities

Telephone No. (Please Type) (407)348-5503

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month July Year 1994
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number 0049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse AWB
Tertiary Filtration, Wetlands, Golf Course Irrigation
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
 Day Shift Operator Class D Cert. No. 28563
 Evening Shift Operator Class C Cert. No. 32918
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Therrell W. Offgren A0738
 Signature _____ Cert. No. _____

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.540
(17) Permitted capacity	mgd	—	1.500
(18) Three-month average daily flow	mgd	—	1.443
(19) Percent of permitted capacity	%	—	96
(20) CBOD ₅ Effluent	mg/L	080082	2.15
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	0.9
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.6
(25) Maximum pH		—	8.0
(26) Total N	mg/L	000600	0.94
(27) TKN	mg/L	000625	0.34
(28) Ammonia (NH ₃ - N)	mg/L	000610	20.05
(29) Nitrate	mg/L	071850	0.10
(30) Total Phosphorus	mg/L	000665	0.26
(31) Minimum Chlorine Residual	mg/L	—	0.3
(32) Maximum Chlorine Residual	mg/L	—	1.3
(33) Other Effluent Parameters			—
Turbidity	NTU	—	1.2
Golf Course Flow	mgd		0.064
Golf Course Cl ₂ Min.	mg/l		1.1
Golf Course TSS Max.	mg/l		1.3

B 6334 C 2053
 C 7155 C 6231

DER Form 17-801.9002(1)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date July 1, 1991
 DER Application No. (if Applicable by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
 (34) Golf Course Irrigation Month July Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.457	1.2				0.3	7.9					0.25	<1	1.2		1.1	1.1	1.1
2	1.448	1.3				1.0	7.9						<1	1.3		1.1	1.1	1.1
3	1.674	1.3				1.0	7.7						<1	1.1		1.1	1.1	1.1
4	1.537	1.4				0.5	7.9						<1	1.0		1.1	1.1	1.1
5	1.491	1.2				0.5	7.7						<1	1.3		1.1	1.1	1.1
6	1.520	1.2		2.21	170	2.3	<0.5	8.0	0.30	0.00	0.15	0.30	<1	1.1	0.51	1.1	1.1	1.1
7	1.505	1.0				<0.5	7.7						<1	1.3		1.1	1.1	1.1
8	1.473	1.1				1.0	7.6					0.20	<1	1.2		1.1	1.1	1.1
9	1.475	1.2				1.3	7.6						<1	1.2		1.1	1.1	1.1
10	1.493	1.2				1.3	7.6						<1	1.2		0.120	1.2	1.2
11	1.446	1.1				1.3	7.3						<1	1.4		1.1	1.1	1.1
12	1.515	1.2				3.0	1.5	7.8					<1	1.3		0.751	1.2	1.3
13	1.409	1.3		2.25	140	3.2	1.5	7.9	0.50	0.05	0.05	0.23	<1	1.3	0.65	0.123	1.3	1.3
14	1.341	1.3				1.0	7.9						<1	1.3		0.139	1.3	1.3
15	1.421	1.2				1.3	7.9					0.21	<1	1.2		0.380	1.2	1.2
16	1.633	1.2				1.0	7.9						<1	1.4		1.1	1.1	1.1
17	1.525	0.3				1.5	7.8						<1	1.9		1.1	1.1	1.1
18	1.475	1.3				0.5	7.8						<1	1.2		0.314	1.3	1.2
19	1.459	1.1		3.15	200	1.9	0.8	8.0	0.07	0.05	0.09	0.29	<1	1.3	0.76	0.295	1.1	1.3
20	1.629	1.0				2.0	0.8	7.9					<1	1.2		1.1	1.1	1.1
21	1.492	1.1				1.0	7.8						<1	1.1		1.1	1.1	1.1
22	1.541	1.0				<0.5	1.8					0.25	<1	1.1		1.1	1.1	1.1
23	1.502	1.2				0.5	1.8						<1	1.1		1.1	1.1	1.1
24	1.655	1.2				0.5	7.8						<1	1.1		0.241	1.2	1.1
25	1.595	1.3				1.0	7.8						<1	1.1		1.1	1.1	1.1
26	1.701	1.0		1.69	28	2.5	0.8	7.9	0.78	<0.05	0.07	0.34	<1	1.2	0.85	1.1	1.1	1.1
27	1.738	1.3				3.0	0.5	7.9					<1	1.1		1.1	1.1	1.1
28	1.500	0.9				0.3	7.7						<1	1.2		1.1	1.1	1.1
29	1.559	1.3				1.8	7.8					0.18	<1	1.2		1.1	1.1	1.1
30	1.704	1.1				1.5	7.8						<1	1.2		1.1	1.1	1.1
31	1.649	1.2				0.5	7.8						<1	1.1		1.1	1.1	1.1

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

Signed Howard W. Miller Date 8/14/94
 Name (Please Type) Howard W. Miller
 Company Name Orange Osceola Utilities Telephone No. (Please Type) (407) 348-5503

DER Form	17-601 (9001)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II--General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month AUGUST Year 1994
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number DD49-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse GWIB
TERTIARY FILTERS, WETLANDS, GOLF COURSE IRRIGATION
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
- Day Shift Operator Class C Cert. No. 8298
- Evening Shift Operator Class C Cert. No. 6656/8053
- Night Shift Operator Class _____ Cert. No. _____
- Lead Operator Handwritten Signature AT78
 Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.615
(17) Permitted capacity	mgd	—	1.500
(18) Three-month average daily flow	mgd	—	1.534
(19) Percent of permitted capacity	%	—	107.6
(20) CBOD ₅ Effluent	mg/L	080082	2.0
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.4
(25) Maximum pH		—	8.1
(26) Total N	mg/L	000600	0.87
(27) TKN	mg/L	000625	0.68
(28) Ammonia (NH ₃ · N)	mg/L	000610	0.05
(29) Nitrate	mg/L	071850	0.19
(30) Total Phosphorus	mg/L	000665	0.26
(31) Minimum Chlorine Residual	mg/L	—	0.3
(32) Maximum Chlorine Residual	mg/L	—	1.6
(33) Other Effluent Parameters			
Turbidity	NTU	—	1.3
Golf Course Flow	mgd		0
Golf Course Cl ₂ Min.	mg/l		—
Golf Course TSS Max.	mg/l		—
FLOW NORTH WETLAND			0.130

DCA Form 17-601 (9001)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 (Effective Date: July 1, 1991)
 DCA Approval No. _____ (If Not Applicable)

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
 (34) Golf Course Irrigation

Month AUGUST Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)	Flow NORTH WETLAND
1	1.572	1.1				1.5	7.8						<1	1.3		0	-	-	
2	1.523	1.3				1.9	1.3	7.8					<1	1.3		0	-	-	
3	1.562	1.4		243	192	1.9	1.3	7.9	0.81	0.05	0.07	0.27	<1	1.2	0.88	0	-	-	
4	1.554	1.2				0.8	8.0						<1	1.2		0	-	-	0.143
5	1.579	1.6				1.8	7.8					0.20	<1	1.2		0	-	-	
6	1.899	1.0				1.3	7.8						<1	1.3		0	-	-	
7	1.814	0.3				1.5	7.8						<1	1.2		0	-	-	
8	1.678	0.3				<0.5	7.7						<1	1.2		0	-	-	
9	1.724	0.5				1.7	<0.5	7.7					<1	1.1		0	-	-	
10	1.702	1.1		265	156	3.2	<0.5	8.1	0.69	0.07	0.21	0.18	<1	1.2		0	-	-	
11	1.688	0.9				0.5	7.9						<1	1.2		0	-	-	
12	1.592	1.0				0.5	7.8					0.16	<1	1.2		0	-	-	
13	1.680	1.1				0.5	7.7						<1	1.2		0	-	-	0.020
14	1.687	1.3				<0.5	7.8						<1	1.2		0	-	-	
15	1.718	0.9				1.3	7.8						<1	1.3		0	-	-	0.058
16	1.583	1.0				2.3	0.5	7.8					<1	1.3		0	-	-	
17	1.596	0.9		232	164	1.6	0.5	8.1	0.62	0.08	0.22	0.24	<1	1.4		0	-	-	
18	1.639	0.9				1.5	7.8						<1	1.2		0	-	-	
19	1.589	0.9				1.5	7.8					0.32	<1	1.3		0	-	-	
20	1.628	1.2				1.5	7.8						<1	1.2		0	-	-	
21	1.684	1.0				1.25	7.7						<1	1.2		0	-	-	
22	1.621	1.2				1.5	7.7						<1	1.4		0	-	-	0.136
23	1.536	1.0				1.4	1.3	7.9					<1	1.4		0	-	-	0.409
24	1.527	1.0		275	204	1.8	0.8	7.9	0.57	0.05	0.24	0.34	<1	1.4	0.81	0	-	-	0.392
25	1.519	1.0				0.5	7.9						<1	1.3		0	-	-	0.408
26	1.496	1.0				0.8	7.9					0.35	<1	1.4		0	-	-	0.372
27	1.597	1.0				1.25	7.7						<1	1.4		0	-	-	0.452
28	1.681	0.9				1.0	7.6						3	1.3		0	-	-	0.412
29	1.523	1.2				1.5	7.7						6	1.6		0	-	-	0.397
30	1.462	1.1				1.8	2.0	7.4					<1	1.2		0	-	-	0.472
31	1.405	1.1		258	186	2.0	0.5	7.8	0.71	<0.05	0.23	0.31	<1	1.4	0.941	0	-	-	0.354

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

Signed: Harold W. Culligan

Date: 9/1/94

Name (Please Type): _____

Company Name: Orange Osceola Utilities

Telephone No. (Please Type): (407)348-5503

OER Form 17-601 (9001)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Reporting Date: July 1, 1991
 OER Application Fee: (if not in by OER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
(34) Golf Course Irrigation

Month SEPTEMBER Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Disinfection	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)	Flow to NORTH WETLAND
1	1.377	1.2				1.0	7.9						<1	1.3		0	-	-	0.467
2	1.553	0.9				0.8	7.8					0.33	<1	1.4		0	-	-	0.336
3	1.486	1.1				1.8	7.8						<1	1.5		0	-	-	0.342
4	1.461	0.9				0.8	7.7						<1	1.3		0	-	-	0.437
5	1.579	1.0				1.0	7.8						<1	1.3		0	-	-	0.443
6	1.420	0.9				2.0	0.5	7.9					<1	1.3		0	-	-	0.417
7	1.403	0.9		285	224	2.1	1.8	8.0	1.55	0.05	0.24	0.28	<1	1.7	1.79	0	-	-	0.462
8	1.537	1.2				1.0	7.9						<1	1.5		0	-	-	0.408
9	1.474	1.1				0.5	7.8					0.25	<1	1.5		0	-	-	0.441
10	1.520	1.3				0.5	7.8						<1	1.4		0	-	-	0.425
11	1.555	1.3				0.5	7.8						<1	1.4		0	-	-	0.429
12	1.479	1.3				1.3	7.6						<1	1.6		0	-	-	0.375
13	1.726	1.5				2.3	1.0	7.8					<1	1.5		0	-	-	0.421
14	1.517	1.1		160	182	2.5	0.5	8.0	0.70	0.05	0.54	0.23	<1	1.6	1.24	0	-	-	0.426
15	1.786	1.3				1.0	7.4						<1	1.6		0	-	-	0.415
16	1.527	0.8				<0.5	7.8					0.18	<1	1.3		0	-	-	0.348
17	1.580	1.1				<0.5	7.8						<1	1.4		0	-	-	0.379
18	1.579	1.6				<0.5	7.6				0.90	0.17	<1	1.4		0	-	-	0.340
19	1.610	1.7				1.5	7.7						<1	1.4		0	-	-	0.422
20	1.611	1.1				2.3	1.3	7.8					<1	1.4		0	-	-	0.457
21	1.530	0.5		198	196	1.9	1.8	7.8	0.43	0.06	0.16	0.29	<1	1.4	0.79	0	-	-	0.326
22	1.451	1.1				1.5	7.8				0.37		<1	1.3		0	-	-	0.426
23	1.362	1.1				1.3	7.8					0.21	<1	1.3		0	-	-	0.385
24	1.583	0.8				0.8	7.7						<1	1.4		0	-	-	0.422
25	1.690	1.6				0.8	7.7			0.25	0.33		<1	1.2		0	-	-	0.394
26	1.690	1.3				1.3	7.8						<1	1.3		0	-	-	0.365
27	1.520	1.0				1.9	1.5	7.8		0.42	0.25		<1	1.3		0	-	-	0.387
28	1.491	0.9		253	212	2.3	0.5	8.0	0.77	0.06	0.39	0.22	<1	1.3	1.16	0	-	-	0.358
29	1.473	1.2				1.0	7.7						<1	1.4		0	-	-	0.404
30	1.395	1.0				1.5	7.8					0.23	<1	1.2		0	-	-	0.384

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

Signed: [Signature]

Date: SEP 30 1994

Name (Please Type): _____

Company Name: Orange Osceola Utilities

Telephone No. (Please Type): (407) 348-5503

17-601(3001)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Effective Date: July 1, 1991

DER Application No. (Filed in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month OCTOBER Year 1994
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse FWT
COURSE
TERTIARY FILTERS, WETLANDS, GOLF COURSE IRRIGATION
- (13) Limited Wet Weather Discharge Activated
☒ Yes ☐ No ☐ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge 24
- (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 8298
 Evening Shift Operator Class C Cert. No. 6656/8053
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Donald W. Gagnier 1731
 Signature _____ Cert. No. _____

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.430
(17) Permitted capacity	mgd	—	1.500
(18) Three-month average daily flow	mgd	—	1.526
(19) Percent of permitted capacity	%	—	101.7
(20) CBOD ₅ Effluent	mg/L	080082	2.3
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.6
(25) Maximum pH		—	8.0
(26) Total N	mg/L	000600	0.96
(27) TKN	mg/L	000625	0.62
(28) Ammonia (NH ₃ - N)	mg/L	000610	<0.05
(29) Nitrate	mg/L	071850	0.47
(30) Total Phosphorus	mg/L	000665	0.18
(31) Minimum Chlorine Residual	mg/L	—	0.8
(32) Maximum Chlorine Residual	mg/L	—	1.4
(33) Other Effluent Parameters			
Turbidity	NTU	—	1.3
Golf Course Flow	mgd		0.085
Golf Course Cl ₂ Min.	mg/l		1.0
Golf Course TSS Max.	mg/l		1.5
FLOW NORTH WETLAND			0.122

DER Form 17-601900-1
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date: July 1, 1991
 DER Approval: (If filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
34) Golf Course Irrigation

Month OCTOBER Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (week ly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)	Flow NORTH WETLAND (MGD)
1	1.544	1.1				0.5	7.6						<1	1.4					0.151
2	1.663	1.2				<0.5	7.6				0.38	0.26	<1	1.4					
3	1.496	1.1				0.5	7.7						<1	1.3					0.364
4	1.448	0.9				1.3	7.8				0.40		<1	1.4					0.374
5	1.412	1.3		270	187	2.9	7.9	0.75	0.07	0.64	0.23		<1	1.4	1.39				0.349
6	1.412	1.3				0.8	7.8						<1	1.4					0.413
7	1.378	1.0				2.3	7.9				0.96	0.18	<1	1.4					0.410
8	1.488	1.2				2.0	7.6						<1	1.6					0.380
9	1.531	1.2				1.8	7.6				0.99	0.19	<1	1.3					0.449
10	1.407	1.2				0.5	7.7						<1	1.3					0.456
11	1.405	1.3				2.2	1.0	7.9			0.35		<1	1.5					0.457
12	1.370	1.0		224	218	2.3	2.3	8.0	0.64	<0.05	0.48	0.21	<1	1.3	1.12				
13	1.364	1.1				2.5	7.9						<1	1.2					
14	1.387	0.9				2.5	7.7				0.80	0.17	<1	1.4					
15	1.403	1.3				2.3	7.8						<1	1.4		0.368	1.3	1.5	
16	1.487	1.3				2.3	7.6				1.02	0.15	<1	1.1					
17	1.368	1.4				0.5	7.7						<1	1.2					
18	1.356	1.3				1.6	1.3	7.8			0.55		<1	1.4		0.427	1.3	0.5	
19	1.383	1.2		226	280	2.6	1.3	7.7	0.52	<0.05	0.14	0.17	<1	1.2	0.66	0.158	1.2	0.5	
20	1.365	1.2				0.5	7.8						<1	1.2		0.073	1.2	0.5	
21	1.344	1.1				0.5	7.6				0.18	0.15	<1	1.1		0.057	1.1	<0.5	
22	1.498	1.1				<0.5	7.6						<1	1.1		0.298	1.1	<0.5	
23	1.486	1.0				0.5	7.6				0.17	0.14	<1	1.1		0.145	1.0	0.5	
24	1.368	1.2					1.3	7.7					<1	1.2		0.141	1.2	0.5	
25	1.335	0.9				1.9	1.0	7.8			0.12		<1	1.2		0.432	1.0	1.3	
26	1.364	1.3		221	212	2.1	1.8	7.8	0.55	0.05	0.13	0.19	<1	1.2	0.68	0.241	1.3		
27	1.357	1.4				1.5	7.8						<1	1.2					
28	1.368	1.3					1.0	7.7			0.22	0.17	<1	1.2		0.236	1.3	0.5	
29	1.506	1.1					0.5	7.8					<1	1.3					
30	1.662	1.0					1.3	7.7					<1	1.1					
31	1.427	0.8					1.5	7.7					<1	1.2					

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

Signed: Harold W. Meyer
 Name (Please Type) HAROLD W. MEYER
 Company Name Orange Osceola Utilities

Date 11/10/94
 Telephone No. (Please Type) (407) 348-5503

O&A Form 17-801300(1)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Month: July 1, 1991
 O&A Approval No. (if not by O&A)

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
34) Golf Course Irrigation

Month NOVEMBER Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (pfu/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)	Flow MGD SOUTH WETLAND	Flow MGD NORTH WETLAND
1	1.379	1.1				1.8	1.3	7.58					<1	1.3						
2	1.313	1.3		217	164	2.0	2.5	7.67	0.56	<0.05	0.14	0.28	<1	1.1	0.60	0.078	1.3	1.5		
3	1.357	1.4				1.8	7.64						<1	1.3		0.293	1.4	0.5		
4	1.331	1.3				1.0	7.88			0.44	0.17		<1	1.4		0.354	1.3	0.5		
5	1.447	1.2				1.3	7.8						<1	1.4		0.111	1.2	0.5		
6	1.454	1.1				1.0	7.7						<1	1.2						
7	1.382	1.2				1.0	7.78						<1	1.3		0.177	1.2	0.5		
8	1.382	1.2				2.2	0.8	7.75					<1	1.3		0.223	1.2	1.0		
9	1.343	1.2		295	202	2.6	1.8	7.76	0.87	0.11	0.17	0.25	<1	1.2	1.04	0.209	1.2	0.9		
10	1.357	1.2				0.5	7.74						<1	1.3		0.292	1.2	0.5		
11	1.362	1.3				<0.5	7.78				0.21		<1	1.2		0.284	1.3	<0.5		
12	1.458	1.3				0.5	7.60						<1	1.1						
13	1.534	1.1				<0.5	7.6						<1	1.1		0.195	1.1	<0.5		
14	1.372	1.2				1.5	7.84						<1	1.2						
15	2.081	1.0				3.0	1.8	7.86					<1	2.0					0.758	
16	1.972	1.2		153	212	2.1	1.8	7.80	0.74	0.16	0.26	0.32	<1	1.0	1.00				0.919	
17	1.487	1.5				1.0	7.62						<1	1.4						
18	1.366	1.4				<0.5	7.68				0.34		<1	1.1						
19	1.509	1.2				<0.5	7.68						<1	1.0						
20	1.521	1.2				0.5	7.71						<1	1.0						
21	1.445	0.9				2.2	0.5	7.76					<1	1.1						
22	1.440	0.7		300	210	2.1	1.3	7.89	0.76	0.05	0.88	0.32	<1	1.2	1.08					
23	1.415	1.3				1.0	7.75						<1	1.2		0.136	1.5	0.5		
24	1.443	1.4				0.8	7.69						<1	1.2						
25	1.369	1.4				<0.5	7.67						<1	1.2						
26	1.408	1.4				2.0	7.72						<1	1.9		0.214	1.4	1.5		
27	1.479	1.2				0.5	7.73						<1	1.1						
28	1.388	1.2				1.3	7.74						<1	1.1		0.148	1.2	0.5		
29	1.386	1.3				2.2	0.5	7.80					<1	1.0		0.130	1.3	0.8		
30	1.345	1.4		310	276	2.7	0.8	7.78	0.41	0.09	0.05	0.31	<1	1.1	0.46	0.197	1.4	<0.5		

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

Signed: Harold W. Chappin

Date: 12/8/94

Name (Please Type) _____

Company Name Orange Osceola Utilities

Telephone No. (Please Type) (407)348-5503

DER Form	17-601.500(1)
Domestic Wastewater Treatment Plant Monthly Operating Report	
Report Date	July 1, 1994
DER Application No.	(if filed in the DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month DECEMBER Year 1994
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse GWIB
TERTIARY FILTERS, WETLANDS, GOLF COURSE IRRIGATION
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 8298/9156
 Evening Shift Operator Class C Cert. No. 6656/8053
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Harold W. Meyer # 738
 Signature _____ Cert. No. _____

Parameter	Units	SIOPET Code	Value
(16) Monthly average daily flow	mgd	050053	1.430
(17) Permitted capacity	mgd	-	1.500
(18) Three-month average daily flow	mgd	-	1.437
(19) Percent of permitted capacity	%	-	95.8
(20) CBOD ₅ Effluent	mg/L	080082	2.2
(21) CBOD ₅ Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	0.8
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH		-	7.62
(25) Maximum pH		-	7.84
(26) Total N	mg/L	000600	2.15
(27) TKN	mg/L	000625	0.78
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.7
(29) Nitrate	mg/L	071850	1.56
(30) Total Phosphorus	mg/L	000665	0.10
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.6
(33) Other Effluent Parameters			
Turbidity	NTU	-	1.3
Golf Course Flow	mgd		0.027
Golf Course Cl ₂ Min.	mg/l		1.0
Golf Course TSS Max.	mg/l		1.3
FLOW SOUTH WETLAND AVG.	MGD		0
FLOW NORTH WETLAND AVG.	MGD		0

DEN Form 17-601900-1
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date July 1, 1991
 DEN Application No. _____
 If used by DEN

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
34) Golf Course Irrigation

Month DECEMBER Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CAOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)	Flow (MGD) SOUTH WETLAND	Flow (MGD) NORTH WETLAND
1	1.322	1.4					0.8	7.81					<1	1.0		0.148	1.4	<0.5		
2	1.309	1.5					<0.5	7.68				0.13	<1	1.0		-				
3	1.475	1.3					<0.5	7.75					<1	1.0		0.133	1.3	0.5		
4	1.545	1.2					<0.5	7.73					<1	1.0		-				
5	1.458	1.3				2.3	1.0	7.73					<1	1.0		0.116	1.3	0.5		
6	1.366	1.3		340	228	2.7	1.0	7.78	0.62	0.06	0.07	0.22	<1	1.0	0.69	-				
7	1.356	1.1					1.3	7.65					<1	1.0		-				
8	1.365	1.4					1.3	7.71		0.49			<1	1.1		-				
9	1.346	1.3					1.3	7.74				0.07	<1	1.0		0.147	1.3	<0.5		
10	1.450	1.2					1.0	7.70					<1	1.1		-				
11	1.386	1.2					1.3	7.72					<1	1.0		-				
12	1.317	1.3					0.5	7.69					<1	1.1		-				
13	1.270	1.4				2.1	<0.5	7.76					<1	1.1		0.050	1.1	1.3		
14	1.298	1.4		295	234	1.6	1.5	7.77	0.64	0.05	2.08	0.06	<1	1.2	2.72	-				
15	1.299	1.3					0.8	7.66					<1	1.4		-				
16	1.310	1.1					0.5	7.73				0.07	<1	1.4		-				
17	1.384	1.1					<0.5	7.72					<1	1.4		-				
18	1.329	1.1					<0.5	7.78					<1	1.2		-				
19	1.320	0.6					1.8	7.77					<1	1.3		0.106	1.0	1.0		
20	1.444	1.2				2.7	1.0	7.75					2	1.4		-				
21	1.548	1.3		285	174	1.8	1.3	7.67	0.85	0.05	2.84	0.07	<1	1.2	3.69	-				
22	1.527	1.2					0.5	7.84					<1	1.4		-				
23	1.439	1.2					1.3	7.65			2.87	0.06	<1	1.3		-				
24	1.568	1.1					0.5	7.68					<1	1.4		-				
25	1.450	0.7					1.5	7.62					<1	1.4		-				
26	1.501	0.5					1.5	7.73					<1	1.4		-				
27	1.545	0.6				1.9	0.8	7.69					1	1.5		-				
28	1.512	1.6		283	188	2.2	1.5	7.73	1.01	0.11	0.50	0.11	<1	1.4	1.51	0.125	1.6	0.5		
29	1.570	0.6					0.5	7.80					<1	1.8		-				
30	1.565	1.0					<0.5	7.65				0.11	<1	1.9		-				
31	1.746	0.7					0.8	7.64					<1	1.5		-				

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

Signed [Signature]

Date 1/12/95

Name (Please Type) HAROLD W. MEYER

Company Name Orange Osceola Utilities

Telephone No. (Please Type) (407) 346-5503

Domestic Wastewater Treatment Plant
Monthly Operating Report
Report Date: July 1, 1993
DEA Approval No. 17-1-1-100

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information Treatment Plant Effluent

- (1) Month JANUARY Year 1993
- (2) Plant's DEA Identification Number _____
- (3) Plant Name BUENAVENTURA LAKES WEST
- (4) Plant Address 839C WEST BIRCHWOOD
CIRCLE
- (5) City KISSIMMEE
- (6) County OSCEOLA
- (7) Phone Number (407) 348-5503
- (8) Permit Number DO 49-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number _____
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse TERTIARY FILTERS
WETLANDS, GOLF COURSE IRRIGATION
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
Day Shift Operator Class B Cert. No. 5858
Evening Shift Operator Class C Cert. No. 6056
Night Shift Operator Class _____ Cert. No. _____
Lead Operator [Signature] Cert. No. A0738

C 8298
C 7755
C 6281
C 8053
B 6334

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.30
(17) Permitted capacity	mgd	-	1.50
(18) Three-month average daily flow	mgd	-	1.27
(19) Percent of permitted capacity	%	-	87
(20) CBOD ₅ Effluent	mg/L	080082	2.3
(21) CBOD ₅ Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH	-	-	7.2
(25) Maximum pH	-	-	8.1
(26) Total N	mg/L	000600	2.12
(27) TKN	mg/L	000625	0.8
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.07
(29) Nitrate	mg/L	071850	1.51
(30) Total Phosphorus	mg/L	000635	0.11
(31) Minimum Chlorine Residual	mg/L	-	0.4
(32) Maximum Chlorine Residual	mg/L	-	2.4
(33) Other Effluent Parameters			
Turbidity	NTU	-	1.4

DWR Form _____
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Station Name: _____
 Station No.: _____
 Date: _____
 DWR Approval No.: _____

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) Treatment Plant Effluent

Month JANUARY Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)
1	1.404	0.8				0.5	7.9						<1	1.3
2	1.415	1.4				0.8	7.8						<1	1.1
3	1.361	1.5				0.5	7.8						<1	1.2
4	1.346	1.2				0.5	7.8						<1	1.2
5	1.326	0.8		245	406	2.1	0.5	7.9	0.01	0.23	0.12	0.10	<1	1.4
6	1.316	1.0			2.0	0.8	8.0						<1	1.1
7	1.301	1.1				0.5	7.9			0.14	0.11		<1	1.4
8	1.320	1.0				0.5	7.8						<1	1.5
9	1.333	1.4				1.3	7.3						<1	1.5
10	1.377	1.3				0.5	7.4						<1	1.5
11	1.289	1.2				0.5	7.9						<1	1.5
12	1.223	0.8		328	356	3.5	0.5	7.8	0.44	0.55	0.20	0.12	<1	1.4
13	1.317	1.2			3.3	0.8	7.8						<1	1.3
14	1.191	1.4				0.5	8.1			0.28	0.10		<1	1.5
15	1.320	1.0				0.5	7.9						<1	1.4
16	1.289	1.1				2.3	7.5						<1	1.3
17	1.274	1.0				1.5	7.5						<1	1.4
18	1.304	1.4				1.3	7.8						<1	1.4
19	1.272	0.8		400	452	1.7	0.8	8.0	0.95	0.05	2.43	0.08	<1	1.5
20	1.266	1.3			2.2	1.0	7.9						<1	1.4
21	1.280	1.1				0.8	7.9			2.84	0.09		<1	1.4
22	1.243	1.4				0.8	7.9						<1	1.5
23	1.310	1.2				1.3	7.4						<1	1.3
24	1.326	1.2				1.5	7.5						<1	1.5
25	1.289	1.0				2.0	7.8						<1	1.3
26	1.308	1.2		320	256	2.1	1.5	8.0	1.00	0.05	2.54	0.09	<1	1.5
27	1.236	1.4			2.4	2.3	7.7						<1	1.3
28	1.236	1.4				0.8	7.9			3.50	0.08		<1	1.3
29	1.237	0.7				0.8	7.8						<1	1.6
30	1.354	0.4				1.3	7.4						<1	1.6
31	1.334	2.4				1.3	7.6						<1	1.5

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

Signed Harold Meyer

Date 2-10-93

Name (Please Type) Harold Meyer

Company Name ORANGE OXLEY UTILITIES

Telephone No (Please Type) (407) 348-5503

DER Form	17-001-00011
Applicable To	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Approval No.	_____

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT

- (1) Month FEBRUARY Year 1993
- (2) Plant's DER Identification Number _____
- (3) Plant Name BUENAVENTURA LAKES WEST
- (4) Plant Address 839C WEST BIRCHWOOD
CIRCLE
- (5) City KISSIMMEE
- (6) County OSCEOLA
- (7) Phone Number (407) 348-5503
- (8) Permit Number DO 49-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number _____
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse TERTIARY
FILTERS, WETLANDS, GWLB, GOLF COURSE IRRIGATION
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
- Day Shift Operator Class B Cert. No. 5858
- Evening Shift Operator Class C Cert. No. 6656
- Night Shift Operator Class _____ Cert. No. _____
- Lead Operator Harold W. Gifford Cert. No. A0738

C 8248
C 7755
C 6237

C 8053
B 6334

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.2
(17) Permitted capacity	mgd	—	1.50
(18) Three-month average daily flow	mgd	—	1.2
(19) Percent of permitted capacity	%	—	84
(20) CBOD ₅ Effluent	mg/L	080082	3.1
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.0
(25) Maximum pH		—	8.0
(26) Total N	mg/L	000500	1.1
(27) TKN	mg/L	000625	0.7
(28) Ammonia (NH ₃ · N)	mg/L	000610	0.0
(29) Nitrate	mg/L	071850	0.5
(30) Total Phosphorus	mg/L	000665	0.1
(31) Minimum Chlorine Residual	mg/L	—	0.0
(32) Maximum Chlorine Residual	mg/L	—	2.0
(33) Other Effluent Parameters			—
			1.0

Of & Age: 17-01-2001
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Name: [Blank]
 (Please Date: July 1, 1991)
 Of & Age: [Blank] (Please Date: [Blank])

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) Treatment Plant Effluent

Month FEBRUARY Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Disinfection	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (MPN/100ml)	Turbidity NTU (max)
1	1.229	0.4				1.8	7.7						<1	1.7
2	1.195	1.3		232	178	3.8	0.5	7.9	0.76	0.14	0.36	0.13	<1	1.7
3	1.213	1.0				3.2	0.5	7.9					<1	1.4
4	1.216	1.0				0.5	7.8			0.57	0.08		1	1.6
5	1.265	0.8				1.0	7.3						<1	1.9
6	1.313	0.8				1.3	7.4						<1	1.2
7	1.304	2.2				1.0	7.6						<1	1.4
8	1.213	0.5				1.1	7.1						<1	1.3
9	1.233	2.1		275	222	2.8	0.5	7.8	0.57	0.55	0.30	0.11	<1	1.7
10	1.237	1.3				2.7	0.5	7.9					<1	1.8
11	1.320	1.4				0.5	7.8			0.61	0.11		<1	1.6
12	1.273	0.5				0.5	7.8						<1	1.2
13	1.315	0.3				0.8	7.4						<1	1.2
14	1.298	0.6				1.8	7.3						<1	1.4
15	1.341	1.2				2.3	7.8						<1	1.4
16	1.301	1.2		248	152	3.4	0.5	7.9	0.60	0.07	0.35	0.09	<1	1.0
17	1.270	1.0				3.4	0.5	7.9					<1	1.4
18	1.194	1.0				0.5	8.1			0.17	0.13		<1	1.0
19	1.217	1.5				0.5	7.9						<1	0.9
20	1.321	1.1				1.0	7.4						<1	1.0
21	1.321	0.7				0.8	7.5						<1	0.9
22	1.345	1.4				1.3	7.9						<1	0.9
23	1.258	1.4		240	216	2.4	1.0	7.9	1.11	0.06	0.53	0.08	<1	1.0
24	1.244	1.2				2.8	1.0	8.1					<1	1.0
25	1.234	1.4				0.5	7.9			1.18	0.03		<1	1.0
26	1.264	1.7				1.0	7.9						<1	1.0
27	1.261	1.4				1.5	7.5						<1	1.2
28	1.273	1.9				1.5	7.7						<1	1.1

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

Signed: Harold W. Meyer
 Name (Please Type) Harold W. Meyer
 Company Name ORANGE OSCEOLA UTILITIES

Date: 3/9/93
 Telephone No. (Please Type) (407)-348-5501

Domestic Wastewater Treatment Plant
Monthly Operating Report
Reporting Date: July 1, 1991
DEP Application No. 00000000

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month MARCH Year 1993
 (2) Plant's DEP Identification Number 3049 P00029
 (3) Plant Name BUENAVENTURA LAKES WEST
 (4) Plant Address 839 L WEST BIRCHWOOD CIRCLE
 (5) City KISSIMMEE
 (6) County OSCEOLA
 (7) Phone Number (407) 348-5503
 (8) Permit Number DD49-174229
 (9) Plant Type AWT
 (10) Test Site Identification Number 3049 X 12949
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse TERTIARY
FILTERS, WETLANDS, GWIB, GOLF COURSE IRRIGATION
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge _____
 (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 5858
 Evening Shift Operator Class C Cert. No. 106510
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Thaddeus Offinger Cert. No. A0738
 Signature _____

C 8298 C 8053
 C 7755 B 6334
 C 6281

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.30
(17) Permitted capacity	mgd	-	1.5
(18) Three-month average daily flow	mgd	-	1.25
(19) Percent of permitted capacity	%	-	85
(20) CBOD ₅ Effluent	mg/L	080082	2.1
(21) CBOD ₅ Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH		-	7.1
(25) Maximum pH		-	8.1
(26) Total N	mg/L	000600	1.0
(27) TKN	mg/L	000625	0.5
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.6
(29) Nitrate	mg/L	071850	1.2
(30) Total Phosphorus	mg/L	000655	0.1
(31) Minimum Chlorine Residual	mg/L	-	0.1
(32) Maximum Chlorine Residual	mg/L	-	1.1
(33) Other Effluent Parameters			
Turbidity MAX.	NTU	-	1.1
Golf Course flow	mgd	-	0.1
Golf Course Cl2 Min.	mg/l	-	0
Golf Course TSS Max.	mg/l	-	2

Per 9/14

Domestic Wastewater Treatment Plant
Monthly Operating Report
Month: July 1, 1991
Date: July 1, 1991
Page: 1 of 2

Domestic Wastewater Treatment Plant Monthly Operating Report

34) Treatment Plant Effluent & Golf Course Irrigation Month MARCH Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact (mg/L)	Chlorine Residual after Dechlorination (mg/L)	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100mg)	Turbidity NTU (max)	Flow (mgd)	Golf Course Chlorine (mg/l)	Golf Course TSS (mg/l)
1	1.221	1.3				1.8	7.4						<1	1.1	0.54	1.3	1.8
2	1.231	1.1		300	250	1.4	0.5	7.7	0.73	0.08	1.73	0.07	<1	1.1	0.62	1.1	0.5
3	1.309	0.8				2.4	2.0	7.9					1	1.1	0.54	1.2	2.0
4	1.247	1.3				1.0	7.9			0.76			<1	1.0	0.57	1.3	1.0
5	1.218	1.3				1.0	7.9						<1	1.0	0.62	1.3	1.0
6	1.279	0.6				0.8	7.4						<1	0.9	0.59	1.0	0.8
7	1.306	0.9				1.0	7.5						3	1.0	0.54	0.9	1.0
8	1.254	1.4				0.5	8.1						<1	1.0	0.60	1.4	0.5
9	1.245	1.0		263	224	3.1	1.3	7.8	0.82	0.09	1.06	0.08	1	1.0	0.44	1.0	1.3
10	1.255	1.1				3.2	1.8	8.0					<1	1.1	0.45	1.1	1.8
11	1.223	1.0				1.8	7.8			1.29	0.10		<1	1.1	0.49	1.0	1.8
12	1.413	1.1				2.3	8.0						<1	1.2	0.43	1.1	2.3
13	1.232	1.5				2.3	7.5						<1	1.3	0.66	1.5	2.3
14	1.220	1.4				2.0	7.5						1	1.4	0.69	1.4	2.0
15	1.231	1.6				2.5	7.9						<1	1.4	0	-	-
16	1.187	1.1		261	244	2.5	1.0	7.9	0.59	0.06	2.88	0.11	<1	1.3	0.39	1.1	1.6
17	1.381	1.3				2.4	1.3	7.9					<1	1.2	0.66	1.3	1.3
18	1.298	1.0				1.3	7.9			2.45	0.12		1	1.0	0	-	-
19	1.286	1.0				0.5	7.8						<1	1.1	0	-	-
20	1.344	0.7				1.3	7.4						<1	1.0	0	-	-
21	1.408	0.6				0.8	7.4						<1	1.1	0	-	-
22	1.369	1.0				1.8	7.9						<1	1.3	0	-	-
23	1.314	1.0		283	274	2.4	1.5	7.8	0.82	0.05	0.32	0.19	<1	1.5	0	-	-
24	1.357	1.3				2.9	2.0	8.1					<1	1.5	0	-	-
25	1.304	1.1				1.5	8.0			0.19	0.28		1	1.7	0	-	-
26	1.393	0.8				2.0	8.1						<1	1.8	0	-	-
27	1.407	1.2				60.5	7.8						<1	1.9	0	-	-
28	1.377	1.1				60.5	7.6						<1	1.8	0.052	1.1	
29	1.405	1.2				0.5	8.0						<1	1.6	0	-	-
30	1.290	1.0		203	174	2.0	0.5	7.5	0.68	0.07	0.30	0.14	2	1.7	0.151	1.0	0.5
31	1.404	1.1				2.5	1.3	8.1					2	1.8	0.159	1.1	1.3

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

Signed: Harold W. Meyer
Name (Please Type): HAROLD W. MEYER
Company Name: ORANGE OSCEOLA UTILITIES

Date: 4-13-93
Telephone No. (Please Type): (407) 348-5503

DER Form 17-001 (2001)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Issue Date: July 1, 2001
DER Application No. _____ Filed on or before _____

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month April Year 1993
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse _____
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
Day Shift Operator Class B Cert. No. 5858
Evening Shift Operator Class C Cert. No. 6656
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Frank W. Caplan A0738
Signature _____ Cert. No. _____

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.331
(17) Permitted capacity	mgd	-	1.500
(18) Three-month average daily flow	mgd	-	1.300
(19) Percent of permitted capacity	%	-	89
(20) CBOD ₅ Effluent	mg/L	080082	2.7
(21) CBOD ₅ Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	0.8
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH		-	7.5
(25) Maximum pH		-	8.0
(26) Total N	mg/L	000600	0.89
(27) TKN	mg/L	000625	0.60
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.13
(29) Nitrate	mg/L	071850	0.30
(30) Total Phosphorus	mg/L	000665	0.15
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.1
(33) Other Effluent Parameters			
Turbidity	NTU	-	2.2
Golf Course Flow A.D.F.	mgd		0.122
Golf Course Cl ₂ Min.	mg/l		1.0
Golf Course TSS Max.	mg/l		1.5

C 8298
C 7755
C 6281

C 8053
B 6334

DER No.	17-00100010
Domestic Wastewater Treatment Plant	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	3049P00029

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month May Year 1993
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse TERTIARY
FILTERS, WETLANDS, GOLF COURSE IRRIGATION
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
- Day Shift Operator Class B Cert. No. 5853
- Evening Shift Operator Class C Cert. No. 66516
- Night Shift Operator Class _____ Cert. No. _____
- Lead Operator Harold W. Meyer A0738
 Signature _____ Cert. No. _____

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.298
(17) Permitted capacity	mgd	—	1.500
(18) Three-month average daily flow	mgd	—	1.311
(19) Percent of permitted capacity	%	—	87
(20) CBOD ₅ Effluent	mg/L	080082	3.1
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	0.7
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.6
(25) Maximum pH		—	8.1
(26) Total N	mg/L	000600	0.88
(27) TKN	mg/L	000625	0.56
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.12
(29) Nitrate	mg/L	071850	0.30
(30) Total Phosphorus	mg/L	000665	0.24
(31) Minimum Chlorine Residual	mg/L	—	0.7
(32) Maximum Chlorine Residual	mg/L	—	2.5
(33) Other Effluent Parameters			—
Turbidity	NTU	—	1.4
Golf Course Flow	mgd		0.288
Golf Course Cl ₂ Min.	mg/l		1.0
Golf Course TSS Max.	mg/l		1.5

C 8298
 C 7755
 C 6281

C 8053
 B 6334

DER Form 17-807-000(1)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date July 1, 1991
 DER Assignment No. 1 Page 3 of 3

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
(34) Golf Course Irrigation

Month May Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (week ly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.287	1.8				0.8	7.6						20	1.7		0.243	1.8	0.8
2	1.295	1.7				1.0	7.7						10	1.5		0.181	1.7	1.0
3	1.274	1.1				0.8	7.9						1	1.8		0.246	1.1	0.8
4	1.379	1.4				2.5	0.5	7.9					2	1.7		0.276	1.4	0.5
5	1.390	1.6		268	226	2.6	0.3	8.1	0.71	0.11	0.69	0.13	1	1.7	11.40	0.404	1.6	0.8
6	1.363	1.5				0.5	7.6						<1	2.4		0.263	1.5	0.5
7	1.337	1.3				0.5	7.7						<1	1.7		0.287	1.3	0.5
8	1.304	1.4				0.8	7.6						<1	1.6		0.218	1.4	0.8
9	1.301	2.5				1.8	7.7						<1	1.5		0.398	2.5	0.8
10	1.290	1.7				1.5	7.8						<1	2.0		0.164	1.7	1.5
11	1.235	1.0				2.5	0.5	8.0					<1	1.6		0.314	1.0	0.5
12	1.264	1.5		200	166	2.6	0.5	8.0	0.54	0.21	0.43	0.15	<1	1.6	0.97	0.206	1.5	0.5
13	1.261	1.4				1.3	7.8						<1	1.2		0.272	1.4	1.3
14	1.233	1.4				1.0	8.1			0.21	0.17		<1	1.1		0.364	1.4	1.0
15	1.287	1.3				1.0	7.7						<1	1.2		0.332	1.3	1.0
16	1.291	1.5				0.5	7.8						<1	1.1		0.261	1.5	0.5
17	1.288	1.2				0.5	7.9						<1	1.2		0.399	1.2	0.5
18	1.276	1.2				5.0	0.8	7.9					<1	0.9		0.205	1.2	0.8
19	1.241	1.3		245	200	4.9	0.5	8.0	0.48	0.67	0.14	0.23	<1	0.9	0.62	0.424	1.3	0.5
20	1.240	1.2				1.0	7.9						<1	1.0		0.143	1.2	1.0
21	1.231	1.3				1.3	7.8						<1	1.1		0.452	1.3	1.3
22	1.270	1.2				0.5	7.7						<1	1.1		0.295	1.2	0.5
23	1.351	1.3				40.5	7.7						<1	1.1		0.257	1.3	40.5
24	1.278	0.9				0.8	8.0						<1	1.2		0.242	1.2	0.8
25	1.259	1.2				2.0	0.8	7.9					<1	1.3		0.329	1.2	0.8
26	1.230	1.3		333	212	2.4	0.5	8.0	0.49	0.08	0.05	0.50	<1	1.3	0.54	0.330	1.3	0.5
27	1.247	1.3				0.8	7.8						<1	1.3		0.424	1.3	0.8
28	1.261	1.5				40.5	8.1						<1	1.2		0.470	1.5	40.5
29	1.417	0.7				40.5	7.7						<1	1.3		0.256	1.4	40.5
30	1.482	0.7				0.5	7.8						<1	1.5		0.256	1.3	0.5
31	1.424	1.2				0.5	7.8						<1	1.4		0	1.2	-

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

Signed: Harold W. Meyer
 Name (Please Type) Harold W. Meyer
 Company Name Orange Osceola Utilities

Date: 6/7/93
 Telephone No. (Please Type) (407)348-5503

DER App. No.	17-00130011
Domestic Wastewater Treatment Plant	Monthly Operating Report
Reporting Date	July 1, 1993
DER Application No.	(File # by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month June Year 1993
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse Tertiary
Filters, Wetlands, GWIB, Golf Course Irrigation
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
- Day Shift Operator Class B Cert. No. 5858
- Evening Shift Operator Class C Cert. No. 6656
- Night Shift Operator Class _____ Cert. No. _____
- Lead Operator Harold W. Gifford A0738
 Signature Cert. No.

C 8298 C 8053
 C 7755 B 6334
 C 6281

Parameter	Units	STORET Code	Value
(15) Monthly average daily flow	mgd	050053	1.325
(17) Permitted capacity	mgd	-	1.500
(18) Three-month average daily flow	mgd	-	1.318
(19) Percent of permitted capacity	%	-	88
(20) CBOD ₅ Effluent	mg/L	080082	2.8
(21) CBOD ₅ Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	0.8
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH		-	7.5
(25) Maximum pH		-	8.1
(26) Total N	mg/L	000600	0.69
(27) TKN	mg/L	000625	0.63
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.07
(29) Nitrate	mg/L	071850	0.05
(30) Total Phosphorus	mg/L	000665	0.48
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	1.6
(33) Other Effluent Parameters			-
Turbidity	NTU	-	1.3
Golf Course Flow	mgd		0.209
Golf Course Cl ₂ Min.	mg/l		1.0
Golf Course TSS Max.	mg/l		1.5

O&M Form 17-001(9001)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date July 1, 1991
 O&M Application No. _____

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
34) Golf Course Irrigation

Month JUNE Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.338	1.5				0.5	7.8						<1	1.5		0	-	-
2	1.358	1.4				4.6	0.8	7.9					<1	1.5		0	-	-
3	1.351	1.4		265	234	4.5	1.3	8.0	0.55	0.09	0.05	1.02	<1	1.6	0.60	0.336	1.4	1.5
4	1.311	1.5				0.8	7.8						<1	1.6		0	-	-
5	1.344	1.0				0.5	7.5						<1	1.6		0.239	1.0	0.5
6	1.318	1.2				0.5	7.7						<1	1.4		0.256	1.2	0.5
7	1.362	1.3				0.5	7.8						<1	1.2		0.261	1.3	0.5
8	1.331	1.4				2.6	1.0	7.8					<1	1.4		0.332	1.4	1.0
9	1.290	1.3		315	183	2.6	0.5	8.1	0.71	0.13	0.05	0.67	4	1.4	0.91	0.219	1.3	0.5
10	1.290	1.4				0.5	7.8							1.3		0.291	1.4	0.5
11	1.290	1.6				1.0	7.8						<1	1.2		0.253	1.6	1.0
12	1.373	1.6				1.5	7.6						<1	1.2		0.374	1.6	1.5
13	1.241	1.0				1.0	7.6						<1	1.3		0.267	1.0	1.0
14	1.361	1.1				1.5	7.9					0.54	<1	1.2		0.272	1.1	1.5
15	1.307	1.4				2.4	1.0	7.8					4	1.7		0	-	-
16	1.275	1.4		240	156	2.6	1.8	8.1	0.54	0.12	0.06	0.34	<1	1.6	0.60	0	-	-
17	1.267	1.5				0.5	7.7						<1	1.3		0	-	-
18	1.260	1.4				0.5	7.8						<1	1.3		0	-	-
19	1.273	1.2				1.5	7.5						<1	1.1		0.419	1.2	1.5
20	1.274	1.2				0.5	7.6						<1	1.5		0.239	1.2	0.5
21	1.300	1.3				0.5	7.8						<1	1.1		0.253	1.3	0.5
22	1.257	1.1		251	338	1.7	0.5	7.7	0.46	0.05	0.09	0.02	<1	1.2	0.55	0.235	1.1	0.5
23	1.267	1.4				1.9	0.5	7.8					<1	1.3		0.274	1.4	0.5
24	1.267	1.4				0.5	7.7						<1	1.2		0.275	1.4	0.5
25	1.272	1.4				1.3	7.8						<1	1.1		0.472	1.4	1.3
26	1.358	1.4				1.0	7.7						<1	1.0		0.269	1.4	1.0
27	1.341	1.5				0.8	7.7						<1	1.3		0.405	1.5	0.8
28	1.265	1.4				2.7	1.5	7.7					<1	1.3		0.164	1.4	1.5
29	1.345	1.3		310	214	1.9	0.5	8.0	0.71	0.05	0.07	0.26	<1	1.1	0.78	0	-	-
30	1.285	1.4				0.5	7.7						<1	1.2		0	-	-

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

Signed: Harold W. Meyer
 Name (Please Type) Harold W. Meyer
 Company Name Orange Osceola Utilities

Date: 7/12/93
 Telephone No (Please Type) (407) 348-5503

DER Form 17-801.602(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Reporting Date July 1, 1993
DER Application No. 3049P00029

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II--General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month July Year 1993
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse Tertiary
Filters, Wetlands, GWIB, Golf Course Irrigation
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 5858
 Evening Shift Operator Class C Cert. No. 6656
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Harold W. Meyer A738
 Signature _____ Cert. No. _____

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.4
(17) Permitted capacity	mgd	—	1.5
(18) Three-month average daily flow	mgd	—	1.3
(19) Percent of permitted capacity	%	—	93
(20) CBOD ₅ Effluent	mg/L	080082	2.
(21) CBOD ₅ Effluent "	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1.
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.
(25) Maximum pH		—	8.
(26) Total N	mg/L	000600	0.6
(27) TKN	mg/L	000625	0.5
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.1
(29) Nitrate	mg/L	071850	0.0
(30) Total Phosphorus	mg/L	000665	0.5
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	1.6
(33) Other Effluent Parameters			—
Turbidity	NTU	—	1.6
Golf Course Flow	mgd		0.13
Golf Course Cl ₂ Min.	mg/l		1.0
Golf Course TSS Max.	mg/l		3.

A0738 C8298
 B6334 C7755
 C8053 C6281

DER Form 17-000001
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Station Name: July 1, 1991
 DER Application No. _____

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
(34) Golf Course Irrigation

Month July Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.303	1.1				1.0	7.6						<1	1.2		0	-	-
2	1.319	1.2				2.0	7.9						<1	1.1		0	-	-
3	1.328	0.8				0.8	7.9						<1	1.4		0.49	1.1	0.8
4	1.342	1.5				0.5	7.8						<1	1.6		0	-	-
5	1.382	1.2				0.5	7.7						<1	1.4		0	-	-
6	1.407	1.5				2.2	1.0	7.7					<1	1.2		0	-	-
7	1.289	1.5		223	178	2.2	1.0	7.9	0.50	0.12	0.08	0.73	<1	1.5	0.58	0.407	1.5	1.0
8	1.412	1.5				1.5	7.9						<1	1.5		0.346	1.5	1.5
9	1.372	1.4				3.3	7.9						1	1.2		0.431	1.4	3.3
10	1.361	1.4				2.8	7.9						<1	1.4		0	-	-
11	1.352	1.2				1.0	7.8						<1	1.4		0	-	-
12	1.342	1.5				2.8	7.9						<1	1.4		0	-	-
13	1.327	1.6				1.6	1.8	7.9					<1	1.4		0	-	-
14	1.467	1.5		263	228	2.2	1.5	7.8	0.70	<0.05	0.06	0.58	<1	1.5	0.76	0.380	1.5	1.5
15	1.439	1.5				0.5	7.8						<1	1.4		0.148	1.5	0.5
16	1.395	1.6				0.5	7.6						<1	1.3		0	-	-
17	1.391	1.5				1.8	7.7						<1	1.2		0	-	-
18	1.413	1.2				1.5	7.6						<1	1.5		0.201	1.2	1.5
19	1.393	1.3				2.5	7.9						<1	1.5		0	-	-
20	1.375	1.2				2.2	1.3	7.6					<1	1.3		0.173	1.2	1.3
21	1.568	1.5		232	158	2.2	0.5	7.9	0.58	0.13	0.08	0.31	<1	1.8	0.46	0.306	1.5	0.5
22	1.481	1.5				0.5	7.9						<1	1.8		0.033	1.5	0.5
23	1.404	1.5				1.0	7.8						<1	1.2		0.285	1.5	1.0
24	1.426	1.4				0.5	7.8						<1	1.5		0	-	-
25	1.452	1.2				0.5	7.7						<1	1.7		0	-	-
26	1.430	1.3				0.8	7.9						<1	1.4		0	-	-
27	1.444	1.4		209	134	2.1	2.0	8.0	0.44	0.13	0.06	0.56	<1	1.4	0.50	0.280	1.4	2.0
28	1.429	1.3				0.5	7.9						<1	1.9		0.350	1.3	0.5
29	1.385	1.5				1.0	7.7						<1	1.3		0	-	-
30	1.376	0.7				1.0	7.8						<1	1.4		0	-	-
31	1.594	1.0				1.0	7.7						<1	1.5		0.292	1.0	1.0

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

Signed: Harold W. Meyer
 Name (Please Type) Harold W. Meyer
 Company Name Orange Osceola Utilities

Date: 8/18/93
 Telephone No. (Please Type) (407)348-5503

DER Form 17-801 (02/11)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Reporting Date: July 1, 1993
 DER Application No. (File in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month August Year 1993
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number 0049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Use Tertiary Filters, Wetlands, GWIB, Golf Course Irrigation
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 5858
 Evening Shift Operator Class C Cert. No. 8298
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator David W. Offenberg Cert. No. A0738
Signature Cert. No.

B6334 C7755
 C8053 C6281

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.42
(17) Permitted capacity	mgd	-	1.50
(18) Three-month average daily flow	mgd	-	1.38
(19) Percent of permitted capacity	%	-	95
(20) CBOD ₅ Effluent	mg/L	080082	1.4
(21) CBOD ₅ Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH		-	7.1
(25) Maximum pH		-	8.1
(26) Total N	mg/L	000600	0.7
(27) TKN	mg/L	000625	0.7
(28) Ammonia (NH ₃ - N)	mg/L	000610	<0.1
(29) Nitrate	mg/L	071850	<0.1
(30) Total Phosphorus	mg/L	000665	0.4
(31) Minimum Chlorine Residual	mg/L	-	0.1
(32) Maximum Chlorine Residual	mg/L	-	1.1
(33) Other Effluent Parameters			
Turbidity	NTU	-	1.1
Golf Course Flow	mgd		0.11
Golf Course Cl ₂ Min.	mg/l		1.1
Golf Course TSS Max.	mg/l		2.1

DCA Form 17-800000
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date: July 1, 1991
 DCA Approval No. _____

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
(34) Golf Course Irrigation

Month August Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (1000/m)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.472	0.8				1.8	7.5						2	1.4		0.257	1.7	1.8
2	1.435	1.3				2.5	7.8						<1	1.5		0	—	—
3	1.431	1.4				2.3	7.7						<1	1.7		0	—	—
4	1.401	1.4		308	288	2.1	7.9	0.63	0.07	0.05	0.35	<1	1.3	0.63		0	—	—
5	1.447	1.5				0.5	7.9						<1	1.3		0	—	—
6	1.373	1.5				0.5	7.9						<1	1.0		0.282	1.5	0.5
7	1.413	1.8				2.0	7.9						<1	1.2		0.280	1.8	2.0
8	1.429	1.3				1.8	7.8						<1	1.1		0.459	1.3	1.8
9	1.400	1.7				1.5	7.7						<1	1.2		0	—	—
10	1.380	1.8				2.1	7.8						<1	1.3		0	—	—
11	1.378	1.3		265	254	1.9	8.0	1.00	0.11	0.05	0.27	<1	1.2	1.00		0	—	—
12	1.438	1.6				1.0	7.9						<1	1.3		0.290	1.6	1.0
13	1.366	1.5				0.8	8.0						<1	1.1		0.316	1.5	0.8
14	1.446	1.3				0.8	7.9						<1	1.3		0.293	1.3	0.8
15	1.489	1.6				0.8	7.9						<1	1.4		0.313	1.6	0.8
16	1.488	1.4				1.0	8.0						<1	1.4		0.112	1.4	1.0
17	1.461	1.3				1.9	7.9						<1	1.3		0.121	1.3	1.8
18	1.464	1.4		268	264	1.7	7.9	0.52	0.05	0.06	0.50	<1	1.1	0.58		0.401	1.4	2.0
19	1.434	1.3				1.0	7.9						<1	1.3		0.368	1.3	1.0
20	1.416	1.4				2.0	8.1						<1	1.1		0.296	1.4	2.0
21	1.472	0.7				0.8	7.6						<1	1.0		0.274	1.8	0.8
22	1.482	0.7				1.5	7.8						<1	1.2		0.311	1.4	1.5
23	1.422	0.5				1.3	7.8						<1	1.2		0.306	1.5	1.3
24	1.343	1.2				2.0	1.5	8.0					<1	1.3		0	—	—
25	1.374	1.2		285	236	1.7	8.1	0.50	0.06	0.05	0.50	<1	1.1	0.50		0	—	—
26	1.346	1.1				1.0	8.0						<1	1.1		0.138	1.1	1.0
27	1.351	1.3				1.8	7.9						<1	1.2		0.177	1.3	1.8
28	1.410	0.7				1.0	7.5						<1	1.1		0.387	1.2	1.0
29	1.468	1.4				1.8	7.7						<1	1.3		0.251	1.4	1.8
30	1.459	1.5				0.8	7.9						<1	1.3		0.312	1.5	0.8
31	1.376	1.6		211	180	1.3	7.8	0.86	0.05	0.08	0.54	<1	1.3	0.44		0	—	—

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

Signed: Harold W. Meyer
 Name (Please Type): Harold W. Meyer
 Company Name: Orange Osceola Utilities

Date: 9/14/93
 Telephone No. (Please Type): (407) 348-5503

DER Form	17-801-0012 (1)
Domestic Wastewater Treatment Plant	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	050053

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month September Year 1993
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number D069-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse Tertiary
Filters, Wetlands, GWIB, Golf Course Irrigation
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 5858
 Evening Shift Operator Class C Cert. No. 8298
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator [Signature] A0738
Signature Cert. No.

Parameter	Units	STORET Code	Val
(16) Monthly average daily flow	mgd	050053	1.3
(17) Permitted capacity	mgd	—	1.4
(18) Three-month average daily flow	mgd	—	1.3
(19) Percent of permitted capacity	%	—	9
(20) CBOD ₅ Effluent	mg/L	080082	1
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7
(25) Maximum pH		—	8
(26) Total N	mg/L	000600	0.1
(27) TKN	mg/L	000625	0.1
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.0
(29) Nitrate	mg/L	071850	0.0
(30) Total Phosphorus	mg/L	000665	0.1
(31) Minimum Chlorine Residual	mg/L	—	0
(32) Maximum Chlorine Residual	mg/L	—	1
(33) Other Effluent Parameters			
Turbidity	NTU	—	1
Golf Course Flow	mgd		0.1
Golf Course Cl ₂ Min.	mg/l		1
Golf Course TSS Max.	mg/l		2

B6334 C7755
C8053 C6281

DWR Form 17-601800(1)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Form 14b
 Effective Date July 1, 1991
 DWR Approval No. _____

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
(34) Golf Course Irrigation

Month September Year 199

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	FLOW Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.437	1.5				1.7	0.5	6.2					<1	1.3		0	—	—
2	1.366	0.8				<0.5	7.7						<1	1.2		0	—	—
3	1.313	1.3				0.5	7.9			0.16	0.39	<1	1.2		0	—	—	
4	1.400	1.4				1.3	7.9					<1	1.3		0	—	—	
5	1.330	1.3				1.0	7.8					<1	1.6		0	—	—	
6	1.454	0.9				1.5	7.8					<1	1.4		0	—	—	
7	1.416	1.1				1.8	1.8	7.9				<1	1.8		0	—	—	
8	1.358	1.0		245	174	2.4	1.0	8.0	1.11	<0.05	0.13	0.43	<1	1.6	1.24	0	—	—
9	1.385	1.5				1.3	7.9					<1	1.3		0.111	1.5	1.3	
10	1.354	1.0				0.5	7.8			0.07	0.31	<1	1.3		0	—	—	
11	1.412	1.4				0.8	7.9					<1	1.2		0.144	1.4	0.8	
12	1.391	1.2				0.5	7.8					<1	1.5		0.155	1.2	0.5	
13	1.361	1.1				2.0	7.9					<1	1.3		0.109	1.1	2.0	
14	1.348	1.7		440	632	1.6	1.5	8.1	0.81	<0.05	<0.05	0.50	<1	1.5	0.81	0.405	1.7	1.5
15	1.343	1.3				1.9	1.0	8.2				<1	1.1		0	—	—	
16	1.358	1.3				2.0	8.0					<1	1.2		0	—	—	
17	1.318	1.0				<0.5	7.8			0.07	0.48	<1	1.1		0	—	—	
18	1.368	1.2				3.0	7.9					<1	1.2		0	—	—	
19	1.412	1.5				3.5	7.9					<1	1.5		0	—	—	
20	1.338	1.2				2.3	7.9					<1	1.5		0.116	1.2	2.3	
21	1.293	1.3		150	106	1.8	8.1	0.42	<0.05	<0.05	0.55	<1	1.6	0.42	0.139	1.3	1.8	
22	1.312	1.5				2.4	2.3	8.1				<1	1.5		0.215	1.5	2.3	
23	1.337	1.4				0.5	8.0					<1	1.4		0	—	—	
24	1.276	1.2				1.3	7.9			0.05	0.56	<1	1.4		0.580	1.2	1.3	
25	1.352	1.5				1.0	7.8					<1	1.6		0.415	1.5	1.0	
26	1.394	1.3				1.3	7.9					<1	1.4		0.402	1.3	1.3	
27	1.354	1.4				2.5	7.9					1	1.5		0	—	—	
28	1.314	1.8		197	138	1.8	1.3	7.9	0.59	<0.05	<0.05	0.71	<1	1.4	0.59	0	—	—
29	1.316	1.5				1.8	1.5	8.0				<1	1.2		0.404	1.5	1.5	
30	1.273	1.8				<0.5	7.8					1.2			0.223	1.8	<0.5	

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

Signed: Harold W. Meyer
 Name (Please Type) Harold W. Meyer
 Company Name Orange Osceola Utilities

Date: 10/13/93
 Telephone No. (se Type) (407) 348-5503

DER Form 17-001 (02/91)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____
Filed in by DER _____

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month October Year 1993
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number DO-9-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse GWIB, Tertiary Filters, Wetlands, Golf Course Irrigation
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
- Day Shift Operator Class B Cert. No. 5858
- Evening Shift Operator Class C Cert. No. 8298
- Night Shift Operator Class _____ Cert. No. _____
- Lead Operator John W. Cullen A0738
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.351
(17) Permitted capacity	mgd	—	1.500
(18) Three-month average daily flow	mgd	—	1.377
(19) Percent of permitted capacity	%	—	90
(20) CBOD ₅ Effluent	mg/L	080082	2.6
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.7
(25) Maximum pH		—	8.1
(26) Total N	mg/L	000600	0.68
(27) TKN	mg/L	000625	0.62
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.09
(29) Nitrate	mg/L	071850	0.21
(30) Total Phosphorus	mg/L	000665	0.58
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.8
(33) Other Effluent Parameters			
Turbidity	NTU	—	1.7
Golf Course Flow	mgd		0.171
Golf Course Cl ₂ Min.	mg/l		1.1
Golf Course TSS Max.	mg/l		5.8

B6334
C8053

C7755
C6281

O&P Form 17-401.30011
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date July 1, 1991
 O&P Association No. 17-401.30011

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
(34) Golf Course Irrigation

Month October Year 1999

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBO ₅ Influent (mg/L)	TSS Influent (mg/L)	CBO ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.243	1.8				0.5	8.8			0.19	0.30	<1	1.1			0.420	1.8	0.5
2	1.336	1.8				1.0	7.8					<1	1.1			0.263	1.8	1.0
3	1.368	1.6				1.3	7.8					<1	1.2			0	-	-
4	1.369	1.5				0.8	7.8					<1	1.2			0.094	1.5	0.8
5	1.322	1.5		240	192	1.6	1.5	8.1	0.72	0.11	0.06	0.67	<1	1.2	0.78	0.382	1.5	1.5
6	1.312	1.7				1.9	1.8	8.1				<1	1.2			0	-	-
7	1.322	1.7				0.8	7.9					<1	1.2			0.350	1.7	0.8
8	1.326	1.4				0.8	7.9			0.19	0.29	<1	1.3			0.420	1.4	0.8
9	1.339	1.4				1.8	7.7					<1	1.3			0.344	1.4	1.8
10	1.423	1.4				1.8	7.8					<1	1.6			0	-	-
11	1.364	1.8				2.3	7.9					<1	1.3			0	-	-
12	1.285	1.7		246	202	2.1	0.5	8.1	0.62	0.12	0.06	0.52	<1	1.4	0.68	0.429	1.7	0.5
13	1.325	1.7				2.3	0.8	7.8				<1	1.3			0.420	1.7	0.8
14	1.320	1.7				0.8	7.7					<1	1.3			0.281	1.7	0.8
15	1.300	1.4				0.8	8.1			0.24	0.30	<1	1.7			0.300	1.4	0.8
16	1.325	1.2				0.5	7.8					<1	1.5			0	-	-
17	1.350	1.2				0.3	7.9					<1	1.4			0	-	-
18	1.331	1.3				1.8	7.9					<1	1.6			0	-	-
19	1.348	1.0		234	176	2.6	4.0	7.8	0.79	0.07	0.06	1.59	<1	1.5	0.85	0	-	-
20	1.385	1.4				5.0	5.8	8.0				<1	1.5			0.330	1.4	5.8
21	1.374	1.8				1.3	7.9					<1	1.5			0.293	1.8	1.3
22	1.513	1.8				0.8	7.9			0.06	0.74	<1	1.3			0.323	1.8	0.8
23	1.454	1.6				1.3	7.8					<1	1.3			0	-	-
24	1.455	1.0				1.0	7.9					<1	1.2			0	-	-
25	1.382	1.5				1.3	7.8					<1	1.3			0	-	-
26	1.346	1.8		345	172	2.3	1.5	8.0	0.33	0.05	0.06	0.62	<1	1.2	0.39	0.001	1.8	1.5
27	1.360	1.8				2.6	1.5	8.1				<1	1.2			0	-	-
28	1.316	1.8				1.0	7.9					<1	1.2			0.349	1.8	1.0
29	1.345	1.1				0.8	7.9			1.00	0.21	<1	1.2			0.245	1.1	0.8
30	1.424	1.6				1.0	7.8					<1	1.4			0	-	-
31	1.241	1.8				1.0	7.8					<1	1.5			0	-	-

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

Signed: Harold W. Meyer
 Name (Please Type) Harold W. Meyer
 Company Name Orange Osceola Utilities

Date: 11/10/93
 Telephone No. (Please Type) (407) 348-5503

DER Form	17-001 (002/1)
Domestic Wastewater Treatment Plant	Monthly Operating Report
Report To	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	Print in by DER

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month November Year 1993
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes West
- (4) Plant Address 839c West Birchwood Circle
- (5) City Kissimmee
- (6) County Osceola
- (7) Phone Number (407) 348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse GWIR, Tertiary Filters, Wetlands, Golf Course Irrigation
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
- Day Shift Operator Class B Cert. No. 5858
- Evening Shift Operator Class C Cert. No. 8298
- Night Shift Operator Class _____ Cert. No. _____
- Lead Operator Harold W. Gifford Signature AO738 Cert. No. _____

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.28
(17) Permitted capacity	mgd	-	1.50
(18) Three-month average daily flow	mgd	-	1.33
(19) Percent of permitted capacity	%	-	89
(20) CBOD ₅ Effluent	mg/L	080082	2.5
(21) CBOD ₅ Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH		-	7.5
(25) Maximum pH		-	8.1
(26) Total N	mg/L	000600	1.60
(27) TKN	mg/L	000625	0.4
(28) Ammonia (NH ₃ - N)	mg/L	000610	0.0
(29) Nitrate	mg/L	071850	0.8
(30) Total Phosphorus	mg/L	000665	0.20
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.3
(33) Other Effluent Parameters			-
Turbidity	NTU	-	1.6
Golf Course Flow	mgd		0.12
Golf Course Cl ₂ Min.	mg/l		1.2
Golf Course TSS Max.	mg/l		2.0

B6334 C7755
C8053 C6281

O&A Form 17-001 (Rev. 11/88)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Report Date: July 1, 1991
 O&A Institution: _____

Domestic Wastewater Treatment Plant Monthly Operating Report

Treatment Plant Effluent &
 (34) Golf Course Irrigation

Month November Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100mg)	Turbidity NTU (max)	Total N (mg/l) (weekly)	Flow Golf Course (mgd)	Cl ₂ Golf Course (mg/l)	TSS Golf Course (mg/l)
1	1.333	1.2				0.5	7.9						<1	1.2		0	—	—
2	1.273	1.2		263	106	3.3	8.0	0.75	0.06	1.37	0.16		<1	1.9	2.12	0	—	—
3	1.212	1.5			3.7	1.0	8.1						<1	1.5		0.362	1.5	1.0
4	1.164	1.6				1.3	7.9						<1	1.7		0	—	—
5	1.259	2.0				1.0	7.8			0.65	0.22		<1	1.2		0.214	2.0	1.0
6	1.323	1.9				1.8	7.5						<1	1.6		0	—	—
7	1.252	1.8				2.0	7.8						<1	1.8		0	—	—
8	1.263	1.4				2.5	7.9						<1	1.5		0	—	—
9	1.322	1.3		283	162	2.5	0.5	7.8	0.71	0.06	1.23	0.17	<1	1.6	1.94	0.417	1.3	0.5
10	1.231	1.3			2.4	0.5	7.9						<1	1.4		0.940	1.6	0.5
11	1.289	1.6				1.8	7.3						<1	1.7		0.128	1.3	1.8
12	1.254	1.3				1.5	7.9			1.41	0.12		<1	1.7		0.183	1.5	1.5
13	1.372	1.5				1.8	7.6						<1	1.4		0	—	—
14	1.346	1.6				0.8	7.9						<1	1.5		0	—	—
15	1.328	2.3				1.0	7.9						<1	1.7		0	—	—
16	1.304	1.4		363	232	2.2	1.0	7.9	0.40	0.05	0.10	0.34	<1	1.7	0.50	0.024	1.4	1.0
17	1.298	1.3			2.5	1.8	8.0						<1	0.9		0.053	1.3	1.8
18	1.252	1.2				0.5	7.8						<1	1.7		0.356	1.2	0.5
19	1.197	1.3				0.5	8.0			0.11	0.29		<1	1.7		0.274	1.3	0.5
20	1.295	1.4				1.0	7.9						<1	1.8		0.142	1.4	1.0
21	1.347	1.7				0.5	7.9						<1	1.7		0.249	1.7	0.5
22	1.320	1.5				0.5	7.8						<1	1.7		0.157	1.5	0.5
23	1.236	1.5			2.0	0.8	7.9						<1	1.5		0.47	1.5	0.8
24	1.288	1.7		270	172	2.0	1.0	8.1	0.76	0.10	0.70	0.15	<1	1.7	1.46	0.151	1.7	1.0
25	1.392	1.5				0.5	7.9						<1	1.8		0.622	1.5	0.5
26	1.305	1.3				1.0	7.8						<1	1.8		0	—	—
27	1.336	1.0				1.3	7.8						<1	1.3		0	—	—
28	1.258	1.3				1.0	7.8						<1	1.8		0	—	—
29	1.197	1.5				1.3	7.9						<1	1.2		0	—	—
30	1.224	1.5		238	174	1.6	1.3	7.9	0.66	0.12	1.30	0.13	<1	1.2	1.96	0.301	1.5	1.3

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

Signed: Harold W. Meyer
 Name (Please Type) Harold W. Meyer
 Company Name Orange Osceola Utilities

Date: 12-14-93
 Telephone No. (Please Type) (407)348-5503

Issue Date: July 1, 1991
 DER Application No. _____
 Place in file

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

TREATMENT PLANT EFFLUENT & GOLF COURSE IRRIGATION

- (1) Month DECEMBER Year 1993
- (2) Plant's DER Identification Number 3049P00029
- (3) Plant Name Buenaventura Lakes
- (4) Plant Address 839C WEST BIRCHWOOD CIR
- (5) City KISSIMMEE
- (6) County OSCEOLA
- (7) Phone Number (407) 348-5503
- (8) Permit Number D049-174229
- (9) Plant Type AWT
- (10) Test Site Identification Number 3049X12949
- (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse GWIB
Tertiary Filters, Wetlands, Golf Course Irrigation
- (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge _____
- (15) Plant Staffing
- Day Shift Operator Class B Cert. No. 5858
- Evening Shift Operator Class C Cert. No. 8298
- Night Shift Operator Class _____ Cert. No. _____
- Lead Operator Harold H. Giffen 10138
 Signature Cert. No.

Parameter	Units	STORET Code	VE
(16) Monthly average daily flow	mgd	050053	1.2
(17) Permitted capacity	mgd	—	1.5
(18) Three-month average daily flow	mgd	—	1.2
(19) Percent of permitted capacity	%	—	8
(20) CBOD ₅ Effluent	mg/L	080082	2
(21) CBOD ₅ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7
(25) Maximum pH		—	8
(26) Total N	mg/L	000600	2
(27) TKN	mg/L	000625	0
(28) Ammonia (NH ₃ - N)	mg/L	000610	<1
(29) Nitrate	mg/L	071850	1
(30) Total Phosphorus	mg/L	000665	0
(31) Minimum Chlorine Residual	mg/L	—	0
(32) Maximum Chlorine Residual	mg/L	—	1
(33) Other Effluent Parameters			
Turbidity	NTU	—	1
Golf Course flow	mgd		0
Golf Course Cl ₂ Min.	mg/l		1
Golf Course TSS Max.	mg/l		2

B6334 C7755
 C8053 C6281

17-6010007
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DCA Application No. _____ Date in by O&M

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) Treatment Plant Effluent &
Golf Course Irrigation

Month DECEMBER Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100mg)	Turbidity NTU (max)	TOTAL N (mg/l) (weekly)	Flow (mgd) Golf Course	Cl ₂ (mg/l) Golf Course	TSS (mg/l) Golf Course
1	1.245	1.7				1.9	2.5	8.1					<1	1.2		0.266	1.7	2.5
2	1.225	1.7				1.0	8.0						<1	1.2		0.129	1.7	1.0
3	1.195	1.7				1.0	7.9			1.21	0.10		<1	1.2		0.162	1.7	1.0
4	1.282	1.6				2.3	7.9						<1	1.3		0.288	1.6	2.3
5	1.271	1.5				2.3	7.9						<1	1.3		0	-	-
6	1.195	1.8				2.8	7.8						<1	1.2		0	-	-
7	1.190	1.7		228	140	0.5	7.9	0.73	0.06	1.56	0.16		<1	1.2	2.29	0.297	1.7	0.5
8	1.167	1.8				0.5	7.8						<1	1.5		0.397	1.8	0.5
9	1.264	1.5				0.5	7.8						<1	1.3		0.370	1.5	0.5
10	1.170	1.5				<0.5	8.0			2.93	0.08		<1	1.3		0.141	1.5	<0.5
11	1.241	1.6				1.3	7.9						<1	1.2		0.152	1.6	1.3
12	1.186	1.8				2.0	7.9						<1	1.3		0	-	-
13	1.203	1.3				2.3	7.9						<1	1.2	4.22	0.269	1.3	2.3
14	1.247	1.3		222	146	3.1	0.5	7.8	1.04	<0.05	3.18	0.08	<1	2.2		0.233	1.3	<0.5
15	1.215	1.0				2.3	0.5	7.9					<1	1.2		0	-	-
16	1.148	1.5				<0.5	7.9						<1	1.5		0.551	1.5	<0.5
17	1.178	1.5				0.5	8.0			0.57	0.06		<1	1.8		0.141	1.5	0.5
18	1.272	1.0				1.5	7.7						<1	2.0		0	-	-
19	1.282	1.6				1.3	7.9						<1	1.3		0	-	-
20	1.325	0.7				1.0	7.9						<1	1.4		0	-	-
21	1.232	0.8		276	186	2.5	0.5	8.0	0.42	<0.05	0.32	0.19	<1	1.4	6.74	0.125	2.0	0.5
22	1.272	0.9				2.1	0.5	8.2					<1	2.6		0	-	-
23	1.222	1.7				0.8	7.9						<1	1.4		0	-	-
24	1.354	0.7				0.5	7.8						<1	1.9		0	-	-
25	1.275	1.3				0.5	7.9						<1	1.3		0	-	-
26	1.281	1.2				0.5	8.0						<1	1.6		0	-	-
27	1.361	0.6				0.5	8.1						<1	1.2		0	-	-
28	1.370	1.5		228	162	2.6	1.3	7.9	0.35	<0.05	0.68	0.18	<1	0.5	1.03	0.243	1.5	1.3
29	1.341	0.8				2.3	<0.5	8.0					<1	1.3		0	-	-
30	1.350	0.7				1.3	7.9						<1	2.3		0.117	2.6	1.3
31	1.435	0.8				1.5	7.8						<1	1.8		0	-	-

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

Signed: Harold W. Meyer
Name (Please Type) Harold W. Meyer
Company Name Orange Osceola Utilities

Date: 1/14/94
Telephone No. (Please Type) (407) 348-5503

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994
 (2) Plant DER Identification Number 4008P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DO08-168/17
 (9) Plant Type AC
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent: Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Raymond D'Aiuto A-6431
 Signature _____ Cert No _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.115
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.106
(19) Percent of permitted capacity	%	-	42%
(20) CBODs EFFLUENT	mg/L	80082	3.13
(21) CBODs EFFLUENT	lbs/day	-	3.00
(22) TSS EFFLUENT	mg/L	900201	9.65
(23) TSS EFFLUENT	lbs/day	-	9.25
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.56
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.2
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 1740-001
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE Jan 1, 1994
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month January Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.121	2.0						6.9							
2	0.106	2.1						6.9							
3	0.115	1.7						6.9							
4	0.114	1.9						6.9							
5	0.109	1.9	51	62	2.76	10.7		6.9			0.09				
6	0.120	2.4						6.8							
7	0.109	2.2						6.8							
8	0.117	2.2						6.8							
9	0.108	2.1						6.9							
10	0.111	3.2						6.9							
11	0.114	2.6						6.8							
12	0.109	2.5						6.8							
13	0.111	3.0						6.9							
14	0.112	2.6						6.8							
15	0.120	2.5						6.8							
16	0.109	2.3						6.9							
17	0.120	2.3						6.8							
18	0.136	2.2						6.8							
19	0.108	2.3	135	110	3.5	8.6		6.8			1.03		NC		
20	0.115	2.1						6.6							
21	0.117	2.9						6.5							
22	0.138	2.2						6.9							
23	0.120	2.3						6.9							
24	0.121	1.8						6.6							
25	0.117	2.1						6.8							
26	0.115	2.3						6.8							
27	0.132	2.4						6.8							
28	0.105	1.0						7.1							
29	0.152	2.2						6.9							
30	0.072	2.1						6.9							
31	0.100	2.2						6.9							

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

Signed _____
 Name (Please Type) Raymond D'Aiuto
 Company Name Southern States Utilities

Date February 1, 1994
 Telephone No. (Please Type) _____
814-634-0727

DER FORM NO. 17-801.800(11)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number 4008P00462

(3) Plant Name Burnt Store

(4) Plant Address 17430 Burnt Store Road

(5) City Punta Gorda

(6) County Charlotte

(7) Phone Number 813-639-0331

(8) Permit Number DO08-168(14)

(9) Plant Type 3C

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>A</u>	Cert. No.	<u>6431</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Raymond D'Aiuto A-6431

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.124
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.115
(19) Percent of permitted capacity	%	-	46%
(20) CBODs EFFLUENT	mg/L	80082	10.9
(21) CBODs EFFLUENT	lbs/day	-	11.3
(22) TSS EFFLUENT	mg/L	900201	9.2
(23) TSS EFFLUENT	lbs/day	-	9.5
(24) Minimum pH			6.7
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.0
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	2.6
(33) Other Effluent Parameters			
Fecal			

DSR FORM NO. 17-001 (Rev. 11)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1990
 DSR APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month February Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.124	2.2						6.8							
2	0.120	1.7	121	140	6	3.3		6.8			0.11		N/C		
3	0.127	1.9						6.8							
4	0.124	2.0						6.8							
5	0.141	2.0						6.8							
6	0.135	2.0						6.8							
7	0.136	2.0						6.8							
8	0.111	2.1						6.8							
9	0.114	2.1						6.8							
10	0.127	2.1						6.8							
11	0.124	1.6						6.9							
12	0.132	1.9						6.9							
13	0.118	1.8						6.9							
14	0.114	1.2						6.7							
15	0.118	1.5						6.9							
16	0.115	1.6	255	237	15.8	15		6.9			1.9				
17	0.118	1.6						6.9							
18	0.123	1.6						6.9							
19	0.135	1.7						6.9							
20	0.127	1.9						6.9							
21	0.127	1.9						6.9							
22	0.118	2.2						6.9							
23	0.132	2.1						6.9							
24	0.118	2.3						6.9							
25	0.118	2.4						6.9							
26	0.141	2.4						6.9							
27	0.108	2.3						6.9							
28	0.123	2.6						6.8							
29															
30															
31															

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

Signed: Original signed by Raymond D'Aiuto
 Name (Please Type): Raymond D'Aiuto
 Company Name: Southern States Utilities

Date: February 28, 1994
 Telephone No. (Please Type): (813) 678-0551

DER FORM NO. 17-001-000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994
 (2) Plant DER Identification Number 4008P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DD08-168047
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator _____ Original signed by: Raymond D'Aluisio A-6431
 Signature _____ Cert No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.124
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.121
(19) Percent of permitted capacity	%	-	48%
(20) CBODs EFFLUENT	mg/L	80082	7.5
(21) CBODs EFFLUENT	lbs/day	-	7.8
(22) TSS EFFLUENT	mg/L	900201	15.3
(23) TSS EFFLUENT	lbs/day	-	15.8
(24) Minimum pH			6.8
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.29
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	2.9
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 1540.0001
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1990
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burst Store

Month March Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.111	2.4						6.9							
2	0.135	1.5	103	100	9.6	22.0		6.9			0.28				
3	0.123	2.7						6.9							
4	0.121	1.8						6.8							
5	0.119	1.9						6.8							
6	0.141	1.8						6.8							
7	0.150	2.7						6.8							
8	0.128	2.4						6.8							
9	0.140	2.5						6.8							
10	0.131	1.6						6.9							
11	0.120	1.6						6.9							
12	0.137	1.7						6.9							
13	0.125	1.7						6.9							
14	0.119	2.3						6.6							
15	0.123	2.0						6.8							
16	0.115	1.8	179	188	8.8	13.8		6.6			0.3				
17	0.125	2.3						6.6							
18	0.152	2.1						6.6							
19	0.120	2.0						6.8							
20	0.119	1.9						6.8							
21	0.123	1.9						6.8							
22	0.113	2.9						6.9							
23	0.120	2.4						6.9							
24	0.110	2.2						6.9							
25	0.122	2.0						6.9							
26	0.125	2.1						6.9							
27	0.126	2.0						6.9							
28	0.111	2.0						6.9							
29	0.114	2.1						6.9							
30	0.111	2.2	185	151	4.2	10.0		6.9			0.3		N/C		
31	0.113	2.5						6.9							

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

Signed _____
 Name (Please Type) Raymond D'Avito
 Company Name Southern States Utilities

Date April 4, 1994
 Telephone No. (Please Type) _____
 RI 34639-0531

DER FORM NO. 17-601.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: April Year: 1994
 (2) Plant DER Identification Number 4008P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DO08-168047
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Raymond D'Auto A-6431
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.103
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.117
(19) Percent of permitted capacity	%	-	47%
(20) CBODs EFFLUENT	mg/L	80082	3.29
(21) CBODs EFFLUENT	lbs/day	-	2.83
(22) TSS EFFLUENT	mg/L	900201	10.8
(23) TSS EFFLUENT	lbs/day	-	9.28
(24) Minimum pH			6.7
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.19
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.1
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17-001-001
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month April Year 1991

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.119	2.5						6.9							
2	0.134	2.6						6.9							
3	0.090	2.5						6.9							
4	0.120	2.3						6.6							
5	0.108	2.4						6.8							
6	0.107	2.2						6.8							
7	0.102	2.1						6.8							
8	0.116	2.9						6.9							
9	0.122	2.4						6.9							
10	0.095	2.3						6.9							
11	0.101	3.0						6.8							
12	0.098	2.6						6.8							
13	0.101	2.9	234	182	4.26	13.2		6.8			0.17				
14	0.099	2.9						6.8							
15	0.101	2.8						6.8							
16	0.135	2.6						6.8							
17	0.068	2.5						6.8							
18	0.101	2.2						6.8							
19	0.101	2.4						6.8							
20	0.099	2.4						6.8							
21	0.093	2.2						6.8							
22	0.093	2.1						6.8							
23	0.104	2.1						6.8							
24	0.096	2.2						6.8							
25	0.098	2.9						6.8							
26	0.093	2.6						6.8							
27	0.099	2.5	105	146	2.31	8.3		6.8			0.2		N/C		
28	0.086	2.8						6.8							
29	0.096	2.8						6.7							
30	0.101	2.7						6.7							
31															

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

Signed Original signed by Raymond D'Aiuto
 Name (Please Type) Raymond D'Aiuto
 Company Name Southern States Utilities

Date May 4, 1991
 Telephone No. (Please Type) 813-830-0531

DER FORM NO. 17,601,900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: May Year: 1994
 (2) Plant DER Identification Number 4008P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DO08-168047
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Raymond D'Aiuto A-6431
 Signature _____ Cert No _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.084
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.104
(19) Percent of permitted capacity	%	-	42%
(20) CBODs EFFLUENT	mg/L	80082	2.5
(21) CBODs EFFLUENT	lbs/day	-	1.75
(22) TSS EFFLUENT	mg/L	900201	7.75
(23) TSS EFFLUENT	lbs/day	-	5.43
(24) Minimum pH			6.7
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.85
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.9
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17407.000-1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE Jan 1, 1997
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month Ma Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.081	2.8						6.7							
2	0.095	2.7						6.7							
3	0.093	2.6						6.7							
4	0.081	2.6						6.7							
5	0.089	2.5						6.7							
6	0.086	2.7						6.7							
7	0.092	2.6						6.7							
8	0.092	2.6						6.7							
9	0.067	2.7						6.7							
10	0.090	2.9						6.7							
11	0.093	2.1	54	170	2.1	4.7		7.0			0.31		10		
12	0.083	2.3						6.9							
13	0.086	2.5						7.0							
14	0.096	2.4						7.0							
15	0.074	2.4						7.0							
16	0.083	2.2						7.0							
17	0.080	2.4						7.0							
18	0.077	2.4						7.0							
19	0.075	2.2						7.0							
20	0.081	2.2						7.0							
21	0.087	2.1						7.0							
22	0.080	2.2						7.0							
23	0.077	2.1						7.1							
24	0.081	2.3						7.0							
25	0.077	2.0						7.0							
26	0.080	2.2						7.0							
27	0.075	0.9	28	26	2.9	10.8		7.0			1.4				
28	0.083	1.3						7.0							
29	0.090	1.8						7.0							
30	0.081	1.9						7.0							
31	0.072	2.0						7.0							

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

Signed _____ Original signed by Raymond D'Auto
 Name (Please Type) Raymond D'Auto
 Company Name Southern States Utilities

Date 6-6-94
 Telephone No. (Please Type) 813-634-0531

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994
 (2) Plant DER Identification Number 4008P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DO08-168047
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Raymond D'Aiuto A-4431
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.093
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.093
(19) Percent of permitted capacity	%	-	37%
(20) CBODs EFFLUENT	mg/L	80082	1.21
(21) CBODs EFFLUENT	lbs/day	-	0.93
(22) TSS EFFLUENT	mg/L	900201	4.05
(23) TSS EFFLUENT	lbs/day	-	3.14
(24) Minimum pH			6.7
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.59
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.7
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17401.800
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: Jan. 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month June Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.078	2.1						7.0							
2	0.072	1.4						7.0							
3	0.086	1.3						7.0							
4	0.078	1.3						7.0							
5	0.081	1.6						7.0							
6	0.074	1.0						7.0							
7	0.077	0.7						6.8							
8	0.075	0.6	39	66	1.15	1.8		6.7			2.79		NOC		
9	0.078	0.7						6.8							
10	0.078	0.9						6.7							
11	0.083	0.9						6.7							
12	0.077	1.2						6.8							
13	0.068	1.1						6.8							
14	0.098	1.1						6.8							
15	0.092	1.1						6.8							
16	0.098	1.2						6.8							
17	0.122	1.2						6.8							
18	0.114	2.4						6.7							
19	0.111	2.6						6.7							
20	0.102	2.6						6.7							
21	0.102	2.6						6.7							
22	0.084	2.6	51	40	1.25	6.3		6.7			2.39				
23	0.090	2.6						6.7							
24	0.098	2.7						6.7							
25	0.102	2.7						6.7							
26	0.093	2.7						6.8							
27	0.084	2.7						6.7							
28	0.138	1.3						6.7							
29	0.135	1.4						6.7							
30	0.122	1.3						6.7							
31															

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

Signed: Original signed by Raymond D'Auria
 Name (Please Type): Raymond D'Auria
 Company Name: Southern States Utilities

Date: 7-22-94
 Telephone No. (Please Type): 815-639-0511

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: July Year: 1994
 (2) Plant DER Identification Number 4008P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DO08-168042
 (9) Plant Type AC
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Raymond D'Auto, A-4431
 Signature _____ Cert No _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.136
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.104
(19) Percent of permitted capacity	%	-	42%
(20) CBODs EFFLUENT	mg/L	80082	1.05
(21) CBODs EFFLUENT	lbs/day	-	1.19
(22) TSS EFFLUENT	mg/L	900201	2.80
(23) TSS EFFLUENT	lbs/day	-	3.18
(24) Minimum pH			6.7
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.32
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17-0102(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE Jan 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month Jul Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.133	1.4						6.7							
2	0.135	1.3						6.7							
3	0.126	0.5						6.9							
4	0.132	2.2						6.8							
5	0.105	1.4	39	30	0.8	4.4		6.8			1.68		NC		
6	0.171	1.9						6.7							
7	0.140	1.8						6.7							
8	0.170	1.7						6.7							
9	0.165	1.7						6.7							
10	0.120	1.6						6.7							
11	0.148	2.0						6.8							
12	0.136	2.2						6.8							
13	0.156	1.6						6.8							
14	0.153	1.4						6.8							
15	0.141	1.5						6.8							
16	0.159	1.6						6.8							
17	0.106	1.6						6.8							
18	0.119	1.6						6.8							
19	0.131	1.7	25	65	1.3	1.2		6.8			0.96				
20	0.150	1.7						6.8							
21	0.148	1.2						6.8							
22	0.162	1.4						6.8							
23	0.146	1.4						6.8							
24	0.141	1.5						6.8							
25	0.117	1.5						6.8							
26	0.114	1.5						6.8							
27	0.120	1.1						6.7							
28	0.128	1.1						6.8							
29	0.108	1.2						6.8							
30	0.136	1.2						6.8							
31	0.096	1.2						6.8							

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

Signed Original signed by Raymond D'Auto
 Name (Please Type) Raymond D'Auto
 Company Name Southern States Utilities

Date 8-6-94
 Telephone No. (Please Type) 815-639-0151

DER FORM NO. 17.001.00011
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994
 (2) Plant DER Identification Number 4008P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DO08-168047
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Ray D'Alto A-6431
 Signature _____ Cert No _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.113
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.114
(19) Percent of permitted capacity	%	-	46%
(20) CBODs EFFLUENT	mg/L	80082	1.2
(21) CBODs EFFLUENT	lbs/day	-	1.13
(22) TSS EFFLUENT	mg/L	900201	1.0
(23) TSS EFFLUENT	lbs/day	-	0.95
(24) Minimum pH			6.7
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.09
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	1.2
(33) Other Effluent Parameters			
Fecal			
Average Daily Rainfall	Inch	Daily	0.23

DBR FORM NO. 17401.002.1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DBR APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burst Score

Month August Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Rainfall (inches)	
1	0.122	1.2						6.7						0.60	
2	0.126	1.1	29	52	1.47	1.2		6.7			0.38			0.50	
3	0.128	1.0						6.7						0.15	
4	0.117	1.0						6.7						0.10	
5	0.123	1.1						6.7							
6	0.125	1.1						6.7							
7	0.092	1.2						6.7							
8	0.111	0.9						6.7							
9	0.096	1.0						6.7							
10	0.096	1.0						6.7						0.05	
11	0.092	1.1						6.7							
12	0.113	1.1						6.8							
13	0.128	1.1						6.8						0.40	
14	0.098	1.1						6.8						0.40	
15	0.120	0.9						6.9						1.70	
16	0.132	0.9						6.8						0.30	
17	0.117	0.9	105	46	1.00	0.4		6.9			1.55				
18	0.111	1.0						6.9							
19	0.122	1.0						6.9							
20	0.125	1.0						6.9						0.07	
21	0.063	0.9						6.9							
22	0.099	0.9						6.7							
23	0.108	1.0						6.7							
24	0.113	1.0						6.7						1.50	
25	0.061	1.0						6.7						0.70	
26	0.165	1.1						6.8						0.15	
27	0.119	1.1						6.8							
28	0.104	1.1						6.8						0.40	
29	0.132	0.8						6.9							
30	0.117	1.0	19	32	1.14	1.4		6.9			1.35			0.10	
31	0.101	1.1						6.9							

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

Signed _____ Original signed by Raymond D'Aiuto
 Name (Please Type) _____ Raymond D'Aiuto
 Company Name _____ Southern States Utilities

Date: _____ 9-16-94
 Telephone No. (Please Type) _____
 (813-639-0331)

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994
 (2) Plant DER Identification Number 4008P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DO08-168047
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class C Cert. No. 9080
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original Signed by Raymond D'Aiute A-6431
 Signature _____ Cert No _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.125
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.113
(19) Percent of permitted capacity	%	-	45%
(20) CBODs EFFLUENT	mg/L	80082	1.62
(21) CBODs EFFLUENT	lbs/day	-	1.68
(22) TSS EFFLUENT	mg/L	900201	3.60
(23) TSS EFFLUENT	lbs/day	-	3.75
(24) Minimum pH			6.7
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.70
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.6
(33) Other Effluent Parameters			
Fecal			
Average Daily Rainfall	Inch	Daily	0.29

DWR FORM NO. 17-201 (5/93)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1993
 DWR APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burst Store

Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Rainfall (inches)
1	0.102	1.1						6.9						
2	0.104	1.0						6.9						0.10
3	0.126	1.0						6.9						
4	0.095	1.0						6.9						
5	0.104	0.9						6.9						0.15
6	0.098	1.6						6.8						0.30
7	0.116	1.5						6.8						0.10
8	0.126	1.5						6.8						0.80
9	0.128	1.4						6.8						0.10
10	0.117	1.4						6.8						0.46
11	0.104	1.4						6.8						0.45
12	0.126	1.5						6.7						0.50
13	0.122	1.3						6.8						0.45
14	0.126	1.5	5.24	22	0.93	1.0		6.8			1.13		1	0.30
15	0.158	1.9						6.7						2.50
16	0.168	1.4						6.7						0.30
17	0.153	1.4						6.7						0.10
18	0.143	1.5						6.7						
19	0.138	1.6						6.9						0.10
20	0.116	1.6						6.9						
21	0.117	1.4						6.9						
22	0.150	1.9						6.9						
23	0.125	1.9						7.2						
24	0.068	1.9						7.2						0.10
25	0.135	2.0						7.1						1.10
26	0.147	2.4						6.9						0.30
27	0.147	2.6	37	70	2.3	6.2		6.9			0.27			0.40
28	0.153	2.1						6.9						0.10
29	0.129	2.2						6.9						
30	0.119	2.3						6.9						
31														

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

Signed: Original signed by Raymond D'Aiuto
 Name (Please Type): Raymond D'Aiuto
 Company Name: Southern States Utilities

Date: 10-12-94
 Telephone No. (Please Type): 813-639-0331

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994
 (2) Plant DER Identification Number 4008P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DO08-168047
 (9) Plant Type AC
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N.A.
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original Signed by Raymond D'Auria A-6431
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.113
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.117
(19) Percent of permitted capacity	%	-	47%
(20) CBODs EFFLUENT	mg/L	80082	2.70
(21) CBODs EFFLUENT	lbs/day	-	2.53
(22) TSS EFFLUENT	mg/L	900201	0.80
(23) TSS EFFLUENT	lbs/day	-	0.75
(24) Minimum pH			6.6
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.20
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	2.3
(33) Other Effluent Parameters			
Fecal			1.0
Average Daily Rainfall	Inch	Daily	0.012

DEFORM NO. 17401801
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE Apr. 1, 1991
DEER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month October Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Rainfall (inches)
1	0.125	2.3						6.9						0.20
2	0.116	2.2						6.9						0.20
3	0.126	1.4						6.7						0.10
4	0.125	1.5						6.7						
5	0.117	1.5						6.7						
6	0.105	1.6						6.7						
7	0.137	1.5						6.7						1.10
8	0.119	1.5						6.7						
9	0.113	1.5						6.7						
10	0.108	1.7						6.6						
11	0.108	1.7						6.6						
12	0.110	1.7	21	18	2.4	0.8		6.6			0.13		1	
13	0.117	1.9						6.6						0.20
14	0.111	1.9						6.6						
15	0.107	1.8						6.6						
16	0.099	1.6						6.7						
17	0.104	2.1						6.6						
18	0.104	2.1						6.6						
19	0.101	1.6						6.6						
20	0.111	1.8						6.6						
21	0.116	1.8						6.6						
22	0.119	1.8						6.7						
23	0.074	1.8						6.6						
24	0.107	1.2						6.9						
25	0.098	1.3						6.9						
26	0.110	1.3	52	105	3	0.8		6.9			0.26			1.60
27	0.120	1.4						6.9						
28	0.125	1.4						6.9						
29	0.129	1.3						6.8						
30	0.108	1.3						6.8						
31	0.119	1.2						6.8						

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

Signed _____
 Name (Please Type) Raymond D'Aiuto
 Company Name Southern States Utilities

Date 10-31-94
 Telephone No. (Please Type) _____
613-634-0331

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994
 (2) Plant DER Identification Number 4008P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DO08-168047
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
 Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Raymond D'Aiuto A-6431
 Signature _____ Cert No _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.109
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	115.6
(19) Percent of permitted capacity	%	-	46%
(20) CBODs EFFLUENT	mg/L	80082	2.34
(21) CBODs EFFLUENT	lbs/day	-	2.13
(22) TSS EFFLUENT	mg/L	900201	2.30
(23) TSS EFFLUENT	lbs/day	-	2.09
(24) Minimum pH			6.7
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.21
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.4
(33) Other Effluent Parameters			
Fecal			
Average Daily Rainfall	Inches	Daily	0.05

DBA FORM NO. 17486 (8/91)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DBA APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnet Shore

Month November Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Rainfall (inches)
1	0.105	1.8						6.8						
2	0.123	1.7						6.8						
3	0.114	1.6						6.8						
4	0.104	1.6						6.8						
5	0.113	1.6						6.8						
6	0.111	1.6						6.8						
7	0.117	2.1						6.8						
8	0.099	2.1						6.8						
9	0.111	1.0	42	75	2.97	4		6.8			0.4			
10	0.107	1.9						6.7						
11	0.115	1.8						6.8						0.15
12	0.120	1.8						6.8						
13	0.090	1.0						6.9						
14	0.093	1.2						6.8						0.15
15	0.108	1.3						6.8						0.70
16	0.105	1.5						6.8						0.45
17	0.111	1.9						6.7						
18	0.126	1.9						6.7						
19	0.108	1.9						6.7						
20	0.098	1.9						6.7						
21	0.120	2.1						6.8						
22	0.119	2.2						6.8						
23	0.120	2.3	67	69	1.7	0.6		6.8			0.02			
24	0.098	2.3						6.8						
25	0.117	2.3						6.8						
26	0.114	2.2						6.8						
27	0.107	2.2						6.8						
28	0.113	2.4						6.8						
29	0.108	2.3						6.8						
30	0.087	2.3						6.8						
31														

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

Signed: Original signed by Raymond D'Aiuto
 Name (Please Type) Raymond D'Aiuto
 Company Name Southern States Utilities

Date 12/16/94
 Telephone No. (Please Type) 813-636-0331

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994
 (2) Plant DER Identification Number: 4008P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DO08-168047
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Raymond D. Auto A-6431
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.114
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.112
(19) Percent of permitted capacity	%	-	45%
(20) CBODs EFFLUENT	mg/L	80082	1.3
(21) CBODs EFFLUENT	lbs/day	-	1.2
(22) TSS EFFLUENT	mg/L	900201	0.6
(23) TSS EFFLUENT	lbs/day	-	0.6
(24) Minimum pH			6.6
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.67
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.3
(33) Other Effluent Parameters			
Fecal			
Average Daily Rainfall	Inch	Daily	0.6

SDP FORM NO. 17 (REV. 11/01)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1994
 SER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burrill Store

Month December Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Rainfall (inches)	
1	0.107	2.3						6.8							
2	0.089	2.2						6.8							
3	0.104	2.2						6.8							
4	0.135	2.2						6.8						0.44	
5	0.102	1.0						6.6							
6	0.108	1.4						6.7							
7	0.107	1.4	145	20	1.4	0.8		6.7			0.37				
8	0.122	1.8						6.6							
9	0.102	2.2						6.6							
10	0.105	2.1						6.7							
11	0.108	2.1						6.7						0.10	
12	0.089	1.9						6.7							
13	0.106	1.8						6.7							
14	0.093	1.9						6.7							
15	0.098	1.9						6.7							
16	0.115	1.8						6.7							
17	0.116	1.8						6.7							
18	0.082	1.9						6.7							
19	0.095	2.3						6.7							
20	0.108	2.2						6.7						1.70	
21	0.116	2.1	111	64	1.2	0.6		6.7			0.97			0.40	
22	0.123	2.0						6.7						0.23	
23	0.126	2.1						6.7							
24	0.126	2.1						6.7							
25	0.116	1.0						6.9							
26	0.122	1.4						6.7							
27	0.117	2.0						6.8							
28	0.152	1.9						6.8							
29	0.138	2.0						6.8							
30	0.130	2.0						6.8							
31	0.141	1.9						6.8							

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

Signed Original signed by Raymond D'Auto
 Name (Please Type) Raymond D'Auto
 Company Name Southern States Utilities

Date 1/20/95
 Telephone No. (Please Type) 813-699-0331

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 5208P00462

(3) Plant Name Burnt Store

(4) Plant Address 17430 Burnt Store Road

(5) City Punta Gorda

(6) County Charlotte

(7) Phone Number 813-639-0331

(8) Permit Number DO08-168047

(9) Plant Type 3C

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>3669</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator <u>Original signed by Larry D. Ayers C-3669</u>			
Signature		Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.094
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.083
(19) Percent of permitted capacity	%	-	33.2
(20) CBODs EFFLUENT	mg/L	80082	6.82
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	600201	0.94
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.51
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.0
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17 (Rev. 2001)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month January Year 1990

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Facal Coliform		
1	0.087	1.0						7.2							
2	0.093	1.0						7.2							
3	0.059	1.2						7.1							
4	0.098	1.5						7.1							
5	0.085	1.5						7.1							
6	0.085	1.5	158.7	105.5	6.06	0.8		7.1			2.05		<1		
7	0.100	1.5						7.1							
8	0.052	1.8						7.1							
9	0.089	1.2						7.2							
10	0.074	1.5						7.2							
11	0.067	1.8						7.2							
12	0.062	1.5						7.1							
13	0.059	1.5						7.2							
14	0.113	2.0						7.2							
15	0.132	1.5						7.2							
16	0.086	1.0						7.2							
17	0.062	1.0						7.2							
18	0.145	1.5						7.2							
19	0.123	1.2						7.2							
20	0.095	1.5	292.2	262	7.18	1.08		7.2			0.98				
21	0.087	1.2						7.2							
22	0.097	1.0						7.2							
23	0.104	1.2						7.2							
24	0.079	1.5						7.2							
25	0.066	2.0						7.2							
26	0.142	1.5						7.2							
27	0.102	1.0						7.2							
28	0.125	1.5						7.2							
29	0.094	1.5						7.2							
30	0.132	1.8						7.2							
31	0.108	1.5						7.2							

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

Signed: Original signed by Raymond D'Aute
 Name (Please Type): Raymond D'Aute
 Company Name: Southern States Utilities

Date: 2/1/91
 Telephone No. (Please Type): 613 635-0331

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: February Year: 1993
 (2) Plant DER Identification Number: 5208PD0462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DD08-168047
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Raymond D'Aluto A-6431
 Signature _____ Cert No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.092
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.086
(19) Percent of permitted capacity	%	-	34.4
(20) CBODs EFFLUENT	mg/L	80082	4.77
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	0.4
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.24
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17-001 (2001)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TS5 Influent (mg/L)	CBOD5 Effluent (mg/L)	TS5 Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.112	1.5						7.3							
2	0.067	2.0						7.2							
3	0.110	1.0	265.6	142	7.72	0.4		7.2			0.34				
4	0.100	1.5						7.2							
5	0.104	1.8						7.2							
6	0.064	2.0						7.2							
7	0.067	1.0						7.2							
8	0.058	1.5						7.2							
9	0.124	2.0						7.2							
10	0.090	1.5						7.2							
11	0.064	1.5						7.2							
12	0.080	3.0						7.0							
13	0.092	2.5						7.1							
14	0.092	2.0						7.1							
15	0.092	2.0						7.1							
16	0.092	1.5	210.9	88	1.82	0.4		7.2			0.14				
17	0.092	2.0						7.2							
18	0.092	2.0						7.2							
19	0.092	1.5						7.2							
20	0.092	1.5						7.2							
21	0.092	1.0						7.2							
22	0.092	2.0						7.2							
23	0.092	2.0						7.2							
24	0.092	1.5						7.2							
25	0.092	1.5						7.2							
26	0.092	2.0						7.2							
27	0.092	1.0						7.0							
28	0.092	1.0						7.2							
29															
30															
31															

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

Signed _____
 Name (Please Type): Raymond D. Ault
 Company Name: Southern States Utilities

Date: 3/12/93
 Telephone No. (Please Type): 813-635-0301

DER FORM NO 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 5208P00462

(3) Plant Name Burnt Store

(4) Plant Address 17430 Burnt Store Road

(5) City Punta Gorda

(6) County Charlotte

(7) Phone Number 813-639-0331

(8) Permit Number DO08-168047

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6431

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Raymond D'Auto A-6431

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.079
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.088
(19) Percent of permitted capacity	%	-	35.2
(20) CBODs EFFLUENT	mg/L	80082	10.03
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	2.3
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.8
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.54
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			

DEK FORM NO. 17-001-000-1
FORM TITLE: Domestic Wastewater Treatment Plant
EXPECTED DATE: July 1, 1991
DEK APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Facal Coliform		
1	0.090	1.5						7.0							
2	0.090	3.0						7.1							
3	0.090	3.0	258.9	246	12.18	1.6		7.2			1.61				
4	0.090	3.0						6.8							
5	0.090	3.0						7.0							
6	0.090	3.0						7.1							
7	0.090	3.5						7.0							
8	0.090	3.5						7.0							
9	0.080	3.5						7.1							
10	0.036	1.5						7.0							
11	0.056	1.5						7.1							
12	0.017	1.5						7.1							
13	0.015	1.5						7.0							
14	0.018	2.0						7.0							
15	0.017	2.0						7.0							
16	0.047	1.0						7.0							
17	0.050	1.5	252.4	252	6.22	1.9		7.1			0.42				
18	0.034	1.5						7.1							
19	0.054	2.0						7.1							
20	0.023	3.5						6.9							
21	0.064	3.0						7.0							
22	0.068	3.5						7.0							
23	0.102	3.0						6.9							
24	0.103	2.0						6.9							
25	0.121	2.0						6.8							
26	0.150	1.8						6.8							
27	0.079	2.0						6.9							
28	0.100	1.0						6.9							
29	0.125	2.0						6.9							
30	0.110	2.0						6.8							
31	0.101	2.0	214	212	11.7	3.4		6.8			0.04				

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

Signed _____
 Name (Please Type): Raymond D'Auto
 Company Name: Southern States Utilities

Date: 4/16/95
 Telephone No. (Please Type): 813 639-2131

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 5208P00452

(3) Plant Name Burnt Store

(4) Plant Address 17430 Burnt Store Road

(5) City Punta Gorda

(6) County Charlotte

(7) Phone Number 813-539-0331

(8) Permit Number DO08-168047

(9) Plant Type 3C

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>A</u>	Cert. No.	<u>6431</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Raymond D'Aiuto A-6431

Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.097
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.89
(19) Percent of permitted capacity	%	-	35.6
(20) CBODs EFFLUENT	mg/L	80082	2.71
(21) CBODs EFFLUENT	lbs/day	-	2.19
(22) TSS EFFLUENT	mg/L	900201	6.55
(23) TSS EFFLUENT	lbs/day	-	5.3
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.16
(30) Total Phosphorus	mg/L	000655	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17 (01/83)
FORM TITLE Southern States Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1987
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Rumt Store

Month April Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NO3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.106	1.5						6.9							
2	0.110	2.0						6.8							
3	0.132	2.0						6.9							
4	0.076	2.0						7.1							
5	0.117	2.0						7.0							
6	0.108	2.5						6.8							
7	0.107	2.0						6.9							
8	0.095	2.0						6.9							
9	0.140	2.5						6.9							
10	0.073	2.5						6.9							
11	0.095	2.5						6.9							
12	0.096	2.5						6.9							
13	0.096	2.0	149	117	3.7	3.8		6.9			0.24				
14	0.092	2.0						6.9							
15	0.099	2.0						6.9							
16	0.140	2.5						6.8							
17	0.127	2.5						6.8							
18	0.072	2.5						6.8							
19	0.116	2.0						6.8							
20	0.860	1.0						6.8							
21	0.091	2.0						6.8							
22	0.083	1.5						6.9							
23	0.100	1.5						6.9							
24	0.116	2.0						6.9							
25	0.090	2.0						6.8							
26	0.090	2.5						6.9							
27	0.090	2.5						6.9							
28	0.090	1.5						6.9							
29	0.090	0.5	116	120	1.73	9.3		7.0			0.086				
30	0.090	2.0						6.8							
31															

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

Signed: _____
 Name (Please Type): Raymond D'Aute
 Company Name: Southern States Utilities

Date: 5/14/93
 Telephone No. (Please Type): 813-635-0331

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 5208P00462

(3) Plant Name Burnt Store

(4) Plant Address 17430 Burnt Store Road

(5) City Punta Gorda

(6) County Charlotte

(7) Phone Number 813-639-0331

(8) Permit Number DD08-168047

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6431

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Raymond D'Aiuto A-6431

Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.079
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.085
(19) Percent of permitted capacity	%	-	34
(20) CBODs EFFLUENT	mg/L	80082	1.35
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	4.6
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.47
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal			

FORM NO. 17-01-001
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
SEE APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.090	1.0						6.9							
2	0.090	1.0						7.0							
3	0.090	1.0						7.1							
4	0.090	1.0						7.1							
5	0.090	1.0						7.1							
6	0.090	1.5						7.0							
7	0.090	1.5						7.0							
8	0.080	1.5						7.1							
9	0.080	1.5						7.0							
10	0.080	2.0						7.0							
11	0.080	2.0						7.0							
12	0.080	1.5	41	46	1.79	4		6.9			0.12				
13	0.080	2.0						6.9							
14	0.080	2.0						6.9							
15	0.080	2.0						6.9							
16	0.080	2.0						6.9							
17	0.080	1.5						6.9							
18	0.080	2.0						6.9							
19	0.080	2.0						6.9							
20	0.080	2.0						6.9							
21	0.080	2.5						6.9							
22	0.080	1.5						7.0							
23	0.080	1.5						7.0							
24	0.080	1.8						7.1							
25	0.080	1.4						7.1							
26	0.080	1.4	44	143	0.91	5.2		7.0			0.82				
27	0.080	1.5						7.0							
28	0.080	1.3						7.1							
29	0.080	1.4						7.0							
30	0.080	1.5						7.0							
31	0.070	1.5						7.0							

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

Signed: Original signed by Raymond D'Auto
 Name (Please Type): Raymond D'Auto
 Company Name: Southern States Utilities

Date: 6-14-93
 Telephone No. (Please Type): 813-639-0331

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993
 (2) Plant DER Identification Number: 5208P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DO08-168047
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Raymond D'Aiuto A-6431
 Signature _____ Cert No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.067
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.080
(19) Percent of permitted capacity	%	-	32
(20) CBODs EFFLUENT	mg/L	80082	1.90
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	4.0
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.95
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	1.9
(33) Other Effluent Parameters			
Fecal			

DWR FORM NO. 17-001 (REV. 1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DCA APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month June Year 1992

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.070	1.3						7.1							
2	0.070	1.2						7.1							
3	0.070	1.0						7.0							
4	0.070	0.8						7.1							
5	0.070	0.8						7.1							
6	0.070	1.0						7.0							
7	0.070	1.0						7.1							
8	0.070	1.0	50	65	2.33	3.5		7.1			2.95				
9	0.070	1.4						7.1							
10	0.070	1.5						7.0							
11	0.080	1.4						7.0							
12	0.082	1.0						7.0							
13	0.066	1.8						7.0							
14	0.069	1.5						7.0							
15	0.073	1.8						7.0							
16	0.085	1.8						7.0							
17	0.078	1.8						6.9							
18	0.065	1.9						6.8							
19	0.065	1.7						7.0							
20	0.086	1.7						7.0							
21	0.069	1.5						7.0							
22	0.074	1.5						7.0							
23	0.056	1.5	36	49	1.46	4.5		7.0			2.95				
24	0.049	1.2						6.9							
25	0.057	1.4						7.0							
26	0.061	1.2						7.0							
27	0.052	0.8						7.1							
28	0.060	0.8						7.0							
29	0.053	0.8						7.0							
30	0.048	0.8						7.0							
31															

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

Signed: _____
 Name (Please Type): Raymond D. Auto
 Company Name: Southern States Utilities

Date: 7/12/92
 Telephone No. (Please Type): 813-639-0331

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993
 (2) Plant DER Identification Number: 5208P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number 0008-168047
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Raymond D'Aiuto A-6431
 Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.081
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.076
(19) Percent of permitted capacity	%	-	30
(20) CBODs EFFLUENT	mg/L	80082	8.22
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	7.95
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.06
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal			

DCR FORM NO. 17 (REV. 12/81)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DCR APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.052	0.8						7.1							
2	0.051	0.8						7.1							
3	0.054	0.8						7.0							
4	0.050	0.8						7.1							
5	0.057	1.0						7.1							
6	0.078	1.1						6.9							
7	0.079	2.5	26	28	4.24	6		7.0			0.4				
8	0.080	1.1						7.0							
9	0.086	1.0						7.0							
10	0.111	1.1						7.0							
11	0.098	1.0						7.0							
12	0.108	0.8						7.1							
13	0.091	0.8						7.0							
14	0.069	0.7						7.0							
15	0.099	0.8						6.9							
16	0.072	0.9						7.0							
17	0.125	0.9						7.0							
18	0.096	0.9						7.0							
19	0.097	0.8						7.0							
20	0.076	0.9						7.0							
21	0.081	0.9	25	22	12.2	9.9		7.1			2.08				
22	0.068	1.0						7.0					N/C		
23	0.091	1.0						7.0							
24	0.053	1.0						7.0							
25	0.068	1.0						7.0							
26	0.086	1.1						7.0							
27	0.078	1.0						7.0							
28	0.071	1.0						7.1							
29	0.075	1.1						6.9							
30	0.108	1.1						6.9							
31	0.103	1.1						6.9							

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

Signed: _____
 Name (Please Type): Raymond D Auto
 Company Name: Southern States Utilities

Date: 8/10/93
 Telephone No. (Please Type): 813-635-0331

DER FORM NO 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

• Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 5208P00462

(3) Plant Name Burnt Store

(4) Plant Address 17430 Burnt Store Road

(5) City Punta Gorda

(6) County Charlotte

(7) Phone Number 813-639-0331

(8) Permit Number DO08-168047

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6431

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Raymond D'Aluto: A-6431

Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.081
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.076
(19) Percent of permitted capacity	%	-	30
(20) CBODs EFFLUENT	mg/L	80082	1.0
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	6.2
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.31
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	1.4
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17-01 (REV. 11)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residuals After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.086	1.2						7.0							
2	0.086	1.1						6.9							
3	0.093	1.1						7.0							
4	0.083	1.0	35	82.4	0.65	5.8		7.0			0.42		N/C		
5	0.096	1.3						7.0							
6	0.083	1.2						7.1							
7	0.098	1.3						6.9							
8	0.064	1.2						6.9							
9	0.074	1.2						6.9							
10	0.076	1.2						6.9							
11	0.076	1.4						6.9							
12	0.088	1.4						6.9							
13	0.066	1.3						6.9							
14	0.094	1.3						6.9							
15	0.072	1.3						7.0							
16	0.084	1.3						7.0							
17	0.068	1.2						7.0							
18	0.085	1.3						7.0							
19	0.080	1.3	36	30	1.14	6.6		7.0			2.2				
20	0.080	1.2						7.0							
21	0.064	1.4						6.9							
22	0.072	1.3						6.9							
23	0.070	1.1						6.9							
24	0.074	1.2						6.9							
25	0.068	1.1						6.9							
26	0.087	1.2						6.9							
27	0.087	1.1						6.9							
28	0.082	1.1						6.9							
29	0.088	1.1						6.9							
30	0.086	1.0						6.8							
31	0.096	1.1						6.9							

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

Signed _____ Original signed by Raymond D'Auto
 Name (Please Type) _____ Raymond D'Auto
 Company Name _____ Southern States Utilities

Date 9/2/93
 Telephone No. (Please Type) _____
 813-635-0321

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: September Year: 1993
 (2) Plant DER Identification Number: 5206P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0331
 (8) Permit Number DQ08-168047
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6431
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Raymond D'Aiuto A-6431
 Signature _____ Cert No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.083
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.082
(19) Percent of permitted capacity	%	-	33
(20) CBODs EFFLUENT	mg/L	80082	2.60
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	9.23
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000800	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.76
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal			

GEN FORM NO. 17 (REV. 6/81)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 GEN APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month September Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.087	1.1	45	15	1.55	7.8		7.0			0.34		N/C		
2	0.081	1.1						7.0							
3	0.076	1.2						7.0							
4	0.098	1.1						6.9							
5	0.068	1.1						7.0							
6	0.089	1.2						6.9							
7	0.074	2.3						7.3							
8	0.080	1.8						7.1							
9	0.084	3.0						7.3							
10	0.082	2.0						7.2							
11	0.109	2.0						7.1							
12	0.067	2.0						7.0							
13	0.087	1.6						7.1							
14	0.087	1.6						7.1							
15	0.090	1.6	57	41	4.82	12.8		7.1			0.16				
16	0.087	1.5						7.2							
17	0.092	1.4						7.2							
18	0.069	1.3						7.1							
19	0.066	1.1						7.1							
20	0.084	1.2						7.0							
21	0.084	1.2						7.0							
22	0.079	1.2						7.0							
23	0.076	1.1						7.0							
24	0.076	1.2						7.0							
25	0.098	1.2						7.0							
26	0.087	1.2						7.0							
27	0.090	1.4						7.0							
28	0.083	1.5						6.9							
29	0.076	1.4	40	52	1.44	7.1		6.9			4.77				
30	0.071	1.3						6.8							
31															

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

Signed _____
 Name (Please Type): Raymond D Auto
 Company Name: Southern States Utilities

Date: 10/1/93
 Telephone No. (Please Type): _____
 B13-639-033: _____

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 5208P00462

(3) Plant Name Burnt Store

(4) Plant Address 17430 Burnt Store Road

(5) City Punta Gorda

(6) County Charlotte

(7) Phone Number 813-639-0331

(8) Permit Number DO05-168047

(9) Plant Type 3C

(10) Test Site Identification Number _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6431

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Raymond D'Aiuto A-6431
 Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.099
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.88
(19) Percent of permitted capacity	%	-	35
(20) CBODs EFFLUENT	mg/L	80082	1.47
(21) CBODs EFFLUENT	lbs/day	-	1.2
(22) TSS EFFLUENT	mg/L	900201	7.50
(23) TSS EFFLUENT	lbs/day	-	6.2
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.7
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.6
(33) Other Effluent Parameters			
Fecal			

DWR FORM NO. 17 (01/2001)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DE APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month October Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.084	1.2						6.90							
2	0.102	1.1						6.90							
3	0.078	1.2						6.90							
4	0.080	1.2						6.90							
5	0.077	1.1						6.90							
6	0.086	1.2						6.90							
7	0.084	1.1						6.90							
8	0.092	1.1						6.90							
9	0.084	1.0						6.90							
10	0.092	1.1						6.90							
11	0.090	1.1						7.00							
12	0.087	1.2	68	63.8	1.23	10.8		6.90			3				
13	0.084	1.0						6.90							
14	0.082	1.0						6.90							
15	0.109	1.0						6.80							
16	0.092	1.5						6.90							
17	0.081	1.5						7.00							
18	0.104	1.6						6.90							
19	0.096	2.6						6.80							
20	0.091	1.5						6.90							
21	0.114	1.4						7.00							
22	0.126	1.0						7.10							
23	0.159	1.1						7.00							
24	0.068	1.0						7.10							
25	0.126	1.0						7.10							
26	0.116	1.1						7.00							
27	0.112	1.3						7.00							
28	0.104	1.2	27	65.2	1.72	4.2		6.90			2.4				
29	0.084	1.1						6.90							
30	0.154	1.0						6.90							
31	0.116	1.1						6.90							

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

Signed _____
 Name (Please Type): Raymond D Aiuto
 Company Name: Southern States Utilities

Date: 11/11/93
 Telephone No. (Please Type): 613-635-0331

DER Form: 17-801.800(1)
 Form Type: Domestic Wastewater Treatment
 Plant Monthly Operating Report
 Effective Date: July 1, 1991
 DER Application No. _____
 (Filed in by DER)

DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Part II - General Information

(1) Month: NOV. Year: 1991

(2) Plant's DER Identification Number: 4008P00462

(3) Plant Name: BURNT STORE UTILITY
SOUTHERN STATES UTILITIES

(4) Plant Address: 17430 BURNT STORE ROAD

(5) City: PUNTA GORDA
 County: CHALOTTE

(7) Phone Number: 813-639-0331

(8) Permit Number: 0008-168047

(9) Plant Type: 3C

(10) Test Site Identification Number: N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse: Prec.
DUAL PERC/EPAP. PONDS

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

(14) Cumulative Days of Wet Weather Discharge: 0

(15) Plant Staffing:

Day Shift Operator Class	<u>A</u>	Cert. No.	<u>6431</u>
Evening Shift Operator Class	<u> </u>	Cert. No.	<u> </u>
Night Shift Operator Class	<u> </u>	Cert. No.	<u> </u>
Lead Operator	<u><i>Raymond J. [Signature]</i></u>	Cert. No.	<u>6431</u>

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow:	mgd	60053	0.100
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.094
(19) Percent of permitted capacity	%	-	38%
(20) CBOD5 Effluent	mg/l	80082	7.00
(21) CBOD5 Effluent	lbs/day	-	5.84
(22) TSS Effluent	mg/l	-	5.80
(23) TSS Effluent	lbs/day	-	4.84
(24) Minimum pH		-	6.80
(25) Maximum pH		-	7.20
(26) Total N	mg/l	000600	
(27) TKN	mg/l	000625	
(28) Ammonia (NH3 - N)	mg/l	000610	
(29) Nitrate	mg/l	071850	4.19
(30) Total Phosphorous	mg/l	000665	
(31) Minimum Chlorine Residual	mg/l		1.00
(32) Maximum Chlorine Residual	mg/l	-	2.90
(33) Other Effluent Parameters			
Average Daily Rainfall	Inch	Daily	
Effluent to Golf Course	MG	Total	
Effluent to Golf Course Averages	MGD	Daily	
Class I Effluent disposal	MG	Total	
Onsite Evap/Perc. ponds	MG	Total	
Same as Above	MGD	AVG	
Sludge Residuals in Gallons	MG	Total	

U.V.

DER Form _____

Form Type: Domestic Wastewater Treatment

Plant Monthly Operating Report

Effective Date: July 1, 1991

DER Approval No. _____

Filed in by DER: _____

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

Month: NOV Year: 1993

DAY	FLOW (MGD)	Chlorine Residual Daily Average	Chlorine Residual Daily Minimum	CBOD5 Influent (mg/l)	TSS Influent (mg/l)	CBOD5 Effluent (mg/l)	TSS Effluent (mg/l)	pH Effluent Average	TKN Effluent (mg/l)	NH3 - N Effluent (mg/l)	Nitrate Effluent (mg/l)	Total P Effluent (mg/l)	Fecal Coliform (#/100ml)	Turbidity Analyzer (NTU)	Turbidity Bench Test INT	TSS (mg/l) Grab	CL2 Analyzer (ppm)	CL2 Bench Test (ppm)	Barrel (Inches)	Minimum pH	Maximum pH	Effluent to Gulf Course
1	0.099	1.20						7.00														
2	0.100	1.20						7.10														
3	0.108	1.30						7.10														
4	0.129	1.10						7.00														
5	0.105	1.00						7.00														
6	0.101	1.10						7.00														
7	0.103	1.10						7.00														
8	0.102	1.10						7.00														
9	0.100	1.40						7.00														
10	0.100	1.20		43	53	0.9	6.50	6.90			1.77		NC									
11	0.092	1.20						6.90														
12	0.110	1.10						6.90														
13	0.096	1.00						6.90														
14	0.096	1.30						6.90														
15	0.100	1.40						6.90														
16	0.102	1.50						6.90														
17	0.101	1.40						6.90														
18	0.126	1.40						6.90														
19	0.100	2.80						6.80														
20	0.119	2.40						6.80														
21	0.079	2.10						6.80														
22	0.078	1.40						6.90														
23	0.103	1.40		233	171	13.1	5.00	6.80			6.60											
24	0.092	1.40						6.80														
25	0.088	1.50						6.90														
26	0.096	1.40						6.90														
27	0.111	1.30						6.90														
28	0.080	1.00						7.10														
29	0.088	1.00						6.90														
30	0.085	1.00						6.90														
31																						

AVG	0.101	1.36	0.00	138	112	7.0	5.75	6.93	0.00	0.00	4.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MIN	0.079	1.00	0.00	43	53	0.9	5.00	6.80	0.00	0.00	1.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MAX	0.129	2.80	0.00	233	171	13.1	6.50	7.10	0.00	0.00	6.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

Signed: Raymond F. Dautio
Name: RAYMOND F. DAUTIO
Company Name: SOUTHERN STATES UTILITY

Date: 12-10-93
Telephone No.: (813) 639-0321

DER FORM NO. 17-801-800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993
 (2) Plant DER Identification Number 5208P00462
 (3) Plant Name Burnt Store
 (4) Plant Address 17430 Burnt Store Road
 (5) City Punta Gorda
 (6) County Charlotte
 (7) Phone Number 813-639-0351
 (8) Permit Number DO08-168047
 (9) Plant Type SC
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
 Perc Evaporation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 3669
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Larry D. Avers C-3669
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.105
(17) Permitted capacity	mgd	-	0.250
(18) Three month average daily flow	mgd	-	0.099
(19) Percent of permitted capacity	%	-	40%
(20) CBODs EFFLUENT	mg/L	80082	0.79
(21) CBODs EFFLUENT	lbs/day	-	0.69
(22) TSS EFFLUENT	mg/L	900201	5.45
(23) TSS EFFLUENT	lbs/day	-	4.77
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.61
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 1 (JAN. 2001)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1997
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Burnt Store

Month December Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.093	1.4						6.9							
2	0.112	1.3						6.9							
3	0.104	1.0						7.0							
4	0.110	2.5						6.8							
5	0.083	2.0						6.8							
6	0.089	2.8						6.8							
7	0.096	2.8						6.8							
8	0.090	2.6	94	121	0.46	5.1		7.0			0.62		INC		
9	0.104	2.7						7.1							
10	0.107	2.2						7.0							
11	0.106	2.0						7.0							
12	0.102	2.1						7.0							
13	0.103	2.2						7.0							
14	0.105	2.4						7.0							
15	0.089	1.9						7.0							
16	0.091	1.9						7.0							
17	0.130	1.8						7.0							
18	0.068	1.9						7.0							
19	0.102	1.8						7.0							
20	0.118	2.6						7.0							
21	0.105	2.5						7.0							
22	0.115	2.4	73	83	1.11	5.8		7.0			0.60				
23	0.114	2.3						7.0							
24	0.111	2.4						6.9							
25	0.125	2.4						6.9							
26	0.099	2.3						6.9							
27	0.115	2.3						7.1							
28	0.115	1.9						7.0							
29	0.120	1.6						7.0							
30	0.112	1.6						7.0							
31	0.126	1.9						7.0							

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

Signed _____
 Name (Please Type) Larry Avers
 Company Name Southern States Utilities

Date 1-11-94
 Telephone No. (Please Type) 813-639-0331

USE FORM NO. 10-1-101
 FORM TITLE: DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT
 PREPARED BY: []
 USE APPROPRIATE

Domestic Wastewater Treatment Plant Monthly Operating Report

Envelope

Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Ditching	BOD5 Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	DO Effluent (mg/L)	ORP Effluent (mg/L)	NOVATE Effluent (mg/L)	TOTAL T Effluent (mg/L)	TRIAL Coliforms		
1	0.024	3.5					7.5							
2														
3	0.035	3.5					6.5							
4	0.030	3.5					6.5							
5	0.025	3.5		105	10.0	3.0	7.5			10.8		41.0		
6	0.022	3.5					7.5							
7	0.016	3.5					7.5							
8	0.016	3.5					6.5							
9														
10	0.053	3.5					7.5							
11	0.016	3.5					7.5							
12	0.015	3.5					7.5							
13	0.015	3.5					7.5							
14	0.014	3.5					7.5							
15	0.022	3.5					7.5							
16														
17	0.045	3.5					7.5							
18	0.023	3.5					6.5							
19	0.030	3.5		100	1.4	3.5	7.5							
20	0.026	3.5					7.5							
21	0.020	3.5					7.5							
22	0.020	3.5					7.5							
23														
24	0.055	3.5					7.5							
25	0.013	3.5					7.5							
26	0.020	3.5					7.5							
27	0.015	3.5					6.5							
28	0.028	3.5					6.5							
29	0.019	3.5					6.5							
30														
31	0.046	3.5					6.5							

USE CONTAINER: THIS IS A RECYCLED PAPER PRODUCT. IT IS 100% RECYCLED WITH NO ADDITIONAL CHEMICALS. IT IS 100% RECYCLED WITH NO ADDITIONAL CHEMICALS.

Signed:

Name (Please Type)

Company Name

7762 KEVIN SURGESS
FOR

Date

Telephone No. (Please Type)

407-810-0058

DER FORM NO.	17-601-950(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month: February Year: 1994

2) Plant DER Identification Number: 30590117

3) Plant Name: Chuluota

4) Plant Address: 115 E. 10th Street

5) City: Chuluota

6) County: Seminole

7) Phone Number: (407) 980-0056

8) Permit Number: 2059-187651

9) Plant Type: 1-0

10) Test Site Identification Number: _____

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

12) Type of Effluent Disposal or Reclaimed Water Reuse:
 Slow rate land application / restricted public access

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

14) Cumulative Days of Wet Weather Discharge:
N/A

15) Plant Staffing

Day Shift Operator Class: B Cert. No. 7502, 7762

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: [Signature] E-4404
 Signature: _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
16) Monthly average daily flow	mgd	60053	0.024
17) Permitted capacity	mgd	-	0.100
18) Three month average daily flow	mgd	-	0.019
19) Percent of permitted capacity	%	-	15%
20) BOD5 Effluent	mg/L	60081	1.4
21) BOD5 Effluent	lbs/day	-	----
22) TSS Effluent	mg/L	6E 05	0.8
23) TSS Effluent	lbs/day	-	----
24) Minimum pH			6.0
25) Maximum pH			7.2
26) Total N	mg/L	000601	----
27) TKN	mg/L	000625	----
28) Ammonia (NH3 - N)	mg/L	000610	----
29) Nitrate	mg/L	071850	7.20
30) Total Phosphorus	mg/L	000665	----
31) Minimum Chlorine Residual	mg/L	-	0.5
32) Maximum Chlorine Residual	mg/L	-	1.5
33) Other Effluent Parameters			
Fecal Coliform			<1.0

FOR FORM NO. 1 (Rev. 1-55)
 TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: 1-1-55
 USE APPLICATION: A

Domestic Wastewater Treatment Plant Monthly Operating Report

Facility No.

Month February Year 1954

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Boehrer	BOD Influent (mg/L)	TSS Influent (mg/L)	BOD Effluent (mg/L)	TSS Effluent (mg/L)	SS Effluent (mg/L)	SRP Effluent (mg/L)	NO ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAI Cells/ml		
1	0.021	3.5						7.1							
2	0.028	3.5						6.9							
3	0.023	3.5						7.0							
4	0.014	3.5						7.1							
5	0.022	3.5						7.0							
6															
7	0.027	3.5						7.0							
8	0.010	3.5		157	48	<0.1	<0.1	7.0							
9	0.016	3.5						7.0							
10	0.008	3.5						7.1							
11	0.009	3.5						7.0							
12	0.026	3.5						7.1							
13															
14	0.060	3.5						8.7							
15	0.038	3.5						6.9			7.0		40.0		
16	0.026	3.5						7.0							
17	0.025	3.5						7.1							
18	0.020	3.5						7.0							
19	0.036	3.5						7.0							
20															
21	0.055	3.5						7.0							
22	0.037	3.5						7.0							
23	0.027	3.5		50	520	6.7	1.5	7.0							
24	0.028	3.5						7.1							
25	0.032	3.5						8.9							
26	0.026	3.5						7.0							
27															
28	0.060	3.5						7.1							
29															
30															
31															

and Operator: This is to certify that the information furnished in this report and that on the face of it conforms and complies with the requirements of the applicable laws, codes and orders.

Signed:

Richard E. Ely

Date:

MARCH 22, 1954

Name (Please Type)

R. Richard Ely Jr.

Telephone No.

7 LEADS 2106

Company Name

Southern States Utilities

407-831-0015

DER FORM NO. 17 (REV. 10-77)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

City/County

Month: March Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	INTEGRATED Effluent (mg/L)	TOTAL Effluent (mg/L)	FECA Comment		
1	0.036	3.5						6.9							
2	0.026	3.5						7.0							
3	0.022	3.5						7.0							
4	0.021	3.5						6.9							
5	0.032	3.5						7.0							
6															
7	0.057	3.5						7.1							
8	0.025	2.5						6.9							
9	0.031	3.5		78	56	16	3.5	7.0							
10	0.025	3.5						7.0							
11	0.020	2.3						6.9							
12	0.025	3.0						7.0							
13															
14	0.054	2.5						7.0							
15	0.020	2.4						7.0							
16	0.024	3.5						7.0			0.2	0.10			
17	0.026	3.5						7.0							
18	0.017	3.5						6.9							
19	0.020	3.5						7.0							
20															
21	0.055	3.5						7.0							
22	0.026	3.5						7.0							
23	0.020	3.5						7.0							
24	0.012	3.5		130	144	15	2.0	7.0							
25	0.021	3.5						7.1							
26	0.014	3.5						7.0							
27															
28	0.033	3.5						7.0							
29	0.014	3.5						7.0							
30	0.019	2.5						7.0							
31	0.020	3.5						7.0							

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

Signature

Kevin M. Burgess

Date

April 26, 1994

Name - Please Type

Kevin M. Burgess for C. Richards Sch Jr. 8-4404 Lead Ops Telephone No. If Please Type

Company Name

Southern States Utilities

WOTN 885-0055

Part II - General Information

Signature _____ Cert No _____

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

(DEA FORM NO. 17-001-0001)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1981
 DEW APPLICATION NO.:

Domestic Wastewater Treatment Plant Monthly Operating Report

City/State

Month: April Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TAN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.018	3.5						7.1							
2	0.020	3.5						7.0							
3															
4	0.032	3.5						7.1							
5	0.013	3.5						7.1							
6	0.015	3.5		162	100	12	10	7.0							
7	0.012	3.5						7.0							
8	0.019	3.5						7.1							
9	0.013	3.5						7.1							
10															
11	0.035	3.5						7.0							
12	0.016	3.5						6.9							
13	0.014	3.5						7.0							
14	0.011	3.5						7.1							
15	0.012	3.5						6.9							
16	0.013	3.5						6.9							
17															
18	0.031	3.5						7.1							
19	0.016	3.5						7.0							
20	0.012	3.5		164	125	0	10	6.8							
21	0.014	3.5						7.1							
22	0.019	3.5						7.0							
23	0.014	3.5						7.0							
24															
25	0.040	3.5						7.0							
26	0.015	3.5						7.1			4.4		<10		
27	0.015	3.5						7.0							
28	0.018	3.5						7.1							
29	0.013	3.5						6.9							
30	0.015	3.5						7.0							
31															

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

Signed

D. Richard Eckert

Date

May 18, 1994

Name (Please Type)

D. Richard Eckert

Telephone No. (Please Type)

Company Name

Southern States Utilities

(407) 860-0056

DER FORM NO.	17-90180011
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 305901117

(3) Plant Name: Chuluota

(4) Plant Address: 125 E. 10th Street

(5) City: Chuluota

(6) County: Seminole

(7) Phone Number: (407) 885-0056

(8) Permit Number: DO59-187652

(9) Plant Type: 3-C

(10) Test Site Identification Number: _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Slow rate land application / restricted public access

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

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing:
 Day Shift Operator Class: B Cert. No. 6659, 7434
 Day Shift Operator Class: B Cert. No. 7600, 7762
 Night Shift Operator Class: C Cert. No. _____
 Lead Operator: [Signature] Cert. No. B-4404
 Signature: _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.01
(17) Permitted capacity	mgd		0.100
(18) Three month average daily flow	mgd		0.017
(19) Percent of permitted capacity	%		17%
(20) BOD5 Effluent	mg/L	60060	0.6
(21) BOD5 Effluent	lbs/day		
(22) TSS Effluent	mg/L	90020	1.0
(23) TSS Effluent	lbs/day		
(24) Minimum pH			6.5
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.00
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L		3.5
(32) Maximum Chlorine Residual	mg/L		3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

DWR FORM NO. 17 (01/80)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: June 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Charitable

Month: May Year: 1994

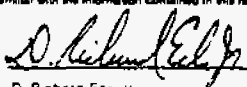
Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	BOD5 Effluent (mg/L)	SS Influent (mg/L)	SS Effluent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAI Coliform			
1																
2	0.038	3.5						6.9								
3	0.010	3.5						6.9								
4	0.015	3.5		64	52	1.0	1.0	7.0								
5	0.010	3.5						7.1								
6	0.012	3.5						7.0								
7	0.012	3.5						7.1								
8																
9	0.034	3.5						7.0								
10	0.013	3.5						7.0								
11	0.015	3.5						7.1								
12	0.014	3.5						7.0								
13	0.010	3.5						6.9								
14	0.013	3.5						6.9								
15																
16	0.017	3.5						6.9								
17	0.008	3.5						7.0								
18	0.006	3.5						7.1								
19	0.006	3.5		94	58	0.1	1.0	7.0			6.7		<1.0			
20	0.007	3.5						6.9								
21	0.014	3.5						7.1								
22																
23	0.031	3.5						6.8								
24	0.010	3.5						6.9								
25	0.006	3.5						6.9								
26	0.008	3.5						7.0								
27	0.007	3.5						7.2								
28	0.006	3.5						7.1								
29																
30	0.011	3.5						7.1								
31	0.005	3.5						7.0								

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

Signed

Name (Please Type)

Company Name


 D. Richard Eckert
 Southern States Utilities

Date

Telephone No. (Please Type)

4071-880-0058

DER FORM NO.	17.801.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 305901117

(3) Plant Name Chuluota

(4) Plant Address 125 E. 10th Street

(5) City Chuluota

(6) County Seminole

(7) Phone Number (407) 880-0058

(8) Permit Number DO59-187652

(9) Plant Type 3-C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Slow rate land application / restricted public access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7600.7762

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator *[Signature]* B-4404
Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.024
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	17%
(20) BOD5 Effluent	mg/L	80082	1.1
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH			6.6
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	5.30
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

SD-100 (Rev. 11-27-82)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1981
 DERIVATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

City/State

Month June

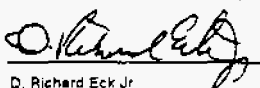
Year 1984

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform				
1	0.003	3.5		325	288	0.9	1.5	6.9									
2	0.010	3.5						7.0									
3	0.002	3.5						7.0									
4	0.007	3.5						7.1									
5																	
6	0.024	3.5						7.1									
7	0.013	3.5						6.9									
8	0.021	3.5						7.1									
9	0.025	3.5						7.0									
10	0.012	3.5						6.9									
11	0.022	3.5						7.0									
12																	
13	0.034	3.5						7.1									
14	0.042	2.5						7.1									
15	0.042	3.5						6.9									
16	0.046	3.5		76	48	1.3	1.0	6.9									
17	0.039	3.5						6.6									
18	0.048	3.5						6.6									
19																	
20	0.075	3.5						6.9									
21	0.036	3.5						6.8									
22	0.032	3.5						6.8									
23	0.031	3.5						6.6									
24	0.014	3.5						6.9									
25	0.029	3.5						7.1									
26																	
27	0.046	3.5						6.9									
28	0.023	3.5						6.6									
29	0.025	3.5						6.9									
30	0.029	3.5						7.0			5.3		<1				
31																	

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

Signed:



Date: July 28, 1984

Name (Please Type):

D. Richard Eck Jr.

Telephone No. (Please Type):

Company Name:

Southern States Utilities

(407) 860-0058

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month:	July	Year:	1994
(2) Plant DER Identification Number:	305901117		
(3) Plant Name	Chuluota		
(4) Plant Address	125 E. 10th Street		
(5) City	Chuluota		
(6) County	Seminole		
(7) Phone Number	(407) 880-0058		
(8) Permit Number	DC59-187652		
(9) Plant Type	3-C		
(10) Test Site Identification Number			
(11) Fecal Coliform Sample Method			
XX Membrane Filter:		Most Probable Number	

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Slow rate land application / restricted public access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert No.	7600, 7762
Evening Shift Operator Class		Cert No.	
Night Shift Operator Class		Cert No.	
Lead Operator			B-7762
	Signature		Cert No.

[illegible]

DEAP FORM NO. 17-871 (8/84)
 TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1987
 DER APPLICATION: NC

Domestic Wastewater Treatment Plant Monthly Operating Report

Chuluota

Month: July Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.028	3.5						7.0								
2	0.025	3.5						7.0								
3																
4	0.048	3.5						6.9								
5	0.026	3.5						7.0								
6	0.028	3.5		65	16	1.0	1.0	7.0								
7	0.041	1.7						7.1								
8	0.049	3.5						7.0								
9	0.055	3.5						6.9								
10																
11	0.071	3.5						7.1								
12	0.030	3.5						6.9								
13	0.024	3.5						7.1								
14	0.025	3.5						7.0								
15	0.028	3.5						6.9								
16	0.025	3.5						6.8								
17																
18	0.051	3.0						6.9								
19	0.023	2.1						7.1								
20	0.018	3.5		55	36	1.0	1.0	6.9			4.9	<1.0				
21	0.021	3.5						6.8								
22	0.021	3.5						7.1								
23	0.019	3.5						6.9								
24																
25	0.047	1.2						6.9								
26	0.019	2.4						7.1								
27	0.025	3.5						6.8								
28	0.024	3.5						6.9								
29	0.022	3.5						7.1								
30	0.028	3.5						7.2								
31																

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

Signed

Kevin M. Burgess

Name (Please Type)

Kevin M. Burgess

Company Name

Southern States Utilities

Date August 25, 1994

Telephone No. (Please Type)

(407) 880-0056

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 305901117

(3) Plant Name Chuluota

(4) Plant Address 125 E. 10th Street

(5) City Chuluota

(6) County Seminole

(7) Phone Number (407) 880-0058

(8) Permit Number DC59-187652

(9) Plant Type 3-C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Slow rate land application / restricted public access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7600, 6659

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [Signature] Cert. No. B-7762

Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.042
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.031
(19) Percent of permitted capacity	%	-	31%
(20) BOD5 Effluent	mg/L	80082	1.2
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000800	—
(27) TXN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	5.00
(30) Total Phosphorus	mg/L	000885	—
(31) Minimum Chlorine Residual	mg/L	-	1.7
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

SDR FORM NO. 17.081.0001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 SDR APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Chuluots

Month: August

Year: 1994

Day of the Month	Bio. (BOD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BODS Influent (mg/L)	TSS Influent (mg/L)	BODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TAN Effluent (mg/L)	TKN-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.081	1.7						6.8								
2	0.018	2.2						7.1								
3	0.038	3.2		91	84	0.7	1.0	7.0								
4	0.033	3.5						7.1								
5	0.031	3.5						6.9								
6	0.024	3.5						7.0								
7																
8	0.095	3.5						7.0								
9	0.036	3.5						6.9								
10	0.031	3.5						6.8								
11	0.061	3.5						6.9								
12	0.045	3.5						6.9								
13	0.061	3.5						7.2								
14																
15	0.111	3.5						7.0								
16	0.053	3.5						6.8								
17	0.048	3.5						7.0								
18	0.027	3.5		60	60	1.7	1.0	7.1								
19	0.053	2.2						7.0								
20	0.024	2.4						7.3								
21																
22	0.075	3.5						7.1								
23	0.038	3.5						7.0								
24	0.041	3.5						6.9								
25	0.041	3.5						6.9								
26	0.042	3.5						7.0								
27	0.048	3.5						7.0								
28																
29	0.057	3.5						7.1			5.0		<1.0			
30	0.034	2.5						6.9								
31	0.034	2.3						6.9								

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

Signed:



Date:

September 27, 1994

Name (Please Type):

Kevin M. Burgess

Telephone No. (Please Type):

(407) 671 2430

Company Name:

Southern States Utilities

[illegible]

FORM NO. 17 (1-1-80)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1980
 USE APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

City of

Month: September Year: 1984

Day of the Month	Flow (MGD)	Chlorine Residue After Contact	Chlorine Residue After Disinfection	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	Turbidity Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.031	3.5						7.0								
2	0.031	3.5						7.1								
3	0.028	3.5						7.0								
4																
5	0.056	3.5						7.0								
6	0.040	3.5						7.1								
7	0.023	3.5		109	96	1.0	1.0	6.8								
8	0.030	3.5						7.1								
9	0.030	3.5						7.0								
10	0.028	3.5						7.0								
11																
12	0.067	3.5						6.9								
13	0.028	3.5						6.7								
14	0.019	3.5						7.0								
15	0.026	3.5						6.9								
16	0.036	3.5						7.2								
17	0.054	3.5						7.0								
18																
19	0.107	2.9						7.0								
20	0.053	2.5						7.0								
21	0.055	3.5		38	54	0.7	0.5	7.1								
22	0.056	3.5						6.9								
23	0.046	2.5						7.0								
24	0.046	2.8						6.9								
25																
26	0.107	0.5						6.9								
27	0.050	3.5						7.1			2.7		<1.0			
28	0.054	3.5						7.0								
29	0.034	3.5						6.8								
30	0.023	3.0						7.2								
31																

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

Signed

Kevin M. Burgess

Date: October 25, 1984

Name, Please Type

Kevin M. Burgess

Telephone No. (Please Type)

Company Name

Southern States Utilities

(407) 673-2450

DSR Form No. 17-001 (03/71)
 Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1981
 DSR APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

City/State

Month: October Year: 1984

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dachler	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Conform				
1	0.028	3.5						7.2									
2																	
3	0.025	1.5						7.4									
4	0.023	3.5						7.2									
5	0.007	2.5						7.3									
6	0.018	3.5						7.3									
7	0.006	3.5						7.2									
8																	
9		2.5						7.1									
10	0.001	2.5						7.1									
11		2.5						7.1									
12		2.5						6.7									
13		2.2		127	128	0.9	0.5	6.6									
14	0.008	3.5						6.9									
15	0.035	0.7						7.1									
16																	
17	0.084	3.5						7.1									
18	0.031	3.5						7.0									
19	0.037	2.5						7.1									
20	0.009	1.5						7.0									
21	0.013	2.0						7.1									
22	0.006	3.0						7.0									
23																	
24	0.013	3.5						6.9									
25	0.015	1.5						7.0									
26	0.023	3.5						7.0									
27	0.011	3.5		60	76	0.5	2.0	6.9			1.8		<1.0				
28	0.025	2.0						6.9									
29	0.025	3.5						7.1									
30																	
31	0.014	3.5						6.5									

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

Signed

(Please Type)

Company Name


 Kevin Burgess
 Southern States Utilities

Date

November 21, 1984

Telephone No. (Please Type)

(407) 880-0058

DER FORM NO.	17, 601, 900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 305901117

(3) Plant Name: Chuluota

(4) Plant Address: 125 E. 10th Street

(5) City: Chuluota

(6) County: Seminole

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO59-187652

(9) Plant Type: 3-C

(10) Test Site Identification Number: _____

(11) Fecal Coliform Sample Method: _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse: _____

Slow rate land application / restricted public access

(13) Limited Wet Weather Discharge Activated: _____

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge: N/A

(15) Plant Staffing

Day Shift Operator Class: B, C Cert. No. 7600, 9098

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: [Signature] B-7762

Signature Cert No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.040
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	29%
(20) BOD5 Effluent	mg/L	80082	1.9
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.7
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	0.55
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

USE FORM NO. 1-10-1000-1
 FOLDER NO. 1-10-1000-1
 PREPARED BY: J. M. BURGESS
 DATE: 1-1-1994
 SOUTHERN STATES UTILITIES CO.

Domestic Wastewater Treatment Plant Monthly Operating Report

City/County

Month November

Year 1994

12a

Day of the Month	Flow (MGD)	Chemical Added (lb/day)	Chemical Added After (lb/day)	BOD (mg/L)	TSS (mg/L)	BOD (mg/L)	TSS (mg/L)	pH (mg/L)	TKN (mg/L)	Ammonia (mg/L)	NITRATE (mg/L)	TOTAL P (mg/L)	PHOSPHORUS (mg/L)				
1	0.051	3.5						6.8									
2	0.032	3.5						6.9									
3	0.015	3.5						7.0									
4	0.032	3.5						6.9									
5	0.032	3.5						6.8									
6																	
7	0.054	3.5						6.9									
8	0.032	3.5						6.9									
9	0.032	3.5		76		2.4		7.0									
10	0.032	3.5			20		1.5	7.1									
11	0.032	3.5						6.5									
12	0.032	3.5						6.9									
13																	
14	0.064	3.5						7.1									
15	0.032	3.5						6.9									
16	0.032	3.5						7.0									
17	0.032	3.5						7.0									
18	0.032	3.5						6.7									
19	0.032	3.5						6.8									
20																	
21	0.064	3.5						6.9									
22	0.032	3.5		56	40	1.4	3.5	6.9									
23	0.032	3.5						6.9									
24	0.032	3.5						7.0									
25	0.032	3.5						7.0									
26	0.032	3.5						7.1			0.6	1.6					
27																	
28	0.064	3.5						7.1									
29	0.032	3.5						6.9									
30	0.032	3.5						6.9									
31																	

Use Caution: This is to certify that all figures and the information contained in this report are true to the best of my knowledge and belief. This information is true, complete and accurate.

Signed

Name (Please Type)

Company Name

Kenn M Burgess
Kenn M Burgess
Southern States Utilities

Date

Telephone No. (Please Type)

(407) 671-2400

December 20, 1994

DER FORM NO. 17.021.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 305901117

(3) Plant Name Chuluota

(4) Plant Address 126 E. 10th Street

(5) City Chuluota

(6) County Seminole

(7) Phone Number (407) 883-0058

(8) Permit Number DO59-187652

(9) Plant Type 3-C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Slow rate land application / restricted public access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B.C. Cert. No. 7500, 8098

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [Signature] B-7762
 Signature _____ Cert. No. _____

Parameter	UNITS	STOREY Code	VALUE
(16) Monthly average daily flow	mgd	*****	0.030
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.028
(19) Percent of permitted capacity	%	-	28%
(20) BOD5 Effluent	mg/L	*****	2.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	*****	3.3
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.6
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	0.5
(30) Total Phosphorus	mg/L	000655	—
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993
 (2) Plant DER Identification Number: 305901117
 (3) Plant Name Chuluota
 (4) Plant Address 125 E. 10th Street
 (5) City Chuluota
 (6) County Seminole
 (7) Phone Number (407) 880-0058
 (8) Permit Number DOS9-187652
 (9) Plant Type 3-C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Slow rate (and application / restricted public access)
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 7500, 7752
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by D. Richard Eck Jr B4404
 Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.027
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.019
(19) Percent of permitted capacity	%	-	19%
(20) BOD5 Effluent	mg/L	80082	0.85
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	----
(27) TRN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	071850	12.1
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0

DERFORM NO. 17-100-001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: June 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Chuluota

Month January Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.014	2.5						7.0								
2	0.014	2.2						7.1								
3																
4	0.027	2.6						7.0								
5	0.014	3.5						7.1								
6	0.013	3.5						7.1								
7	0.008	2.7						7.0								
8	0.014	3.5						7.1								
9	0.012	3.5						7.0								
10																
11	0.037	3.0						7.0								
12	0.018	3.5						6.9								
13	0.024	3.5		123	68	1.1	2.5	7.0			12.1		<1			
14	0.026	2.8						7.0								
15	0.021	2.6						7.1								
16	0.030	2.5						6.9								
17																
18	0.083	2.2						7.0								
19	0.037	2.5						7.1								
20	0.032	3.5						7.0								
21	0.026	2.2						7.1								
22	0.021	2.5						7.0								
23	0.025	2.9						7.0								
24																
25	0.045	3.5						7.1								
26	0.021	3.5						7.1								
27	0.033	2.2		170	40	0.6	0.5	7.2								
28	0.033	2.2						7.2								
29	0.036	0.8						7.1								
30	0.034	2.1						7.2								
31																

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

Signed: Original Signed by D. Richard Eck Jr.
 Name (Please Type): D. Richard Eck Jr.
 Company Name: Southern States Utilities

Date: 2-4-93
 Telephone No. (Please Type):
1-507-390-0058

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993
 (2) Plant DER Identification Number: 305901117
 (3) Plant Name Chuluota
 (4) Plant Address 125 E. 10th Street
 (5) City Chuluota
 (6) County Seminole
 (7) Phone Number (407) 880-0058
 (8) Permit Number DO59-187652
 (9) Plant Type 3-C
 (10) Test Site Identification Number
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Slow rate land application / restricted public access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing 7600.
 Day Shift Operator Class C Cert. No. 7623.7762
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Original signed by D. Richard Eck B4404
 Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.040
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.023
(19) Percent of permitted capacity	%	-	23%
(20) BOD5 Effluent	mg/L	80082	0.55
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.8
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	----
(27) TKN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	071850	10.30
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0

DERFORM NO. 15-01-001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1, 1995
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Chuluota

Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dewater	BOD5 Effluent (mg/L)	YSS Influent (mg/L)	BOD5 Effluent (mg/L)	YSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAI Cost/ton			
1	0.081	2.0						7.1								
2	0.049	2.8						7.0								
3	0.043	2.2		73	16	0.5	<1	7.0								
4	0.037	3.5						7.0								
5	0.042	2.1						7.0								
6	0.033	2.8						7.1								
7																
8	0.080	2.9						7.1								
9	0.036	3.5						7.1								
10	0.030	3.5						7.1								
11	0.035	3.5						6.9			10.3		<1			
12	0.029	3.5						7.1								
13	0.031	3.5						6.8								
14																
15	0.065	3.5						7.0								
16	0.022	3.5						7.1								
17	0.018	3.5		93	36	0.6	<1	6.9								
18	0.027	2.1						7.0								
19	0.026	3.5						7.2								
20	0.034	3.5						6.9								
21																
22	0.052	3.5						7.2								
23	0.018	3.5						7.1								
24	0.051	3.5						7.1								
25	0.039	3.5						7.0								
26	0.034	3.5						6.9								
27	0.039	3.5						7.1								
28																
29																
30																
31																

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

Signed: _____
 Name (Please Type): D. Richard Eck Jr.
 Company Name: Southern States Utilities

Date: _____
 Telephone No. (Please Type): _____
 (407) 890-0055

DER FORM NO. 17.901.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993
 (2) Plant DER Identification Number: 305901117
 (3) Plant Name Chuluota
 (4) Plant Address 125 E. 10th Street
 (5) City Chuluota
 (6) County Seminole
 (7) Phone Number (407) 880-0058
 (8) Permit Number DO59-187652
 (9) Plant Type 3-C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Slow rate land application / restricted public access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 7600,7662
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Sam Sparks A-948
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.032
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.033
(19) Percent of permitted capacity	%	-	33%
(20) BOD5 Effluent	mg/L	80082	<1
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.8
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	----
(27) ITN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	071850	6.6
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0

PERFORMANCE: (000000)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 RESPECTIVE DATE: Jan. 1, 1993
 DER APPLICATION NO.:

Domestic Wastewater Treatment Plant Monthly Operating Report

Chuluota

Month March

Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.091	3.5						7.1								
2	0.023	3.5						7.0								
3	0.022	1.5		123	268	1.0	1.0	6.8			13.2		<1			
4	0.025	2.4						7.0								
5	0.021	2.5						7.0								
6	0.025	3.5						7.0								
7																
8	0.040	3.5						7.1								
9	0.016	3.0						7.0								
10	0.017	2.1						7.0								
11	0.019	2.2						7.1			<10					
12	0.017	2.5						7.1								
13	0.023	3.0						7.0								
14																
15	0.050	2.0						7.1								
16	0.023	3.0						7.0								
17	0.017	2.2		270	108	<1	1.0	6.9								
18	0.021	2.5						7.1								
19	0.038	2.8						7.0								
20	0.025	2.5						7.1								
21																
22	0.051	3.5						7.1								
23	0.033	1.0						7.0								
24	0.028	2.0						7.0								
25	0.025	2.5						7.1								
26	0.049	3.0						7.0								
27	0.013	1.6						7.2								
28																
29	0.076	2.0						7.1								
30	0.029	2.3						7.0								
31	0.029	2.4						7.0								

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

Signed: _____
 Name (Please Type): Sam Sparks
 Company Name: Southern States Utilities

Date: 4-17-93
 Telephone No. (Please Type): _____
(407) 890-0074

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993
 (2) Plant DER Identification Number: 305901117
 (3) Plant Name Chuluota
 (4) Plant Address 125 E. 10th Street
 (5) City Chuluota
 (6) County Seminole
 (7) Phone Number (407) 880-0058
 (8) Permit Number DO59-187652
 (9) Plant Type 3-C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Slow rate land application / restricted public access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class _____ Cert. No. 7800,7752
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Sam Sparks A948
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.030
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.034
(19) Percent of permitted capacity	%	-	34%
(20) BOD5 Effluent	mg/L	80082	2.3
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	----
(27) TKN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	071850	13.85
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	2.1
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0

DER FORM NO. 1740130011
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan 1, 1990
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Chuluota

Month April Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.034	2.4						7.1								
2	0.024	2.1						7.0								
3	0.025	2.5						7.1								
4																
5	0.065	2.8						7.0								
6	0.025	2.4						7.0								
7	0.026	2.2		79	44	3.3	<1	7.1			12.6		<1			
8	0.028	3.0						7.0								
9	0.031	2.7						7.1								
10	0.032	2.6						7.0								
11																
12	0.072	2.2						7.0								
13	0.025	3.5						7.1								
14	0.024	3.5						6.9			15.1					
15	0.029	2.8						7.1								
16	0.031	2.5						7.0								
17	0.026	3.5						7.0								
18																
19	0.053	3.2						7.0								
20	0.029	3.5		36	64	1.2	<1	7.1								
21	0.028	3.5						7.1								
22	0.022	3.5						6.9								
23	0.019	2.1						7.1								
24	0.014	2.7						7.0								
25																
26	0.048	2.5						7.0								
27	0.020	2.6						7.1								
28	0.019	2.7						7.1								
29	0.023	2.5						7.0								
30	0.019	2.3						7.0								
31																

Local Operator: This is to certify that I am (initial) and I am responsible for the data in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Sam Sparks
 Name (Please Type): Sam Sparks
 Company Name: Southern States Utilities

Date: 5/13/93
 Telephone No. (Please Type): (407) 890-0058

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993
 (2) Plant DER Identification Number: 305901117
 (3) Plant Name Chuluota
 (4) Plant Address 125 E. 10th Street
 (5) City Chuluota
 (6) County Seminole
 (7) Phone Number (407) 880-0058
 (8) Permit Number DO59-187652
 (9) Plant Type B-C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Slow rate land application / restricted public access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class _____ Cert. No. _____
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by D. Richard Eck Jr B-4404
 Signature _____ Cert. No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.018
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	27%
(20) BOD5 Effluent	mg/L	80082	0.6
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	----
(27) TKN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	001850	18.30
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0

DER FORM NO. 1 (10-1-80)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE Jan 1, 1989
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Chuluota

Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.020	2.3						6.9								
2																
3	0.049	2.8						7.0								
4	0.013	2.1						6.9								
5	0.024	2.3		85	80	<1	1.0	7.0								
6	0.018	2.1						6.9								
7	0.013	2.2						6.9								
8	0.027	2.6						7.1								
9																
10	0.031	2.2						6.9								
11	0.014	2.7						7.0								
12	0.014	2.2						6.9								
13	0.017	1.0						7.1								
14	0.018	1.8						6.9								
15	0.033	1.4						6.9								
16																
17	0.034	1.9						7.0								
18	0.013	2.6						6.9								
19	0.012	2.5						6.8								
20	0.019	2.2						7.0								
21	0.014	2.1						7.0								
22	0.015	3.5						7.1								
23																
24	0.035	2.2						7.0								
25	0.014	3.0						7.1								
26	0.014	2.7		185	36	1.1	1.0	7.0			18.3		<1			
27	0.013	2.5						7.0								
28	0.014	3.5						6.9								
29	0.013	2.2						7.1								
30																
31	0.058	2.5						6.9								

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

Signed: Original signed by D. Richard Eck Jr. B4464
 Name (Please Type): D. Richard Eck Jr.
 Company Name: Seaboard States Utilities

Date: 5-14-93
 Telephone No. (Please Type): (407) 380-0075

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993
 (2) Plant DER Identification Number: 305901117
 (3) Plant Name Chuluota
 (4) Plant Address 125 E. 10th Street
 (5) City Chuluota
 (6) County Seminole
 (7) Phone Number (407) 890-0058
 (8) Permit Number DO59-187652
 (9) Plant Type 3-C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Slow rate land application / restricted public access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 7600,7762
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original Signed by D. Richard Eck Jr. B-4404
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.025
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	26%
(20) BOD5 Effluent	mg/L	80082	0.70
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.7
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	----
(27) TKN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	071850	13.8
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	0.1
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0

DER FORM NO. 1740 (Rev. 1)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Chuluota

Month June Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.032	2.9						7.1								
2	0.028	2.5		5	48	0.5	1.0	7.0								
3	0.028	2.3						7.1								
4	0.025	3.5						6.8								
5	0.024	2.1						6.8								
6																
7	0.050	2.8						7.0								
8	0.022	2.5						7.1			13.8		<1			
9	0.022	2.4						6.8								
10	0.019	2.7						6.9								
11	0.022	2.5						7.0								
12	0.019	2.2						6.9								
13																
14	0.042	2.0						7.0								
15	0.021	2.3						7.1								
16	0.016	2.7		105	80	0.9	1.3	6.8								
17	0.017	2.3						6.9								
18	0.014	2.5						6.7								
19	0.022	2.4						6.9								
20																
21	0.041	2.8						7.1								
22	0.014	2.5						6.8								
23	0.018	1.1						6.7								
24	0.016	0.4						6.8								
25	0.017	0.1						7.0								
26	0.019	2.7						7.1								
27																
28	0.051	1.9						6.9								
29	0.022	2.2						7.1								
30	0.025	2.0						7.0								
31																

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

Signed:

Original signed by D. Richard Eck Jr.

Date:

7-26-93

Name (Please Type)

D. Richard Eck Jr.

Telephone No. (Please Type)

Company Name

Southern States Utilities

(407) 896-0053

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993
 (2) Plant DER Identification Number: 305901117
 (3) Plant Name Chuluota
 (4) Plant Address 125 E. 10th Street
 (5) City Chuluota
 (6) County Seminole
 (7) Phone Number (407) 880-0058
 (8) Permit Number DO59-187652
 (9) Plant Type 3-C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Slow rate land application - restricted public access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 7800 7765
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by D. Richard Eck Jr. B4404
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.023
(19) Percent of permitted capacity	%	-	23%
(20) BOD5 Effluent	mg/L	80082	0.5
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	0.3
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	----
(27) TKN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	071850	7.01
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0

DER FORM NO. 1 (Rev. 9/81)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1, 1991
 DER AFFILIATION:

Domestic Wastewater Treatment Plant Monthly Operating Report

Chuluota

Month July Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TOR Effluent (mg/L)	AMNH Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA. Conform			
1	0.026	2.0						7.0								
2	0.025	2.2						7.1								
3	0.023	2.5						7.0								
4																
5	0.037	3.5						7.0								
6	0.022	3.5						6.9								
7	0.019	3.5		80	72	-1.0	1.5	7.0								
8	0.023	2.7						7.1								
9	0.020	2.8						7.1								
10	0.024	2.7						6.8								
11																
12	0.085	2.7						7.0								
13	0.035	1.5						7.1								
14	0.037	1.2						6.8								
15	0.033	1.7						7.0								
16	0.025	1.5						6.8								
17	0.030	1.5						7.0								
18																
19	0.047	2.7						6.9								
20	0.029	2.5						7.1								
21	0.020	2.6						7.0								
22	0.029	3.5		100	72	2.0	-1.0	7.0			7.0		<1			
23	0.025	3.0						7.0								
24																
25	0.062	3.5						7.1								
26	0.020	3.5						7.0								
27	0.007	3.5						7.0								
28	0.033	3.5						7.0								
29	0.025	3.5						7.0								
30	0.010	2.7						7.1								
31	0.031	3.5						6.9								

Local Operator: This is to certify that the information appearing in this report and that to the best of my knowledge and belief, the information is true, accurate and reliable.

Signed: Original signed by D. Richard Eck Jr. 89984
 Name (Please Type): D. Richard Eck Jr.
 Company Name: Southern States Utilities

Date: _____
 Telephone No. (Please Type): _____
 (407) 896-0055

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993
 (2) Plant DER Identification Number: 205901117
 (3) Plant Name Chuluota
 (4) Plant Address 125 E. 10th Street
 (5) City Chuluota
 (6) County Seminole
 (7) Phone Number (407) 880-0058
 (8) Permit Number D059-187852
 (9) Plant Type J-C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
 Slow Rate Land Application / Restricted Public Access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 7400, 7782
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator: [Signature] B-4404
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.019
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.023
(19) Percent of permitted capacity	%	-	23%
(20) BOD5 Effluent	mg/L	80082	0.4
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			8.9
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	----
(27) TKN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	071850	7.08
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	1.7
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0

FORM 100-10
 PREPARED BY:
 FOR THE:
 OPERATING DATE:
 AND:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Chulueta

Month August Year 1993

131

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Boiling	BOD5 Influent (mg/L)	BOD5 Effluent (mg/L)	DO Influent (mg/L)	DO Effluent (mg/L)	pH Influent	pH Effluent	TKN Influent (mg/L)	TKN Effluent (mg/L)	SS Influent (mg/L)	SS Effluent (mg/L)	STRENGTH Effluent (mg/L)	TOTAL Effluent (mg/L)	PERM Coliforms
1																
2	0.037	3.5							7.0							
3	0.024	3.5							7.1							
4	0.038	3.5							7.3							
5	0.020	3.5							6.9							
6	0.015	3.5							6.9							
7	0.024	3.5							7.0							
8																
9	0.032	3.5							7.0							
10	0.020	3.5							7.1							
11	0.015	3.5		164	184	0.1	1.0	6.9								
12	0.015	3.5							7.1							
13	0.013	3.5							6.9							
14	0.025	3.5							7.1							
15																
16	0.038	3.5							7.1							
17	0.020	3.5							6.9							
18	0.015	3.5							7.1							
19	0.016	3.5							6.9							
20	0.012	3.5							7.1					7.1	41.0	
21	0.016	3.5							6.9							
22																
23	0.029	3.5							7.0							
24	0.019	3.5							7.1							
25	0.014	3.5		118	84	0.8	2.0	7.0								
26	0.017	3.5							7.0							
27	0.018	3.5							7.1							
28	0.021	3.5							7.0							
29																
30	0.049	3.5							7.0							
31	0.038	1.7							7.1							

NOTE: This report is to be filled out by the operator of the plant. It is not to be filled out by the engineer or the owner. The operator is to fill out the report and the engineer is to check it.

Signed:

D. Richard Eck Jr.

Date:

9-21-93

Name (Please Type):

D. Richard Eck Jr.

Telephone No. (Please Type):

Company Name

Southern States Utilities

407-880-0011

DEA FORM NO.	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DEA APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DEA Identification Number: 305901117

(3) Plant Name Chuluota

(4) Plant Address 125 E. 10th Street

(5) City Chuluota

(6) County Seminole

(7) Phone Number (407) 880-0058

(8) Permit Number DC59-187652

(9) Plant Type 3-C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Slow rate land application / restricted public access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7680, 7762

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [Signature] B-4404

Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.031
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.035
(19) Percent of permitted capacity	%	-	25%
(20) BOD5 Effluent	mg/L	80082	0.6
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900001	1.5
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.8
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	----
(27) TRN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	071850	5.85
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	2.1
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0

DD FORM NO. 1 (7-81) (REV. 1-77)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 REPORTING DATE July 1, 1993
 USE APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Chulabeta

Month September Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	DO Effluent (mg/L)	MLSS Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL COLIFORM			
1	0.030	3.5						7.0								
2	0.039	3.5						7.0								
3	0.010	3.5						7.2								
4	0.035	3.5						6.9								
5																
6	0.057	3.5						6.9								
7	0.044	3.5						6.9								
8	0.048	3.5		125	44	1.0	1.0	6.9								
9	0.051	2.6						7.0								
10	0.032	2.5						6.8								
11	0.039	3.5						7.0								
12																
13	0.073	3.5						6.9								
14	0.037	3.5						7.1								
15	0.031	2.1						6.9								
16	0.038	2.8						7.0								
17	0.026	3.5						7.1			5.9		41.0			
18	0.030	3.5						6.9								
19																
20	0.041	3.5						6.9								
21	0.029	3.5						7.0								
22	0.025	3.5		35	52	0.1	2.0	6.9								
23	0.022	3.5						7.1								
24	0.038	3.5						6.9								
25	0.021	3.5						7.0								
26																
27	0.044	3.5						6.9								
28	0.030	3.5						7.1								
29	0.021	3.5						6.9								
30	0.024	3.5						7.0								
31																

NOTE: REPORTER: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED ON THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, CORRECT AND COMPLETE.

Signed:

Name (Please Type):

Company Name:

D. Richards Ed. Jr.
D. Richards Ed. Jr.
 Southern States Utilities

Date:

Telephone No. (Please Type)

4027 982-0018

DER FORM NO.	17,001,000(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part 1 - General Information

(1) Month:	<u>October</u>	Year:	<u>1991</u>
(2) Plant DER Identification Number:	<u>30590117</u>		
(3) Plant Name	<u>Chuluota</u>		
(4) Plant Address	<u>125 E. 10th Street</u>		
(5) City	<u>Chuluota</u>		
(6) County	<u>Seminole</u>		
(7) Phone Number	<u>(407) 880-0058</u>		
(8) Permit Number	<u>DD55-187652</u>		
(9) Plant Type	<u>3-C</u>		
(10) Test Site Identification Number			
(11) Fecal Coliform Sample Method			
☒ Membrane Filter	☐ Most Probable Number		
(12) Type of Effluent Disposal or Reclaimed Water Reuse			
Slow rate land application - restricted public access			
(13) Limited Wet Weather Discharge Activated			
☐ Yes	☐ No	☒ Not Applicable	
(14) Cumulative Days of Wet Weather Discharge			
N/A			
(15) Plant Staffing			
Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7600, 7762</u>
Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7623</u>
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>K. B.</u>	Cert. No.	<u>87762</u>
Signature		Cert. No.	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.022
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.024
(19) Percent of permitted capacity	%	-	24%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	----
(27) TXN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	071850	6.51
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0

JOB NO. 11-25-98
 FROM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: 10-01-98
 SEE APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Chuluota

Month October Year 1998

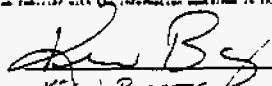
Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Boiloff	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	TOTAL T Effluent (mg/L)	FECA Coliform			
1	0.021	3.5						7.1								
2	0.015	3.5						6.9								
3																
4	0.026	3.5						6.9								
5	0.015	3.5						7.0								
6	0.010	3.5		50	25	1.0	1.0	7.1								
7	0.012	3.5						7.0								
8	0.015	3.5						7.1								
9	0.014	3.5						6.9								
10																
11	0.030	3.5						6.9								
12	0.010	3.5						6.9								
13	0.016	3.5						7.0								
14	0.018	3.5						7.1								
15	0.018	3.5						7.0								
16	0.027	3.5						7.1								
17																
18	0.049	3.5						7.1								
19	0.025	3.5						7.0								
20	0.045	3.5		84	52	1.0	1.0	7.0								
21	0.036	3.5						6.9								
22	0.032	3.5						7.0								
23	0.027	3.5						7.0								
24																
25	0.054	3.5						7.0								
26	0.034	3.5						7.0		6.5		41.0				
27	0.023	3.5						7.1								
28	0.019	3.5						7.0								
29	0.023	3.5						7.0								
30	0.019	3.5						7.1								
31																

Job Operator: This is to certify that I am familiar with the information appearing on this report and that it is true and correct as far as the information is concerned.

Signed:

Name (Please Type)

Company Name


 Kevin Burgess
 Southern States Utilities

Date:

Telephone No. (Please Type)

407. 880-1051

11-25-98

Form No. 1
 (Rev. 1972) Domestic Sewerage Treatment Plant, Sewerage Collection System
 Reporting Date: 11/1/72
 (See instructions on back)

Domestic Sewerage Treatment Plant
 Operating Report

Month: November Year: 1972

Station	Channel Number After Construction	Channel Number After Operation	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	DO Effluent (mg/L)	TP Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PEDAL Collection		
1.0	3.5				7.0							
1.1	3.5				7.0							
1.2	3.5				7.0							
1.3	3.5				7.0							
1.4	3.5		52	66	7.0							
1.5	3.5				6.8							
1.6	3.5				7.0							
1.7	3.5				7.0							
1.8	3.5				6.9							
1.9	3.5				7.0							
1.10	3.5				7.0							
1.11	3.5				7.0							
1.12	3.5				7.0							
1.13	3.5				7.0							
1.14	3.5				7.0							
1.15	3.5				7.0							
1.16	3.5				7.0							
1.17	3.5				7.0							
1.18	3.5				7.0							
1.19	3.5				7.0							
1.20	3.5				7.0							
1.21	3.5				7.0							
1.22	3.5				7.0							
1.23	3.5				7.0							
1.24	3.5				7.0							
1.25	3.5				7.0							
1.26	3.5				7.0							
1.27	3.5				7.0							
1.28	3.5				7.0							
1.29	3.5				7.0							
1.30	3.5				7.0							
1.31	3.5				7.0							
1.32	3.5				7.0							
1.33	3.5				7.0							
1.34	3.5				7.0							
1.35	3.5				7.0							
1.36	3.5				7.0							
1.37	3.5				7.0							
1.38	3.5				7.0							
1.39	3.5				7.0							
1.40	3.5				7.0							
1.41	3.5				7.0							
1.42	3.5				7.0							
1.43	3.5				7.0							
1.44	3.5				7.0							
1.45	3.5				7.0							
1.46	3.5				7.0							
1.47	3.5				7.0							
1.48	3.5				7.0							
1.49	3.5				7.0							
1.50	3.5				7.0							

DO NOT WRITE IN THESE SPACES

DO NOT WRITE IN THESE SPACES

Type:

Richardson

14

Southern States

Date: 12-28-72

Telephone No. Please Type:

407-480-6578

DER FORM NO. 17-601-992(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993
 (2) Plant DER Identification Number: 305901117
 (3) Plant Name Chuluota
 (4) Plant Address 125 E. 10th Street
 (5) City Chuluota
 (6) County Seminole
 (7) Phone Number (407) 860-0058
 (8) Permit Number DC59-187652
 (9) Plant Type 3-C
 (10) Test Site Identification Number
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Recycled Water Reuse
Slow rate land application / restricted public access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 7660, 7762
 Day Shift Operator Class C Cert. No. 7623
 Night Shift Operator Class Cert. No.
 Lead Operator [Signature] B-4404
 Signature Cert No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.011
(17) Permitted capacity	mgd	-	0.100
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	16%
(20) BOD5 Effluent	mg/L	80081	1.4
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	----
(27) TKN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	071850	6.32
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0

Domestic Wastewater Treatment Plant
Monthly Operating Report

City/State

Month December Year 1993

Station	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfectant	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TSS Effluent (mg/L)	BOD5 Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PHOSPHORUS Coliform			
1	0.016	3.5		63	64	1.6	1.5	6.9								
2	0.014	3.5						7.1								
3	0.014	3.5						7.1								
4	0.014	3.5						7.1								
5																
6	0.014	3.5						7.1								
7	0.009	3.5						7.1								
8	0.004	3.5						7.1								
9	0.004	3.5						7.1								
10	0.006	3.5						6.9								
11	0.011	3.5						7.0								
12																
13	0.020	2.5						7.1								
14	0.007	3.5						7.0								
15	0.014	3.5						7.1								
16	0.011	3.5		90	72	1.2	1.5	7.0								
17	0.013	3.5						7.1								
18	0.006	3.5						7.0								
19																
20	0.018	3.5						7.1								
21	0.008	3.5						6.9								
22	0.006	3.5						7.1								
23	0.006	2.5						7.1			6.1	41.0				
24	0.008	3.5						7.1								
25	0.007	3.5						7.1								
26																
27	0.017	3.5						7.1								
28	0.014	3.5						7.1								
29	0.021	3.5						7.0								
30	0.017	3.5						7.0								
31	0.023	3.5						7.1								

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

Signed:

D. Richard Eck Jr.

Date:

1-27-94

Name (Please Type)

D. Richard Eck Jr.

Telephone No. (Please Type)

Company Name

Southern States Utilities

407 880-1056

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3042P04526

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-181926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class II Cert. No. 7243

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *[Signature]* 6-7243
 Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.048
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.045
(19) Percent of permitted capacity	%	-	70%
(20) BODs Effluent	mg/L	90062	4.5
(21) BODs Effluent	lbs/day	-	1.80
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	1.60
(24) Minimum pH			7
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.88
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

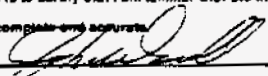
Domestic Wastewater Treatment Plant Monthly Operating Report

Cleas Park

Month January Year 1994

(34) Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Booster	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.038	3.2						7.3						
2														
3	0.102	1.3						7.2						
4	0.058	1.0						7.1						
5	0.034	1.3						7.3						
6	0.045	2.4						7.2						
7	0.055	3.0						7.3						
8	0.032	3.5						7.3						
9														
10	0.125	3.5						7.1						
11	0.034	3.5						7.2						
12	0.055	2.7						7.2						
13	0.050	3.0					2	7.2						
14	0.045	3.5						7.1						
15	0.029	3.5						7.3						
16														
17	0.099	3.5		150	280	4.5	4	7.0			4.85	<1		
18	0.084	3.5						7.0						
19	0.037	3.0						7.2						
20	0.059	2.5						7.2						
21	0.035	2.4						7.2						
22	0.040	3.5						7.2						
23														
24	0.125	3.0						7.2						
25	0.037	3.5						7.1						
26	0.052	3.5						7.1						
27	0.043	3.5						7.1						
28	0.050	3.5						7.1						
29	0.030	3.5						7.0						
30														
31	0.127	3.5						7.1						

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

Signed: 
 Name (Please Type) John Worrall
 Company Name Southern States Utilities

Date: 2-2-94
 Telephone No. (Please Type) (904) 347-1255

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Manon

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7243

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [Signature] 67293
 Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.046
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.046
(19) Percent of permitted capacity	%	-	0.72
(20) BODs Effluent	mg/L	80082	1
(21) BODs Effluent	lbs/day	-	0.38
(22) TSS Effluent	mg/L	900201	12
(23) TSS Effluent	lbs/day	-	4.60
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000628	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-201-200(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Census Park

Month February

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfectant	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.031	3.5						7.2							
2	0.050	2.8		165	160	1	12	7.1							
3	0.041	2.2						7.1							
4	0.051	3.5						7.1							
5	0.031	3.5						7.0							
6															
7	0.106	2.7						7.1							
8	0.055	3.0						7.1							
9	0.040	3.5						7.0							
10	0.043	2.8						7.1							
11	0.055	2.7						7.1							
12	0.030	3.5						7.0							
13															
14	0.118	3.5						7.1							
15	0.034	3.0						7.3							
16	0.054	3.5						7.1							
17	0.041	3.5						7.1							
18	0.035	2.2						7.2							
19	0.035	3.5						7.1							
20															
21	0.116	1.8						7.2							
22	0.035	1.2						7.2							
23	0.053	1.2						7.1							
24	0.044	3.5						7.2							
25	0.044	3.5						7.2							
26	0.041	3.5						7.0							
27															
28	0.117	3.5						7.1							
29															
30															
31															

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

Signed:

Name (Please Type):

Company Name:

John Waver

Southern States Utilities

Date:

Telephone No. (Please Type):

(904) 347-1255

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Manon

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class B Cert. No. 7243
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator [Signature] B-7243
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50056	0.046
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.047
(19) Percent of permitted capacity	%	-	0.73
(20) BODs Effluent	mg/L	80082	1.0
(21) BODs Effluent	lbs/day	-	0.38
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	1.15
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-201-200/1
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Critial Plant

Month March

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.038	3.5						7.2							
2	0.051	3.5						7.2							
3	0.033	3.5		285	20	1.0	3.0	7.2							
4	0.048	3.5						7.1							
5	0.038	3.5						7.0							
6															
7	0.113	3.5						7.0							
8	0.039	3.5						7.1							
9	0.053	3.5						7.0							
10	0.038	3.5						7.1							
11	0.059	3.5						7.1							
12	0.024	3.5						7.2							
13															
14	0.112	3.5						7.2							
15	0.044	3.5						7.0							
16	0.041	3.5						7.1							
17	0.057	3.5						7.3							
18	0.041	3.5						7.2							
19	0.025	3.5						7.3							
20															
21	0.119	3.5						7.3							
22	0.044	3.5						7.3							
23	0.051	3.5						7.2							
24	0.030	3.5						6.9							
25	0.043	3.5						7.0							
26	0.030	3.5						7.0							
27															
28	0.111	3.5						7.3							
29	0.053	3.5						7.2							
30	0.043	3.5						7.2							
31	0.050	3.5						7.1							

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

Signed

Name (Please Type)

Company Name

John Warner

Southern States Utilities

Date

Telephone No. (Please Type)

(804) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3042P04825

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Manon

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type ILC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class B Cert. No. 7243
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Charles Smith 82243
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.045
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.046
(19) Percent of permitted capacity	%	-	71.88%
(20) BODs Effluent	mg/L	80082	1
(21) BODs Effluent	lbs/day	-	0.38
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.38
(24) Minimum pH			7.0
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.33
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO. 17-901.000(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month April

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECL Calcium		
1	0.048	3.5						7.1							
2	0.035	3.5						7.3							
3															
4	0.106	3.5						7.2							
5	0.053	3.0						7.5							
6	0.047	3.5						7.1							
7	0.041	3.5						7							
8	0.044	3.5						7							
9	0.032	3.5						7.2							
10															
11	0.100	3.5						7.1							
12	0.058	3.5						7							
13	0.036	3.5						7.2							
14	0.041	3.5		143	120	1	1	7.2			0.33		<1		
15	0.051	3.5						7.2							
16	0.026	3.5						7.3							
17															
18	0.115	3.5						7.5							
19	0.043	3.5						7.4							
20	0.048	3.5						7.4							
21	0.042	3.5						7.1							
22	0.044	3.5						7.1							
23	0.051	3.5						7.2							
24															
25	0.092	3.5						7.1							
26	0.049	3.5						7.2							
27	0.041	3.5						7.2							
28	0.030	3.5						7.1							
29	0.057	3.5						7.1							
30	0.026	3.5						7.1							
31															

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

Signed:

Name (Please Type)

Company Name

John Warner

Southern States Utilities

Date

Telephone No. (Please Type)

(904) 347-1251

DER FORM NO. 17-801-20011
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Crook Park

Month May

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1															
2	0.109	2.2						7.1							
3	0.039	3.5						7.0							
4	0.044	3.4						7.1							
5	0.048	1.0						7.1							
6	0.041	1.4						7.2							
7	0.037	2.0						7.2							
8															
9	0.109	2.4						7.3							
10	0.049	1.4						7.3							
11	0.037	2.7		336	167	17	6.1 C	7.2							
12	0.045	3.3						7.2							
13	0.041	3.8						7.2							
14	0.033														
15															
16	0.101	4.0						7.3							
17	0.042	3.5						7.3							
18	0.055	3.5						7.3							
19	0.035	3.5						7.3							
20	0.053	5.0						6.5							
21	0.027														
22															
23	0.102	0.5						7.4							
24	0.043	2.6						7.2							
25	0.052	3.5						7.1							
26	0.039	1.0						7.1							
27	0.045	2.8						7.1							
28	0.030														
29															
30	0.091	3.5						7.2							
31	0.080	3.5						7.1							

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

Signed _____

Date 5/31/94

Name (Please Type) _____

John Warren

Telephone No. (Please Type) _____

Company Name _____

Southern States Utilities

(904) 347-1251

Page 2 of 2

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3042PD4826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7243</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>[Signature]</u> <u>B 7243</u>		
	Signature	Cert. No.	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.047
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.046
(19) Percent of permitted capacity	%	-	72%
(20) BODs Effluent	mg/L	80082	2.0
(21) BODs Effluent	lbs/day	-	0.78
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	-	2.35
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000655	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-601.600-1
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month: June

Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	Ammonia Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.009	3.5						7.0							
2	0.050	1.0						7.2							
3	0.072	3.0						7.2							
4	0.032														
5															
6	0.120	3.5						7.2							
7	0.060	3.5						7.2							
8	0.032	3.5						7.1							
9	0.044	3.5						7.2							
10	0.058	3.5						7.3							
11	0.033														
12															
13	0.104	3.5						7.4							
14	0.036	1.5		173	200	20	80	7.3							
15	0.046	2.7						7.3							
16	0.051	3.5						7.2							
17	0.048	2.5						7.3							
18	0.030														
19															
20	0.108	3.5						7.2							
21	0.045	2.6						7.0							
22	0.044	3.5						7.3							
23	0.037	3.0						7.2							
24	0.062	2.5						7.2							
25	0.034														
26															
27	0.121	2.7						7.2							
28	0.058	2.4						7.1							
29	0.050	3.5						7.2							
30	0.044	3.0						7.2							
31															

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

Signed

Date

Name (Please Type)

John Worrall

Telephone No. (Please Type)

Company Name

Southern States Utilities

(904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7243

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [Signature] B-7243

Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.046
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.046
(19) Percent of permitted capacity	%	-	72%
(20) CBOD Effluent	mg/L	50052	<1.0
(21) CBOD Effluent	lbs/day	-	0.19
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	0.77
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.78
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO. 17-807.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Census Park

Month July

Year 1984

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₄ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.080	2.2						7.1							
2	0.038														
3															
4	0.094	3.5						7.2							
5	0.049	2.2						7.2							
6	0.058	0.7						7.3							
7	0.034	1.0		240	253	<10	20	7.3			4.78		<1		
8	0.053	2.5						7.2							
9	0.045														
10															
11	0.115	1.8						7.1							
12	0.054	3.1						7.1							
13	0.043	0.7						7.1							
14	0.055	3.5						6.9							
15	0.038	3.5						6.9							
16	0.081	3.5													
17															
18	0.094	4.3						7.3							
19	0.056	3.3						7.2							
20	0.051	1.8						7.2							
21	0.041	3.0						7.2							
22	0.037	3.5						7.1							
23	0.043														
24															
25	0.109	5.0						7.2							
26	0.043	5.0						7.1							
27	0.020	5.0						7.1							
28	0.052	5.0						7.1							
29	0.047	4.8						7.1							
30	0.030	3.5													
31															

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

Signed:

Name (Please Type):

Company Name:

John Warren

Southern States Utilities

Date:

Telephone No. (Please Type):

(804) 347-1265

CER FORM NO. 17-201-200(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month: August

Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Inflow (mg/L)	TSS Inflow (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FCAL Coliform		
1	0.104	4.4						7.1							
2	0.048	4.8						7.1							
3	0.040	3.5						7.0							
4	0.051	5.0						7.0							
5	0.036	3.5						7.0							
6	0.032														
7															
8	0.114	3.5						7.0							
9	0.045	3.9						7.0							
10	0.047	5.0						7.0							
11	0.043	2.9		290	273	22	9.0	7.2							
12	0.052	3.1						7.3							
13	0.039														
14															
15	0.101	2.4						7.3							
16	0.045	1.9						7.2							
17	0.050	2.7						7.2							
18	0.038	5.0						7.3							
19	0.047	5.2						7.3							
20	0.041														
21															
22	0.106	5.0						7.3							
23	0.045	3.0						7.2							
24	0.046	1.7						7.2							
25	0.043	2.5						7.2							
26	0.046	2.4						7.2							
27	0.032														
28															
29	0.106	1.9						7.2							
30	0.054	2.2						7.2							
31	0.044	2.4						7.2							

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

Signed:

Name (Please Type):

Company Name:

John Wornell

Southern States Utilities

Date:

Telephone No. (Please Type):

(904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Manch

(7) Phone Number 904-347-1255

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class B Cert. No. 7243
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Tony Boulton C-8355
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.045
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.046
(19) Percent of permitted capacity	%	-	72%
(20) CBOD Effluent	mg/L	80082	0.8
(21) CBOD Effluent	lbs/day	-	0.30
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.38
(24) Minimum pH			7.1
(25) Maximum pH			7.6
(26) Total N	mg/L	000800	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-801.80011
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month September

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.042	2.5						7.2							
2	0.050	3.1						7.2							
3	0.028														
4															
5	0.105	3.2						7.2							
6	0.048	2.2						7.5							
7	0.047	1.4						7.5							
8	0.041	1.8						7.4							
9	0.055	2.3						7.4							
10	0.029														
11															
12	0.107	1.5						7.5							
13	0.041	1.8		213.7	120	0.8	1.0	7.3							
14	0.050	1.5						7.4							
15	0.038	2.2						7.4							
16	0.040	2.6						7.4							
17	0.042														
18															
19	0.115	1.3						7.3							
20	0.035	2.5						7.4							
21	0.047	3.0						7.4							
22	0.040	2.5						7.3							
23	0.037	2.0						7.8							
24	0.042														
25															
26	0.100	1.8						7.4							
27	0.046	5.0						7.1							
28	0.040	3.3						7.2							
29	0.041	3.1						7.2							
30	0.051	2.7						7.2							
31															

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

Signed: Tony Bourier
 Name (Please Type) Tony Bourier
 Company Name Southern States Utilities

Date: 10-6-94
 Telephone No. (Please Type) (804) 347-1265

DER FORM NO. 17.501.800(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Cous Park

Month: October

Year: 1984

(Day)	Flow of the Month (MGD)	Chlorine Residual After Contact	Chlorine Residual After Deductor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.028														
2															
3	0.114	1.3						7.3							
4	0.047	1.8						7.3							
5	0.041	4.0						7.2							
6	0.045	3.9						7.1							
7	0.048	3.3						7.1							
8	0.029														
9															
10	0.113	1.2						7.3							
11	0.036	1.4		229.7	156.8	1.2	3.0	7.3					20		
12	0.044	1.6						7.3							
13	0.043	3.3						7.4							
14	0.048	2.7						7.3							
15	0.029														
16															
17	0.065	4.3						7.4							
18	0.042	2.5						7.4							
19	0.049	2.7						7.5							
20	0.052	2.4						7.5							
21	0.044	4.0						7.4							
22	0.031														
23															
24	0.110	3.7						7.4							
25	0.041	4.1						7.4							
26	0.040	1.8						7.4							
27	0.046	4.9						7.2							
28	0.034	1.6						7.4							
29	0.041														
30															
31	0.106	0.8						7.4							

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

Signed:

Name (Please Type):

Company Name:

John Worrell

Southern States Utilities

Date:

Telephone No. (Please Type):

(904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class C Cert. No. 8355
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Tony Boulton C-8355
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.042
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.044
(19) Percent of permitted capacity	%	-	69%
(20) CBOD Effluent	mg/L	80082	0.6
(21) CBOD Effluent	lbs/day	-	0.21
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	0.53
(24) Minimum pH			7.0
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-201.200(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Census Park

Month November

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Degrator	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NP3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.044	3.0						7.2							
2	0.052	3.7						7.3							
3	0.045	3.2						7.3							
4	0.047	2.2						7.2							
5	0.027														
6															
7	0.106	4.2						7.2							
8	0.050	4.2		159.8	172	0.6	1.5	7.2							
9	0.047	4.8						7.1							
10	0.043	5.0						7.0							
11	0.037	5.0						7.2							
12	0.040	3.5													
13															
14	0.067	0.7						7.3							
15	0.040	2.6						7.4							
16	0.048	3.4						7.4							
17	0.037	2.7						7.4							
18	0.033	2.2						7.5							
19	0.024														
20															
21	0.005	4.8						7.4							
22	0.032	2.0						7.4							
23	0.041	2.2						7.5							
24	0.031	1.5						7.5							
25	0.044	1.4						7.4							
26	0.032														
27															
28	0.086	2.1						7.4							
29	0.038	2.0						7.4							
30	0.044	2.0						7.5							
31															

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

information is true, complete and accurate

Signed:

Tony Bourner

Date

12-5-94

Name (Please Type)

Tony Bourner

Telephone No. (Please Type)

Company Name

Southern States Utilities

(804) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Manion

(7) Phone Number 904-347-1265

(8) Permit Number D042-161826

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class C Cert. No. 8355
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Tony Boulton C-8355
 Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.038
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.042
(19) Percent of permitted capacity	%	-	66%
(20) CBOD Effluent	mg/L	80082	2.8
(21) CBOD Effluent	lbs/day	-	0.89
(22) TSS Effluent	mg/L	900201	9.0
(23) TSS Effluent	lbs/day	-	2.85
(24) Minimum pH			7.3
(25) Maximum pH			7.6
(26) Total N	mg/L	1000600	
(27) TKN	mg/L	1000625	
(28) Ammonia (NH3 - N)	mg/L	1000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	1000665	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	4.4
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17,001,000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month December

Year 1994

(54)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	Amo-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAI Caliform		
1	0.046	1.0						7.3							
2	0.038	1.8						7.3							
3	0.030														
4															
5	0.091	1.2						7.4							
6	0.043	0.9		200.0	170.0	2.8	8.0	7.4							
7	0.026	4.4						7.5							
8	0.036	2.8						7.4							
9	0.036	2.0						7.4							
10	0.029														
11															
12	0.067	2.2						7.4							
13	0.026	2.4						7.3							
14	0.035	2.3						7.4							
15	0.030	2.4						7.5							
16	0.033	2.5						7.3							
17	0.033														
18															
19	0.088	1.0						7.3							
20	0.030	3.2						7.4							
21	0.040	2.7						7.4							
22	0.031	3.8						7.5							
23	0.036	2.9						7.5							
24	0.033														
25															
26	0.085	1.5						7.4							
27	0.030	2.7						7.5							
28	0.042	2.7						7.8							
29	0.037	3.0						7.5							
30	0.036	3.5						7.4							
31	0.031														

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

Signed

Tony Bourlier

Date

1-9-95

Name (Please Type)

Tony Bourlier

Telephone No. (Please Type)

Company Name

Southern States Utilities

(804) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 804-347-1265

(8) Permit Number DD42-161826

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7243

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by John Werrell B-7243

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.062
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.050
(19) Percent of permitted capacity	%	-	78%
(20) BODs Effluent	mg/L	80082	6.1
(21) BODs Effluent	lbs/day	-	2.65
(22) TSS Effluent	mg/L	900201	37
(23) TSS Effluent	lbs/day	-	16.0
(24) Minimum pH			6.9
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.08
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	Colonies		1

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month January Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.032	3.5						7.5						
2	0.051	3.5						7.3						
3	0.051													
4	0.047	3.5						7.2						
5	0.049	3.5						7.6						
6	0.032	3.5						7.2						
7	0.054	3.5						7.6						
8	0.049	3.5						7.4						
9	0.056	3.5						7.3						
10	0.056													
11	0.051	2.5						7.2						
12	0.057	3.0						7.1						
13	0.063	2.7					2	7.1						
14	0.068	2.5		412.5	500	6.1	37	7.1			3.08		1	
15	0.043	3.0						7.3						
16	0.079	3.0						7.2						
17	0.079													
18	0.053	3.5						7.3						
19	0.060	3.5						7.6						
20	0.054	3.5						7.1						
21	0.036	3.5						7.7						
22	0.034	3.5						7.6						
23	0.059	3.5						7.4						
24	0.059													
25	0.046	3.5						7.3						
26	0.039	3.5						7.6						
27	0.049	3.5						6.9						
28	0.047	3.5						7.6						
29	0.034	3.5						7.9						
30	0.056	3.5						7.2						
31	0.056													

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

Signed: Original signed by John Worrell

Date: 2/2/93

Name (Please Type) John Worrell

Telephone No. (Please Type)

Company Name Southern States Utilities

(904) 347-1265

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE August 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7243

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by John Worrell B-7243

Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.046
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.049
(19) Percent of permitted capacity	%	-	72%
(20) BODs Effluent	mg/L	80082	<1
(21) BODs Effluent	lbs/day	-	0.2
(22) TSS Effluent	mg/L	900201	0.5
(23) TSS Effluent	lbs/day	-	1.82
(24) Minimum pH			7.0
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	Colonies		

DER FORM NO. 17.901.90011
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month February Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TICN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.050	3.5						7.6						
2	0.043	3.5						7.3						
3	0.042	3.5						7.4						
4	0.046	1.6						7.1						
5	0.034	1.9						7.0						
6	0.057	1.7						7.0						
7	0.057													
8	0.049	3.5						7.6						
9	0.041	3.5						7.6						
10	0.048	3.5						7.6						
11	0.046	3.5		150	260	<1.0	5	7.6						
12	0.033	3.5						7.5						
13	0.051	3.5					2	7.7						
14	0.051													
15	0.058	3.0						7.7						
16	0.043	3.5						7.1						
17	0.043	3.0						7.2						
18	0.038	3.0						7.4						
19	0.031	2.7						7.3						
20	0.051	3.2						7.2						
21	0.051													
22	0.047	3.5						7.8						
23	0.030	3.5						7.7						
24	0.048	3.5						7.7						
25	0.039	3.5						7.8						
26	0.032	3.5						7.8						
27	0.060	1.0						7.0						
28	0.060													
29														
30														
31														

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

Signed: Original signed by John Worrell

Date: 3/1/93

Name (Please Type): John Worrell

Telephone No. (Please Type):

Company Name: Southern States Utilities

(904) 347-1265

DER FORM NO. 17-001-000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE August 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993
 (2) Plant DER Identification Number: 3042PD4826
 (3) Plant Name Citrus Park
 (4) Plant Address SE 40 St. Rd. & 22 Ave.
 (5) City Ocala
 (6) County Marion
 (7) Phone Number 904-347-1265
 (8) Permit Number DD42-161826
 (9) Plant Type IIC
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Irrigation
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class 8 Cert. No. 7243
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by John Worrell B-7243
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.052
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.050
(19) Percent of permitted capacity	%	-	81%
(20) BODs Effluent	mg/L	80082	1.50
(21) BODs Effluent	lbs/day	-	0.83
(22) TSS Effluent	mg/L	900201	0.4
(23) TSS Effluent	lbs/day	-	1.73
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	Colonies		

DER FORM NO. 17-801 800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month March Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.044	3.5						7.3						
2	0.046	3.5						7.1						
3	0.043	3.0						7.3						
4	0.061	2.0						7.2						
5	0.034	2.5						7.4						
6	0.056	3.0						7.1						
7	0.056													
8	0.061	3.5						7.2						
9	0.048	1.5						7.2						
10	0.041	1.7						7.3						
11	0.064	1.8		202	146	1.5	4	7.2						
12	0.041	2.1						7.1						
13	0.053	1.5					2	7.4						
14	0.066													
15	0.061	2.5						7.4						
16	0.046	3.0						7.3						
17	0.071	2.7						7.2						
18	0.043	2.3						7.1						
19	0.054	2.1						7.2						
20	0.062	2.4						7.3						
21	0.062													
22	0.039	3.5						7.2						
23	0.047	3.5						7.2						
24	0.059	3.5						7.1						
25	0.039	3.5						7.2						
26	0.047	1.2						7.3						
27	0.055	2.7						7.3						
28	0.055													
29	0.052	1.4						7.3						
30	0.007	3.5						7.5						
31	0.062	2.1						7.3						

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

Signed: Original signed by John Worrell

Date: 4/4/93

Name (Please Type) John Worrell

Telephone No. (Please Type)

Company Name Southern States Utilities

(804) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-161925

(9) Plant Type	IIC
----------------	-----

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes	☐ No	☒ Not Applicable
------------------------------	-----------------------------	--

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Setting

Day Shift Operator Class	B	Carl No.	7243
--------------------------	---	----------	------

Evening Shift Operator Class Cert. No.

Night Shift Operator Class	Cert. No.

Lead Operator Original signed by John Worrell 5-7243

Signature _____ Carl No _____

[illegible]

DER FORM NO. 17.861.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month April Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.043	3.5						7.2						
2	0.028	3.5						7.2						
3	0.056	3.5						7.1						
4	0.056													
5	0.045	3.5						7.3						
6	0.056	3.5						7.4						
7	0.052	3.2						7.3						
8	0.054	3.5		225	220	7.1	2	7.4			4.19		<1	
9	0.040	3.5						7.3						
10	0.048	3.5						7.3						
11	0.048													
12	0.041	3.5						7.2						
13	0.030	3.5						7.1						
14	0.061	3.5						7.2						
15	0.045	3.5						7.8						
16	0.041	3.5						7.6						
17	0.061	3.2						7.5						
18	0.061													
19	0.052	3						7.7						
20	0.038	3.5						7.4						
21	0.057	1.6						7.2						
22	0.051	3.5						7.4						
23	0.030	3.5						7						
24	0.060	3						7.3						
25	0.060													
26	0.047	3.5						7.5						
27	0.046	3.5						7.5						
28	0.049	3.5						7.6						
29	0.040	3.5						7.4						
30	0.043	3.5						7.4						
31														

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

Signed: Original signed by John Worrell

Date 5/5/93

Name (Please Type) John Worrell

Telephone No. (Please Type)

Company Name Southern States Utilities

(904) 347-1265

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE August 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type ITC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7243

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by John Werrell B-7243

Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.049
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.500
(19) Percent of permitted capacity	%	-	76%
(20) BODs Effluent	mg/L	80082	1.0
(21) BODs Effluent	lbs/day	-	0.41
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	-	2.45
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.4
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	Colonies		

* Low of maximum line repaired

DER FORM NO. 17 801.800(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Claus Park

Month May Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FCAL Cellform	
1	0.055	3.2						7.3						
2	0.055													
3	0.055	3.5						7.3						
4	0.034	3.0						7.4						
5	0.049	3.0						7.4						
6	0.058	1.6		142	180	1	8	7.3						
7	0.039	0.4 *						7.2						
8	0.055	2.9						7.2						
9	0.055													
10	0.052	1.2						7.3						
11	0.049	3.5						7.3						
12	0.045	0.7						7.3						
13	0.054	1.3					2	7.2						
14	0.040	1.4						7.2						
15	0.052	2.2						7.3						
16	0.052													
17	0.047	2.0						7.2						
18	0.050	1.2						7.0						
19	0.039	0.5						7.2						
20	0.047	0.9						7.3						
21	0.039	3.0						7.1						
22	0.051	3.5						7.2						
23	0.051													
24	0.058	0.9						7.1						
25	0.040	0.8						7.2						
26	0.053	3.0						7.1						
27	0.053	2.8						7.1						
28	0.032	3.0						7.3						
29	0.052	3.5						7.2						
30	0.053													
31	0.057	3.5						7.3						

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

Signed: _____ Original signed by John Worrell
Name (Please Type) John Worrell
Company Name Southern States Utilities

Date: 6/2/93
Telephone No. (Please Type) _____
(904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7243</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator: Original signed by John Worrell B-7243

Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.051
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.048
(19) Percent of permitted capacity	%	-	77%
(20) BODs Effluent	mg/L	80082	<1
(21) BODs Effluent	lbs/day	-	0.21
(22) TSS Effluent	mg/L	800201	6
(23) TSS Effluent	lbs/day	-	2.55
(24) Minimum pH			6.8
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17 (01-0001)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month June Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.065	3.5						7.3						
2	0.045	3.5						7.4						
3	0.049	3.5		225	200	<1	6	7.4						
4	0.042	3.5						7.3						
5	0.057	3.5						7.4						
6	0.057													
7	0.048	3.5						7.3						
8	0.050	3.5						7.3						
9	0.059	3.5						7.2						
10	0.037	3.5						7.1						
11	0.045	3.5						7.2						
12	0.054	3.5						7.3						
13	0.054													
14	0.049	3.5						7.3						
15	0.046	3.5						7.3						
16	0.050	3.5						7.3						
17	0.049	3.5						7.3						
18	0.043	3.5						7.3						
19	0.054													
20	0.054													
21	0.049	3.5						7.3						
22	0.051	3.5						6.8						
23	0.056	3.5						6.9						
24	0.042	3.5						6.8						
25	0.049	3.5						6.9						
26	0.055													
27	0.055													
28	0.050	3.5						6.9						
29	0.054	3.5						6.9						
30	0.048	3.5						7						
31														

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

Signed: Original signed John Warrell

Date: 7/6/93

Name (Please Type): John Warrell

Telephone No. (Please Type):

Company Name: Southern States Utilities

(904) 347-1265

DER FORM NO 17-001-000(1)

FORM TITLE Domestic Waterworks Treatment Plant Operation Report

EFFECTIVE DATE August 1, 1993

DEA Application No

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marlon

(7) Phone Number 904-347-1265

{ 8 } Permit Number D042-161926

(9) Plant Type

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

XX	Membrane Filter	Most Probable Number
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0
10	0	0
11	0	0
12	0	0
13	0	0
14	0	0
15	0	0
16	0	0
17	0	0
18	0	0
19	0	0
20	0	0
21	0	0
22	0	0
23	0	0
24	0	0
25	0	0
26	0	0
27	0	0
28	0	0
29	0	0
30	0	0
31	0	0
32	0	0
33	0	0
34	0	0
35	0	0
36	0	0
37	0	0
38	0	0
39	0	0
40	0	0
41	0	0
42	0	0
43	0	0
44	0	0
45	0	0
46	0	0
47	0	0
48	0	0
49	0	0
50	0	0
51	0	0
52	0	0
53	0	0
54	0	0
55	0	0
56	0	0
57	0	0
58	0	0
59	0	0
60	0	0
61	0	0
62	0	0
63	0	0
64	0	0
65	0	0
66	0	0
67	0	0
68	0	0
69	0	0
70	0	0
71	0	0
72	0	0
73	0	0
74	0	0
75	0	0
76	0	0
77	0	0
78	0	0
79	0	0
80	0	0
81	0	0
82	0	0
83	0	0
84	0	0
85	0	0
86	0	0
87	0	0
88	0	0
89	0	0
90	0	0
91	0	0
92	0	0
93	0	0
94	0	0
95	0	0
96	0	0
97	0	0
98	0	0
99	0	0
100	0	0

(12) Type of Effluent Disposal or Reclaimed Water Route

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

Yes	No	XX Not Applicable
-----	----	-------------------

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Setting

Day Shift Operator Class	B	Cert. No.	7243
--------------------------	---	-----------	------

Evening Shift Operator Class Carl No.

Night Shift Operator Class Carl No.

Lead Operator Original signed by John Worrell B-7243

Signature

Cart No.

[illegible]

DER FORM NO. 17-601.600(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Chris Park

Month July Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.048	3.5		447	180	<1	3	7.1			7.41		<1
2	0.069	3.5						7.2					
3	0.056	3.5						7.2					
4	0.052												
5	0.052	3.5						7.2					
6	0.052	3.5						7.1					
7	0.062	3.5						7.1					
8	0.037	2.8						7.2					
9	0.050	2.7						7.4					
10	0.034	3.5						7.4					
11	0.052												
12	0.052	3.5						7.3					
13	0.035	3.5					2	7.3					
14	0.052	1.7						7.4					
15	0.051	3.5						7.1					
16	0.039	1.1						7.5					
17	0.040	3.5						7.3					
18	0.051												
19	0.051	3.5						7.4					
20	0.038	1.0						7.3					
21	0.054	3.5						7.3					
22	0.045	2.2						7.2					
23	0.038	2.7						7.2					
24	0.040	2.9						7.4					
25	0.049												
26	0.049	3.5						7.3					
27	0.045	3.0						7.2					
28	0.040	1.2						7.4					
29	0.055	6.8						7.4					
30	0.034	3.8						7.3					
31	0.041	3.5						7.2					

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

Signed: Original signed by John Worrell

Date: 8-2-93

Name (Please Type): John Worrell

Telephone No. (Please Type):

Company Name: Southern States Utilities

(904) 347-1265

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE August 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7243

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by John Worrell B-7243

Signature Cert No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.044
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.047
(19) Percent of permitted capacity	%	-	73%
(20) BODs Effluent	mg/L	80082	4.2
(21) BODs Effluent	lbs/day	-	1.54
(22) TSS Effluent	mg/L	900201	12
(23) TSS Effluent	lbs/day	-	4.39
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	Colonies		

DER FORM NO. 17-601-600(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month August Year 1991

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.052													
2	0.052	3.5						7.1						
3	0.037	3.5						7.1						
4	0.053	3.5						7.0						
5	0.036	3.5						7.0						
6	0.045	3.5						7.2						
7	0.041	3.5						7.2						
8	0.050													
9	0.050	3.0						7.1						
10	0.035	3.5						7.0						
11	0.047	3.5		382	250	4.2	12	7.0						
12	0.053	3.5						7.1						
13	0.034	2.8					2	7.1						
14	0.053	3.5						7.0						
15	0.046													
16	0.046	3.2						7.2						
17	0.035	3.5						7.2						
18	0.056	3.5						7.2						
19	0.033	3.5						7.3						
20	0.052	3.5						7.2						
21	0.032	3.5						7.2						
22	0.045													
23	0.045	3.5						7.2						
24	0.043	3.5						7.2						
25	0.044	3.5						7.2						
26	0.033	2.5						7.2						
27	0.046	1.8						7.3						
28	0.032	3.5						7.4						
29	0.042													
30	0.042	3.5						7.2						
31	0.040	3.5						7.2						

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

Signed: Original signed by John Worrall

Date: 9/1/93

Name (Please Type) John Worrall

Telephone No. (Please Type)

Company Name Southern States Utilities

(904) 347-1255

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1285

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>7245</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>[Signature]</u> <u>12.7.2013</u>		
Signature		Cert. No.	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.042
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.044
(19) Percent of permitted capacity	%	-	0.68
(20) BODs Effluent	mg/L	80082	1.3
(21) BODs Effluent	lbs/day	-	0.45
(22) TSS Effluent	mg/L	800201	2
(23) TSS Effluent	lbs/day	-	0.70
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			2

DER FORM NO 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month September Year 1992

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dasher	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.043	3.5						7.8						
2	0.039	3.5						7.3						
3	0.046	3.5						7.3						
4	0.032	3.5						7.4						
5	0.038													
6	0.043	3.5						7.2						
7	0.050	3.3						7.2						
8	0.034	3.5						7.2						
9	0.043	3.5		142.5	120	1.3	2	7.2					2	
10	0.054	0.8						7.3						
11	0.026	3.5						7.3						
12														
13	0.092	3.5						7.3						
14	0.042	3.5						7.2						
15	0.042	3						7.3						
16	0.051	3.5						7.2						
17	0.035	3.5						7.3						
18	0.039	3.5						7.3						
19														
20	0.090	3.5						7.3						
21	0.045	3.5						7.2						
22	0.042	2.7						7.2						
23	0.041	2.3						7.2						
24	0.042	3						7.2						
25	0.036	3						7.3						
26														
27	0.067	3.5						7.4						
28	0.041	3.5						7.3						
29	0.047	3.5						7.3						
30	0.035	3						7.4						
31														

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

Signed:

Name (Please Type): John Worrell

Company Name: Southern States Utilities

Date:

Telephone No. (Please Type):

10-13-92
(904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7243

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [Signature] Cert. No. 67247

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	80068	0.040
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.042
(19) Percent of permitted capacity	%	-	0.66
(20) BODs Effluent	mg/L	80082	2.2
(21) BODs Effluent	lbs/day	-	0.73
(22) TSS Effluent	mg/L	800201	2
(23) TSS Effluent	lbs/day	-	0.67
(24) Minimum pH			6.8
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.18
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	Colonies		20

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Census Point

Month October Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.043	2.5						7					
2	0.042	3.5						7.1					
3													
4	0.098	3.5						7.2					
5	0.040	3.5						7.2					
6	0.034	3.5						7.1					
7	0.060	3.5		255	80	2.2	2	7.2			3.16		20
8	0.030	2.3						7.2					
9	0.040	3.5						7.3					
10													
11	0.098	3						7.2					
12	0.040	2.5						7.2					
13	0.028	3.5						7.3					
14	0.048	3.5						7.2					
15	0.058	3.5						7.4					
16	0.028	3.5						7.2					
17													
18	0.082	3.5						7.3					
19	0.040	3.5						7.1					
20	0.034	3.5						7.1					
21	0.039	3.5						7.2					
22	0.045	1.5						7.3					
23	0.036	3.5						7.3					
24													
25	0.099	3.5						7.3					
26	0.037	3.5						7.1					
27	0.050	3.5						7.1					
28	0.036	3.5						6.8					
29	0.040	3.5						7.1					
30	0.029	3.5						7.3					
31													

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

Signed: *John Worrall*

Name (Please Type): John Worrall

Company Name Southern States Utilities

Date 11-10-93

Telephone No. (Please Type):

(904) 347-1255

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: D042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7243

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [Signature] B7243
 Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	5005B	0.043
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.042
(19) Percent of permitted capacity	%	-	0.66
(20) BODs Effluent	mg/L	80082	2.7
(21) BODs Effluent	lbs/day	-	0.97
(22) TSS Effluent	mg/L	900201	8
(23) TSS Effluent	lbs/day	-	2.87
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000426	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17.901.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

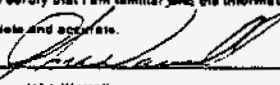
Claus Park

Month November Year 1992

(24)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.067	3.5						7.1					
2	0.038	3.5						7					
3	0.021	3.5						7.2					
4	0.047	3.5		120	80	2.7	8	7.2					
5	0.039	3.5						7.1					
6	0.020	3.5						7.1					
7													
8	-0.067	3.5						7.2					
9	0.190	3.5						7.2					
10	0.048	3.5						7.2					
11	0.045	3.5						7.1					
12	0.039	3						7.2					
13	0.031	3.5						7.2					
14													
15	0.084	3.5						7.2					
16	0.050	3.5						7.2					
17	0.038	3.5						7.2					
18	0.048	3.5						7.1					
19	0.039	3						7.2					
20	0.028	3.5						7.2					
21													
22	0.089	3						7.2					
23	0.037	2.5						7.2					
24	0.050	3						7.1					
25	0.036	3.5						7.1					
26	0.038	3.5						7.2					
27	0.045	3.5						7.1					
28													
29	0.103	3.5						7					
30	0.040	3.5						6.9					
31													

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

Signed: 

Name (Please Type) John Warren

Company Name Southern States Utilities

Date: 12-2-92

Telephone No. (Please Type)

(904) 347-1265

DER FORM NO. 17.001.00N(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: August 1, 1991
 DER Application No.:

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3042P04826

(3) Plant Name Citrus Park

(4) Plant Address SE 40 St. Rd. & 22 Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-161926

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7243

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *[Signature]* P-7243
 Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.044
(17) Permitted capacity	mgd	-	0.064
(18) Three month average daily flow	mgd	-	0.043
(19) Percent of permitted capacity	%	-	0.67
(20) BODs Effluent	mg/L	80082	7.33
(21) BODs Effluent	lbs/day	-	2.69
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	1.10
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 + N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000866	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17,001,000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Park

Month December Year 1993

(24)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliforms
1	0.042	3.5						7					
2	0.035	2.5						7.2					
3	0.051	2.1						6.8					
4	0.023	3.5						7.1					
5													
6	0.093	3.5						7.1					
7	0.033	2.1						7.1					
8	0.041	3		157.5	140	7.33	2	7.2					
9	0.034	1.8						7.2					
10	0.052	2.5						7.2					
11	0.024	3.5						7.2					
12													
13	0.085	1.4						7.2					
14	0.041	1.7						7.3					
15	0.041	2.3						7.1					
16	0.045	1.8						7.1					
17	0.050	2.4						7.1					
18	0.031	3						7.2					
19													
20	0.117	2.2						7					
21	0.046	2.4						7.1					
22	0.030	2.3						7.1					
23	0.055	2.1						7.2					
24	0.045	2.8						7.2					
25	0.034	3.2						7.2					
26													
27	0.100	0.8						7.3					
28	0.053	1.4						7.2					
29	0.057	3						7.3					
30	0.081	2.5						7.2					
31	0.035	3						7.2					

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

Signed:

Name (Please Type) John Worrell

Company Name Southern States Utilities

Date:

Telephone No. (Please Type)

(904) 347-1265

DER FORM NO. 17 (01/80) (1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Orville Springs

Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₄ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.117	2.5													
2	0.114														
3	0.113	2.8						7.4							
4	0.094	2.8						7.4							
5	0.130	3						7.3							
6	0.087	2.7						7.2							
7	0.135	2.9						7.2							
8	0.113	2.8													
9	0.113														
10	0.113	2.4						7.2							
11	0.115	2.5						7.3							
12	0.122	2.5		141	90	1	1.5	7.3			40.5				
13	0.137	2.4						7.2							
14	0.119	3						7.2							
15	0.118	3													
16	0.103														
17	0.104	2.9						7.2							
18	0.123	2.4						7.3							
19	0.104	2.4						7.2							
20	0.102	2.9						7.4							
21	0.112	2.7						7.3							
22	0.105														
23	0.105														
24	0.106	2.9						7.4							
25	0.125	2.9						7.4							
26	0.079	3		124	80	1	0.5	7.2			0.8				
27	0.124	2.8						7.4							
28	0.107	3						7.4							
29	0.182														
30	0.119														
31	0.118	2.4						7.4							

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

Signed:

Name (Please Type)

Company Name

John MacKenzie
JOHN MAC KENZIE

Southern States Utilities

Date

Telephone No. (Please Type)

2/3/94
904-429-2452

DER FORM NO. 17-801.800(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Crus Savings

Month: February Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.098	2.8						7.4							
2	0.113	2.8						7.3					<17100		
3	0.098	3						7.3							
4	0.110	3						7.4							
5	0.123	3						7.4							
6	0.120														
7	0.122	3						7.4							
8	0.104	2.5		99	130	1	2	7.3			0.5				
9	0.124	2.5						7.3							
10	0.127	2.7						7.4							
11	0.128	2.6						7.4							
12	0.124	2.7						7.4							
13	0.115														
14	0.115	2.7						7.4							
15	0.112	2.9						7.3							
16	0.111	2.8						7.3							
17	0.111	2.8						7.4							
18	0.117	2.9						7.3							
19	0.123	2.5													
20	0.124														
21	0.124	2.9						7.4							
22	0.130	2.9				1	1	7.4			0.8				
23	0.145	2.6						7.5							
24	0.148	2						7.5							
25	0.120	2.9						7.4							
26	0.098	2.8													
27	0.118														
28	0.116	1.4						7.4							
29															
30															
31															

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

information is true, complete and accurate

Signed:

John E. MacKenzie

Date:

Name (Please Type):

Telephone No. (Please Type):

Company Name:

Southern States Utilities

904-485-2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number. 4006P2553

(3) Plant Name Citrus Springs

(4) Plant Address 9840 N. Citrus Springs Blvd.

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-147228

(9) Plant Type C III

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7919</u>
Evening Shift Operator Class	_____	Cert. No.	_____
Night Shift Operator Class	_____	Cert. No.	_____
Lead Operator	<u>John E. MacKongis</u>		<u>7919</u>
	Signature		Cert No.

[illegible]

DER FORM NO. 17-601 (80011)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month March Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.122	2						7.4							
2	0.132	2						7.4							
3	0.125	2.5						7.5							
4	0.114	2.5						7.5							
5	0.146	2.5						7.4							
6	0.109														
7	0.106	1.9						7.5							
8	0.106	2.5						7.4							
9	0.144	2.3		138	100	8	2.5	7.4			0.5		41/100		
10	0.111	2.3						7.5							
11	0.131	2.4						7.4							
12	0.107	2.3						7.5							
13	0.118														
14	0.117	0.8						7.4							
15	0.129	1						7.4							
16	0.125	1						7.5							
17	0.122	1.5						7.4							
18	0.112	1.5						7.4							
19	0.126														
20	0.126														
21	0.125	2.2						7.3							
22	0.124	2.4				6	11	7.3							
23	0.152	2.7						7.4							
24	0.131	3						7.4							
25	0.140	3						7.4							
26	0.113														
27	0.156														
28	0.155	3						7.4							
29	0.137	2.5						7.5							
30	0.143	3						7.5							
31	0.107	3						7.4							

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

Signed: John E. MacKenzie
 Name (Please Type): John MacKenzie
 Company Name: Southern States Utilities

Date: 4/4/94
 Telephone No. (Please Type): 904-489-7452

DER FORM NO. 17.801.800.1
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs Month: Apr Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Coliform		
1	0.125	3						7.3							
2	0.127	3						7.3							
3	0.126														
4	0.126	2.5						7.1							
5	0.132	2.5						7.2							
6	0.136	2.6		145	180	4	12	7.3			2.84		<11100		
7	0.096	3						7.2							
8	0.129	2.8						7.3							
9	0.150	3						7.3							
10	0.130														
11	0.131	3						7.3							
12	0.127	3						7.4							
13	0.139	3						7.4							
14	0.036	3						7.3							
15	0.140	3						7.4							
16	0.133	3													
17	0.127														
18	0.006	3						7.3			2.78				
19	0.110	3						7.3							
20	0.124	3		155	206	4	3	7.5			1.95		<11100		
21	0.140	3						7.3							
22	0.107	3.5						7.2							
23	0.120	3.5						7.3							
24	0.122	3.5						7.3							
25	0.123	3.5						7.3							
26	0.116	2.8						7.4							
27	0.121	2.5						7.4							
28	0.142	3						7.4							
29	0.107	3						7.3							
30	0.137														
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.
 Signed: John E. MacKenzie Date: 5/3/94
 Name (Please Type): John MacKenzie Telephone No. (Please Type):
 Company Name: Southern States Utilities 904-486-2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 400972863

(3) Plant Name Citrus Springs

(4) Plant Address 9540 N. Citrus Springs Blvd.

(5) City **Citrus Springs**

(6) County Citrus

(7) Phone Number 904-489-2452

(d) Permit Number D006-147228

(D) Plant Type C III

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

XX	Membrane Filter	Most Probable Number
1	0.45	0.45
2	0.45	0.45
3	0.45	0.45
4	0.45	0.45
5	0.45	0.45
6	0.45	0.45
7	0.45	0.45
8	0.45	0.45
9	0.45	0.45
10	0.45	0.45
11	0.45	0.45
12	0.45	0.45
13	0.45	0.45
14	0.45	0.45
15	0.45	0.45
16	0.45	0.45
17	0.45	0.45
18	0.45	0.45
19	0.45	0.45
20	0.45	0.45
21	0.45	0.45
22	0.45	0.45
23	0.45	0.45
24	0.45	0.45
25	0.45	0.45
26	0.45	0.45
27	0.45	0.45
28	0.45	0.45
29	0.45	0.45
30	0.45	0.45
31	0.45	0.45
32	0.45	0.45
33	0.45	0.45
34	0.45	0.45
35	0.45	0.45
36	0.45	0.45
37	0.45	0.45
38	0.45	0.45
39	0.45	0.45
40	0.45	0.45
41	0.45	0.45
42	0.45	0.45
43	0.45	0.45
44	0.45	0.45
45	0.45	0.45
46	0.45	0.45
47	0.45	0.45
48	0.45	0.45
49	0.45	0.45
50	0.45	0.45
51	0.45	0.45
52	0.45	0.45
53	0.45	0.45
54	0.45	0.45
55	0.45	0.45
56	0.45	0.45
57	0.45	0.45
58	0.45	0.45
59	0.45	0.45
60	0.45	0.45
61	0.45	0.45
62	0.45	0.45
63	0.45	0.45
64	0.45	0.45
65	0.45	0.45
66	0.45	0.45
67	0.45	0.45
68	0.45	0.45
69	0.45	0.45
70	0.45	0.45
71	0.45	0.45
72	0.45	0.45
73	0.45	0.45
74	0.45	0.45
75	0.45	0.45
76	0.45	0.45
77	0.45	0.45
78	0.45	0.45
79	0.45	0.45
80	0.45	0.45
81	0.45	0.45
82	0.45	0.45
83	0.45	0.45
84	0.45	0.45
85	0.45	0.45
86	0.45	0.45
87	0.45	0.45
88	0.45	0.45
89	0.45	0.45
90	0.45	0.45
91	0.45	0.45
92	0.45	0.45
93	0.45	0.45
94	0.45	0.45
95	0.45	0.45
96	0.45	0.45
97	0.45	0.45
98	0.45	0.45
99	0.45	0.45
100	0.45	0.45

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Peric Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	C	Cart. No.	7918
--------------------------	---	-----------	------

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Carl No.

Lead Operator John E. Mackey 7918
Signature Cert No

[illegible]

DER FORM NO. 17-901-900-11
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Cetus Springs

Month: May Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Decolor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PECAL Colderm		
1	0.137														
2	0.138	3						7.4							
3	0.126	0.7						7.3							
4	0.103	3		106	127	1	1	7.4			0.7		<1/100		
5	0.126	1.8						7.4							
6	0.143	2.5						7.3							
7	0.091														
8	0.131														
9	0.130	0.7						7.4							
10	0.140	0.7						7.4							
11	0.106	3						7.3							
12	0.141	1.8						7.3							
13	0.104	2.7						7.3							
14	0.137	2.5						7.3							
15	0.137														
16	0.138	1.9						7.4							
17	0.132	2.5						7.4							
18	0.108	1.2		221	186	3	2	7.3			1.4		<1/100		
19	0.135	2						7.3							
20	0.105	1.6						7.3							
21	0.128	1.8													
22	0.115														
23	0.115	1.8						7.2							
24	0.148	1.2						7.2							
25	0.112	0.7						7.3							
26	0.100	2.8						7.4							
27	0.136	3						7.3							
28	0.142	3													
29	0.119														
30	0.119	3						7.3							
31	0.134	1.1						7.2							

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

Signature: John E. MacKenzie
 Name (Please Type): John MacKenzie
 Company Name: Southern States Utilities

Date: 6/3/94
 Telephone No. (Please Type): 904-489-7452

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 4009P2863

(3) Plant Name Citrus Springs

(4) Plant Address 9840 N. Citrus Springs Blvd.

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-147228

(9) Plant Type C II

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Pero Ponds & Sprav Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7919

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator John E. MacKenzie 7919
 Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.120
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.045
(19) Percent of permitted capacity	%	-	0.2
(20) BODs Effluent	mg/L	80082	4.3
(21) BODs Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	4.7
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7
(25) Maximum pH			7.4
(26) Total N	mg/L	000800	
(27) TKN	mg/L	000825	
(28) Ammonia (NH3 - N)	mg/L	000810	
(29) Nitrate	mg/L	071850	1.3
(30) Total Phosphorus	mg/L	000865	
(31) Minimum Chlorine Residual	mg/L	-	2
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

DER FORM NO. 1740-001
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: Jan. 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Cirus Springs

Month June Year 1994

(34)														FECAL Coliform		
Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL Effluent (mg/L)				
1	0.146	2.6		263	160	4.0	10.0	7.2			0.7			< 1/100		
2	0.108	2.9						7.3								
3	0.142	2.1						7.3								
4	0.119															
5	0.139															
6	0.138	2.2						7.0								
7	0.145	2.5						7.3								
8	0.106	2.1						7.3								
9	0.131	2.5						7.2								
10	0.128	2.5						7.3								
11	0.137															
12	0.137															
13	0.137	2.5						7.4								
14	0.135	2.5						7.3								
15	0.136	2.5		92	144	2.0	0	7.4			0.77			< 1/100		
16	0.125	2.5						7.4								
17	0.124	2.5						7.4								
18	0.145															
19	0.133															
20	0.133	3.0						7.4								
21	0.129	2.5						7.4								
22	0.133	2.4						7.2								
23	0.129	2.5						7.2								
24	0.151	2.3						7.2								
25	0.158															
26	0.138															
27	0.138	2.5						7.3								
28	0.153	2.0						7.2								
29	0.131	3.0						7.3								
30	0.157	3.0						7.3								
31																

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

Signed

Name (Please Type): John MacKenzie

Company Name: Southern States Utilities

Date: 7/12/94

Telephone No. (Please Type):

804-489-2452

DER FORM NO. 17-901-000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application Fee

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 4009P2853

(3) Plant Name Citrus Springs

(4) Plant Address 8840 N. Citrus Springs Blvd

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-147228

(9) Plant Type C III

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7919

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator John Mackenzie 7919
 Signature _____ Cert. No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.121
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.122
(19) Percent of permitted capacity	%	-	0.6
(20) BODs Effluent	mg/L	60082	2.3
(21) BODs Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.2
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.9
(30) Total Phosphorus	mg/L	000855	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

DER FORM NO. 17 (01/80) (1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month July Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Denitr	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.269	2.7						7.2							
2	0.121														
3	0.144														
4	0.143	2.5						7.2							
5	0.148	2.5						7.3							
6	0.151	2.5						7.3							
7	0.142	2.3						7.4							
8	0.124	2.4						7.3							
9	0.146														
10	0.146														
11	0.146	2.8						7.7							
12	0.137	2.8						7.4							
13	0.138	2.7		102	250	4.5	<1	7.3			5.1		<1/100		
14	0.137	2.3						7.2							
15	0.108	3.0						7.3							
16	0.092														
17	0.104														
18	0.103	3.0						7.3							
19	0.076	1.5						7.2							
20	0.092	3.0						7.2							
21	0.098	3.0						7.3							
22	0.081	3.0						7.3							
23	0.100														
24	0.098														
25	0.105	2.0						7.3							
26	0.105	3.0		159	183			7.3							
27	0.086	3.0				<1	<1	7.2			0.6		<1/100		
28	0.097	3.0						7.3							
29	0.116	3.0						7.3							
30	0.079														
31	0.106														

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

Signed: John MacKenzie
 Name (Please Type): John MacKenzie
 Company Name: Southern States Utilities

Date: 8-10-94
 Telephone No. (Please Type): 904-489-2452

DEAR REPORT NO. 17-081-800-1
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DEAR APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month August Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAI Coliform		
1	0.105	3.0						7.3							
2	0.169	3.0						7.1							
3	0.053	3.0						7.1							
4	0.074	3.0						7.2							
5	0.197	3.0						7.3							
6	0.111														
7	0.098														
8	0.093	3.0						7.1							
9	0.122	3.0						7.0							
10	0.130	3.0		186	123	10.3	1.0	7.0			1.23		<1/100		
11	0.081	3.0						6.9							
12	0.105	3.0						7.0							
13	0.105														
14	0.114														
15	0.138	3.0						7.0							
16	0.083	3.0						7.1							
17	0.099	3.0						7.1							
18	0.110	3.0						7.0							
19	0.105	3.0						7.1							
20	0.108														
21	0.111														
22	0.106	3.0						7.2							
23	0.112	3.0						7.1							
24	0.100	3.0		186	49	20.7	1.0	7.2			0.144		<1/100		
25	0.122	3.0						7.1							
26	0.114	3.0						7.1							
27	0.100														
28	0.092														
29	0.133	3.0						7.1							
30	0.133	3.0						7.0							
31	0.095	3.0						7.0							

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

complete and accurate.

Signed:

Name (Please Type):

Company Name:

John E. MacKenzie
John MacKenzie
Southern States Utilities

Date:

Telephone No. (Please Type):

904-489-2452

Part II - General Information

Cart No.

[illegible]

DEPARTMENT NO. 17 (5/1/88)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1981
 DEPARTMENT NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month September Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.098	2.8						7.1							
2	0.099	3.0						7.1							
3	0.087	3.0													
4	0.091														
5	0.102	3.0						7.1							
6	0.111	3.0		98	72	<1	1.5	7.2			0.085		<1/100		
7	0.126	3.0						7.2							
8	0.109	3.0						7.1							
9	0.124	3.0						7.2							
10	0.125	2.5						7.2							
11	0.118														
12	0.114	2.5						7.2							
13	0.106	2.0						7.1							
14	0.123	3.0						7.1							
15	0.076	3.0						7.1							
16	0.097	3.0						7.1							
17	0.116														
18	0.114														
19	0.163	3.0						7.0							
20	0.087	3.0						7.1							
21	0.138	3.0		118	220	1.0	1.0	7.1			0.62		<1/100		
22	0.127	3.0						7.1							
23	0.111	3.0						7.2							
24	0.132														
25	0.132														
26	0.132	2.5						7.1							
27	0.082	3.0						7.2							
28	0.156	3.0						7.2							
29	0.095	3.0						7.2							
30	0.111	3.0						7.1							
31															

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

Signed: John MacKenzie
 Name (Please Type): John MacKenzie
 Company Name: Southern States Utilities

Date: 10-12-94
 Telephone No. (Please Type): 904-489-2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month October Year: 1994

(2) Plant DER Identification Number: 4009P2853

(3) Plant Name Citrus Springs

(4) Plant Address 9840 N. Citrus Springs Blvd.

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-147228

(9) Plant Type CIT

(10) Test Site Identification Number: _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Pond Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7919

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator John E. Mackenzie 7919
 Signature _____ Cert No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.097
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.107
(19) Percent of permitted capacity	%	-	0.5
(20) CBOD Effluent	mg/L	80082	0.8
(21) CBOD Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.8
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.7
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

(1) RPD# 10-17-85 (25-1)
 PD# 10-17-85 (25-1) (25-1) (25-1)
 (2) RPD# 10-17-85 (25-1)
 (3) RPD# 10-17-85 (25-1)

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month October Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Decolor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.142														
2	0.132														
3	0.131	3.0						7.1							
4	0.163	2.9				1.3	3.0	7.1							
5	0.106	3.0		137	132			7.1			0.86		<1/100		
6	0.080	3.0						7.2							
7	0.044	3.0						7.2							
8	0.089														
9															
10	0.204	3.0						7.1							
11	0.104	2.8						7.2							
12	0.114	3.0						7.2							
13	0.122	2.8						7.2							
14	0.098	2.8						7.2							
15	0.058														
16															
17	0.177	2.5				0.2	1.0	7.2							
18	0.089	3.0		144	153			7.1			0.76		<1/100		
19	0.103	3.0						7.1							
20	0.071	3.0						7.1							
21	0.101	3.0						7.1							
22	0.071														
23															
24	0.178	2.5						7.0							
25	0.094	3.0						7.0							
26	0.113	3.0						7.1							
27	0.079	2.5						7.1							
28	0.082	2.5						7.0							
29	0.068														
30	0.097														
31	0.096	1.7						7.1							

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

Signed

John MacKenzie

Date

10-31-94

Name (Please Type)

John MacKenzie

Telephone No. (Please Type)

904-489-2452

Company Name

Southern States Utilities

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 4006P2863

(3) Plant Name Citrus Springs

(4) Plant Address 9840 N. Citrus Springs Blvd

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 804-489-2452

(8) Permit Number D009-147228

(9) Plant Type C III

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7919

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator John E. MacKinnon 7919
 Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.089
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.090
(19) Percent of permitted capacity	%	-	0.1
(20) CBOD Effluent	mg/L	80082	0.9
(21) CBOD Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	95.00
(30) Total Phosphorus	mg/L	000685	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

(SR-APR-84-17-85-JOH-1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1981
 USER APPLICATION NO:

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month November Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD Inflow (mg/L)	TSS Inflow (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.099	2.5		132	130	0.2	1.5	7.0							
2	0.074	3.0						7.1							
3	0.081	3.0						7.0							
4	0.084	3.0						7.1							
5	0.110														
6															
7	0.166	3.0						7.1							
8	0.094	2.5						7.0							
9	0.121	2.5						7.1							
10	0.095	3.0						7.2							
11	0.091	3.0						7.2							
12	0.043														
13	0.097														
14	0.096	1.0						7.1							
15	0.095	3.0		192	148	1.1	1.0	7.0							
16	0.112	1.0						7.0			0.62		<1/100		
17	0.072	3.0						7.0							
18	0.097	3.0						7.0							
19	0.074														
20															
21	0.186	3.0						7.1							
22	0.091	2.6						7.1							
23	0.106	3.0						7.0							
24	0.072	3.0						7.0							
25	0.079	3.0						7.1							
26	0.077														
27	0.089														
28	0.093	3.0						7.0							
29	0.090	3.0		161	120	1.4	3.0	7.2							
30	0.092	2.0						7.1							
31															

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

Signed: John Mackenzie
 Name (Please Type): John Mackenzie
 Company Name: Southern States Utilities

Date: 12/14/94
 Telephone No. (Please Type): 804-489-2452

CWR FORM NO. 17 (01/2001)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 CWR APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month December Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Degrade	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.083	3.0						7.1							
2	0.120	3.0						7.1							
3	0.042														
4	0.060														
5	0.131	3.0						7.1							
6	0.096	3.0						7.0							
7	0.090	2.8						7.0							
8	0.071	3.0						6.9							
9	0.040	2.8						6.9							
10	0.131														
11	0.096														
12	0.095	2.5						6.9							
13	0.077	3.0		28	65	1.5	1.5	7.0							
14	0.096	2.5		103	127	1.0	1.0	7.1			0.68		<1/100		
15	0.077	2.5						7.0							
16	0.073	2.5						7.0							
17	0.084														
18	0.082														
19	0.082	3.0						7.0							
20	0.086	3.0						7.1							
21	0.087	3.0						7.0							
22	0.079	2.8						7.1							
23	0.072	2.5						7.1							
24	0.084														
25	0.094														
26	0.095	3.0						7.1							
27	0.042	3.0						7.0							
28	0.083	3.0		126	165	0.8	1.0	7.0							
29	0.097	3.0						7.0			0.76		<1/100		
30	0.114	3.0						7.0							
31	0.048														

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

Signed: John E. MacKenzie
 Name (Please Type): John MacKenzie
 Company Name: Southern States Utilities

Date: 1/13/95
 Telephone No. (Please Type): 804-489-2452

DER FORM NO. 17-601.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 4009P2853

(3) Plant Name Citrus Springs

(4) Plant Address 9840 N. Citrus Springs Blvd.

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-147226

(9) Plant Type C III

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8486

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Larry Everett C-8486

Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.097
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80062	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant Monthly Operating Report

Cirrus Springs

Month January Year 1991

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Ditcher	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.090														
2	0.096	1.2						7.2							
3	0.095														
4	0.096	1.0						7.3							
5	0.098	1.8						7.3							
6	0.087	0.7						7.3							
7	0.092	0.8						7.2							
8	0.092	0.7						7.2							
9	0.092														
10	0.094														
11	0.095	0.6						7.3							
12	0.099	0.7						7.2							
13	0.095	0.7						7.2							
14	0.096	0.7						7.2							
15	0.106	0.7						7.2							
16	0.107														
17	0.101	0.8						7.2							
18	0.106	0.6						7.2							
19	0.092	1.4						7.2							
20	0.090	1.0						7.2							
21	0.107	1.2						7.3							
22	0.104	0.8						7.2							
23	0.103														
24	0.106														
25	0.098	0.7						7.2							
26	0.089	0.8						7.3							
27	0.090	0.8						7.3							
28	0.096	2.8						7.5							
29	0.105	2.4						7.4							
30	0.089	2.2						7.5							
31	0.090														

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

Signed: Original signed by Larry Everett

Date: 2/3/91

Name (Please Type): Larry E. Everett

Telephone No. (Please Type):

Company Name: Southern States Utilities

961-489-2422

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 4009P2863

(3) Plant Name Citrus Springs

(4) Plant Address 9840 N. Citrus Springs Blvd.

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-147228

(9) Plant Type C III

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8488

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Larry Everett C-008488

Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.091
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.4
(33) Other Effluent Parameters			

DER FORM NO. 17.801.80011
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Cirrus Springs

Month February Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dochler	SODS Influent (mg/L)	TSS Influent (mg/L)	SODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.105	1.6						7.4							
2	0.096	1.2						7.3							
3	0.096	1.0						7.3							
4	0.096	0.9						7.3							
5	0.111	1.0						7.2							
6	0.111	1.2						7.2							
7	0.111														
8	0.092	1.4						7.3							
9	0.070	1.0						7.3							
10	0.089	2.4						7.4							
11	0.091	1.6						7.3							
12	0.091	1.4						7.2							
13	0.088	1.4						7.2							
14	0.089														
15	0.103	1.2						7.2							
16	0.092	1.4						7.2							
17	0.085	1.2						7.3							
18	0.088	1.8						7.3							
19	0.086	1.8						7.3							
20	0.086	1.4						7.2							
21	0.088														
22	0.082	1.0						7.2							
23	0.089	1.8						7.3							
24	0.086	1.0						7.2							
25	0.087	1.2						7.2							
26	0.080	1.0						7.3							
27	0.084	1.0						7.3							
28	0.084														
29															
30															
31															

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

Signed: Original signed by Larry Everett

Date: 3-1-93

Name (Please Type) Larry E. Everett

Telephone No. (Please Type)

Company Name Southern States Utilities

504-889-2452

DER FORM NO. 17.901.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 4009P2663

(3) Plant Name Citrus Springs

(4) Plant Address 9840 N. Citrus Springs Blvd.

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-147228

(9) Plant Type C III

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Peric Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>8468</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Origins signed by Larry Everett C-008488</u>		
Signature		Cert. No.	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.107
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	7.51
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.0
(33) Other Effluent Parameters			

DER FORM NO. 17 601.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month March Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.063	0.6						7.4							
2	0.120	1.2						7.4							
3	0.086	1.4						7.4							
4	0.096	0.8						7.4							
5	0.092	1.0						7.4							
6	0.085	0.8						7.5							
7	0.085														
8	0.083	1.2						7.3							
9	0.111	0.8						7.3							
10	0.111	0.7		278	86	3		7.3			0.42				
11	0.101	0.7						7.4							
12	0.081	1.0						7.3							
13	0.095	1.2						7.4							
14	0.095														
15	0.097	0.8						7.3							
16	0.120	1.0						7.8		0.16					
17	0.130	0.9						7.4							
18	0.115	2.0						7.5							
19	0.121	1.8						7.2							
20	0.127	1.4						7.3							
21	0.127														
22	0.128	1.0						7.4							
23	0.138	1.2						7.4							
24	0.122	1.0		345	82	12	8	7.5			1.05				
25	0.129	1.2						7.5							
26	0.128	1.2						7.6							
27	0.132	1.2						7.8							
28	0.123														
29	0.124	1.0						7.3							
30	0.109	0.8						7.4							
31	0.131	0.7						7.3							

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

Signed: Original signed by Larry E. Everett

Date: 4-5-93

Name (Please Type) Larry E. Everett

Telephone No. (Please Type)

Company Name Southern States Utilities

904-689-2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 4009P2863

(3) Plant Name: Citrus Springs

(4) Plant Address: 9840 N. Citrus Springs Blvd.

(5) City: Citrus Springs

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D008-147225

(9) Plant Type: C III

(10) Test Site Identification Number: _____

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

(12) Type of Effluent Disposal or Reclaimed Water Route
Perc Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8488

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Original signed by Larry Eversen C-8488

Signature: _____ Cert No: _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.098
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.097
(19) Percent of permitted capacity	%	-	0.49
(20) BODs Effluent	mg/L	80082	8
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.3
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.2
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	1.8
(33) Other Effluent Parameters			

DER FORM NO. 17-B01-B00(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month April Year 1992

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Ditcher	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.097	0.8						7.3							
2	0.063	1.0				5	2	7.6							
3	0.094	1.2						7.6							
4	0.094														
5	0.095	1.2						7.5							
6	0.137	0.7						7.6							
7	0.098	0.8		989	140	5	5	7.7			1.51				
8	0.063	0.9						7.5							
9	0.104	0.7						7.6							
10	0.110	0.8						7.6							
11	0.089														
12	0.089	1.0						7.6							
13	0.111	0.8						7.4							
14	0.096	1.0						7.5							
15	0.095	1.6						7.6							
16	0.091	1.6					2	7.6							
17	0.096	0.8						7.5							
18	0.097														
19	0.097	1.0						7.6							
20	0.114	0.7						7.7							
21	0.085	1.4		744	253	8	4	7.5			0.84				
22	0.115	0.8						7.6							
23	0.092	1.2						7.6							
24	0.118	1.3						7.8							
25	0.060														
26	0.060	1.0						7.5							
27	0.110	0.8						7.4							
28	0.100	0.8						7.4							
29	0.104	0.7						7.5							
30	0.088	1.0						7.4							
31															

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

Signed Original signed by Larry Everett

Date: 5-5-92

Name (Please Type) Larry Everett

Telephone No. (Please Type)

Company Name Southern States Utilities

904-489-2432

DER FORM NO. 17.901.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 4009P2863

(3) Plant Name Citrus Springs

(4) Plant Address 9840 N. Citrus Springs Blvd.

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-147228

(9) Plant Type C III

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>8486</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Larry Everett G-008458

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.106
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.100
(19) Percent of permitted capacity	%	-	0.53
(20) BODs Effluent	mg/L	80082	6
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	800201	4.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.27
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			

DER FORM NO. 17-801 800(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month May Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.130	0.8						7.5							
2	0.130														
3	0.131	0.8						7.5							
4	0.090	1.2						7.7							
5	0.109	1.0		278	110	6	5	7.5			0.43		<1/100		
6	0.107	0.9						7.5							
7	0.111	0.8						7.6							
8	0.129	0.7						7.5							
9	0.114														
10	0.114	0.7						7.6							
11	0.113	2.8						7.2							
12	0.097	2.5						7.2							
13	0.097	1.0						7.2							
14	0.100	1.0						7.1							
15	0.096	1.2						7.2							
16	0.090														
17	0.091	0.8						7.3							
18	0.094	0.8						7.2							
19	0.097	0.8						7							
20	0.102	1.4		420	134	6	4	7.3			0.11				
21	0.088	1.2						7.2							
22	0.110	1.2						7.1							
23	0.115														
24	0.115	2.4						7							
25	0.095	2.0						7							
26	0.105	1.4						7							
27	0.112	1.0						7							
28	0.101	1.0						7.1							
29	0.088														
30	0.101														
31	0.102	1.2						7							

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

Signed Original signed by Larry Everett

Date: 5-7-93

Name (Please Type): Larry Everett

Telephone No. (Please Type):

Company Name: Southern States Utilities

904-689-2452

Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DEB Identification Number: 4009P2853

(3) Plant Name Citrus Springs

(4) Plant Address 5540 N. Citrus Springs Blvd.

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 904-488-2452

(8) Permit Number D008-147228

(9) Plant Type C III

(10) Test Site Identification Number

(11) Fecal Colliform Sample Method

XX	Membrane Filter	Most Probable Number
1	0.45	0.45
2	0.45	0.45
3	0.45	0.45
4	0.45	0.45
5	0.45	0.45
6	0.45	0.45
7	0.45	0.45
8	0.45	0.45
9	0.45	0.45
10	0.45	0.45
11	0.45	0.45
12	0.45	0.45
13	0.45	0.45
14	0.45	0.45
15	0.45	0.45
16	0.45	0.45
17	0.45	0.45
18	0.45	0.45
19	0.45	0.45
20	0.45	0.45
21	0.45	0.45
22	0.45	0.45
23	0.45	0.45
24	0.45	0.45
25	0.45	0.45
26	0.45	0.45
27	0.45	0.45
28	0.45	0.45
29	0.45	0.45
30	0.45	0.45
31	0.45	0.45
32	0.45	0.45
33	0.45	0.45
34	0.45	0.45
35	0.45	0.45
36	0.45	0.45
37	0.45	0.45
38	0.45	0.45
39	0.45	0.45
40	0.45	0.45
41	0.45	0.45
42	0.45	0.45
43	0.45	0.45
44	0.45	0.45
45	0.45	0.45
46	0.45	0.45
47	0.45	0.45
48	0.45	0.45
49	0.45	0.45
50	0.45	0.45
51	0.45	0.45
52	0.45	0.45
53	0.45	0.45
54	0.45	0.45
55	0.45	0.45
56	0.45	0.45
57	0.45	0.45
58	0.45	0.45
59	0.45	0.45
60	0.45	0.45
61	0.45	0.45
62	0.45	0.45
63	0.45	0.45
64	0.45	0.45
65	0.45	0.45
66	0.45	0.45
67	0.45	0.45
68	0.45	0.45
69	0.45	0.45
70	0.45	0.45
71	0.45	0.45
72	0.45	0.45
73	0.45	0.45
74	0.45	0.45
75	0.45	0.45
76	0.45	0.45
77	0.45	0.45
78	0.45	0.45
79	0.45	0.45
80	0.45	0.45
81	0.45	0.45
82	0.45	0.45
83	0.45	0.45
84	0.45	0.45
85	0.45	0.45
86	0.45	0.45
87	0.45	0.45
88	0.45	0.45
89	0.45	0.45
90	0.45	0.45
91	0.45	0.45
92	0.45	0.45
93	0.45	0.45
94	0.45	0.45
95	0.45	0.45
96	0.45	0.45
97	0.45	0.45
98	0.45	0.45
99	0.45	0.45
100	0.45	0.45

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Parc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

Yes	No	☒ Not Applicable
-----	----	--

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Blaming

Day Shift Operator Class	C	Carl No.	5455
--------------------------	---	----------	------

Evening Shift Operator Class Cert. No. .

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Larry Everett C-8488

Signature _____ Cert No _____

[illegible]

DER FORM NO. 17-001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month June Year 1991

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.102	0.8						7.0							
2	0.095	2.0		377	148	5	2	7.0			2.28				
3	0.097	2.0						7.0							
4	0.094	2.1						7.0							
5	0.146	2.0						7.0							
6	0.102														
7	0.102	2.4						6.9							
8	0.121	2.0						7.1							
9	0.092	2.6						7.0							
10	0.110	1.8						7.0							
11	0.107	2.0						7.1							
12	0.096	2.2						7.0							
13	0.100														
14	0.102	2.0						7.1							
15	0.146	1.5						7.0							
16	0.101	2.0		174	170	6	2	7.0		0.16	0.16				
17	0.094	2.6						7.1							
18	0.095	2.5						7.1							
19	0.104	2.2						7.0							
20	0.093														
21	0.093	2.6						7.0							
22	0.117	2.0						7.0							
23	0.097	2.8						7.1							
24	0.094	2.8						7.1							
25	0.088	2.6						7.0							
26	0.093	2.8						7.1							
27	0.103														
28	0.104	2.4						7.1							
29	0.117	2.0						7.0							
30	0.101	2.4						7.1							
31															

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

information is true, complete and accurate.

Signed: Original signed by Larry Everett

Date: 7-8-91

Name (Please Type): Larry Everett

Telephone No. (Please Type):

Company Name: Southern States Utilities

904-489-2161

Part II - General Information

Signature	Cert No

[illegible]

DER FORM NO. 17-601 (800.1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Cirrus Springs

Month July Year 1992

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Daphner	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.100	1.6		420	194	5	4	7.1			0.51				
2	0.100	1.6						7.1							
3	0.091	1.5						7.2							
4	0.110														
5	0.110	1.4						7.1							
6	0.105	1.5						7.0							
7	0.099	1.4						7.0							
8	0.090	1.6						7.0							
9	0.101	1.4						7.1							
10	0.097	1.0						7.0							
11	0.104														
12	0.104	0.5						7.2							
13	0.108	0.8						7.2							
14	0.129	1.4						7.0							
15	0.117	1.8		255	182	15	4	7.0			1.2				
16	0.131	1.0						7.1							
17	0.135	1.3						7.1							
18	0.141														
19	0.142	0.5						7.2							
20	0.112	0.9						7.1							
21	0.109	0.9						7.2							
22	0.115	0.8						7.2							
23	0.127	0.8						7.3							
24	0.107	1.2						7.2							
25	0.133														
26	0.138	0.8						7.1							
27	0.110	1.0						7.3							
28	0.108	1.2						7.3							
29	0.106	1.2						7.3							
30	0.115	1.0						7.3							
31	0.103	1.0						7.2							

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

Signed Original signed by Larry Everett

Date: 8-6-92

Name (Please Type) Larry Everett

Telephone No. (Please Type)

Company Name Southern State Utilities

904-889-2452

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 4008P2883

(3) Plant Name Citrus Springs

(4) Plant Address 9840 N. Citrus Springs Blvd.

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D008-147228

(9) Plant Type C III

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>8468</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original signed by Larry Everett C-8468</u>		
Signature		Cert. No.	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.113
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.107
(19) Percent of permitted capacity	%	-	0.56
(20) BODs Effluent	mg/L	80082	7.7
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.6
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	1.6
(33) Other Effluent Parameters			

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Cirrus Springs

Month August Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.114			322	150	16	2				2.2				
2	0.115	1.0						7.3							
3	0.109	1.6						7.2							
4	0.102	1.6						7.3							
5	0.112	1.4						7.3							
6	0.112	1.4						7.1							
7	0.110	1.6						7.3							
8	0.120														
9	0.120	0.8						7.3							
10	0.113	1.0						7.3							
11	0.104	1.4		296	230	3	2	7.2			0.93		<1/100		
12	0.104	1.5						7.2							
13	0.115	1.0						7.3							
14	0.095	1.4						7.3							
15	0.129														
16	0.130	1.0						7.3							
17	0.118	1.2						7.3							
18	0.113	1.4						7.2							
19	0.116	1.6						7.3							
20	0.104	1.5						7.3							
21	0.110	1.4						7.2							
22	0.127														
23	0.127	1.0		258	216	4	5	7.2			0.51				
24	0.107	1.8						7.3							
25	0.112	1.5						7.2							
26	0.110	1.5						7.2							
27	0.114	1.2						7.2							
28	0.100	1.6						7.2							
29	0.115														
30	0.116	1.0						7.3							
31	0.118	1.0						7.2							

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

Signed Original signed by Larry Eversen

Date: 9-1-93

Name (Please Type) Larry Eversen

Telephone No. (Please Type)

Company Name Southern States Utilities

904-648-2452

Part II - General Information

(12) Type of Effluent Disposal or Reclaimed Water Route

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

☐	Yes	☐	No	☒	XX Not Applicable
--------------------------	-----	--------------------------	----	-------------------------------------	-------------------

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	C	Carl No.	7919
--------------------------	---	----------	------

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class Cert. No. _____

Lead Operator John E. Grier 7919

Signature _____ Cert No _____

Page 2 of 3

DER FORM NO. 17.501 (802.1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Clarks Springs

Month September Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliforms		
1	0.111	1.2						7.2							
2	0.114	1.5						7.3							
3	0.130	1.5						7.4							
4	0.115														
5	0.115														
6	0.115	1.5						7.4							
7	0.101	1						7.4							
8	0.120	2.8		164	80	5	4	7.2			3.46				
9	0.112	2.1						7.4							
10	0.100	0.5						7.4							
11	0.070														
12															
13	0.103	1.2						7.6							
14	0.126	2.1						7.6							
15	0.081	1.7						7.1							
16	0.130	1.5						7.3							
17	0.109	1.8						7.4							
18															
19															
20	0.343	2						7.3							
21	0.115	1.7						7.3							
22	0.093	1.5		292	98	7	3	7			3.84				
23	0.138	1.7						7.1							
24	0.113	2.2						7							
25	0.105														
26															
27	0.261	2						7.1							
28	0.091	1.8						7							
29	0.123	1						7							
30	0.083	1						7.1							
31															

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

Signed: John E. MacKenzie
 Name (Please Type): JOHN E. MAC KENZIE
 Company Name: Southern States Utilities

Date: 10/1/93
 Telephone No. (Please Type): 904-489-2452

DER FORM NO. 17.801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1997
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 4009P2863

(3) Plant Name Citrus Springs

(4) Plant Address 8840 N. Citrus Springs Blvd.

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number DO09-147228

(9) Plant Type C III

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7819

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: John E. Mackay 7819
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.112
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.111
(19) Percent of permitted capacity	%	-	0.5593548
(20) BODs Effluent	mg/L	80082	15
(21) BODs Effluent	lbs/day	-	13.995058
(22) TSS Effluent	mg/L	800201	3
(23) TSS Effluent	lbs/day	-	2.7890116
(24) Minimum pH			7
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000668	
(31) Minimum Chlorine Residual	mg/L	-	1
(32) Maximum Chlorine Residual	mg/L	-	3
(33) Other Effluent Parameters			

DER FORM NO. 17 801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month October Year 1993

(24)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliforms		
1	0.120	2						7.1							
2															
3															
4	0.357	1.5						7.3							
5	0.101	2.7						7.3							
6	0.117	2.8		200	65	15	3	7.2					0.59		
7	0.120	2						7							
8	0.127	2						7.2							
9	0.104	2						7.2							
10															
11	0.240	2						7.1							
12	0.111	1.6						7.1							
13	0.127	3						7.2							
14	0.113	2.8						7							
15	0.114	2						7							
16															
17															
18	0.363	1.8						7.1							
19	0.133	2.5						7.2							
20	0.121	2						7.1							
21	0.122	0.7		317	114	6	5	7.2					0.23		
22	0.124	2.7						7.2							
23	0.104	2.5						7.1							
24															
25	0.246	2.5						7.2							
26	0.126	1.1						7.2							
27	0.115	1.2						7.1							
28	0.122	1						7.2							
29	0.129	2.5						7.1							
30															
31															

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

Signed: _____

John S. MacKenzie

Date: 11/4/93

Name (Please Type) _____

Telephone No. (Please Type) _____

Company Name Southern Sales Utilities

DER FORM NO. 17 (01/80011)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Citrus Springs

Month November Year 1993

(34)	Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Boehler	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
	1	0.348	2.3						7.1							
	2	0.101	2.8		377	148			7.0							
	3	0.133	2.6		204	12	8.0	3.0	7.2			0.53		<1		
	4	0.095	1.1						7.2							
	5	0.114	1.4						7.3							
	6	0.147														
	7															
	8	0.207	2						7.5							
	9	0.117	2.2						7.5							
	10	0.109	1.2						7.4							
	11	0.115	1.9						7.3							
	12	0.114	2						7.2							
	13	0.122														
	14															
	15	0.244	1						7.4							
	16	0.114	1.7						7.4							
	17	0.136	1.8		287	60	9.0	1.0	7.3			0.57				
	18	0.122	1.8						7.2							
	19	0.144	2.2						7.3							
	20	0.088														
	21															
	22	0.251	2.5						7.2							
	23	0.117	2.3						7.3							
	24	0.126	2.8						7.5							
	25	0.120	2.5						7.3							
	26	0.187	2.5						7.3							
	27	0.113														
	28															
	29	0.227	1.1						7.3							
	30	0.111	2						7.2							
	31															

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

Signed: John E. MacKenzie
 Name (Please Type): JOHN E. MACKENZIE
 Company Name: Southern States Utilities

Date: 12/2/93
 Telephone No. (Please Type): 904-489-2452

DER FORM NO. 17, 601, 900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 4009P2863

(3) Plant Name Citrus Springs

(4) Plant Address 9640 N. Citrus Springs Blvd.

(5) City Citrus Springs

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-147228

(9) Plant Type C III

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Ponds & Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7819</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator John E. Mackey 4009 7919
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.111
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.117
(19) Percent of permitted capacity	%	-	0.5525808
(20) BODs Effluent	mg/L	80082	3
(21) BODs Effluent	lbs/day	-	2.7651135
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	1.3825568
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000800	
(27) TKN	mg/L	000828	
(28) Ammonia (NH3 - N)	mg/L	000810	
(29) Nitrate	mg/L	071850	0.3
(30) Total Phosphorus	mg/L	000856	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3
(33) Other Effluent Parameters			

DER FORM NO. 17-601.900(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Clarks Springs

Month: December Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.114	2.5		238	118	4	1	7.3			0.55		<1/100		
2	0.137	2.5						7.3							
3	0.114	2.6						7.2							
4	0.102														
5	0.115														
6	0.117	2.5						7.2							
7	0.131	3						7.3							
8	0.092	3						7.3							
9	0.107	3						7.4							
10	0.127	2.2						7.4							
11	0.112														
12	0.101														
13	0.101	2						7.1							
14	0.129	1.6						7.3							
15	0.090	1.5		142	68	4	1	7.2			0.06				
16	0.102	1.7						7.3							
17	0.106	1.8						7.2							
18	0.111														
19	0.102														
20	0.103	2.6						7.4							
21	0.114	2.5						7.3							
22	0.119	2.5						7.3							
23	0.126	2.4						7.2							
24	0.107	2.4						7.2							
25	0.119	2.4													
26	0.104														
27	0.104	2.4						7.2							
28	0.095	2.5						7.2							
29	0.116	3		127	2	1	2	7.2			0.15				
30	0.108	2.6						7.2							
31	0.096	2.5						7.3							

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

Signed: John E. MacKenzie
 Name (Please Type)

Date: 1/11/94
 Telephone No. (Please Type)

Company Name: Southern States Utilities

**Reference: Deep Creek / Charlotte County
Monthly Operating Reports / Wastewater**

Please Note:

Wastewater treatment for the **Deep Creek** service area is provided by Charlotte County.

There are no monthly operating reports for this area.

THIS PAGE INTENTIONALLY LEFT BLANK

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona Lakes

Month January

Year

1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOODs Influent (mg/L)	TSS Influent (mg/L)	CBOODs Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA, Coliform	
1	0.768	5.6			232		4.1	7.1					<1	
2	0.870	3.7			212		3.0	7.1					<1	
3	0.870	3.5			178		3.0	7.1					<1	
4	0.954	3.7			320		8.8	7.2					<1	
5	0.433	3.7			184		4.1	7.2					<1	
6		3.0			208		3.7	7.1			12.3		<1	
7		5.8		225	184	3.9	4.3	7.1					<1	
8		3.3			244		4.1	7.1					<1	
9	meter	3.3			212		7.8	7.1					<1	
10	out	4.7			136		3.8	7.0					<1	
11	or	3.7			180		3.7	7.2					<1	
12	service	8.8			224		3.4	7.2					<1	
13	8th	2.6		215	195	4.9	4.5	7.0					<1	
14	thru	8.9			80		4.3	7.4			14.7		<1	
15	21st	5.3			192		4.9	7.1					<1	
16		3.7			192		4.0	7.2					<1	
17		2.3			248		4.3	7.0					<1	
18		1.5			288		5.3	7.0					<1	Flow to substandard
19		3.5		251	252	3.8	4.9	7.1			24.2		<1	
20		4.1			546		3.6	7.1					<1	
21		4.5			184		5.0	7.1					<1	Flow to substandard
22	0.950	6.0			196		4.8	7.1					<1	
23	0.890	4.6			48		4.7	7.1					<1	
24	0.930	4.8			168		3.7	7.0					<1	
25	0.916	3.9			332		2.4	7.1					<1	
26	0.904	5.1			444		6.0	7.0			16.2		<1	Flow to substandard
27	0.909	5.2		278	196	2.4	5.0	7.0					<1	Flow to substandard
28	0.890	9.6			210		4.0	7.0					<1	
29	0.765	2.9			124		5.0	7.1					<1	Flow to substandard
30	0.747	3.5			130		5.0	7.1					<1	Flow to substandard
31	0.882	3.8			148		4.1	7.0					<1	

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

Signed: Daniel DeBaca
 Name (Please Type): Daniel DeBaca
 Company Name: Southern States Utilities/Deltona Lakes

Date: Feb. 14, 1994
 Telephone No. (Please Type): (407) 574-2161

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: G4PO0443

(3) Plant Name Deltona Lakes

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number (407)-574-2181

(8) Permit Number DD64-177249

(9) Plant Type 2 - C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7925</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6166</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>
Lead Operator	<u>Samuel Baca</u>		<u>A-389</u>

Signature _____ Cert No _____

[illegible]

DER FORM NO. 17-001-000(1)
 FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona Lakes

Month: February

Year:

1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dewater	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.706	2.5		276	252	3.0	6.2	7.1			11.7		<1	sub-standard pond
2	0.894	8.9			252		7.9	7.0					<1	sub-standard pond
3	0.959	3.8			231		3.6	7.2					<1	
4	0.821	3.5			196		2.5	6.9					<1	
5	0.875	3.7			184		2.0	7.1					<1	
6	0.873	3.4			168		2.5	7.0					<1	
7	0.713	3.5			180		3.5	7.1					<1	
8	0.674	2.5			192		2.6	7.0					<1	
9	0.889	3.5		249	185	2.6	2.0	7.0			11.1		<1	
10	0.850	4.2			204		4.9	7.4					<1	
11	0.795	3.5			140		3.0	7.3					<1	
12	0.644	3.4			258		4.5	7.0					<1	
13	0.642	3.5			282		2.3	7.2					<1	
14	0.683	1.8			202		1.8	7.0					<1	
15	0.677	1.9			120		2.8	7.1					<1	
16	0.643	1.6			174		4.8	7.0					<1	
17	0.645	2.5		318	192	6.4	3.6	7.1			10.9		<1	
18	0.903	3.5			256		4.6	7.0					<1	
19	0.922	3.1			300		3.9	7.1					<1	
20	0.902	8.0			124		4.6	7.0					<1	
21	0.788	5.5			254		8.8	7.1					<1	sub-standard pond
22	0.637	3.0			360		8.8	7.0					<1	sub-standard pond
23	0.656	3.0			456		4.3	7.3					<1	
24	0.758	5.0		236	172	5.0	3.6	7.2			15.7		<1	
25	0.675	3.4			180		1.9	7.0					<1	
26	0.675	3.5			248		1.0	7.2					<1	
27	0.942	4.7			174		1.0	7.2					<1	
28	0.944	4.5			138		2.3	7.0					<1	
29														
30														
31														

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

Signed: Daniel DeBeca

Name (Please Type): Daniel DeBeca

Company Name: Southern States Utilities/Deltona Lakes

Date: March 23, 1994

Telephone No. (Please Type):

(407) 574-2181

01065

DER FORM NO. 17.901.90011
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: G4POD443

(3) Plant Name Deltona Lakes

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number (407)-574-2181

(8) Permit Number DO54-177249

(9) Plant Type 2 - C

(10) Test Site Identification Number: _____

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7925</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6156</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>
Lead Operator	<u><i>Shawn M. Dico</i></u>		<u>A-389</u>
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.875
(17) Permitted capacity	mgd	--	1.4
(18) Three month average daily flow	mgd	--	0.827
(19) Percent of permitted capacity	%	--	63%
(20) CBOD5 Effluent	mg/L	80082	4.1
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	900201	3.1
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH		--	7.0
(25) Maximum pH		--	7.5
(26) Total N	mg/L	000600	--
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	--
(29) Nitrate	mg/L	071850	8.6
(30) Total Phosphorus	mg/L	000665	--
(31) Minimum Chloride Residual	mg/L	--	1.0
(32) Maximum Chloride Residual	mg/L	--	6.0
(33) Other Effluent Parameters			

DER FORM NO. 17.801.000(1)
 FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona Lakes

Month March

Year

1991

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOODS Influent (mg/L)	TSS Influent (mg/L)	CBOODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.932	5.3			348		3.0	7.1					<1
2	1.026	4.3			200		3.1	7.5					<1
3	1.047	4.2		280	178	4.3	5.0	7.1			6.6		<1
4	0.832	3.5			192		3.2	7.0					<1
5	0.892	3.1			196		3.8	7.0					<1
6	0.956	3.6			204		4.9	7.1					<1
7	0.945	1.0			256		2.1	7.0					<1
8	0.895	3.8			264		3.4	7.0					<1
9	0.924	4.2			224		2.3	7.1					<1
10	0.914	4.7		236	300	3.7	4.2	7.0			6.7		<1
11	0.885	4.7			124		2.8	7.1					<1
12	0.792	3.5			204		4.5	7.0					<1
13	0.699	2.5			228		4.3	7.0					<1
14	0.659	4.0			196		2.5	7.1					<1
15	0.883	4.0			292		3.2	7.1					<1
16	0.868	3.9			344		3.9	7.0					<1
17	0.887	4.1		249	212	4.8	4.2	7.0					<1
18	0.971	3.0			236		3.5	7.1			4.2		<1
19	0.929	2.8			292		2.8	7.0					<1
20	1.004	6.0			264		2.9	7.0					<1
21	0.908	4.5			288		2.9	7.0					<1
22	0.822	4.7			224		2.0	7.1					<1
23	0.845	6.0			224		2.9	7.2					<1
24	0.844	4.5		280	432	3.4	1.6	7.0			8.2		<1
25	0.828	3.5			388		3.8	7.0					<1
26	0.817	4.0			316		3.6	7.2					<1
27	0.807	5.7			272		1.7	7.1					<1
28	0.820	3.2			184		1.4	7.0					<1
29	0.815	4.3			250		1.5	7.0					<1
30	0.804	3.9			280		3.6	7.0					<1
31	0.877	2.9		321	324	4.3	2.4	7.0			15.2		<1

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

Signed: Daniel DeBaco

Date: _____

Name (Please Type): Daniel DeBaco

Telephone No. (Please Type): _____

Company Name: Southern States Utilities/Deltona Lakes

(407) 574 2181

Monthly Operating Report

Part II - General Information

Cert No

[illegible]

DER FORM NO. 17-801-800(1)
 FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Dalton Lakes

Month: April

Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Denitr	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	RECAL. Coliform
1	0.804	3.3			216		4.2	7.1					<1
2	0.825	6.0			228		2.4	7.1					<1
3	0.737	5.2			164		3.7	7.0					<1
4	0.811	2.2			200		<1	7.0					<1
5	0.754	2.7			180		<1	7.0					<1
6	0.770	2.2			152		<1	7.0					<1
7	0.779	4.1		279	168	4.0	<1	7.0					<1
8	0.743	2.7			190		<1	7.1			12.60		<1
9	0.741	2.5			140		1.6	7.1					<1
10	0.756	3.4			128		1.2	7.1					<1
11	0.751	4.9			308		1.3	7.0					<1
12	0.785	4.4			256		1.8	7.0					<1
13	0.742	2.2			392		1.2	7.1					<1
14	0.738	2.5		339	128	<1	1.0	7.0					<1
15	0.701	1.9			182		1.5	7.0			10.90		<1
16	0.737	3.9			196		1.6	7.0					<1
17	0.761	8.2			200		3.0	7.0					<1
18	0.755	4.1			264		1.4	7.0					<1
19	0.758	3.4			226		1.3	7.0					<1
20	0.556	3.8			180		1.4	7.1			11.70		<1
21	0.668	2.2		313	149	3.4	1.1	7.1					<1
22	0.762	4.0			208		1.7	7.1					<1
23	0.701	3.5			302		1.4	7.0					<1
24	0.752	6.1			236		<1	7.1					<1
25	0.773	2.6			164		1.6	7.1					<1
26	0.893	3.6			182		<1	7.1					<1
27	0.721	4.8			164		<1	7.0					<1
28	0.712	3.6		267	192	3.3	<1	7.1			8.97		<1
29	0.840	1.6			138		<1	7.0					<1
30	0.736	2.3			210		<1	7.1					<1
31													

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

Signed: _____ Original: Page 2 of 3 signed by Daniel DeBacco
 Name (Please Type): Daniel DeBacco
 Company Name: Southern States Utilities Dalton Lakes

Date: _____
 Telephone No. (Please Type): (407) 674-2161

Monthly Operating Report

Part II - General information

XX Membrane Filter	Most Probable Number
--------------------	----------------------

Spray-field & Golf Course

☐	Yes	☐	No	☒	Not Applicable
--------------------------	-----	--------------------------	----	-------------------------------------	----------------

N/A

Signature	Cart No
-----------	---------

[illegible]

CER FORM NO. 17-B01 (0011)
 FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltone Lakes

Month: May

Year:

1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dchlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.714	4.2			176		2.3	7.1					<1
2	0.684	3.8			182		0.8	7.1					<1
3	0.727	4.9			208		1.9	7.1					<1
4	0.742	3.8		197	212	3.4	0.8	7.0					<1
5	0.799	2.0			172		1.6	7.1			18.00		<1
6	0.652	10.0			204		1.3	6.9					<1
7	0.670	3.9			166		2.9	7.0					<1
8	0.744	7.5			196		1.5	7.1					<1
9	0.822	7.2			240		1.5	7.1					<1
10	0.769	3.5			312		1.0	7.0					<1
11	0.744	4.8		320	235	3.0	1.9	7.0			13.90		<1
12	0.720	7.1			244		1.1	7.2					<1
13	0.745	4.1			128		0.8	7.0					<1
14	0.725	4.7			160		1.5	7.0					<1
15	0.728	4.4			172		2.1	7.2					<1
16	0.781	5.3			232		1.4	7.1					<1
17	0.713	1.1			146		1.2	7.0					<1
18	0.766	2.0		292	214	2.7	2.4	7.1			12.00		<1
19	0.759	2.7			125		1.1	6.9					<1
20	0.729	3.0			144		0.9	6.8					<1
21	0.723	3.5			140		1.1	6.2					<1
22	0.720	3.8			140		1.1	6.9					<1
23	0.701	1.9			198		0.8	6.4					<1
24	0.684	1.1			200		1.4	6.9					<1
25	0.670	1.8		300	268	3.2	1.0	6.9					<1
26	0.663	2.5			252		1.2	6.9			21.10		<1
27	0.661	3.1			244		1.4	7.0					<1
28	0.694	5.4			240		2.3	6.9					<1
29	0.652	4.7			220		1.1	7.0					<1
30	0.738	5.0			224		0.8	7.0					<1
31	0.744	1.8			132		2.0	6.9					<1

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

Signed: Daniel DeBacca

Name (Please Type): Daniel DeBacca

Company Name: Southern States Utilities/Deltone Lakes

Date: June 23, 1994

Telephone No. (Please Type):

(407) 574-2181

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: G4POO443

(3) Plant Name Deltona Lakes

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number (407)-574-2181

(8) Permit Number DO64-177249

(9) Plant Type 2 - C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	C	Cert. No.	7925
Evening Shift Operator Class	A	Cert. No.	6166
Night Shift Operator Class	C	Cert. No.	7056
Lead Operator	<i>Donald M. Bruce</i>		A-359
	Signature	Cert No	

[illegible]

DER FORM NO. 17.201.900(1)
 FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona Lakes

Month June

Year

1994

(34)	Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
	1	0.663	4.8		415	244	1.7	1.3	6.9					<1
	2	0.670	3.5			236		0.5	6.9			9.61		<1
	3	0.662	4.0			230		0.9	7.0					<1
	4	0.701	15.0			156		1.2	6.8					<1
	5	0.721	2.4			267		0.5	6.7					<1
	6	0.770	13.0			164		2.0	7.0					<1
	7	0.789	13.5			324		1.7	7.0					<1
	8	0.766	4.2		431	246	1.1	0.4	7.0					<1
	9	0.745	5.3			280		0.5	6.8			11.50		<1
	10	0.731	2.8			104		0.6	6.6					<1
	11	0.738	5.4			120		1.6	6.9					<1
	12	0.704	5.7			204		1.1	6.9					<1
	13	0.747	3.9						7.0					<1
	14	0.785	5.8		330	200	1.1	1.3	6.9					<1
	15	0.750	5.6			80		1.6	6.6					<1
	16	0.717	6.6			62		1.2	6.8					<1
	17	0.796	1.8			140		0.9	7.0					<1
	18	0.796	3.6			160		0.8	6.9					<1
	19	0.784	5.4			85		1.1	7.0					<1
	20	0.888	5.8			244		1.3	7.0					<1
	21	0.838	2.5			216		1.3	7.1					<1
	22	0.805	7.3			146		1.2	6.6			10.40		<1
	23	0.785	3.0		379	436	3.0	1.5	7.0					<1
	24	0.743	3.0			216		0.9	7.2					<1
	25	0.791	2.1			226		0.9	7.1					<1
	26	0.756	1.3			156		1.5	7.1					<1
	27	0.747	12.5			224		1.5	7.0					<1
	28	0.765	3.2			176		1.0	6.9					<1
	29	0.738	2.0			168		1.7	6.8			19.10		<1
	30	0.831	4.0			345		2.0	6.9					<1
	31													

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

Signed: Daniel DeBacca

Date: July 28, 1994

Name (Please Type) Daniel DeBacca

Telephone No. (Please Type)

Company Name Southern States Utilities/Deltona Lakes

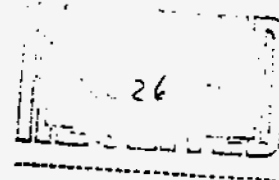
(407)-574-7181



Southern States Utilities • 255 Enterprise Rd. • Deltona, FL 32725 • 407/574-6680 • 407/574-6608

DELTONA OFFICE

August 24, 1994



Ms. Nancy Hose
State of Florida
Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803

RE: SSU - DELTONA WASTEWATER TREATMENT PLANT - C.B.O.D. RESULT

Dear Ms. Hose:

Please be advised that the Deltona Lakes laboratory C.B.O.D.'s tests from July 7, 1994, were contaminated by our D.I. makeup/dilution water. The resulting values were deemed unacceptable, and therefore, were not used for that day. The contamination was proven by depletion of the makeup water in excess of acceptable limitations. As of that date, the C.B.O.D.'s are being sent out to another laboratory while splitting the samples between the two labs for further quality control testing. All results from that date forward are from the separate laboratory. It is anticipated that the Deltona Lakes laboratory will be providing the test results beginning in September.

Due to normally low C.B.O.D.'s produced from the Deltona Wastewater Treatment Plant, and based on long term analysis, it is estimated that the day results were well within the plant compliance limits.

The high nitrate reading on 7/13/94 and 7/20/94 was due to construction activity at the plant. The algae-laden pond water was recycled through the plant.

Should you have comments or require further information, please feel free to contact me at your convenience.

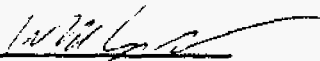
WATER FOR FLORIDA'S

FUTURE



Ms. Nancy Rose
Page 2
August 24, 1994

Respectfully submitted,


William M. Schrader
Lead Operator
SSU - Deltona WWTP

Enclosures

cc: Mr. Douglas Lovell, Area II Supervisor, SSU, Inc./Deltona
Mr. Ronald Freeman, Environmental Management, County of
Volusia
Ms. Clara Dozier, Operations Specialist, SSU, Inc./Apopka
Ms. Chris Arcand, Assistant II, Engineering, SSU, Inc./Apopka

PLANT NAME: Deltona Lakes
 PLANT NO. 18001 (18008)
 MONTH July 1994

**SOUTHERN STATES UTILITIES
 WASTEWATER TREATMENT PLANT DAILY OPERATIONS SUMMARY**

Page 1 of 2

DATE	FLOW MGD	INFLUENT		EFFLUENT				MLT/MLD	FECAL	ELECTRIC KW HOURS	RAIN INCHES	OPERATORS	
		BOD	TSS	BOD	TSS	CL2 RES	PH					NAME	CERT #
07/01/1994	0.842		158		1.8	3.1	7.1		<1		0.30		
07/02/1994	0.830		276		1.5	3.0	7.0		<1		0.90		
07/03/1994	0.872		300		1.3	7.0	6.9		<1		1.00		
07/04/1994	0.819		124		1.1	5.9	6.8		<1				
07/05/1994	0.852		169		0.9	3.7	7.2		<1		0.30		
07/06/1994	0.859		282		1.1	4.7	6.8		<1		2.30		
07/07/1994	0.882	***	348	***	1.3	6.5	7.1	9.05	<1		0.70		
07/08/1994	0.829		86		0.5	6.3	6.8		<1				
07/09/1994	0.860		198		1.0	5.0	6.9		<1				
07/10/1994	0.861		192		0.8	6.6	6.9		<1				
07/11/1994	0.873		178		0.5	6.0	6.9		<1				
07/12/1994	0.594		232		0.8	9.0	7.0		<1		0.50		
07/13/1994	0.719	156	172	1.0	1.5	4.5	7.0	17.00	<1		1.00		
07/14/1994	0.751		376		1.9	4.0	7.1		<1				
07/15/1994	0.779		82		0.4	4.0	7.0		<1				
07/16/1994	0.753		132		0.9	4.5	7.0		<1				
07/17/1994	0.894		328		0.9	7.5	7.0		<1				
07/18/1994	0.727		344		1.0	10.5	7.0		<1		1.50		
07/19/1994	0.754		184		2.1	7.1	6.8		<1				
07/20/1994	0.803	185	180	1.0	1.4	4.7	7.1	12.50	<1		1.50		
07/21/1994	0.934		164		1.4	5.9	7.0		<1		0.85		
07/22/1994	1.016		166		1.7	3.8	7.0		<1				
07/23/1994	0.883		160		1.5	2.5	7.2		<1		0.70		
07/24/1994	1.081		276		0.8	5.8	7.1		<1		0.10		
07/25/1994	0.833		124		1.1	6.1	7.1		<1		0.10		
07/26/1994	0.733		148		1.8	3.5	7.0		<1		0.75		
07/27/1994	0.746	81	98	2.0	2.0	4.8	7.1	11.10	<1		0.10		
07/28/1994	0.689		108		0.8	4.9	7.1		<1				
07/29/1994	0.659		136		1.8	4.0	7.1		<1				
07/30/1994	0.732		140		1.0	4.1	7.0		<1		2.70		
07/31/1994	0.755		246		1.4	3.2	7.0		<1				
TOTAL	24.863										15.30		
AVG	0.803	108	198	1.0	1.2	5.2	7.0	12.41			0.49		

DER FORM NO. 17.001.000(1)
 FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE: July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona Lakes Month July Year 1984

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dchlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.842	3.1			156		1.6	7.1					<1
2	0.930	3.0			276		1.5	7.0					<1
3	0.872	7.0			300		1.3	6.8					<1
4	0.819	5.9			124		1.1	6.8					<1
5	0.852	3.7			166		0.9	7.2					<1
6	0.959	4.7			292		1.1	6.8					<1
7	0.982	6.5		***	346	***	1.3	7.1			9.05		<1
8	0.829	6.3			88		0.5	6.8					<1
9	0.880	5.0			196		1.0	6.9					<1
10	0.881	6.8			192		0.8	6.9					<1
11	0.873	6.0			176		0.5	6.9					<1
12	0.994	9.0			232		0.8	7.0					<1
13	0.718	4.5		156	172	1.0	1.5	7.0			17.00		<1
14	0.751	4.0			376		1.9	7.1					<1
15	0.779	4.0			82		0.4	7.0					<1
16	0.753	4.5			132		0.9	7.0					<1
17	0.894	7.5			328		0.9	7.0					<1
18	0.727	10.5			344		1.0	7.0					<1
19	0.754	7.1			164		2.1	6.8					<1
20	0.893	4.7		185	160	1.0	1.4	7.1			12.50		<1
21	0.934	5.9			164		1.4	7.0					<1
22	1.016	3.8			166		1.7	7.0					<1
23	0.963	2.5			160		1.5	7.2					<1
24	1.081	5.9			276		0.8	7.1					<1
25	0.833	5.1			124		1.1	7.1					<1
26	0.733	3.5			148		1.8	7.0					<1
27	0.746	4.8		81	96	2.0	2.0	7.1			11.10		<1
28	0.889	4.9			108		0.8	7.1					<1
29	0.859	4.0			136		1.8	7.1					<1
30	0.732	4.1			140		1.0	7.0					<1
31	0.755	3.2			248		1.4	7.0					<1

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

Signed: William Schrader
 Name (Please Type): William Schrader 'B' 5067
 Company Name: Southern States Utilities/Deltona Lakes

Date: 8-27-74
 Telephone No. (Please Type): (407)-374-2181

THIS PAGE INTENTIONALLY LEFT BLANK

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: **August** Year: **1994**

(2) Plant DER Identification Number: G4PO0443

(3) Plant Name **Deltona Lakes**

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number (407)-574-2181

(8) Permit Number DO64-177249

(9) Plant Type 2 - C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7925

Evening Shift Operator Class A Cert. No. 6166

Night Shift Operator Class C, Cert. No. 7056

Lead Operator Stanley M. Moe A389
Signature Cert No

[illegible]

DER FORM NO. 17-601-600-11
 FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Daltona Lakes

Month: August

Year:

1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.837	1.8			112		1.7	7.1					<1
2	0.771	3.0			312		1.0	7.1					<1
3	0.742	3.8		122	184	1.7	0.5	6.9			9.12		<1
4	0.700	4.1			176		0.6	6.9					<1
5	0.673	1.5			144		1.3	7.0					<1
6	0.755	2.2			140		0.9	6.9					<1
7	0.693	6.0			272		1.7	6.9					<1
8	0.673	3.0			337		1.9	6.9					<1
9	0.990	3.2			200		0.6	6.9					<1
10	0.977	4.7		126	68	1.4	0.7	6.9			13.40		<1
11	0.892	1.8			104		1.7	6.8					<1
12	0.894	4.1			92		0.8	7.1					<1
13	0.916	4.4			116		1.3	7.0					<1
14	0.936	9.0			264		1.8	6.9					<1
15	0.872	4.5			168		1.9	7.0					<1
16	0.909	3.8			108		1.7	6.9					<1
17	0.797	4.2		160	112	1.0	1.7	6.9					<1
18	0.826	4.2			80		1.5	6.9			4.66		<1
19	0.935	2.0			140		1.5	6.8					<1
20	0.835	5.5			108		1.6	7.0					<1
21	0.951	3.8			272		1.6	6.9					<1
22	0.970	4.2			304		1.8	7.0					<1
23	0.860	2.6			156		1.4	7.0					<1
24	0.892	1.9		185	120	1.9	1.4	7.1			23.90		<1
25	0.941	5.8			128		1.6	6.9					<1
26	1.320	4.2			128		1.0	7.1					<1
27	1.060	4.5			108		1.6	7.0					<1
28	0.825	6.0			160		1.8	7.0					<1
29	0.850	6.1			252		1.6	7.0					<1
30	0.818	4.8			376		1.2	6.9					<1
31	0.716	6.2		225	136	0.4	1.0	6.9					<1

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

Signed: Daniel DeBata

Name (Please Type): Daniel DeBata

Company Name: Southern States Utilities/Daltona Lakes

Date: Sept 28 1994

Telephone No. (Please Type):

(407) 574-2181

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: G4PO0443

(3) Plant Name Deltona Lakes

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number (407)-574-2181

(8) Permit Number DO54-177249

(9) Plant Type 2 - C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7925</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6166</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>
Lead Operator	<u><i>David G. Moore</i></u>		<u>A-389</u>
Signature			Cert No

[illegible]

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE July 1, 1997
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deftona Lakes

Month September Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.690	6.1			108		1.0	6.9					<1
2	0.659	1.2			392		0.5	7.0					<1
3	0.793	2.9			116		1.6	7.1					<1
4	0.713	3.9			272		1.3	7.0					<1
5	0.730	3.4			332		1.4	6.8					<1
6	0.749	11.2			68		0.5	7.0					<1
7	0.684	6.3		164	92	3.2	0.6	6.9			10.60		<1
8	0.710	6.1			96		1.0	7.1					<1
9	0.909	1.3			140		0.9	6.9					<1
10	0.898	5.1			124		1.4	6.9					<1
11	0.798	6.4			108		1.0	7.0					<1
12	0.793	4.2			208		1.7	6.9					<1
13	0.793	7.0			112		0.9	6.8					<1
14	0.740	5.1		188	292	1.5	0.7	6.8			20.30		<1
15	0.719	5.2			56		0.6	6.9					<1
16	0.732	4.7			180		1.6	6.8					<1
17	0.776	6.1			196		1.8	6.8					<1
18	0.713	6.6			176		1.2	7.0					<1
19	0.774	1.3			152		2.0	6.8					<1
20	0.877	1.4			212		1.1	6.8					<1
21	1.079	5.0		222	360	0.8	0.9	6.7			11.20		<1
22	0.874	5.8			268		1.4	7.0					<1
23	0.795	1.9			168		1.2	7.0					<1
24	0.799	1.7			128		1.8	7.0					<1
25	0.824	7.5			168		1.9	7.0					<1
26	1.009	5.3			132		1.7	7.0					<1
27	0.878	1.7			48		1.7	6.7					<1
28	0.897	1.9		151	228	1.3	1.0	6.8			14.00		<1
29	0.804	5.3			52		1.8	6.7					<1
30	0.788	4.7			88		1.0	6.5					<1
31													

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

Signed: Daniel DeBacco

Name / Please Type: Daniel DeBacco

Company Name: Southern States Utilities/Deftona Lakes

Date: 10/30/94

Telephone No. (Please Type):

(407)-574-2181

(1) Month: October Year: 1994

(2) Plant DES Identification Number: G4POO443

(3) Plant Name Dellona Lakes

(4) Plant Address 399 Fisher Drive

(5) City Dellona

(6) County Volusia

(7) Phone Number (407) 574-2181

(8) Permit Number DD54-177249

(9) Plant Type 2 - C

(10) Test Site Identification Number _____

(11) Faecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Scrub-field & Golf Course

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7925</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6156</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>
Lead Operator	<u><i>David L. Brown</i></u>		
	Signature	Cert No.	

Page 2 of 3

DO NOT WRITE IN THESE SPACES
 LOCAL 1722 Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE 10-1-1991
 CDP 1722, 10-1-1991

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona Lakes

Month: October

Year: 1994

1994

Day of the Month	pH	Chlorine Residual After Contact	Chlorine Residual After Decolor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	AMMONIA Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.725	9.1			64		1.0	7.0					<1
2	0.755	5.2			160		1.8	6.8					<1
3	0.771												
4	0.754												
5	0.703	2.3		250	82	1.0	0.8	7.0					<1
6	0.705	4.6			312		0.5	6.9			8.69		<1
7	0.668	3.0			105		0.9	6.7					<1
8	0.715	5.0			118		1.7	6.9					<1
9	0.784	5.8			92		1.8	7.0					<1
10	0.752	5.3			196		1.8	7.0					<1
11	0.711	7.0			176		1.3	7.0					<1
12	0.746	1.2		182	164	1.8	1.1	7.0			50.00		<1
13	0.717	2.1			120		1.3	6.7					<1
14	0.682	3.5			72		0.4	6.9					<1
15	0.683	3.8			120		1.5	7.0					<1
16	0.698	8.1			144		1.4	6.8					<1
17	0.800	2.9			112			6.6					<1
18	0.850				136		1.3						
19	0.679	1.6		168	144	2.5	1.3	6.8			7.34		<1
20	0.674	1.1			128		0.6	6.8					<1
21	0.645	1.8			108		1.7	6.9					<1
22	0.677	2.1			84		0.5	7.1					<1
23	0.680	8.7			168		1.1	6.9					<1
24	0.694	3.7			100		1.4	6.6					<1
25	0.633	2.3			124		0.9	6.9					<1
26	0.642	6.0		278	215	1.3	0.3	6.7			5.72		<1
27	0.729	8.0			112		0.6	6.7					<1
28	0.659	4.0			64		0.6	6.9					<1
29	0.665	6.6			84		1.0	7.0					<1
30	0.666	5.4			140		0.4	7.0					<1
31	0.698	2.8			163		0.6	6.8					<1

I, the undersigned, do hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and correct.

Signature: [Signature]
 Name: Daniel DeBello
 Title: Plant Manager

Date: 10/23/1994
 Title: Plant Manager

DER FORM NO. 17-601.800(1)
 FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona Lakes

Month November

Year

1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Ditchlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.688	5.3			140		0.5	7.0					<1
2	0.667	4.2		187	184	1.6	0.5	7.3			8.92		<1
3	0.635	4.1			208		0.7	7.6					<1
4	0.613	5.1			288		1.3	8.8					<1
5	0.632	6.6			120		0.6	7.0					<1
6	0.644	6.7			180		1.0	6.9					<1
7	0.670	3.4			128		1.3	6.8					<1
8	0.617	3.7			168		1.3	6.9					<1
9	0.584	8.8		190	164	0.7	1.6	7.0			10.30		<1
10	0.586	10.5			152		0.4	6.7					<1
11	0.686	9.1			216		0.6	7.1					<1
12	0.683	8.9			204		0.8	6.8					<1
13	0.714	9.9			184		1.1	6.8					<1
14	0.712	8.6			160		1.3	6.9					<1
15	0.764	6.5			252		1.3	7.0					<1
16	1.545	6.5		175	116	1.6	1.7	6.9			6.59		<1
17	1.415	4.6			80		0.8	7.0					<1
18	1.176	3.9			80		1.3	6.9					<1
19	1.144	8.9			56		1.0	7.0					<1
20	1.081	3.5			80		0.9	7.0					<1
21	1.092	5.2			100		0.9	7.0					<1
22	1.066	3.1		155	124	1.7	1.0	7.0			7.35		<1
23	1.009	7.1			96		0.6	7.0					<1
24	0.976	6.9			388		1.0	7.0					<1
25	0.943	4.0			136		1.2	7.0					<1
26	0.931	5.0			144		0.9	6.9					<1
27	0.922	15.6			260		1.0	7.0					<1
28	0.988	3.3			92		1.4	7.0					<1
29	0.934	4.6			120		0.5	6.7					<1
30	0.904	3.0		185	138	0.4	0.5	7.0					<1
31													

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

Signed: *Daniel DeBaca*
 Name (Please Type): Daniel DeBaca
 Company Name: Southern States Utilities/Deltona Lakes

Date: _____
 Telephone No. (Please Type): (407)-574-2181

DER FORM NO. 17-601-900(1)
 FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona Lakes

Month December Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.872	2.9			90		1.2	7.0					<1
2	0.758	2.6			128		1.8	6.8					<1
3	0.758	3.8			110		1.0	7.0					<1
4	0.893	2.8			160		0.8	7.0					<1
5	1.118	4.2			224		0.7	6.9					<1
6	0.986	3.3			196		0.4	7.1					<1
7	0.914	6.7		176	184	1.0	0.9	7.1			2.51		<1
8	0.908	4.9			164		0.9	6.9					<1
9	0.870	6.2			100		1.2	6.7					<1
10	0.838	5.2			468		1.3	6.8					<1
11	0.851	5.1			192		1.8	6.9					<1
12	0.836	2.8			196		0.7	6.8					<1
13	0.817	7.8			160		1.1	6.8					<1
14	0.799	6.9		200	208	1.3	1.1	6.9			8.92		<1
15	0.969	3.3			188		0.9	6.6					<1
16	0.983	5.2			100		0.9	6.5					<1
17	0.835	5.4			144		0.7	6.8					<1
18	0.875	4.6			96		0.5	6.9					<1
19	0.846	4.2			300		1.2	6.8					<1
20	0.796	3.7			224		1.1	6.8			9.63		<1
21	0.837	7.1		284	128	1.7	1.4	7.1					<1
22	0.923	5.9			248		1.6	6.9					<1
23	0.959	6.1			80		1.2	6.8					<1
24	0.932	5.0			88		1.3	7.0					<1
25	0.823	8.0			164		2.5	6.6					<1
26	0.955	6.3			240		1.9	6.7					<1
27	0.887	6.5			134		1.7	6.6					<1
28	0.857	8.7		284	136	3.2	0.6	6.7					<1
29	0.880	7.0			86		1.1	6.6			5.75		<1
30	0.971	7.3			148		0.7	6.6					<1
31	1.033	6.9			100		0.8	6.8					<1

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

Signed: Daniel DeBacco
 Name (Please Type): Daniel DeBacco
 Company Name: Southern States Utilities/Deltona Lakes

Date: Jan 24 1995
 Telephone No. (Please Type): (407)-574-2161

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: G4P00443

(3) Plant Name Deltona WWTP

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-177249

(9) Plant Type 2C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field & Golf Course

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>A</u>	Cert. No.	<u>389</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6166</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>

Lead Operator Original signed by Daniel DeBacca A-389

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.690
(17) Permitted capacity	mgd	-	0.900
(18) Three month average daily flow	mgd	-	0.719
(19) Percent of permitted capacity	%	-	76%
(20) CBODs EFFLUENT	mg/L	80082	7.125
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	2.4
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.6
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	4.4
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	22.0
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	15.0
(33) Other Effluent Parameters			
Fecal			

DOW FORM NO. 17-201-8001
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DOW APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Detrola WWTF

Month January Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Ditcher	CBCODS Influent (mg/L)	TSS Influent (mg/L)	CBCODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1		2.5			234		3	6.8					<1		
2		3.1			240		3	7.2					<1		
3		6.0			208		2.1	7.1					<1		
4	0.796	5.4			180		1.2	7.2					<1		
5	0.773	6.3			296		1.3	7.2					<1		
6	0.630	4.0		150.9	224	3	1.25	7.1	5.65		6.9		<1		
7	0.547	11.0			188		2	6.8					<1		
8	0.513	15.0			118		2	6.9					<1		
9	0.508	7.5			132		1.75	6.8					<1		
10	0.552	4.4			168		3.1	7.0					<1		
11	0.645	3.9			248		2.25	6.9					<1		
12	0.554	3.0		165.8	168	8.3	1.5	6.9					<1		
13	0.580	3.0			179		2	7.0	4.25		48.5		<1		
14	0.543	4.5			160		1.2	7.0					<1		
15	0.509	5.0			292		2	6.7					<1		
16	0.585	6.0			224		2	6.9					<1		
17	0.572	3.8			188		3	7.0					<1		
18	0.566	3.7			356		2	6.8					<1		
19	0.457	2.8		184	160	12.6	3	6.7	3.64		18.2		<1		
20	0.636	2.8			196		2.5	6.8					<1		
21	0.639	5.8			144		4	6.8					<1		
22	0.684	4.5			220		4.5	6.6					<1		
23	0.949	4.8			292		2	6.8					<1		
24	0.913	3.8			248		3	7.2					<1		
25	0.906	3.0			112		3	7.1					<1		
26	0.784	2.3		163	200	4.6	3.5	7.0	4.50		16.5		<1		
27	0.736	2.8			204		2.75	7.0					<1		
28	0.712	4.2			136		3	6.5					<1		
29	0.707	2.7			210		2	7.0					<1		
30	1.610	2.0			204		2.5	6.8					<1		
31	0.703	2.3			124		3.5	7.0					<1		

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

Signed _____
 Name (Please Type) Daniel DeBacco
 Company Name Southern States Utilities

Date 2/15/93
 Telephone No. (Please Type) 407-574-218

DER FORM NO. 17.801.800 (1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: G4P00443

(3) Plant Name Deltona WWTP

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-177249

(9) Plant Type 2C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field & Golf Course

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>A</u>	Cert. No.	<u>389</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6166</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>
Lead Operator	<u>Original signed by Daniel DeBaca A-389</u>		
	Signature	Cert No	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.773
(17) Permitted capacity	mgd	-	1.4
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	53%
(20) CBODs EFFLUENT	mg/L	80082	4.0
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	2.8
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.4
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000810	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	9.6
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17-901 (8/81)
 FORM TITLE: Deltona Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona WWTP

Month: February Year: 1983

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Facet Conform		
1	0.702	8.5			216		2	6.9					<1		
2	0.704	4.3			280		3	7.0					<1		
3	0.872	5.6			268		1.5	7.0	6.40		16.1		<1		
4	0.767	1.5			168		3	6.5					<1		
5	1.051	9.6			156		3	6.4					<1		
6	0.804	9.6			196		2.25	6.8					<1		
7	0.751	6.1		211.6	151	6.4	2.75	6.9					<1		
8	0.901	1.3			273		2	7.1					<1		
9	0.952	2.2			193		2.5	7.0	5.30		16.2		<1		
10	0.942	3.8			280		3	6.6					<1		
11	0.898	2.4			580		2	6.9					<1		
12	0.745	1.8			300		2.5	7.0					<1		
13	0.618	2.9			217		3	7.0					<1		
14	0.687	3.5		86	229	3.2	3	7.0					<1		
15	0.716	2.3			252		2	7.2					<1		
16	0.816	2.1			210		3	7.1	6.10		16.6		<1		
17	0.781	2.2			200		3	7.0					<1		
18	0.747	2.0			156		4	7.0					<1		
19	0.914	1.5			166		3	7.0					<1		
20	0.677	2.5			160		3	7.0					<1		
21	0.783	1.0		105.1	160	3.1	2.5	7.0					<1		
22	0.581	1.1			128		3	7.2					<1		
23	0.468	3.0			152		4.5	7.1	5.40		19.7		<1		
24	0.611	5.1			196		3	6.8					<1		
25	0.615	2.7			238		5	7.0					<1		
26	1.019	2.7			152		4.5	7.0					<1		
27	0.508	3.0			168		2	7.0					<1		
28	1.042	1.6		168	160	3.6	3.6	7.0					<1		
29															
30															
31															

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

Signed: _____
 Name (Please Type): Daniel DeBoca
 Company Name: Southern States Utilities

Date: 3/12/83
 Telephone No. (Please Type): 407-574-2181

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: G4P00443

(3) Plant Name Deltona WWTP

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-177249

(9) Plant Type 2C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field & Golf Course

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7925</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6166</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>

Lead Operator Original signed by William M. Schrader B-50

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.043
(17) Permitted capacity	mgd	-	1.4
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	71%
(20) CBODs EFFLUENT	mg/L	80082	4.3
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	2.9
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.6
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000655	
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	5.4
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17 SEP 1981
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona WWTP

Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Decolor	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.941	1.5			168		2	7.0					<1		
2	0.850	2.5		147	212	4.5	2	7.2	8.01		18.8		<1		
3	0.885	3.6			240		2.5	7.1					<1		
4	0.898	2.5			228		1.25	7.0					<1		
5	1.000	1.7			196		4	7.1					<1		
6	1.058	1.6			204		3	7.1					<1		
7	0.913	2.5			268		4.75	7.1					<1		
8	0.895	1.8			168		4.25	7.1					<1		
9	1.080	5.4		130	92	4.3	2	6.6	6.57		80.8		<1		
10	1.277	4.1			156		2	7.3					<1		
11	1.038	1.3			232		2	7.4					<1		
12	1.257	1.8			220		4	7.1					<1		
13	0.835	1.3			200		4	7.3					<1		
14	1.008	2.6			180		4	7.2					<1		
15	0.945	1.5		172	168	3.3	4	7.4					<1		
16	0.956	2.0			204		4	7.2					<1		
17	0.869	2.7			160		2.5	7.1	6.06		21.9		<1		
18	0.842	2.0			168		4	7.2					<1		
19	0.858	2.0			176		4	7.0					<1		
20	0.977	2.2			200		3.5	7.1					<1		
21	0.955	4.0			212		3.5	7.2					<1		
22	1.134	2.2		99	220	4.7	3	7.2					<1		
23	1.072	1.9			148		1	7.1	6.67		20.4		<1		
24	1.273	2.3			692		3	7.2					<1		
25	1.204	2.5			167		3	7.1					<1		
26	1.171	2.7			136		3	7.1					<1		
27	1.171	2.4			240		2	7.1					<1		
28	1.171	2.3			240		3	7.0					<1		
29	1.351	1.6			340		1.5	7.3					<1		
30	1.104	1.4		172	364	4.6	2	7.1	6.04		14.9		<1		
31	1.236	1.6			176		1	7.1					<1		

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

Signed: _____
 Name (Please Type): William M. Schrader
 Company Name: Southern States Utilities

Date: 4/16/93
 Telephone No. (Please Type): 407-574-2151

DER FORM NO. 17.601.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part 6 - General Information

(1) Month: April Year: 1993
 (2) Plant DER Identification Number: G4P00443
 (3) Plant Name Deltona WWTP
 (4) Plant Address 399 Fisher Drive
 (5) City Deltona
 (6) County Volusia
 (7) Phone Number 407-574-2181
 (8) Permit Number DO64-177249
 (9) Plant Type 2C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field & Golf Course
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 7925
 Evening Shift Operator Class A Cert. No. 6166
 Night Shift Operator Class C Cert. No. 7056
 Lead Operator Original signed by Daniel DeBaca A-389
 Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.046
(17) Permitted capacity	mgd	-	1.4
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	75%
(20) CBODs EFFLUENT	mg/L	60082	
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	3.3
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071650	
(30) Total Phosphorus	mg/L	000655	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	6.9
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17 (01/85)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE Jan 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Detonia WWTP

Month: April Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	1.129	1.9			232		2	7.2					<1		
2	1.407	1.8			308		2.5	7.4					<1		
3	1.010	1.2			244		2	7.3					<1		
4	0.969	2.4			212		4	7.2					<1		
5	0.271	2.2			120		1	7.3					<1		
6	1.103	2.3			120		2	7.1					<1		
7	1.217	1.1		183	204	3	3	7.3					<1		
8	1.116	1.0			205		4	7.4					<1		
9	1.021	0.8			220		1	7.5			15.9		<1		
10	1.116	2.2			242		3	7.3					<1		
11	1.148	5.1			212		3	7.6					<1		
12	1.175	1.0			372		2	7.4					<1		
13	1.116	1.5			208		2	7.2					<1		
14	0.959	2.1			112		5	7.3					<1		
15	1.210	5.2			164		5	7.0					<1		
16	1.596	0.9			156		8	7.0					<1		
17	0.845	2.0		90	210	4.6	4	7.1			69.6		<1		
18	1.404	4.0			140		4	7.2					<1		
19	1.010	1.6			172		4	7.3					<1		
20	1.014	2.9			140		3.5	7.3			14.2		<1		
21	1.012	3.5			116		4	7.2					<1		
22	0.945	2.6		240	196	2.5	4	7.3					<1		
23	1.020	2.4			120		4	7.4			22.7		<1		
24	0.926	1.8			196		4	7.3					<1		
25	0.955	3.1			100		3	7.3					<1		
26	0.897	6.9			190		2	7.3					<1		
27	0.906	6.0			220		3	7.2					<1		
28	0.912	5.1		112	484	2.8	4	7.1					<1		
29	0.895	3.2			1056		4	7.1			29.9		<1		
30	0.799				224		3						<1		
31															

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

Signed: _____
 Name (Please Type): Daniel DeBose
 Company Name: Southern States Utilities

Date: 5/14/93
 Telephone No. (Please Type): 607-574-9181

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: G4P00443

(3) Plant Name Deltona WWTP

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-177249

(9) Plant Type 2C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field & Golf Course

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7925</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6166</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>
Lead Operator	<u>Original signed by Daniel DeBaca A-389</u>		
Signature	Cert No		

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.906
(17) Permitted capacity	mgd	-	1.4
(18) Three month average daily flow	mgd	-	0.993
(19) Percent of permitted capacity	%	-	66%
(20) CBODs EFFLUENT	mg/L	80082	3.8
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	1.9
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	6.0
(33) Other Effluent Parameters			
Fecal			

DEH FORM NO. 17-001-000
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DEH APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Daltone WWTP

Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecals Coliform		
1	0.723	2.3			204		1	7.1					<1		
2	0.837	3.3			272		1	7.0					<1		
3	0.785	3.9			176		3	7.1					<1		
4	0.920	1.1			168		3	7.0					<1		
5	0.917	1.8		130	164	4.1	2	7.2					<1		
6	0.740	2.7			135		1	7.1			12.5		<1		
7	0.906	4.9			156		3	7.0					<1		
8	0.906	6.0			1208		2	7.1					<1		
9	0.906	5.2			136		2	7.2					<1		
10	0.906	1.7			428		1	7.1					<1		
11	0.906	4.1			184		2	7.1					<1		
12	0.906	5.6		102	196	4.2	1.5	7.1					<1		
13	0.906	1.7			196		1.5	7.7			14.7		<1		
14	0.906	2.3			248		2.5	7.3					<1		
15	0.906	1.8			244		1	7.5					<1		
16	1.021	3.8			204		1.5	7.2					<1		
17	1.033	2.0			217		2	7.5					<1		
18	0.883	3.7			212		2	7.2					<1		
19	0.917	1.4		178	272	4.7	1.5	7.3			17.5		<1		
20	0.861	1.1			166		3	7.5					<1		
21	0.988	1.5			144		1.5	7.3					<1		
22	0.804	1.7			468		2	7.2					<1		
23	0.818	3.8			184		2	7.5					<1		
24	0.899	3.7			406		2.5	7.2					<1		
25	0.952	5.0			224		1	7.2					<1		
26	1.016	2.4			144		2	7.1			2.07		<1		
27	0.919	1.5		284	136	2.4	1	7.2					<1		
28	0.987	3.6			64		1.5	7.2					<1		
29	0.962	2.8			124		2	7.2					<1		
30	0.957	2.0			56		2	7.2					<1		
31	0.991	2.3			144		1	7.2					<1		

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

Signed: _____
 Name (Please Type): Daniel DeBece
 Company Name: Southern States Utilities

Date: 6/10/93
 Telephone No. (Please Type): 407-574-2150

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: G4P00443

(3) Plant Name Deltona WWTP

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-177249

(9) Plant Type 2C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field & Golf Course

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7925</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6166</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>

Lead Operator Original signed by William M. Schrader B-50

Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.891
(17) Permitted capacity	mgd	-	1.4
(18) Three month average daily flow	mgd	-	0.908
(19) Percent of permitted capacity	%	-	64%
(20) CBODs EFFLUENT	mg/L	80082	2.6
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	1.4
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17 (01/02/01)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1997
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Oakton, WWTP

Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dchlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.985	2.2			198		1.4	7.4					<1		
2	0.772	1.8			28		0.8	7.1					<1		
3	1.047	2.3		114	224	1.7	0.4	7.2			4.2		<1		
4	0.957	2.4			140		1	7.1					<1		
5	0.871	1.5			132		1	7.2					<1		
6	0.859	2.0			136		0.8	7.3					<1		
7	0.958	3.1			128		0.8	7.3					<1		
8	0.868	2.3			192		3.6	7.2					<1		
9	0.918	2.0		191	218	2.2	1.6	7.2			0.651		<1		
10	0.901	2.4			132		1.5	7.2					<1		
11	0.893	2.4			172		4.5	7.2					<1		
12	0.905	1.1			220		2	7.1					<1		
13	0.987	2.1			180		1.5	7.2					<1		
14	1.034	2.3			120		1.5	7.2					<1		
15	0.908	1.8			168		1	7.2			0.05		<1		
16	0.818	2.3		294	140	4.5	1.5	7.2					<1		
17	0.845	2.2			112		3	7.2					<1		
18	0.864	2.4			96		2.5	7.2					<1		
19	0.894	2.2			138		2	7.2					<1		
20	0.830	3.5			108		1.8	7.3					<1		
21	0.844	3.3			200		0.9	7.1					<1		
22	0.988	2.3			172		0.4	7.2					<1		
23	0.978	3.0			118		1	7.2			11.3		<1		
24	1.000	2.1		212	96	2	1	7.3					<1		
25	0.555	2.0			224		1	7.4					<1		
26	0.795	1.9			152		0.7	7.4					<1		
27	0.837	1.9			184		0.9	7.1					<1		
28	0.875	1.1			152		0.3	7.4					<1		
29	0.894	3.2			168		0.9	7.1					<1		
30	0.844	3.9			192		0.4	7.1			9.5		<1		
31															

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

Signed: _____ Original signed by William M. Schrader
 Name (Please Type): _____ William M. Schrader
 Company Name: _____ Southern States Utilities
 Date: _____ 7/16/93
 Telephone No. (Please Type): _____ 407-574-0118

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: G4P00443

(3) Plant Name Deltona WWTP

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-177249

(9) Plant Type 2C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field & Golf Course

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7925</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6166</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>

Lead Operator Original signed by Daniel DeBaca A-389

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.839
(17) Permitted capacity	mgd	-	1.4
(18) Three month average daily flow	mgd	-	0.879
(19) Percent of permitted capacity	%	-	60%
(20) CBODs EFFLUENT	mg/L	80082	2.6
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	<1
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.6
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	11.7
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	6.9
(33) Other Effluent Parameters			
Fecal			

DEB FORM NO. 17-001 (20-1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DEB APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Daytona WWTP

Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform			
1	0.885	1.1			172		<1	7.0					<1			
2	0.884	2.0			148		1	7.1					<1			
3	0.879	2.7			124		<1	7.0					<1			
4	0.834	2.5			144		<1	7.3					<1			
5	0.906	2.4			164		<1	7.2					<1			
6	0.928	3.5			208		<1	7.1					<1			
7	0.971	5.7			124		<1	7.2			9.78		<1			
8	0.848	1.9		143	244	1.76	<1	7.3					<1			
9	0.847	2.4			156		<1	7.2					<1			
10	0.845	2.5			252		<1	7.2					<1			
11	0.805	5.1			156		<1	7.2					<1			
12	0.851	3.9			184		1.9	7.4					<1			
13	0.831	3.3			252		<1	7.3					<1			
14	0.836	2.8		132	168	2.1	<1	7.1			10.6		<1			
15	0.844	2.5			160		<1	7.2					<1			
16	0.833	2.8			56		<1	7.1					<1			
17	0.893	1.9			268		<1	7.2					<1			
18	0.891	2.8			240		1	7.2					<1			
19	0.817	1.9			96		4	7.2					<1			
20	0.710	3.4			200		2.7	6.9					<1			
21	0.815	3.9		219	148	2.3	1.6	7.2			23.9		<1			
22	0.739	1.3			200		<1	7.1					<1			
23	0.800	2.1			156		<1	7.2					<1			
24	0.785	2.3			144		<1	7.1					<1			
25	0.833	6.9			120		<1	7.2					<1			
26	0.769	3.3			160		3	7.2					<1			
27	0.759	2.6			148		1.4	7.1					<1			
28	0.784	3.6		148	84	4.1	1	6.6					<1			
29	0.793	2.6			176		<1	7.2					<1			
30	0.923	2.7			232		1	7.1			4.08		<1			
31	0.799	2.2			92		<1	7.2					<1			

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

Signed _____
 Name (Please Type) Daniel DeBacc
 Company Name Southern States Utilities

Date 8/9/93
 Telephone No. (Please Type) 407.574-2181

DESIGN NO. 17-001-000-1
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE August 1, 1991
DESIGN APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona WWTP

Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.808	4.2			296		<1	7.0					<1		
2	0.858	3.9			296		<1	7.2					<1		
3	0.775	4.1			168		1.9	7.3					<1		
4	0.779	1.1			132		<1	7.3					<1		
5	0.849	4.8		240	180	2.9	1.2	7.2			6.58		<1		
6	0.885	2.9			152		<1	7.2					<1		
7	0.828	2.7			176		<1	7.1					<1		
8	0.830	1.1			188		<1	7.2					<1		
9	0.884	2.6			300		2	7.3					<1		
10	0.858	3.9			244		3.5	7.2					<1		
11	0.877	2.0			260		5	7.1					<1		
12	0.910	3.7		340	152	7.2	3.25	7.0			5.67		<1		
13	0.976	2.9			236		2	7.1					<1		
14	0.810	2.6			192		2	7.2					<1		
15	0.868	8.9			292		2.5	7.1					<1		
16	0.902	4.0			192		1.25	7.1					<1		
17	0.887	1.2			188		1	7.6					<1		
18	0.845	3.0			160		1.5	7.2					<1		
19	0.821	10.0		310	180	16	3.5	7.2			3.41		<1		
20	0.950	6.3			132		3.5	7.1					<1		
21	0.849	4.0			148		2.5	7.1					<1		
22	0.862	5.0			152		1.5	7.2					<1		
23	0.886	3.5			264		2	7.1					<1		
24	0.820	3.5			96		1	7.1					<1		
25	0.914	4.0			240		1	7.2					<1		
26	0.855	4.0		206	112	6.5	<1	7.1					<1		
27	0.975	4.6			52		<1	7.2					<1		
28	0.856	3.6			176		1	7.1			11.3		<1		
29	0.867	4.1			192		<1	7.2					<1		
30	0.902	3.4			200		<1	7.2					<1		
31	0.828	4.6			180		<1	7.2					<1		

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

Signature: _____
 Name (Please Type): Daniel DeBacco
 Company Name: Southern States Utilities

Date: 9/1/93
 Telephone No. (Please Type): 407-574-2161

DER FORM NO.	17-801-800-1
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	JULY 1, 1981
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Oelton WWTP

Month September Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.840	1.2			148		1.1	7.3					<1		
2	0.809	2.1		201	200	5.2	3.8	7.5			3.4		<1		
3	0.871	2.7			116		2.2	7.2					<1		
4	0.810	3.0			120		<1	7.2					<1		
5	0.876	3.5			208		2.5	7.2					<1		
6	1.010	2.0			168		1.3	7.1					<1		
7	0.846	4.0			240		1.4	7.0					<1		
8	0.858	2.5			324		1.6	7.2					<1		
9	0.862	4.1		180	284	4.7	1.4	7.2			18.5		<1		
10	0.861	3.3			136		1.4	7.2					<1		
11	0.865	3.2			252		<1	7.2					<1		
12	0.875	2.5			140		<1	7.2					<1		
13	0.854	2.5			96		<1	7.0					<1		
14	0.920	1.5			116		<1	7.1					<1		
15	0.845	2.0			264		<1	7.2					<1		
16	0.841	1.0		205	240	2.3	<1	7.1			27.4		<1		
17	0.880	2.0			148		<1	7.3					<1		
18	0.800	2.3			340		1	7.1					<1		
19	0.877	2.4			240		<1	7.2					<1		
20	0.859	2.4			344		1.8	7.0					<1		
21	0.837	2.0			176		1.4	7.0					<1		
22	0.802	6.8			196		<1	7.1					<1		
23	0.977	5.9		179	268	2.5	1.4	7.0			11.9		<1		
24	0.927	14.5			364		2.5	6.8					<1		
25	0.995	19.0			204		1.5	7.0					<1		
26	0.864	14.9			164		<1	7.1					<1		
27	0.846	1.9			140		<1	7.0					<1		
28	0.683	3.0			88		<1	7.0					<1		
29	0.657	9.0		185	176	2.2	<1	6.7			12.8		<1		
30	0.677	1.9			156		2.4	6.9					<1		
31															

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

Signed: _____
 Name (Please Type): Daniel DeBeca
 Company Name: Southern States Utilities

Date: 10/1/93
 Telephone No. (Please Type): 422-576, 2181

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE October 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: G4P00443

(3) Plant Name Deltona WWTP

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-177249

(9) Plant Type 2C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field & Golf Course

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>5057</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6156</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>
Lead Operator	<u>Original signed by Daniel DeBacs A-359</u>		
Signature	Cert No		

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.847
(17) Permitted capacity	mgd	-	1.4
(18) Three month average daily flow	mgd	-	0.849
(19) Percent of permitted capacity	%	-	61
(20) CBODs EFFLUENT	mg/L	80082	2.3
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.7
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	12.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	6.2
(33) Other Effluent Parameters			
Fecal			

DER FORM NO.	17-01-800-1
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona WWTP

Month: October Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.701	5.3			88		<1	6.8					<1		
2	0.738	2.8			72		3	6.8					<1		
3	0.668	4.9			160		1	6.9					<1		
4	0.695	2.1			248		1	6.8					<1		
5	0.943	3.7			140		2	7.0			14.5		<1		
6	0.829	2.9		253	240	2.1	3.2	7.0					<1		
7	0.868	3.5			156		1.8	6.7					<1		
8	0.748	3.4			152		1.2	7.1					<1		
9	0.828	3.5			114		1.2	7.2					<1		
10	0.779	3.0			232		1.9	7.0					<1		
11	1.021	2.4			312		<1	7.1					<1		
12	0.791	1.4			224		2.2	6.9					<1		
13	0.794	2.1			184		<1	6.8					<1		
14	0.802	2.9		159	422	2	1.3	7.1			12.9		<1		
15	0.824	3.4			114		1.7	7.0					<1		
16	0.783	2.6			114		1.1	7.0					<1		
17	0.783	4.8			77		<1	7.0					<1		
18	0.846	2.2			172		1.8	7.2					<1		
19	0.958	2.9			320		1.6	7.2					<1		
20	0.955	1.5			198		3.1	7.2					<1		
21	0.773	4.9		112	226	1.6	2.8	7.2			6.8		<1		
22	0.984	1.9			304		3.5	7.1					<1		
23	0.807	2.2			126		3.1	7.1					<1		
24	0.906	3.0			216		2	7.1					<1		
25	1.128	3.3			268		4.5	7.3					<1		
26	0.943	2.7			184		1.3	7.1					<1		
27	0.971	2.6		155	192	3.6	2.2	7.0					<1		
28	0.890	4.7			282		3.2	7.0			15.2		<1		
29	0.691	3.2			280		3.6	7.1					<1		
30	0.798	8.0			184		2.6	7.2					<1		
31	0.805	2.9			208		3	7.1					<1		

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

Signed: _____
 Name (Please Type): Daniel DeBacco
 Company Name: Southern States Utilities

Date: 11/10/93
 Telephone No. (Please Type): 407-574-2161

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number G4P00443

(3) Plant Name Deltona WWT

(4) Plant Address 399 Fisher Drive

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-177249

(9) Plant Type 2C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field & Golf Course

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>A</u>	Cert. No.	<u>6166</u>
Evening Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>
Night Shift Operator Class		Cert. No.	
Lead Operator	Original signed by <u>Daniel DeBaca</u>		<u>A-389</u>
	Signature	Cert No	

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.893
(17) Permitted capacity	mgd	-	1.4
(18) Three month average daily flow	mgd	-	0.865
(19) Percent of permitted capacity	%	-	63.00%
(20) CBODs EFFLUENT	mg/L	80082	
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	3.5
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	16.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	13.0
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 1740 (Rev. 1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1995
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona WWTP

Month November Year 1995

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Decolor	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.863	2.5			112		2.7	7.2					<1		
2	0.839	2.2			180		6.95	7.2					<1		
3	0.845	4.0			220		6.6	7.0					<1		
4	0.834	3.3		175	236	3	4	7.0			15.1		<1		
5	0.892	2.7			156		4.6	7.1					<1		
6	0.829	2.6			144		6	7.0					<1		
7	0.836	1.4			156		3.8	7.0					<1		
8	0.918	3.0			272		3.1	7.0					<1		
9	0.906	3.3			236		2.1	7.1					<1		
10	0.817	3.3		250	164	3.9	3	7.1			11.6		<1		
11	0.850	3.9			206		2.9	7.2					<1		
12	0.864	7.9			224		3.8	7.3					<1		
13	0.923	2.1			208		3.1	7.1					<1		
14	1.012	2.7			144		4.45	7.2					<1		
15	1.072	2.1			96		3.2	7.0					<1		
16	1.012	2.1			112		3.9	7.0					<1		
17	0.955	2.4			172		4.7	7.0					<1		
18	0.797	3.0		117	168	2.6	1.2	7.0					<1		
19	0.833	2.1			220		3.8	7.0			12.9		<1		
20	0.904	2.9			260		4	7.0					<1		
21	0.825	2.6			192		2.5	7.1					<1		
22	0.798	2.8			192		2.2	7.4					<1		
23	0.840	4.4			164		3.8	7.2					<1		
24	1.055	2.9		235	192	4.2	2.5	7.1					<1		
25	0.896	1.9			204		2.7	7.2					<1		
26	0.881	13.0			208		2.5	7.3			22.2		<1		
27	0.935	2.9			220		2.7	7.0					<1		
28	0.903	5.2			196		2.6	7.1					<1		
29	0.950	2.8			204		3	7.1					<1		
30	0.901	3.3			224		3.4	7.1					<1		
31															

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

Signed _____
 Name (Please Type) Daniel DeBoca
 Company Name Southern States Utilities

Date December 10, 1995
 Telephone No. (Please Type) 407.574.2111

DER FORM NO. 17.801.800-1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993
 (2) Plant DER Identification Number G4P00443
 (3) Plant Name Deltona WWTP
 (4) Plant Address 399 Fisher Drive
 (5) City Deltona
 (6) County Volusia
 (7) Phone Number 407-574-2181
 (8) Permit Number DO64-177249
 (9) Plant Type 2C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field & Golf Course
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 6166
 Evening Shift Operator Class C Cert. No. 7056
 Night Shift Operator Class C Cert. No. 8667
 Lead Operator Original signed by Daniel DeBaca A-389
 Signature _____ Cert No _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.845
(17) Permitted capacity	mgd	-	1.4
(18) Three month average daily flow	mgd	-	0.860
(19) Percent of permitted capacity	%	-	60.00%
(20) CBODs EFFLUENT	mg/L	80082	
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.04
(25) Maximum pH			8.55
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	21.6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	14.3
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17401.900.1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE Jan 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Deltona WWTP

Month December Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	1.010	3.9		133	152	1.9	4	7.2			26		<1		
2	0.809	14.3			172		3.5	7.1					<1		
3	0.840	3.8			192		4.5	7.1					<1		
4	0.840	2.7			212		3.5	7.4					<1		
5	0.840	3.5			188		3.1	7.2					<1		
6	0.830	3.1			163		3	7.2					<1		
7	0.816	5.6			152		2.4	7.1					<1		
8	0.786	2.8		187	184	0.3	3.7	7.2			33.9		<1		
9	0.934	4.8			212		3.1	7.2					<1		
10	0.870	5.6			208		4.7	7.6					<1		
11	0.899	3.6			156		3.9	7.1					<1		
12	0.856	3.4			176		3.8	7.1					<1		
13	0.932	2.5			220		6.2	8.6					<1		
14	0.841	5.9		253	148	3.5	3.7	7.1					<1		
15	0.871	4.4			180		2.9	7.2			8.81		<1		
16	0.737	3.5			172		4.6	7.4					<1		
17	0.765	3.5			168		4	7.4					<1		
18	1.053	3.5			152		3.8	7.3					<1		
19	0.828	3.5			184		2.3	7.1					<1		
20	0.905	3.5			172		3.4	7.2					<1		
21	0.938	3.4			168		3.1	7.2					<1		
22	0.845	3.3		202	208	2.7	3.8	7.0			23.3		<1		
23	0.790	2.8			192		3.2	7.1					<1		
24	0.957	3.3			212		4.4	7.6					<1		
25	0.826	4.4			194		3.6	7.2					<1		
26	0.845	3.5			168		3.9	7.2					<1		
27	0.825	3.5			152		3	7.2					<1		
28	0.970	3.5			196		4.5	7.1					<1		
29	0.963	6.5		107	208	1.5	2.7	7.1			16.2		<1		
30	0.819	4.4			212		4	7.2					<1		
31	0.976	3.7			240		4.4	7.2					<1		

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

Signed: Original signed by: Daniel De Baca
 Name (Please Type): Daniel De Baca
 Company Name: Southern States Utility

Date: January 14, 1994
 Telephone No. (Please Type): 407-574-2181

• **Part II - General Information**

Signature _____ Cert No _____

[illegible]

DER FORM NO. 17-801JRD-11
 FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.037	2.5						7.0						
2	0.033	3.0						7.5						
3	0.043	3.0						7.5						
4	0.033	2.0						7.2						
5	0.033	3.5						7.5						
6	0.033	3.5						7.5						
7	0.032	3.0						7.5						
8	0.031	3.5						7.5						
9	0.035	3.5						7.5						
10	0.034	3.5						7.5						
11	0.030	3.5						7.5						
12	0.024	3.5						7.5						
13	0.039	3.5						7.5						
14	0.044	3.5						7.5						
15	0.032	3.5						7.5						
16	0.019	0.5						7.5						
17	0.033	3.5						7.5						
18	0.029	3.5						7.5						
19	0.038	3.3						7.5						
20	0.034	3.5						7.5						
21	0.036	3.5						7.5						
22	0.014	1.5						7.5						
23	0.018	3.5						7.5						
24	0.012	3.5						7.2						
25	0.006	3.5						7.5						
26	0.033	3.5		98	185	1.4	14.0	7.5			10.0		<1	
27	0.028	3.0						7.5						
28	0.038	3.0						7.5						
29	0.040	3.5						7.5						
30	0.040	3.5						7.5						
31	0.033	3.5						7.5						

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

Signed: Daniel DeBacs
 Name (Please Type): Daniel DeBacs
 Company Name: Southern States Utilities/Stone Island

Date: Feb 14-94
 Telephone NO. (Please Type): (407)-574-2181

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 64002616

(3) Plant Name Stone Island

(4) Plant Address P. O. Box 5309

{ 5 } City **Deltona**

(5) County Volume

(7) Phone Number: (407)-574-2181

(B) Permit Number DO64-63466

(9) Plant Type 2 - C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

XX Membrane Filter	Most Probable Number
--------------------	----------------------

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray-field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Startling

Day Shift Operator Class B Carl. No. 5067

Evening Shift Operator Class Cert. No.

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Mark L. Bock A-389
Signature Card No

[illegible]

DER FORM NO. 17-831-0001
 FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month: February Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.031	3.5						7.5						
2	0.032	3.5						7.5						
3	0.031	3.5						7.5						
4	0.042	3.0						7.5						
5	0.031	2.5						7.2						
6	0.032	2.5						7.2						
7	0.024	3.0						7.0						
8	0.031	3.0						7.5						
9	0.028	3.0						7.5						
10	0.033	3.5		228		3.3	13.0	7.0						
11	0.041	3.5						7.5						
12	0.030	2.5						7.5						
13	0.029	3.5						7.0						
14	0.037	3.5						6.5						
15	0.031	3.5						7.5						
16	0.031	3.5						7.5						
17	0.038	3.5						7.5						
18	0.053	3.5						7.5						
19	0.042	2.5						7.3						
20	0.030	0						6.5						
21	0.030	2.5						7.0						
22	0.038	1.0						7.0						
23	0.031	3.5						7.0						
24	0.033	2.1						7.5			4.53	<1		
25	0.037	3.5						7.0						
26	0.039	3.0						7.0						
27	0.019	3.0						7.0						
28	0.030	3.5						7.0						
29														
30														
31														

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

Signed: _____ Original signed by Daniel DeBacco

Date: _____

Name (Please Type): Daniel DeBacco

Telephone No. (Please Type): _____

Company Name: Southern States Utilities Stone Island

(407) 574-2181

Domestic Wastewater Treatment Plant Monthly Operating Report

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 64002615

(3) Plant Name Stone Island

(4) Plant Address P. O. Box 5309

(5) City Deltona

(6) County Volusia

(7) Phone Number (407)-574-2181

(8) Permit Number DO64-53466

(9) Plant Type 2 - C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray-field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 5067

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Charles G. Bice A-389

Signature _____ Cert No _____

Page 2 of 3

DER FORM NO. 17.001.000111
 FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month March Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dewater	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.036	3.0						7.0						
2	0.035	3.0						7.0						
3	0.035	3.5						7.0						
4	0.046	1.5						7.5						
5	0.031	1.5						7.5						
6	0.039	2.0						7.5						
7	0.036	3.0						7.5						
8	0.032	3.0						7.0						
9	0.040	3.5						7.0						
10	0.038	3.5						7.0						
11	0.032	2.5						7.2						
12	0.035	3.0						7.2						
13	0.033	3.0						7.2						
14	0.032	0.5						7.2						
15	0.031	3.0						7.0						
16	0.034	0.6						6.9						
17	0.033	3.5						7.5						
18	0.034	3.5						7.5						
19	0.033	1.0						7.0						
20	0.039	0.5						7.0						
21	0.030	2.0						7.2						
22	0.034	3.5						7.0						
23	0.031	3.5		111	84	3.7	6.5	7.0						
24	0.029	3.5						7.0			0.1	<1		
25	0.040	3.0						7.2						
26	0.038	3.0						7.2						
27	0.021	3.0						7.0						
28	0.017	2.0						7.2						
29	0.032	3.5						7.0						
30	0.030	3.0						7.0						
31	0.036	3.5						7.5						

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

Signed Daniel DeBacco
 Name (Please Type) Daniel DeBacco
 Company Name Southern States Utilities/Stone Island

Date May 15, 1995
 Telephone No. (Please Type) (407) 574-2181

DER FORM NO. 17, 801, 800(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 64002616

(3) Plant Name Stone Island

(4) Plant Address P. O. Box 5309

(5) City Delfona

(6) County Volusia

(7) Phone Number (407)-574-2181

(8) Permit Number DO64-63466

(9) Plant Type 2 - C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Memorane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray-field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 5067

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Carol G. Green A-389
 Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.031
(17) Permitted capacity	mgd	--	0.050
(18) Three month average daily flow	mgd	--	0.033
(19) Percent of permitted capacity	%	--	61%
(20) CBOD5 Effluent	mg/L	80082	1.4
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	900201	10.0
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		--	7.0
(25) Maximum pH		--	7.5
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	5.80
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	--	1.5
(32) Maximum Chloride Residual	mg/L	--	3.5
(33) Other Effluent Parameters			

DER FORM NO. 17-801 (800-1)
 FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month April Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfectant	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA: Conform	
1	0.036	3.5						7.5						
2	0.026	3.0						7.0						
3	0.019	3.0						7.0						
4	0.031	3.5						7.2						
5	0.027	3.0						7.0						
6	0.023	3.0						7.0					< 1	
7	0.041	3.0						7.0						
8	0.025	1.5						7.0						
9	0.033	2.0						7.0						
10	0.040	3.0						7.0						
11	0.037	3.0						7.0						
12	0.031	2.0						7.0						
13	0.029	3.0						7.0						
14	0.035	3.5						7.5						
15	0.022	3.5						7.5						
16	0.032	3.5						7.0						
17	0.033	3.5						7.5						
18	0.030	3.5						7.5						
19	0.032	3.5			200			7.5						
20	0.027	3.5						7.5			5.80			
21	0.028	3.5		217		1.4		7.5						
22	0.019	3.5						7.5						
23	0.038	3.0						7.0						
24	0.038	3.0					10.0	7.5						
25	0.026	3.5						7.5						
26	0.037	3.5						7.5						
27	0.036	3.0						7.5						
28	0.026	3.5						7.5						
29	0.036	3.5						7.5						
30	0.029	3.5						7.5						
31														

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

Signed: *Daniel DeBacca*
 Name (Please Type): Daniel DeBacca
 Company Name: Southern States Utilities/Stone Island

Date: *May 15, 1994*
 Telephone No. (Please Type): (407) 574-2161

Part II - General Information

Can No

[illegible]

DER FORM NO. 17-601 (8001)
 FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.027	3.5						7.5						
2	0.032	3.5						7.5						
3	0.028	3.5						7.5						
4	0.029	3.5						7.5						
5	0.030	3.5						7.5						
6	0.042	3.5						7.5						
7	0.038	3.5						7.5						
8	0.020	3.5						7.5						
9	0.032	3.5						7.5						
10	0.044	3.5						7.5						
11	0.040	3.5						7.5						
12	0.033	3.5						7.5						
13	0.025	3.5						7.5						
14	0.043	3.5						7.5						
15	0.021	3.5						7.5						
16	0.028	3.0						7.0						
17	0.031	3.0						7.0						
18	0.024	2.5						7.1		11.40				
19	0.027	3.0		122	72	40	85	7.4					<1	
20	0.026	3.0						7.2						
21	0.033	3.5						7.5						
22	0.040	3.5						7.0						
23	0.033	3.0						7.2						
24	0.028	3.5						7.5						
25	0.027	3.5						7.0						
26	0.025	1.0						7.2						
27	0.032	3.5						7.2						
28	0.031	3.5						7.0						
29	0.030	3.5						7.0						
30	0.041	3.5						7.5						
31	0.034	3.5						7.5						

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

Signed: Daniel DeBacca

Date: June 23, 1994

Name (Please Type): Daniel DeBacca

Telephone No. (Please Type):

Company Name: Southern States Utilities/Stone Island

(407) 574-2181

Part II - General Information

[illegible]

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month June Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Ditcher	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.032	3.5						7.5						
2	0.029	3.0						7.2						
3	0.038	3.0						7.2						
4	0.040	3.5						7.3						
5	0.031	3.5						7.5						
6	0.035	3.5						7.2						
7	0.041	3.5						7.2						
8	0.046	3.5						7.5						
9	0.041	3.5						7.2						
10	0.061	3.5						7.5						
11	0.046	3.5						7.5						
12	0.038	3.5						7.5						
13	0.060	3.5						7.5						
14	0.041	3.5						7.5						
15	0.045	3.5						7.0						
16	0.044	0.5						6.9						
17	0.100	3.5						7.2						
18	0.054	3.0						7.2						
19	0.024	3.5						7.5					<1	
20	0.044	3.5						7.0						
21	0.049	2.0						7.0						
22	0.042	3.5		124	132	5	6	6.9			9.44			
23	0.040	2.5						7.0						
24	0.041	3.5						6.9						
25	0.049	3.5						7.0						
26	0.040	3.5						7.0						
27	0.032	3.5						7.0						
28	0.024	3.5						7.0						
29	0.031	3.0						6.9						
30	0.035	2.5						7.2						
31														

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

complete and accurate.

Signed: Daniel DeBacs

Name (Please Type): Daniel DeBacs

Company Name: Southern States Utilities/Stone Island

Date: July 28, 1994

Telephone No. (Please Type):

(607) 574-2161

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II • General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 64002616

(3) Plant Name Stone Island

(4) Plant Address P. O. Box 5309

(5) City **Daytona**

{ 6 } County Volusia

(7) Phone Number (407)-574-2181

(B) Permit Number DQ54-63466

(9) Plant Type 2 - C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

XX	Membrane Filter	Most Probable Number
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0
10	0	0
11	0	0
12	0	0
13	0	0
14	0	0
15	0	0
16	0	0
17	0	0
18	0	0
19	0	0
20	0	0
21	0	0
22	0	0
23	0	0
24	0	0
25	0	0
26	0	0
27	0	0
28	0	0
29	0	0
30	0	0
31	0	0
32	0	0
33	0	0
34	0	0
35	0	0
36	0	0
37	0	0
38	0	0
39	0	0
40	0	0
41	0	0
42	0	0
43	0	0
44	0	0
45	0	0
46	0	0
47	0	0
48	0	0
49	0	0
50	0	0
51	0	0
52	0	0
53	0	0
54	0	0
55	0	0
56	0	0
57	0	0
58	0	0
59	0	0
60	0	0
61	0	0
62	0	0
63	0	0
64	0	0
65	0	0
66	0	0
67	0	0
68	0	0
69	0	0
70	0	0
71	0	0
72	0	0
73	0	0
74	0	0
75	0	0
76	0	0
77	0	0
78	0	0
79	0	0
80	0	0
81	0	0
82	0	0
83	0	0
84	0	0
85	0	0
86	0	0
87	0	0
88	0	0
89	0	0
90	0	0
91	0	0
92	0	0
93	0	0
94	0	0
95	0	0
96	0	0
97	0	0
98	0	0
99	0	0
100	0	0

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray-field

(13) Limited Wet Weather Discharge Activated

Yes	No	XX	Not Applicable
-----	----	----	----------------

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 6929

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *[Signature]* B-5067

Signature _____

Car No

[illegible]

DER FORM NO. 17 801.800/1
 FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month July Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CODS Influent (mg/L)	TSS Influent (mg/L)	CODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.030	3.5						7.2						
2	0.055	3.5						7.0						
3	0.033	3.5						7.0						
4	0.039													
5	0.025	3.5						7.0						
6	0.036	3.0						6.9						
7	0.044	3.0						7.0						
8	0.033	3.5						7.0						
9	0.087	3.5						7.0						
10	0.034	3.5						7.0						
11	0.026	3.5						7.0						
12	0.019	3.0						7.0						
13	0.033	3.0						7.5						
14	0.027	3.0						7.5						
15	0.026	3.0						7.5						
16	0.038	3.0						7.4						
17	0.022	3.5						7.0						
18	0.028	3.5						7.0						
19	0.028	3.5						7.0						
20	0.026	3.0		169	32	1.0	6.0	7.0			7.71	<1		
21	0.045	3.0						7.0						
22	0.041	3.5						7.2						
23	0.035	1.0						6.9						
24	0.042	3.0						7.5						
25	0.028	3.0						7.5						
26	0.029	3.0						7.5						
27	0.027	3.5						7.5						
28	0.031	3.5						7.0						
29	0.025	3.0						7.5						
30	0.066													
31		3.0						7.0						

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

Signed: William Schrader

Date: 8-30-94

Name (Please Type): William Schrader

Telephone No. (Please Type):

Company Name: Southern States Utilities/Stone Island

(407)-574-2181

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 64002616

(3) Plant Name Stone Island

(4) Plant Address P. O. Box 5309

(5) City Deltona

(6) County Volusia

(7) Phone Number (407) 574-2181

(8) Permit Number DO64-63466

(9) Plant Type 2 - C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray-field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 5067

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Shaula Haca A-389
 Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.043
(17) Permitted capacity	mgd	--	0.050
(18) Three month average daily flow	mgd	--	0.042
(19) Percent of permitted capacity	%	--	84%
(20) CBOD5 Effluent	mg/L	80082	2.5
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH		--	7.0
(25) Maximum pH		--	7.5
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	22.40
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	--	0.5
(32) Maximum Chloride Residual	mg/L	--	3.5
(33) Other Effluent Parameters			

DER FORM NO. 17,801,800/1
 FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month August Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL Effluent (mg/L)	FECAL Coliform	
1	0.050	2.5						7.5						
2	0.039	2.0						7.5						
3	0.032	3.5						7.4						
4	0.032	3.5						7.5						
5	0.045	3.0						7.5						
6	0.075	3.5						7.0						
7	0.032	0.5						7.4						
8	0.043	1.5						7.4						
9	0.041	2.5						7.5						
10	0.030	2.0						7.5						
11	0.033	3.5						7.5						
12	0.030	3.5						7.5						
13	0.062	3.5						7.4						
14	0.041	2.5						7.5						
15	0.040	2.0						7.0						
16	0.038	2.5						7.0						
17	0.040	3.0						7.5						
18	0.067	3.5						7.5						
19	0.070	3.5						7.4						
20	0.051	3.0						7.5						
21	0.041	3.0						7.5						
22	0.039	2.5						7.5						
23	0.041	2.0						7.4						
24	0.037	2.5		66	268	2.5	1.0	7.4			22.40		<1	
25	0.039	2.0						7.5						
26	0.034	3.5						7.5						
27	0.064	3.5						7.5						
28	0.037	3.0						7.5						
29	0.042	3.5						7.5						
30	0.033	2.5						7.5						
31	0.042	2.5						7.4						

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

Signature: *Daniel DeBaca*
 Name (Please Type): Daniel DeBaca
 Company Name: Southern States Utilities/Stone Island

Date: Sept 28, 1994
 Telephone No. (Please Type): (407) 574-2181

Part II - General Information

Signature	Cont No
-----------	---------

[illegible]

DER FORM NO. 17.001.800(1)

FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report

EFFECTIVE DATE: July 1, 1991

DER APPLICATION NO.

Domestic Wastewater Treatment Plant

Monthly Operating Report

Stone Island

Month: September Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBO5 Influent (mg/L)	TSS Influent (mg/L)	CBO5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.036	3.5						7.5						
2	0.033	3.0						7.5						
3	0.036	2.5						7.5						
4	0.036	3.0						7.5						
5	0.036	3.0						7.0						
6	0.033	3.0						7.0						
7	0.045	2.8						7.0						
8	0.045	3.5						7.4						
9	0.046	0.5						7.2						
10	0.032	2.5						7.5						
11	0.042	2.5						7.4						
12	0.045	3.0						7.0						
13	0.031	3.0						7.0						
14	0.056	3.5						7.0						
15	0.031	3.5		146	121	2	2	7.4						
16	0.034	3.5						7.4						
17	0.070	3.0						7.5						
18	0.015	2.5						7.5						
19	0.013	2.5						7.4						
20	0.063	0.5						7.0					21	
21	0.058	3.5						7.0						
22	0.057	0.5						6.9						
23	0.055	1.0						7.5						
24	0.057	3.5						7.5						
25	0.056	2.5						6.9						
26	0.054	3.1						7.0						
27	0.054	3.5						7.0						
28	0.041	2.5						7.0						
29	0.038	3.5						7.1						
30	0.036	3.5						7.5						
31														

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

Signed: Daniel DeBACA

Date: Oct 26 1994

Name (Please Type): DANIEL DeBACA

Telephone No. (Please Type):

Company Name: Southern States Utilities/Stone Island

(407) 574-2181

Part II - General Information

[illegible]

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month October Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.047												
2	0.041	2.0					2.5	7.0					
3	0.043	3.0						7.0					
4	0.035	2.5						7.0					
5	0.029	3.5					1.7	7.5					
6	0.056	3.0					3.2	7.5					
7	0.041	3.0					4.0	7.5					
8	0.020												
9	0.018						3.7						
10	0.022	2.5					2.5	7.5					
11	0.027	3.0						7.5					
12	0.027	3.0					3.2	7.5					
13	0.023	3.0					3.8	7.5					
14	0.025	3.0						7.5					
15	0.019	2.5						6.9					
16	0.021	2.5						7.0					
17	0.021	3.0						7.5					
18	0.021	3.0						7.4					
19	0.019	3.5		301	308	3.7	2.0	7.0		8.69			
20	0.022	3.5					3.8	7.5					
21	0.022	3.0					3.9	7.5					
22	0.015	3.5						7.4					
23	0.021	2.5					3.8	7.5					
24	0.017	3.5					6.6	7.4					
25	0.015	3.5						7.0					
26	0.022	3.5						8.0					
27	0.015	3.0					1.3	7.5					
28	0.021	2.5						7.8					
29	0.022	3.0											
30	0.022	3.0											
31	0.022												

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

Signed: [Signature]
 Name of Signatory: John DeBach
 Company Name: Southern States Utilities Stone Island

Date: Nov 23 1994
 Revision No. (if applicable):
 ACCT: 574 0131

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DEF Identification Number: 64002616

(3) Plant Name Stone Island

(4) Plant Address P. O. Box 5309

(5) City Deltona

(6) County Volusia

(7) Phone Number (407)-574-2181

(8) Permit Number DO64-63466

(9) Plant Type 2 - C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

X	Membrane Filter	Most Probable Number
---	-----------------	----------------------

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray-field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 5067

Evening Shift Operator Class Cert. No. _____

Night Shift Operator Class Carl No.

Lead Operator James H. Turner A-389

Signature	Cert No
-----------	---------

[illegible]

CER FORM NO. 17-501.900(1)
 FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 CER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month November Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.017	1.0						7.5					
2	0.016	2.5		234		5		7.2			5.78		
3	0.019	1.7						7.5					
4	0.018	4.3											
5	0.016												
6	0.030	4.3						8.2					
7	0.015	3.5						7.5					
8	0.016	10.5						7.5					
9	0.019	4.8						7.3					
10	0.020	3.0						7.5					
11	0.013	2.5						7.5					
12	0.025							7.0					
13	0.024	2.5						7.5					
14	0.026	1.5						7.5					
15	0.020	3.0			80		7	7.2					
16	0.053	3.5						7.5					
17	0.063	1.0						7.5					
18	0.070	2.5											
19	0.025	2.0											
20	0.078	4.1											
21	0.085	2.0											
22	0.063	0.5						7.0					
23	0.073	0.5						7.0					
24	0.075	4.0						7.4					
25	0.071	3.2											
26	0.085												
27	0.067												
28	0.070	2.5											
29	0.021												
30	0.025	2.8											
31													

I, the undersigned, being a duly qualified operator of this plant, hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: [Signature]
 Name (Please Type): Daniel DeBacco
 Company Name: Southern States Utilities, Stone Island

Date: Nov 30, 1994
 Telephone No. (Please Type): (407) 574-2184

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 64002616

(3) Plant Name Stone Island

(4) Plant Address P. O. Box 5309

(5) City Delfona

(6) County Volusia

(7) Phone Number (407)-574-2181

(8) Permit Number DO64-63466

(9) Plant Type 2 - C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray-field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class B Cert. No. 5067
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator [Signature] DA-389
 Signature _____ Cert No _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.045
(17) Permitted capacity	mgd	--	0.050
(18) Three month average daily flo	mgd	--	0.039
(19) Percent of permitted capacity	%	--	79%
(20) CBOD5 Effluent	mg/L	80082	4.8
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	900201	51.5
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		--	7.0
(25) Maximum pH		--	8.0
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	5.76
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	--	0.5
(32) Maximum Chloride Residual	mg/L	--	3.5
(33) Other Effluent Parameters			

DEA FORM NO. 17-601.600.1
 FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month: December Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dchlor	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA _L Coliform	
1	0.085	3.0						7.0						
2	0.056	2.5						7.0						
3	0.084	2.5						7.0						
4	0.041	2.5						7.0						
5	0.075	2.5						7.5						
6	0.079	2.0			18		59.0	7.0						
7	0.066	3.5						7.2						
8	0.068	3.5					37.0	7.0						
9	0.068	3.0						7.0						
10	0.077	3.0						7.0						
11	0.055	1.5						7.5						
12	0.054	3.5						7.0						
13	0.078	3.0			48		67.0	7.5						
14	0.043	3.5		51		4.8		7.5						
15	0.019	3.0						7.0					<1	
16	0.026	3.5						7.0						
17	0.020	3.5						7.0						
18	0.015	3.5						7.0						
19	0.022	3.5						7.0						
20	0.018	2.5			74		43.5	7.5			5.76			
21	0.045	3.0						7.3						
22	0.051	3.0						7.4						
23	0.035	2.5						7.4						
24	0.025	3.5						7.4						
25	0.021	0.5						7.3						
26	0.041	3.5						7.5						
27	0.020	3.5			86		51.0	8.0						
28	0.018	3.0						7.7						
29	0.021	2.2						7.7						
30	0.033	3.5						7.9						
31	0.019	2.5						7.5						

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

Signed: Daniel DeBaco
 Name (Please Type): Daniel DeBaco
 Company Name: Southern States Utilities/Stone Island

Date: Jan 24, 1995
 Telephone No. (Please Type): (407) 574-2181

DER FORM NO.	17.001.000(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: G4002616

(3) Plant Name Stone Island

(4) Plant Address P.O. Box 5309

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-63466

(9) Plant Type 2C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 389

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Daniel DeBacco A-389

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.039
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	78%
(20) CBODs EFFLUENT	mg/L	80082	17.7
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.7
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Fecal			

SDP FORM NO. 17-001 (REV. 1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
SDP APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month January Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.050														
2	0.037	1.5						7.4							
3	0.036														
4	0.038	2.0						7.3							
5	0.034	3.0													
6	0.040	1.0						7.4							
7	0.035	3.0						7.4							
8	0.038	3.0						7.4							
9	0.045	1.5						7.0							
10	0.029														
11	0.032	1.0						7.5							
12	0.031			158		17.7							<1		
13	0.038	3.5						7.5							
14	0.029	2.5						7.5							
15	0.041	0.5						7.0							
16	0.050	2.0						7.0							
17	0.039														
18	0.042	3.0						7.4							
19	0.036	3.0						7.4							
20	0.036	3.0						7.5							
21	0.033	1.5						7.5							
22	0.043	2.0						7.0							
23	0.036	1.0						7.0							
24	0.025	3.0						7.4							
25	0.032	3.5						7.0							
26	0.035	3.5						6.7							
27	0.059	2.0						6.7							
28	0.045	3.0						6.9							
29	0.039														
30	0.039	1.5						7.2							
31															

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

Signed: _____
 Name (Please Type): Daniel DeBaze
 Company Name: Southern States Utilities

Date: 2/15/93
 Telephone No. (Please Type): 407-574-2161

DER FORM NO 17,001,000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: G4002616

(3) Plant Name Stone Island

(4) Plant Address P.O. Box 5309

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-63466

(9) Plant Type 2C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Daniel DeBaca A-389
 Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.036
(17) Permitted capacity	mgd	-	
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) CBODs EFFLUENT	mg/L	80082	5.1
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	15.5
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.7
(25) Maximum pH			8.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17-801 (8/81)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month February Year 1983

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.032	2.5						6.7							
2	0.036	1.5						7.5							
3	0.034	3.5						7.0							
4	0.035	3.5						7.4							
5	0.033	3.0						6.7							
6	0.034	0.5						7.0							
7	0.036	0.5						6.7							
8	0.031	3.0						7.0							
9	0.030	0.5						6.7							
10	0.032	3.0						7.0					<1		
11	0.035	1.0						6.7							
12	0.048														
13	0.032	0.2						7.0							
14	0.035														
15	0.039	1.0						7.0							
16	0.027	3.5						7.0							
17	0.035	3.5						7.0							
18	0.029	3.0						7.0							
19	0.036	2.0						7.0							
20	0.033	2.0						7.0							
21	0.031			189		5.1	15.5								
22	0.039	1.5						7.0							
23	0.041	1.5						7.0							
24	0.045	3.0						7.2							
25	0.039	2.5						8.0							
26	0.054														
27	0.049	1.0						7.2							
28	0.044														
29															
30															
31															

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

Signature: Original signed by Daniel De Baca
 Name (Please Type): Daniel DeBaca
 Company Name: Southern States Utilities

Date: 3/12/83
 Telephone No. (Please Type): 407-574-2161

DER FORM NO. 17-001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: G4002616

(3) Plant Name Stone Island

(4) Plant Address P.O. Box 5309

(5) City Deltone

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-63466

(9) Plant Type 2C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7925</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6166</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>

Lead Operator Original signed by William M. Schrader B-50

Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.033
(17) Permitted capacity	mgd	-	
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) CBODs EFFLUENT	mg/L	80082	4.7
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	4
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.5
(25) Maximum pH			8.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.2
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17 (01/80/1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Station Name

Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.025	1.5						7.5							
2	0.037	2.0						8.0							
3	0.040														
4	0.045														
5	0.044	2.0						7.1							
6	0.040	1.0						7.0							
7	0.040														
8	0.036	2.0						6.5							
9	0.034	3.5						7.0							
10	0.030	2.5						7.0							
11	0.023	2.5						7.0							
12	0.032	2.0						7.0							
13															
14															
15	0.036	2.0						7.4							
16	0.040	2.0						7.2							
17	0.035	2.0						7.4							
18	0.045	0.5						7.0							
19	0.028	0.5						7.0							
20	0.046														
21	0.039														
22	0.034	0.5						7.2					<1		
23	0.037	1.0		90		4.7		7.4							
24	0.033	0.5			140		4	7.2							
25	0.034														
26	0.032	0.2						7.5							
27	0.031	0.5						7.5							
28	0.033	0.5						7.0							
29	0.026	1.5						7.4							
30	0.030	2.0						8.0							
31	0.035	3.5						7.0							

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

Signed: _____
 Name (Please Type): William M. Schrader
 Company Name: Southern States Utilities

Date: 6/10/93
 Telephone No. (Please Type): 407-574-8161

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: G4002616

(3) Plant Name Stone Island

(4) Plant Address P.O. Box 5309

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-63466

(9) Plant Type 2C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7925</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>8186</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>
Lead Operator	<u>Original signed by Daniel DeBaca</u>		<u>A-389</u>
	Signature	Cert No	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.030
(17) Permitted capacity	mgd	-	
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) CBODs EFFLUENT	mg/L	80082	3.9
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	15
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			8.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	-
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal			

DEB FORM NO. 17 (01/2001)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1997
 DEB APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month: April Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.036	2.0						7.0							
2	0.030	3.0						7.5							
3	0.039	2.5						7.4							
4	0.036	1.0						7.1							
5	0.037	1.0						8.5							
6	0.035	2.5						7.5							
7	0.030	1.0						7.4							
8	0.029	1.0						8.5							
9	0.033	1.0						7.5							
10	0.031	1.0						7.5							
11	0.031														
12	0.038	1.5						8.5							
13	0.031														
14	0.027	1.5						7.5							
15	0.025														
16	0.034	3.0						8.0							
17	0.033														
18	0.033	3.0						7.5							
19	0.027	2.0						7.5							
20	0.026	2.5						8.0							
21	0.026	2.0			124		15	7.5							
22	0.025	2.0		131		3.9		8.0				<1			
23	0.030	2.0						7.5							
24	0.020	1.5						7.4							
25	0.033	2.0						8.0							
26	0.026	3.0						7.0							
27	0.026	2.0						7.5							
28	0.027	1.5						7.5							
29	0.027	2.0						8.0							
30	0.030	2.5						7.5							
31															

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

Signed: _____
 Name (Please Type) Daniel DeBevo
 Company Name Southern States Utilities

Date 5-14-93
 Telephone No. (Please Type) 807.574.1151

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: G4002616

(3) Plant Name Stone Island

(4) Plant Address P.O. Box 5309

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-53486

(9) Plant Type 2C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7925</u>
Evening Shift Operator Class	<u>A</u>	Cert. No.	<u>6166</u>
Night Shift Operator Class	<u>C</u>	Cert. No.	<u>7056</u>
Lead Operator	<u>Original signed by Daniel DeBeca A-389</u>		
Signature	Cert No		

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	52%
(20) CBODs EFFLUENT	mg/L	80082	8.5
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	2.0
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal			

FORM NO. 17-201 (REV. 11/81)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBODs Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.025														
2	0.032														
3	0.025	2.5						7.5							
4	0.026	2.0						7.5							
5	0.023	2.0						7.5							
6	0.025	3.0						7.5							
7	0.027	2.5						7.5							
8	0.027														
9	0.027														
10	0.025	2.0						7.5							
11	0.037	2.0						7.5							
12	0.026	2.5						7.5							
13	0.020	1.5						7.6							
14	0.029	2.0						7.5							
15	0.025	1.5						7.5							
16	0.025	1.6						7.3							
17	0.025	2.0						7.0							
18	0.022	1.0						7.5							
19	0.024	2.0						7.5							
20	0.023	3.0						7.5							
21	0.031	3.0						7.5							
22	0.028	0.5						7.6							
23	0.028														
24	0.021	2.0						7.5							
25	0.026	1.0						7.5							
26	0.021	3.0		159	148	85	2	7.5					1		
27	0.024	2.5						7.5							
28	0.027	2.5						7.5							
29	0.029	1.0						7.4							
30	0.031	2.2						7.6							
31	0.033	1.7						7.3							

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

Signed _____
 Name (Please Type) Daniel DeBacs
 Company Name Southern States Utilities

Date 5/10/92
 Telephone No. (Please Type) 407-574-2161

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993
 (2) Plant DER Identification Number: G4002616
 (3) Plant Name Stone Island
 (4) Plant Address P.O. Box 5309
 (5) City Deltona
 (6) County Volusia
 (7) Phone Number 407-574-2161
 (8) Permit Number DO64-63466
 (9) Plant Type 2C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 7925
 Evening Shift Operator Class A Cert. No. 6166
 Night Shift Operator Class C Cert. No. 7056
 Lead Operator Original: signed by William M. Schrader B-50
 Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.024
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	48%
(20) CBODs EFFLUENT	mg/L	80082	3.9
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	12
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17-201 (2001)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dchlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrite Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.029	1.5						7.5							
2	0.020	1.0						7.2							
3	0.033	2.5						7.5							
4	0.027	1.0						7.5							
5	0.030	1.0						7.5							
6	0.022	3.0						7.5							
7	0.021	3.0						7.5							
8	0.022	2.5						7.5							
9		2.5						7.5							
10	0.025	3.0						7.2							
11	0.025	2.5						7.5							
12	0.026	0.5						7.5							
13	0.024	2.1						7.5							
14	0.023	2.5						7.5							
15	0.024	3.0						7.5							
16	0.020	3.0						7.5							
17	0.022	2.0						7.5							
18	0.020	0.5						7.5							
19	0.031	2.0						7.5							
20	0.021	2.5						7.5							
21	0.025	3.5						7.5							
22	0.024	3.5						7.5							
23	0.025	0.5						7.5							
24	0.024	1.5		224	12	3.9	132	7.5					<1		
25	0.022	2.5						7.5							
26	0.039	1.5						7.5							
27	0.012	1.7						7.4							
28	0.025														
29	0.024	1.2						7.4							
30	0.025	1.6						7.4							
31															

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

Signed: _____
 Name (Please Type): William M. Schrader
 Company Name: Southern States Utilities

Date: 7/16/93
 Telephone No. (Please Type): 407-574-2151

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: G4002616

(3) Plant Name Stone Island

(4) Plant Address P.O. Box 5309

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-63466

(9) Plant Type 2C

(10) Test Site Identification Number _____

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>5067</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator Original signed by Daniel DeBaca A-389			
Signature		Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.027
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	54%
(20) CBODs EFFLUENT	mg/L	80082	5.0
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	11.4
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	4.0
(33) Other Effluent Parameters			
Fecal			

DER FORM NO.	17-891-8001
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.024	0.5						7.5							
2	0.024	1.0						7.5							
3		0.9						7.5							
4	0.059	1.4						7.5							
5	0.027	1.5						7.5							
6	0.024	1.0						7.5							
7	0.021	2.0						7.5							
8	0.025	1.8						7.5							
9	0.022	1.5						7.4							
10	0.027	1.5						7.2							
11	0.026	3.5						7.5							
12	0.023	1.7						7.5							
13	0.031	3.0						7.4							
14	0.029	3.0						7.5							
15	0.028	2.2						7.5							
16	0.029	1.5						7.0							
17	0.027	1.5						7.0							
18	0.027	1.2						7.4							
19	0.029	4.0						7.3							
20	0.028	3.5						7.4							
21	0.030	3.5			124		11.4	7.5					<1		
22	0.029	4.0		220		5		7.5							
23	0.031	1.5						7.0							
24	0.034	2.0						7.0							
25	0.029	3.0						7.2							
26	0.022	1.5						7.5							
27	0.021	3.0						7.4							
28	0.033	4.0						7.4							
29	0.028	2.5						7.4							
30	0.029	1.5						7.5							
31	0.030	2.0						7.0							

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

Signed: _____
 Name (Please Type): Daniel DeBaco
 Company Name: Southern States Utilities

Date: 8/5/93
 Telephone No. (Please Type): 407-574-2181

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: G4002616

(3) Plant Name Stone Island

(4) Plant Address P.O. Box 5309

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DD64-63466

(9) Plant Type 2C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 5067

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Daniel DeBaca A-389

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	52%
(20) CBODs EFFLUENT	mg/L	80082	
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	4.0
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.8
(25) Maximum pH			8.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	7.30
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			

DEP FORM NO. 17 (01/88)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
REV. APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Decolor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.026	2.3						7.1							
2	0.024	3.5						7.5							
3	0.027	3.5						7.5							
4	0.025	0.5						6.8							
5	0.023	2.5						7.5							
6	0.020	1.5						7.0							
7	0.030	1.5						7.5							
8	0.031	2.0						7.5							
9	0.021	2.0						7.5							
10	0.023	2.5						7.5							
11	0.029	1.2						7.5							
12	0.024	2.5						7.5							
13	0.022	1.5						7.2							
14	0.028	1.8						7.5							
15	0.032	3.5						7.5							
16	0.025	2.0						7.5							
17	0.026	3.0						7.5							
18	0.023	3.0						7.5							
19	0.027	3.0						7.5			7.3				
20	0.024	2.5						7.5							
21	0.030	1.5						7.2							
22	0.032	2.5						7.5							
23	0.023	3.0						7.5							
24	0.027	3.0						7.5							
25	0.025	3.0						7.5							
26	0.026	3.0		158	156	3.5	4	7.6					<1		
27	0.023	3.0						8.0			7.01				
28	0.029	1.5						7.2							
29	0.030	2.2						7.5							
30	0.025	3.0						7.5							
31	0.012	2.0						7.5							

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

Signed _____
 Name (Please Type): Daniel DeBece
 Company Name: Southern States Utilities

Date: 8/5/93
 Telephone No. (Please Type): 407-574-2151

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: G4002616

(3) Plant Name Stone Island

(4) Plant Address P.O. Box 5309

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-63466

(9) Plant Type 2C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>5067</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original signed by Daniel DeBaca A-389</u>		
Signature		Cert No	

Parameter	UNITS	STORET Code	VALUE
(15) Monthly average daily flow	mgd	50053	0.027
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.0263
(19) Percent of permitted capacity	%	-	54%
(20) CBODs EFFLUENT	mg/L	80082	1.2
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	800201	15
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	12.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			

DEN FORM NO. 17-001 (REV. 1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DEN APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month September Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.022	2.5						7.5							
2	0.027	2.0						7.6							
3	0.024	2.0						7.5							
4	0.026	1.5						7.2							
5	0.025	1.8						7.5							
6	0.033	1.8						7.5							
7	0.024	3.0						7.5							
8	0.026	3.0						7.5							
9	0.023	3.0						7.5							
10	0.022	3.0						7.5							
11	0.031	3.5						7.5							
12	0.033	1.7						7.5							
13	0.021	3.0						7.4							
14	0.023	2.5						7.4							
15	0.026	3.5						7.5							
16	0.028	3.0						7.5							
17	0.025	1.5						7.5							
18	0.054	3.0						7.5							
19	0.024	1.5						7.2							
20	0.025	3.0						7.5							
21	0.023	2.0						7.5							
22	0.027	3.0		90	152	1.2	15	7.5					<1		
23	0.027	3.0						7.5							
24	0.032	3.0						7.5							
25	0.034	3.0						7.5							
26	0.027	2.0						7.2							
27	0.027	2.5						7.5							
28	0.027	3.5						7.5							
29	0.026	2.0						7.4			12.4				
30	0.027	3.0						7.5							
31															

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

Signed: _____
 Name (Please Type): Daniel DeSoto
 Company Name: Southern States Utilities

Date: 10/11/93
 Telephone No. (Please Type): 407-574-2181

DER FORM NO. 17.801.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: G4002616

(3) Plant Name Stone Island

(4) Plant Address P. O. Box 5309

(5) City Deltona

(6) County Volusia

(7) Phone Number 407-574-2181

(8) Permit Number DO64-83466

(9) Plant Type 2C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Daniel DeBaca A-389

Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.033
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.028
(19) Percent of permitted capacity	%	-	66%
(20) CBODs EFFLUENT	mg/L	80082	1.9
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	7.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17-601 (Rev. 1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE Jan. 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month October Year 1991

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.023	2.5						7.5							
2	0.033	2.0						7.2							
3	0.031	3.0						7.5							
4	0.028	3.0						7.5							
5	0.034	1.5						7.1							
6	0.044	3.5						7.4			6.4				
7	0.022	3.5						7.5							
8	0.033	3.5						7.5							
9	0.044	3.5						7.5							
10	0.036	1.5						7.5							
11	0.032	3.5						7.3							
12	0.027	3.5						7.4							
13	0.027	3.5						7.4							
14	0.044	3.5		214		1.9	15.0	7.5					<1		
15	0.038	3.5						7.5							
16	0.035	3.5						7.5							
17	0.030	1.5						7.2							
18	0.033	3.0						7.4							
19	0.029	3.5						7.5							
20	0.037	3.0						7.5							
21	0.019	3.0						7.5			6.2				
22	0.031	3.0						7.5							
23	0.038	3.0						7.5							
24	0.042	3.0						7.5							
25	0.032	3.0						7.4							
26	0.028	2.5						7.5							
27	0.032	3.0						7.5			9.8				
28	0.040	2.0						7.5							
29	0.038	3.0						7.4							
30	0.037	3.0						7.5							
31	0.035	3.0						7.5							

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

Signed

Original signed by Daniel De Bacco

Date 11/10/91

Name (Please Type)

Daniel DeBacco

Telephone No. (Please Type)

Company Name

Southern States Utilities

407-572-0171

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: November Year: 1993
 (2) Plant DER Identification Number: G4002616
 (3) Plant Name Stone Island
 (4) Plant Address P.O. Box 5309
 (5) City Deltona
 (6) County Volusia
 (7) Phone Number 407-574-2181
 (8) Permit Number DO64-63466
 (9) Plant Type 2C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 389
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Daniel DeBaca A-389
 Signature _____ Cert. No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.034
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.032
(19) Percent of permitted capacity	%	-	68%
(20) CBODs EFFLUENT	mg/L	80082	2.9
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.5
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.7
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17401 (9/0)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Slope Island

Month November Year 1991

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.031	2.0						7.2							
2	0.031	2.0						7.5							
3	0.032	2.0						7.5							
4	0.028	2.0						7.5			7.6				
5	0.025	3.0						7.5							
6	0.026	1.5						7.2							
7	0.030	2.0						7.4							
8	0.027	1.0						7.4							
9	0.030	3.5						6.5							
10	0.056	3.5						6.5			6.25				
11	0.025	3.5						6.5							
12	0.025	3.0						6.5							
13	0.033	1.5						7.4							
14	0.036	1.5						7.4							
15	0.034	2.0						7.5							
16	0.034	2.0						7.5							
17	0.057	3.5						7.5							
18	0.045	1.0						7.5							
19	0.029	2.0						7.3							
20	0.030	2.0						7.1							
21	0.033	2.5						7.1							
22	0.043	2.0						7.4							
23	0.028	3.0		231		29	1.5	7.5					<1		
24	0.028	3.5						7.3							
25	0.039	2.0						7.5							
26	0.028	1.5						7.4							
27	0.037	3.5						7.5							
28	0.026	1.0						7.4							
29	0.026	2.5						7.5							
30	0.026	2.5						7.5							
31															

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

Signed

Original signed by Daniel DeBoca

Date 12/1/91

Name (Please Type)

Daniel DeBoca

Telephone No. (Please Type)

Company Name

Southern States Utilities

407-574-2121

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993
 (2) Plant DER Identification Number G4002616
 (3) Plant Name Stone Island
 (4) Plant Address P.O. Box 5309
 (5) City Deltona
 (6) County Volusia
 (7) Phone Number 407-574-2181
 (8) Permit Number DO64-63466
 (9) Plant Type 2C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 389
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Daniel DeBaca A-389
 Signature _____ Cert No _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.030
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.032
(19) Percent of permitted capacity	%	-	60.00
(20) CBODs EFFLUENT	mg/L	80082	2.3
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	3.5
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.5
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17401.0011
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Stone Island

Month December Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.020	2.5						7.5							
2	0.023	2.0						7.6							
3	0.021	2.0						7.5							
4	0.031	2.0						7.5							
5	0.027	3.5						7.6							
6	0.031	3.5						7.4							
7	0.027	2.0						7.5							
8	0.035	2.5		253	200	23	3.5	7.5							
9	0.027	3.5						7.5							
10	0.017	3.0						7.6							
11	0.036	3.5						7.5							
12	0.024	3.0						7.6							
13	0.027	1.0						7.5							
14	0.027	3.5						7.5							
15	0.030	3.0						7.5							
16	0.027	2.0						7.5							
17	0.029	3.0						7.5							
18	0.030	3.5						7.5							
19	0.026	3.0						7.5							
20	0.035	1.0						7.5							
21	0.034	3.5						7.5							
22	0.031	3.5						7.5					<1		
23	0.029	3.5						7.5							
24	0.034	3.5						7.5							
25	0.040	3.5						7.5							
26	0.034	2.0						7.5							
27	0.031	3.0						7.5							
28	0.031	2.5						7.8							
29	0.030	3.5						7.6							
30	0.033	3.5						7.5							
31	0.032	3.0						7.5							

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

Signed

Name (Please Type)

Company Name

Original signed by: Daniel DeBaca

Daniel DeBaca

Southern States Utilities

Date: January 14, 1994

Telephone No. (Please Type)

407-574-2111

DER FORM NO. 17.001.000.11
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part IV - General Information

(1) Month January Year 1994

(2) Plant DER Identification Number: 10147

(3) Plant Name Fisherman's Haven

(4) Plant Address N. E. Rustic Place

(5) City Jensen Beach

(6) County Martin

(7) Phone Number: (407) 334-5564

(8) Permit Number DD-150277

(9) Plant Type 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drainfield / Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8913

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [Signature] # C-6553

Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.008
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.010
(19) Percent of permitted capacity	%	-	41%
(20) BOD5 Effluent	mg/L	80082	11.0
(21) BOD5 Effluent	lbs/day	-	0.7
(22) TSS Effluent	mg/L	800201	4.0
(23) TSS Effluent	lbs/day	-	0.3
(24) Minimum pH			6.5
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000605	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071851	—
(30) Total Phosphorus	mg/L	000655	—
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.008
(35) Gallons Hauled *	MG		0.012
* Sludge was lime stabilized prior to being hauled			

FORM NO. 11-81-201
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: April 1, 1981
 DERIVATION: 11-81-201

Domestic Wastewater Treatment Plant Monthly Operating Report

Fisherman's Haven

Month January Year 1984

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfection	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA, Coliform	Gaseous Wastage (MGD)	Sludge Gaseous (MGD)
1															
2	0.005	3.5						7.1							
3	0.005	3.5						7.4						0.0005	
4	0.011	3.5						7.0						0.0005	
5	0.005	3.5						7.1							0.0050
6	0.004	3.5		244	174	11.0	4.0	6.7					<1		
7	0.003	3.5						7.0						0.0010	
8															
9	0.005	3.5						7.0							
10	0.004	3.5						6.5						0.0008	
11	0.005	3.5						6.7						0.0015	
12	0.010	3.5						6.5						0.0015	
13	0.005	3.5						6.6						0.0005	
14	0.005	3.5						6.7						0.0004	
15															
16	0.020	3.5						6.5							
17	0.011	3.5						6.6						0.0005	
18	0.012	3.5						6.7						0.0006	
19	0.013	3.5						6.6							
20	0.010	3.5						6.7							0.0005
21	0.005	3.5						6.6							
22															
23	0.003	3.5						6.5							
24	0.010	3.5						6.7						0.0004	
25	0.005	3.5						6.6						0.0013	
26	0.011	3.5						6.9						0.0003	
27	0.013	3.0						6.7						0.0015	
28	0.005	3.5						6.9							
29															
30	0.005	3.5						6.5							
31	0.003	3.5						6.5							

User Comment: This is a copy of the data furnished by the operator as indicated in the report and does not reflect the accuracy or truth of the information contained herein.

Signature

Name (Please Type)

Company Name

George West
 Supervisor *George West*
 Southern States Utilities - Fisherman's Haven

Date

Time (Please Type)

1401 660-0011

DER FORM NO. 17-001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: February Year: 1994
 (2) Plant DER Identification Number: 10147
 (3) Plant Name: Fisherman's Haven
 (4) Plant Address: N.E. Rustic Place
 (5) City: Jensen Beach
 (6) County: Martin
 (7) Phone Number: (407) 334-5584
 (8) Permit Number: DO-150277
 (9) Plant Type: 3-C
 (10) Test Site Identification Number: N/A
 (11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse:
Drainfield / Percolation Pond
 (13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge:
N/A
 (15) Plant Staffing:
 Day Shift Operator Class: C Cert. No. 8913
 Evening Shift Operator Class: Cert. No.
 Night Shift Operator Class: Cert. No.
 Lead Operator: George Watt C-6913
 Signature: George Watt Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.011
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.010
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	12.0
(21) BOD5 Effluent	lbs/day	-	1.1
(22) TSS Effluent	mg/L	800201	11.0
(23) TSS Effluent	lbs/day	-	1.0
(24) Minimum pH			6.7
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000655	—
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.022
(35) Gallons Hauled *	MG		0.018
* Sludge was lime stabilized prior to being hauled.			

DSA FORM NO. 17-01-001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1987
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Fisherman's Haven

Month: February Year: 1994

Day of the Month	Flow (MGD)	Chemical Residual After Contact	Chemical Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TAN Effluent	Ammonia Effluent	NITRATE Effluent	TOTAL P Effluent	FECA (Detarm)	Gas Volume (MGD)	Sludge Rate (MGD)
1	0.010	1.5						7.4						0.0015	
2	0.003	2.0						7.3						0.0006	
3	0.013	2.0						7.0						0.0008	
4	0.011	3.5		176	152	12.0	11.0	6.8					<1	0.0003	
5															0.0060
6	0.023	3.0						7.0						0.0018	
7	0.012	1.0						6.7						0.0010	
8	0.009	1.4						6.9						0.0006	
9	0.009	3.0						7.0						0.0006	
10	0.016	1.4						7.0						0.0020	
11	0.012	0.8						7.1						0.0025	0.0060
12															
13	0.020	3.5						7.1							
14	0.011	3.5						7.2						0.0020	
15	0.011	1.8						7.2						0.0005	
16	0.002	3.5						7.3						0.0008	
17	0.009	1.5						7.4						0.0005	
18	0.012	1.8						7.4						0.0015	
19															
20	0.027	3.5						7.1							
21	0.011	3.5						6.8						0.0010	
22	0.014	3.5						7.3						0.0006	
23	0.011	3.0						7.4						0.0005	
24	0.011	3.5						6.7						0.0010	
25	0.010	3.5						6.8						0.0010	0.0060
26															
27	0.030	2.0						7.0							
28	0.012	2.0						7.2						0.0006	
29															
30															
31															

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

Signed

Name (Please Type)

Company Name

George West
 George West
 Southern States Utilities / Fisherman's Haven

Date

Telephone No. (Please Type)

(437) 685-0055

DER FORM NO. 17.801.0001
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

REVISED

(1) Month March Year 1994
 (2) Plant DER Identification Number 10147
 (3) Plant Name Fisherman's Haven
 (4) Plant Address N.E. Rustic Place
 (5) City Jensen Beach
 (6) County Martin
 (7) Phone Number (407) 334-5564
 (8) Permit Number DD-155277
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Drainfield - Percolation Pond
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 6913
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator George L. Hart 6913
 Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.01
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.010
(19) Percent of permitted capacity	%	-	41%
(20) BOD5 Effluent	mg/L	80052	4.0
(21) BOD5 Effluent	lbs/day	-	0.4
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	0.0
(24) Minimum pH			6.6
(25) Maximum pH			8.0
(26) Total N	mg/L	000500	
(27) TKN	mg/L	000525	
(28) Ammonia (NH3 - N)	mg/L	000510	
(29) Nitrate	mg/L	071650	
(30) Total Phosphorus	mg/L	000555	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.017
(35) Gallons Hauled *	MG		0.012
* Sludge was lime stabilized prior to being hauled			

DER FORM NO. 17401-001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1994
 DER APPLICATION: 1

Domestic Wastewater Treatment Plant:
 Monthly Operating Report

Fisherman's Haven

Month: March Year: 1994

Day of the Month	Flow (MGD)	Effluent Residual Alkalinity (mg/L)	Effluent Residual Chlorine (mg/L)	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	Gas Stripped BOD5	Sludge Gas Heated BOD5
1	0.012	3.5						7.2						0.0005	
2	0.013	3.5						7.2						0.0006	
3	0.011	3.5						6.5						0.0020	
4	0.015	3.0		470	470	4.0	2.0	7.0					4.1	0.0020	
5															
6	0.025	3.5						6.8							
7	0.010	3.5						6.5						0.0012	
8	0.012	3.0						7.5						0.0009	
9	0.012	3.0						7.0						0.0009	
10	0.007	3.0						8.0						0.0005	
11	0.005	3.0						7.2						0.0007	
12															
13	0.022	2.5						7.1						0.0007	
14	0.018	1.5						7.4							0.0007
15	0.010	2.0						7.2							
16	0.003	1.0						7.2						0.0005	
17	0.010	1.0						7.3							
18	0.010	1.5						7.4						0.0007	
19															
20	0.029	3.0						7.2							
21	0.011	3.0						7.1						0.0015	
22	0.012	1.5						7.4						0.0009	
23	0.016	3.5						7.0						0.0007	
24	0.013	3.5						7.0						0.0007	
25															
26	0.022	2.5						7.1							
27	0.011	3.0						7.1						0.0007	
28	0.015	1.0						7.7						0.0007	
29	0.010	1.0						7.3						0.0009	0.0007
30	0.010	1.5						7.4						0.0010	
31	0.012	3.0						7.0						0.0009	

User's Comment: This is a summary report and does not contain the data required to reproduce the report and data as reported. The data is for informational purposes only.

Signed: George West
 Name (Please Type): George West
 Company Name: Southern States Utilities / Fisherman's Haven

Date: 3.19.94
 Telephone Number (): 407-850-0111

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 10147

(3) Plant Name Fisherman's Haven

(4) Plant Address N.E. Rustle Place

(5) City Jensen Beach

(6) County Martin

(7) Phone Number (407) 334-5584

(8) Permit Number DO-150277

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Drainfield / Percolation Pond

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8913

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator: George West C6913
 Signature George West Cert. No. C6913

Parameter	UNITS	STOREY Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.010
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.011
(19) Percent of permitted capacity	%	-	43%
(20) BOD5 Effluent	mg/L	80082	10.0
(21) BOD5 Effluent	lbs/day	-	0.9
(22) TSS Effluent	mg/L	800201	4.0
(23) TSS Effluent	lbs/day	-	0.3
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000660	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.008
(35) Gallons Hauled *	MG		0.012
* Sludge was lime stabilized prior to being hauled			

REPORT NO. 17212001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 REPORTING DATE: July 1, 1991
 DISAPPLICABLE NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Fisherman's Haven

Month April Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH4-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA: Coliform	Gas Flared (MGD)	Sludge Gas Flared (MGD)
1															
2	0.020	3.5						6.5							
3	0.007	3.5						6.9						0.0012	
4	0.014	3.5		333	242	10.0	4.0	7.1					<1	0.0010	
5	0.010	3.5						7.1							
6	0.011	3.5						7.2							0.0060
7	0.010	3.5						6.9							
8															
9	0.020	3.5						6.5							
10	0.005	3.5						6.9						0.0005	
11	0.011	3.5						6.9						0.0008	
12	0.011	3.5						7.0						0.0008	
13	0.011	3.5						6.9						0.0003	
14	0.008	3.5						6.9							
15															
16	0.021	1.0						7.1							
17	0.007	1.0						6.9						0.0004	
18	0.014	3.0						7.0						0.0003	
19	0.011	3.5						6.9						0.0003	
20	0.011	3.5						7.0						0.0003	0.0041
21	0.008	3.5						6.9							
22															
23	0.020	3.5						6.9							
24	0.010	3.5						7.0							
25	0.013	3.5						7.0							
26	0.012	1.0						7.0							
27	0.009	3.0						6.9							
28	0.012	3.0						7.0							
29															
30	0.020	3.0						6.8							
31															

I, the Operator, declare that the information contained in this report is true and correct to the best of my knowledge and belief. This information is true, correct and accurate.

Signature

George West
George West

Name (Please Type)

Date

5/26/94

Telephone No. (Please Type)

Company Name

Southern States Utilities / Fisherman's Haven

14071 BEO-0250

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 10147

(3) Plant Name Fisherman's Haven

(4) Plant Address N.E. Rustic Place

(5) City Jensen Beach

(6) County Martin

(7) Phone Number: (407) 334-5584

(8) Permit Number DO-150277

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Drainfield / Percolation Pond

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8813

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by George West C-8813
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.010
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.010
(19) Percent of permitted capacity	%	-	42%
(20) BOD5 Effluent	mg/L	80082	3.0
(21) BOD5 Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			8.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000500	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.8
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.011
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabilized prior to being hauled.			

SDA FORM NO. 17-201-2001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 SDA APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Fisherman's Haven

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gas Volume (MGD)	Sludge Gas Heated (MGD)
1	0.011	3.0						6.8							
2	0.011	3.0						6.9							
3	0.009	2.0		300	280	3.0	1.0	7.0					<1		
4	0.013	3.5						7.2						0.0013	
5	0.013	3.0						7.0							
6															
7	0.022	1.0						7.3							
8	0.009	3.5						7.2						0.0020	
9	0.013	3.5						7.1							
10	0.011	3.0						7.3							
11	0.011	3.0						7.2							
12	0.012	3.5						7.2						0.0020	
13															
14	0.015	3.5						7.2							
15	0.012	3.5						7.2							
16	0.012	3.0						7.1							
17	0.010	3.0						7.3							0.0060
18	0.006	3.5						7.2							
19	0.010	3.5						7.1							
20															
21	0.020	3.5						6.8							
22	0.007	3.5						7.0							
23	0.016	2.0						7.2							
24	0.009	1.5						7.2							
25	0.009	1.4						7.2						0.0010	
26	0.009	2.5						7.1						0.0020	
27														0.0010	
28	0.016	3.5						7.0							
29	0.009	3.8						7.1							
30	0.013	3.5						7.2						0.0010	
31	0.010	3.5						7.1							

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

Signed: Original signed by George West
 Name (Please Type): George West
 Company Name: Southern States Utilities / Fisherman's Haven

Date: _____
 Telephone No. (Please Type): (407) 88C-0058

DER FORM NO.	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 10147

(3) Plant Name: Fisherman's Haven

(4) Plant Address: N.E. Rustic Place

(5) City: Jensen Beach

(6) County: Martin

(7) Phone Number: (407) 334-5584

(8) Permit Number: DQ-150277

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Drainfield / Percolation Pond

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

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>6913</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>George West</u>	Cert. No.	<u>C-6913</u>
	Signature		Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.010
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.010
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	3.0
(21) BOD5 Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.8
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.018
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabilized prior to being hauled.			

DEFORM NO. 17-00130011
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1993
 DEK APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

sherman's Haven

Month June Year 1994

4)

Day of the month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gels Wasted (MGD)	Sludge Gels Hauled (MGD)
1	0.007	3.5						7.1						0.0005	
2	0.012	3.5		232	170	3.0	1.0	7.2					<1	0.0009	
3															
4	0.020	3.0						7.0							
5	0.009	3.0						7.1						0.0005	
6	0.012	2.0						6.8						0.0006	
7	0.012	2.0						6.8						0.0020	0.0060
8	0.010	1.5						7.0							
9	0.010	2.0						6.8							
10	0.014	3.0						6.8							
11															
12	0.027	3.0						7.2						0.0010	
13	0.009	3.5						7.3						0.0015	
14	0.012	3.0						6.8							
15	0.011	2.0						7.1						0.0020	
16	0.007	3.5						7.3						0.0020	
17															
18	0.015	3.5						7.2							
19	0.008	3.5						7.1						0.0010	
20	0.013	3.5						7.2						0.0020	
21	0.008	3.5						7.2						0.0005	
22	0.009	3.5						7.3						0.0010	
23	0.011	3.5						7.3						0.0008	
24															
25	0.018	3.5						7.0						0.0005	
26	0.007	3.5						7.1						0.0005	
27	0.011	1.9						7.4						0.0006	
28	0.010	1.5						7.4							
29	0.009	2.0						6.8							
30	0.016	0.9						6.9							
31															

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

signed: George West
 Name (Please Type) George West C-6913
 Company Name Southern States Utilities / Fisherman's Haven

Date: 7/28/94
 Telephone No. (Please Type) (407) 880-0055

FORM NO. 150-001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Fisherman's Haven

Month: July Year: 1984

341

Day of the Month	Flow (MGD)	Sludge Residue After Contact	Sludge Residue After Dewater	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TAN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	Gas Pressure (psi)	Bridge Gate Heaved (ft)
1															
2	0.026	1.0						7.6							
3	0.010	1.0						6.8							
4	0.015	1.0						6.8							
5	0.012	3.5						6.7							
6	0.013	3.5						6.9							
7	0.014	1.5		168	186	5.0	1.0	6.8					<1		
8															
9	0.020	1.0						7.5							
10	0.010	1.0						7.4							
11	0.017	1.3						7.5							
12	0.013	1.0						6.9							
13	0.013	1.5						7.3						0.0015	0.0050
14	0.013	1.5						7.0						0.0010	
15	0.013	3.5						6.7							
16															
17	0.030	3.5						6.5							
18	0.009	3.0						7.1							
19	0.013	3.0						7.2							
20	0.011	2.5						7.1							
21	0.011	3.5						7.0							
22	0.010	3.5						6.7							
23															
24	0.035	3.5						7.0						0.0007	
25	0.018	3.5						7.2						0.0010	
26	0.021	2.5						7.0						0.0010	
27	0.004	3.5						6.9						0.0150	
28	0.019	2.0						7.1							0.0060
29															
30	0.008	3.0						7.0							
31	0.006	1.3						7.5						0.0010	

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

Signed

Name (Please Type)

Company Name

George West

George West

C-6013

Southern States Utilities / Fisherman's Haven

Date

Telephone No. (Please Type)

(407) 880-0033

Part II - General Information

Lead Operator George West C-6913
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.010
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	43%
(20) BOD5 Effluent	mg/L	80082	4.0
(21) BOD5 Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.5
(25) Maximum pH			8.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.018
(35) Gallons Hauled *	MG		0.012
* Sludge was lime stabilized prior to being hauled			

DER FORM NO. 1-2-2001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Fisherman's Haven

Month August Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH4-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	Gly Wasted (MGD)	Sudge Gals Handled (MGD)
1	0.009	2.0		154	124	4.0	1.0	7.6						0.0010	
2	0.007	2.5						7.9						0.0005	
3	0.005	3.5						7.5						0.0005	
4	0.030	3.5						7.8						0.0009	
5															
6	0.049	2.5						7.6							
7	0.021	2.0						7.8						0.0006	
8	0.008	3.0						7.9						0.0010	
9	0.006	3.5						7.8						0.0010	
10	0.007	3.5						7.4						0.0020	0.0060
11	0.008	3.5						7.4						0.0009	
12															
13	0.016	3.0						7.2							
14	0.008	3.0						7.4						0.0008	
15	0.012	3.0						7.6						0.0010	
16	0.009	1.5						7.4						0.0009	
17	0.009	3.5						7.8						0.0012	
18	0.008	2.0						8.0						0.0008	
19														0.0008	
20	0.017	3.5						6.5							
21	0.008	3.5						7.4							
22	0.011	3.5						7.7						0.0005	
23	0.009	1.5						7.6						0.0005	
24	0.008	3.5						7.4						0.0005	
25	0.009	3.5						7.5							
26															0.0060
27	0.009	2.0						7.3							
28	0.011	3.5						7.0						0.0010	
29	0.010	3.5						7.3						0.0010	
30	0.008	3.5						7.6							
31	0.011	3.5						7.8					<1	0.0005	

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

Signed: Meroy West
 Name (Please Type): George West
 Company Name: Southern States Utilities / Fisherman's Haven

Date: 9/27/94
 Telephone No. (Please Type): (407) 880-0758

CER FORM NO. 17-801-9001
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 CER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant CER Identification Number: 10147

(3) Plant Name: Fisherman's Haven

(4) Plant Address: N.E. Rusto Place

(5) City: Jensen Beach

(6) County: Marion

(7) Phone Number: (407) 354-5564

(8) Permit Number: DD-155077

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method: Most Probable Number

(12) Type of Effluent Disposal or Recycled Water Reuse:
Drainfield - Percolation Pond

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

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>6913</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator: GEA WEST C-6913

Signature: [Signature] Cert. No. 6-8444

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.010
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.011
(19) Percent of permitted capacity	%	-	43%
(20) BOD5 Effluent	mg/L	60082	6.0
(21) BOD5 Effluent	lbs/day	-	0.5
(22) TSS Effluent	mg/L	90020	2.0
(23) TSS Effluent	lbs/day	-	0.2
(24) Minimum pH			6.9
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.018
(35) Gallons Hauled *	MG		
* Sludge was lime stabilized prior to being hauled			

FORM NO. 1 (Rev. 10-64)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: 10-1-64
 USER APPLICATION:

Domestic Wastewater Treatment Plant Monthly Operating Report

Fisherman's Haven

Month: Septem Year: 1964

Station	Flow (MGD)	Chemical Applied After Contact	Chemical Applied After Clarifier	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TAN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAI, Current	Gas Flashed (MGD)	Sludge Gals. Flashed (MGD)
1	0.007	3.5						7.2						0.0005	
2															
3	0.017	2.5						7.5							
4	0.006	1.8						7.6						0.0008	
5	0.010	3.0						7.6						0.0008	
6	0.005	2.0						7.6						0.0007	
7	0.007	3.5		100	120	60	20	7.2						0.0007	
8	0.007	3.5						7.1						0.0006	
9															
10	0.017	3.5						7.0						0.0010	
11	0.006	3.5						7.4						0.0007	
12	0.011	3.5						7.7							
13	0.011	3.5						7.5						0.0012	
14	0.012	3.5						7.3						0.0007	
15	0.009	3.5						7.3						0.0008	
16															
17	0.016	3.5						7.2							
18	0.007	3.5						7.3						0.0007	
19	0.014	3.0						7.2						0.0005	
20	0.013	3.0						7.4						0.0010	
21	0.013	3.5						7.5						0.0012	
22	0.012	3.5						7.0						0.0016	
23															
24	0.027	2.5						7.6							
25	0.013	3.5						6.9						0.0010	
26	0.017	3.5						6.9						0.0009	
27	0.014	3.5						7.2						0.0020	
28	0.014	1.4						7.3							
29															
30	0.023	2.1						7.2							
31															

Note: Operator should be certain that the laboratory data are correct before entering in this report and use to the best of his knowledge and belief. The information in this report may be altered.

Signature: George West Date: 10/27/64
 Name (Please Type): George West Telephone No. (Please Type):
 Company Name: Southern States Utilities - Fisherman's Haven (407) 880-0283

DER FORM NO. 17-801-900
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994
 (2) Plant DER Identification Number: 10147
 (3) Plant Name: Fisherman's Haven
 (4) Plant Address: N.E. Rustic Place
 (5) City: Jensen Beach
 (6) County: Madison
 (7) Phone Number: (407) 334-5554
 (8) Permit Number: DC-150277
 (9) Plant Type: 3-C
 (10) Test Site Identification Number: N/A
 (11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Drainfield / Percolation Pond
 (13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing
 Day Shift Operator Class: C Cert. No.: 6913
 Evening Shift Operator Class: Cert. No.:
 Night Shift Operator Class: Cert. No.:
 Lead Operator: George West Cert. No.: 06812
 Signature: George West Cert. No.:

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	44%
(20) BOD5 Effluent	mg/L	80052	3.0
(21) BOD5 Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	90020	1.0
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.5
(25) Maximum pH			7.6
(26) Total A	mg/L	000600	—
(27) TRN	mg/L	000625	—
(28) Ammonia N, H3 + N	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000660	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.014
(35) Gallons Hauled *	MG		0.002
* Sludge was lime stabilized prior to being hauled			

(SEE FORM NO. 104-100)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: 10-1-70
 (SEE APPLICATION)

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Fisherman's Haven

Month: October Year: 1954

(34)	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dachler	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	Temp. Effluent (mg/L)	Ammonia Effluent (mg/L)	Nitrate Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA, Coliform	Gas Heated (MGD)	Sludge Gas Heated (MGD)
1	0.011	3.5					7.5								
2	0.011	3.5					7.3							0.0008	
3	0.013	3.5					7.8							0.0008	
4	0.008	1.0		150	148	30	10	7.2					<1	0.0003	
5	0.013	3.0					7.6							0.0005	
6	0.013	3.5					7.5							0.0005	
7														0.0005	
8	0.022	1.6					7.2							0.0003	
9	0.016	2.0					7.7							0.0006	
10	0.012	1.5					6.8							0.0004	
11	0.010	2.0					7.4							0.0008	
12	0.011	2.0					7.4							0.0012	
13	0.012	2.5					7.5							0.0007	
14															
15	0.028	1.0					7.5								
16	0.011	1.0					7.5							0.0009	
17	0.016	3.0					7.0							0.0008	
18	0.013	3.0					7.0							0.0003	
19	0.012	3.5					7.6								
20	0.010	2.5					7.5							0.0005	
21															
22	0.026	1.0					7.7								
23	0.015	3.0					7.2							0.0015	
24	0.015	3.0					7.6								
25	0.017	2.5					7.5								
26	0.019	1.5					7.5								0.0008
27	0.016	3.5					7.6								
28															
29	0.019	2.0					7.5								
30	0.013	1.5					7.5							0.0005	
31	0.023	1.5					7.3							0.0010	

(See Chapter 10 of the Manual for instructions on the use of this report and how to fill it out. Also see Chapter 10 of the Manual for instructions on the use of this report.)

Signed

Name (Please Type) George V. ...

Date 11-23-54

Name (Please Type)

Name (Please Type)

Company Name

Southern States Utilities Fisherman's Haven

(407) 889-0011

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 10147

(3) Plant Name Fisherman's Haven

(4) Plant Address N.E. Rustic Place

(5) City Jensen Beach

(6) County Marin

(7) Phone Number (407) 334-5584

(8) Permit Number DO-150277

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Drainfield / Percolation Pond

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator George West C-6913
 Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	54%
(20) BOD5 Effluent	mg/L	80082	6.0
(21) BOD5 Effluent	lbs/day	-	0.9
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.8
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.014
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabilized prior to being hauled.			

DER FORM NO. 17-23-54
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Fisherman's Haven

Month: November Year: 1994

Sl. No.	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Calcium	Gas Heated (MGD)	Solids Gas Heated (MGD)
1	0.016	3.0		192	184	6.0	1.0	7.3					<1	0.0007	
2	0.015	1.0						7.4						0.0010	
3	0.014	1.9						7.4						0.0007	
4															
5	0.023	1.5						7.3							
6	0.015	1.2						7.4						0.0009	
7	0.014	1.5						7.0						0.0008	0.0008
8	0.016	1.7						7.2						0.0010	
9	0.022	3.0						7.6						0.0007	
10	0.014	1.0						7.6						0.0008	
11															
12	0.026	1.1						7.5							
13	0.012	1.0						7.5						0.0007	
14	0.022	1.5						7.6						0.0005	
15	0.017	2.0						7.5						0.0006	
16	0.023	2.0						7.8						0.0003	
17	0.027	1.3						7.3						0.0006	
18															
19	0.049	1.0						7.0							
20	0.016	3.0						6.8						0.0005	
21	0.026	2.5						7.0						0.0008	
22	0.021	1.5						7.0						0.0003	
23	0.020	1.7						7.4						0.0005	
24	0.015	1.5						7.3						0.0005	
25															
26	0.035	1.5						7.7							
27	0.017	3.0						7.7						0.0005	
28	0.016	2.0						7.8						0.0003	
29	0.015	3.0						7.7						0.0005	
30	0.013	3.0						7.7							
31															

NOTE: Operator. This is a monthly report (together with the information required in the report) can only be the best of my knowledge and belief, the information in this report is true and correct.

Signed:

George West
 George West

Date: 12-23-94

Name of Plant Operator:

Telephone No. of Plant Operator:

Address Name:

Southern States Utilities / Fisherman's Haven

14071 RSO-0055

DER FORM NO.	17.001.000(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 10147

(3) Plant Name Fisherman's Haven

(4) Plant Address N.E. Rustic Place

(5) City Jensen Beach

(6) County Martin

(7) Phone Number (407) 334-5584

(8) Permit Number DO-150277

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Drainfield / Percolation Pond

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>5494</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Charles Y. Roth</u>		<u>6447</u>
Signature		Cert No	

Parameter	UNITS	STORET Code	VALUE
(18) Monthly average daily flow	mgd	50053	0.016
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	61%
(20) BOD5 Effluent	mg/L	80082	2.0
(21) BOD5 Effluent	lbs/day	-	0.27
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.13
(24) Minimum pH			6.7
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.012
(35) Gallons Hauled *	MG		0.012
* Sludge was lime stabilized prior to being hauled			

USE FORM NO. 1720-3001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DCA APPLICATION NO.:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Fishermen's Haven

Month Decemb Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Discharge	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	Ammonia Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	TEC ₂₀ Coliforms	Gate Valves (MGD)	Bridge Gate Hauled (MGD)
1	0.015	3.0		116	58	2.0	1.0	7.8					<1		
2															
3	0.032	1.5						7.5							
4	0.015	2.0						7.7							
5	0.025	2.0						7.8							
6	0.023	1.5						6.9						0.0008	
7	0.015	2.5						7.5						0.0008	
8	0.018	2.5						6.9						0.0003	
9	0.022	2.5						6.8							
10	0.019	3.5						6.7							0.0060
11															
12	0.037	3.0						6.8							
13	0.017	2.2						7.0						0.0010	
14	0.010	3.0						7.0						0.0009	
15	0.013	3.0						7.3							
16															
17	0.021	3.5						7.2							
18	0.007	1.5						7.3						0.0009	
19	0.017	3.0						7.3						0.0010	
20	0.014	3.0						6.9						0.0009	
21	0.018	3.5						7.4						0.0008	
22	0.014	3.0						7.0						0.0005	
23															
24	0.038	2.8						7.0							
25	0.016	2.8						7.3							
26	0.011	2.0						6.9							
27	0.017	2.0						7.0							
28	0.014	1.5						7.0						0.0008	0.0060
29	0.013	2.0						6.8						0.0030	
30															
31	0.033	3.0						7.0							

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

Signed: Lorell T. Pugh
 Name (Please Type): George W. Cowell T. Pugh
 Company Name: Southern States Utilities / Fishermen's Haven

Date: 1-26-95
 Telephone No. (Please Type): (407) 853-0058

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month January Year: 1993

(2) Plant DER Identification Number 10147

(3) Plant Name Fisherman's Haven
C/O SSU Services

(4) Plant Address N.E. Rustic Place

(5) City Jensen Beach

(6) County Martin

(7) Phone Number (407) 334-5564

(8) Permit Number DO-150277

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent: Disposal or Reclaimed Water Reuse
Drainfield Percolation Pond

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>6913</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator: (Original signed by George West)
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	48%
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.6
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.06
(35) Gallons Hauled *	MG		0.018
* Sludge was lime stabilized prior to being hauled			

DER FORM NO. 17401.900
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1, 1990
 DER APPLICATION NO.:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Fisherman's Haven

Month: January Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Deduction	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA, Conform	Gases Warning (MGD)	Gases Warning (MGD)
1	0.018	1.0						7.2							
2															
3	0.006	1.0						7.3							
4		1.0						7.3							
5	0.001	1.0						7.4							
6	0.006	1.0						7.2							
7	0.005	3.0						7.1							
8	0.044	3.0						6.8							
9		2.5						6.9							0.008
10															
11	0.019	3.0						7.0						0.0054	
12	0.005	1.0						7.0						0.0054	
13	0.002	1.0						7.1							
14		3.0						6.9							
15		3.0						7.0						0.005	0.006
16		3.5						6.8						0.005	
17															
18	0.016	2.0						6.8						0.0012	
19	0.009	3.0						7.0						0.0027	0.006
20	0.008	2.5						7.3							
21	0.007	2.5						6.9							
22	0.008	3.0						7.1							
23	0.010	3.5						7.0							
24															
25	0.028	3.0						7.0						0.0048	
26	0.007	1.5						7.3						0.0120	
* 27	0.007	3.0						6.9						0.0210	
28	0.004	3.0						6.9						0.0180	
29	0.004	3.0						7.0							
30	0.000	2.5						7.0							
31															

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

* Flow meter calibrated by A.W.K. Industries

Signed: (Original signed by George West)
 Name (Please Type): George West
 Company Name: Southern States Utilities

Date: 2/19/93
 Telephone No. (Please Type):
1-800-421-1000

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993
 (2) Plant DER Identification Number 10147
 (3) Plant Name Fisherman's Haven
 (4) Plant Address N.E. Rustic Place
 (5) City Jensen Beach
 (6) County Marion
 (7) Phone Number (407) 334-5584
 (8) Permit Number DO-150277
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Drainfield Percolation Pond
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 6913
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator (Original signed by George West)
 Signature Cert. No.

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.012
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.010
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	2
(21) BOD5 Effluent	lbs/day	-	0.2
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.7
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.035
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabilized prior to being hauled.			

DEFORM. 134-0001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1, 1981
 DER APPLICATION NO.:

Domestic Wastewater Treatment Plant Monthly Operating Report

Fisherman's Haven

Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TAN Effluent (mg/L)	AMNH Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECK Coliform	Grit Washed (MGD)	Sludge Grits Harvested (MGD)
1	0.018	3.0						7.0							
2	0.010	3.0						6.7						0.002	
3	0.011	3.0		224	184	2.0	1.0	6.8					<1	0.0009	
4	0.015	3.0						6.7						0.0009	
5	0.011	2.7						6.9						0.004	
6	0.010	1.5						7.2							
7															
8	0.022	2.0						7.2						0.002	
9	0.010	3.0						7.2						0.002	
10	0.018	3.0						6.9						0.0009	
11	0.012	2.5						7.0							
12	0.013	2.5						7.0							
13	0.013	1.2						7.5							
14	0.013														
15	0.010	2.0						7.3							
16	0.013	2.5						7.0						0.004	0.002
17	0.018	3.0						7.1						0.003	
18	0.011	3.0						6.7						0.002	
19	0.010	3.0						6.7						0.003	
20	0.012	1.5						7.3							
21															
22	0.030	1.5						7.2							
23	0.008	2.0						7.5						0.004	
24	0.010	1.5						7.0						0.002	
25	0.012	3.0				2.0	1.0	7.1					<1	0.004	
26	0.018	3.0						6.9							
27	0.018	3.5						7.1							
28															
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that I am, based on my knowledge and belief, that all entries are true, complete and accurate.

Signed: _____
 Name (Please Type): George West
 Company Name: Southern States Utilities

Date: 3-24-93
 Telephone No. (Please Type): _____
(407) 886-0065

DER FORM NO. 17-801.800.1
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993
 (2) Plant DER Identification Number: 10147
 (3) Plant Name: Fisherman's Haven
 (4) Plant Address: N.E. Rustic Place
 (5) City: Jensen Beach
 (6) County: Manitowish
 (7) Phone Number: (407) 334-5564
 (8) Permit Number: DD-150277
 (9) Plant Type: 3-C
 (10) Test Site Identification Number: N/A
 (11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse:
Drainfield Percolation Pond
 (13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge:
N/A
 (15) Plant Staffing:
 Day Shift Operator Class: C Cert. No. 6913
 Evening Shift Operator Class: Cert. No.
 Night Shift Operator Class: Cert. No.
 Lead Operator: (Original signed by George West)
 Signature: Cert. No.

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BOD5 Effluent	mg/L	80082	2
(21) BOD5 Effluent	lbs/day	-	0.1
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.06
(24) Minimum pH			6.7
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.015
(35) Gallons Hauled *	MG		
* Sludge was lime stabilized prior to being hauled			

DBA FORM NO. 1740 (2011)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DBA APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Fisherman's Haven

Month March Year 1993

(31)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Discharge	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	Ammonia Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	Gas Wasted (MGD)	Sludge Gas Hauled (MGD)
1	0.023	3.5						6.7							
2	0.015	3.0						7.1						0.0003	
3	0.010	3.0						7.0						0.0009	
4	0.015	1.5		200	188	2	1	7.3					<1	0.0009	
5	0.010	3.0						7.1						0.0021	
6	0.027	1.0						7.6							
7															
8	0.010	1.0						7.3						0.0015	
9	0.012	3.0						7.5						0.0018	
10	0.021	3.0						7.0						0.0009	
11	0.025	1.0						7.4						0.0015	
12	0.001	2.0						7.1							
13	0.001	2.5						7.0							
14															
15	0.003	3.0						7.3							
16	0.001	2.5						7.1							
17	0.002	2.0						7.2							
18	0.007	3.0						7.0						0.0009	
19	0.006	2.5						7.0							
20	0.006	3.0						6.8						0.0012	
21															
22	0.002	2.5						6.9							
23	0.002	2.5						7.1						0.0018	
24	0.006	2.0						7.1						0.0009	
25	0.005	2.0						7.5							
26	0.001	3.5						7.5							
27	0.017	2.0						7.5							
28															
29	0.006	3.5						7.0							
30	0.008	3.5						7.0							
31		2.5						7.1							

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

Signed: (Original signed by George West)
 Name (Please Type): George West
 Company Name: Southern States Utilities

Date: 4/20/93
 Telephone No. (Please Type): (407) 880-0011

DER FORM NO 17-601.900.11
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 10147

(3) Plant Name: Fisherman's Haven

(4) Plant Address: N.E. Rustic Place

(5) City: Jensen Beach

(6) County: Martin

(7) Phone Number: (407) 334-5584

(8) Permit Number: DC-152277

(9) Plant Type: 3-C

(10) Test Site Identification Number: N.A.

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

(12) Type of Effluent Disposal or Reclaimed Water Release:
Drainfield Percolation Pond

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

(14) Cumulative Days of Wet Weather Discharge:
N.A.

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>8495</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator: (Original signed by Lowell T. Polk)

Signature: _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.011
(19) Percent of permitted capacity	%	-	44%
(20) BOD5 Effluent	mg/L	80082	4
(21) BOD5 Effluent	lbs/day	-	0.4
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.9
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.012
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabilized prior to being hauled			

DERFORM NO. 1740-9301
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Fisherman's Haven

Month April Year 1993

(34)

Day of the Month	Flow (MGD)	Chemical Residual After Contact	Chemical Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL COLIFORM	Gas Wasted (MGD)	Solids Gaseous (MGD)
1	0.006	2.5						7.0							
2	0.005	3.0						6.9						0.0009	
3	0.010	3.5						7.0							
4															
5	0.018	3.5						6.9						0.001	
6	0.012	3.5						7.0							
7	0.013	3.5						7.5							
8	0.019	3.5						7.2							
9	0.019	3.5		276	172	4	1	7.5					<1	0.001	
10															
11	0.035	3.5						7.6							
12	0.013	3.5						7.3							
13	0.015	1.0						7.6						0.0015	
14	0.015	2.0						7.5							
15	0.004	3.5						7.2							0.006
16	0.020	3.5						7.3							
17	0.014	2.0						7.3							
18															
19	0.014	1.5						7.2						0.0009	
20	0.004	2.0						7.9							
21	0.020	3.0						7.9						0.0008	
22	0.016	3.5						6.9						0.0012	
23	0.015	3.5						7.3						0.0009	
24	0.016	3.5						7.2							
25															
26	0.025	1.0						7.9						0.0018	
27	0.019	3.5						7.2							
28	0.020	3.5						7.5							
29	0.014	3.5						7.3						0.0012	
30	0.012	3.5						7.5						0.0009	
31															

Lead Operator: This is to certify that I am familiar with the information reported on this report and that it is the best of my knowledge and belief that the information is complete and accurate.

Signed (Original signed by Lowell T. Pelt)

Date 5/15/93

Name (Please Type) Lowell T. Pelt

Telephone No. (Please Type) (407) 880-0145

Company Name: Southern States Utility

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month May Year 1993

(2) Plant DER Identification Number 10147

(3) Plant Name Fisherman's Haven

(4) Plant Address N.E. Rustic Place

(5) City Jensen Beach

(6) County Martin

(7) Phone Number (407) 334-5564

(8) Permit Number DO-150277

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Drainfield - Percolation Pond

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>6913</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator (Original signed by George West
 Signature _____ Cert No. C-6913

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.015
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	48%
(20) BOD5 Effluent	mg/L	80082	3
(21) BOD5 Effluent	lbs/day	-	0.4
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.2
(24) Minimum pH			6.5
(25) Maximum pH			8.1
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.016
(35) Gallons Hauled *	MG		0.018
* Sludge was lime stabilized prior to being hauled			

DER FORM NO. T240.004
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1991
 DER APPLICATION:

Domestic Wastewater Treatment Plant Monthly Operating Report

Ridgeman's Haven

Month May Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residue After Contact	Chlorine Residue After Reaction	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	Ammonia Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	SPCAL Coliform	Gels Washed (MGD)	Slopes Gels Hauled (MGD)
1	0.015	3.0						7.5							
2															
3	0.046	3.5						7.5							
4	0.016	3.5						7.5						0.001	
5	0.011	3.5						7.4							0.006
6	0.004	3.5						7.4						0.0015	
7	0.013	3.5		140	130	3	1	7.4					<1	0.001	
8	0.017	3.5						7.2							
9															
10	0.030	3.5						7.3						0.001	
11	0.017	3.0						7.8						0.001	
12	0.013	3.5						8.1							0.006
13	0.014	3.5						7.0							
14	0.014	3.5						7.5						0.0012	
15	0.016	3.5						6.8							
16															
17	0.030	3.5						7.3						0.001	
18	0.014	3.0						7.8							
19	0.015	3.0						7.9						0.002	
20	0.014	3.5						7.6							
21	0.017	3.5						7.0						0.002	
22	0.016	3.0						7.1							
23															
24	0.032	3.0						6.7							
25	0.012	3.5						7.0						0.0025	
26	0.015	1.5						7.0						0.0021	
27	0.016	3.5						7.0							
28	0.014	3.5						7.0							0.006
29															
30	0.025	3.5						6.5							
31	0.020	3.5						7.0							

I hereby certify that the data on this report were obtained as indicated and that to the best of my knowledge and belief, the information is true and correct.

Signed: _____
 Name: George West
 Company: Southern States Utilities

Date: 6/2/93
 Telephone No.: _____
 FAX: 850-373-1111

DER FORM NO. 17-801.800
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month June Year 1993
 (2) Plant DER Identification Number 10147
 (3) Plant Name Fisherman's Haven
 (4) Plant Address N.E. Rustic Place
 (5) City Jensen Beach
 (6) County Martin
 (7) Phone Number (407) 334-5584
 (8) Permit Number DO-150277
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Drainfield Percolation Pond
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 6913
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator (Original signed by George West)
 Signature _____ Cert. No. C-6913

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.014
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.014
(19) Percent of permitted capacity	%	-	56%
(20) BOD5 Effluent	mg/L	80082	3
(21) BOD5 Effluent	lbs/day	-	0.4
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.8
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.018
(35) Gallons Hauled *	MG		0.012
* Sludge was lime stabilized prior to being hauled			

DEK FORM NO. 1-801-1001
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE Jan. 1, 1987
 DEK APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Fisherman's Haven

Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residue After Contact	Chlorine Residue After Disinfection	BOD ₅ Influent (mg/L)	SS Influent (mg/L)	BOD ₅ Effluent (mg/L)	SS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Grease Wasted (MGD)	Sludge Gals. Hauled (MGD)
1	0.016	3.5						7.7						0.0015	
2	0.012	3.5						7.5						0.001	
3	0.014	3.5						7.3							
4	0.015	3.5						7.5							
5	0.012	3.5						7.5							
6															
7	0.030	3.5		222	168	3	1	7.3					<1	0.0015	
8	0.015	3.5						7.4						0.0012	
9	0.015	3.5						7.4						0.0013	
10	0.012	3.5						7.5							
11	0.017	3.5						7.4							
12	0.013	3.5						6.8							
13															
14	0.025	3.5						7.1							
15	0.015	3.5						7.1							
16	0.014	3.0						7.2							
17	0.009	2.5						7.7							0.002
18	0.010	3.5						7.5							
19	0.009	3.0						7.2							
20															
21	0.021	3.5						7.4							
22	0.010	3.5						7.0						0.002	
23	0.012	3.5						6.9						0.002	
24	0.015	3.5						7.0						0.0051	
25	0.011	3.5						7.1							
26	0.018	3.5						7.0							
27															0.006
28	0.037	3.5						7.0							
29	0.015	3.5						7.0							
30	0.013	3.5						7.1						0.0021	
31															

Local Operator's: This is to certify that the data on this information contained in this report and data are the best of my knowledge and belief, and information is true, complete and accurate.

Signed: _____
 Name: (Please Type) George West
 Company Name: Southern States Utilities

Date: 7/2/93
 Telephone No. (Please Type): _____
 Plant ID: 6055

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 10147

(3) Plant Name: Fisherman's Haven

(4) Plant Address: N.E. Rustic Place

(5) City: Jensen Beach

(6) County: Martin

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-150277

(9) Plant Type: S-C

(10) Test Site Identification Number: N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Drainfield Percolation Pond

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

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>6913</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator: (Original signed by: George West)

Signature: _____ Cert. No. D6913

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.014
(19) Percent of permitted capacity	%	-	56%
(20) BOD5 Effluent	mg/L	80082	8
(21) BOD5 Effluent	lbs/day	-	0.9
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	0.4
(24) Minimum pH			6.7
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.012
(35) Gallons Hauled *	MG		0.012
* Sludge was lime stabilized prior to being hauled			

DEFORM NO. 174100
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1961
 DEB APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Fisherman's Haven

Month July Year 1952

(34)

Day of the Month	Flow (MGD)	Chemical Residue After Control	On-line Residue After Decolor	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	AMN Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	Cell Water MLD	Solids Gals. Hauled (MGD)
1	0.013	3.5						7.1						0.002	
2	0.014	3.5						7.2							
3	0.018	3.5						7.0							
4															
5	0.022	3.5						7.1							
6	0.019	3.5						7.1						0.0021	
7	0.014	3.5						7.0							
8	0.014	3.0		224	144	8.0	4.0	7.3					<1	0.002	
9	0.014	3.5						7.2							
10	0.014	3.5						6.7							
11															
12	0.031	3.5						6.8							
13	0.013	3.5						7.0						0.0012	
14	0.010	3.5						7.0						0.0005	
15	0.011	3.5						6.9							0.006
16	0.013	3.5						6.9							
17	0.014	3.5						6.7							
18															
19	0.026	3.5						6.7							
20	0.013	3.5						6.8						0.0005	
21	0.012	3.5						6.9						0.0005	
22	0.013	3.5						7.0						0.0005	
23	0.014	3.5						7.0						0.0005	
24	0.014	3.5						6.8							
25															
26	0.024	3.5						6.7						0.001	0.005
27	0.011	3.5						6.9							
28	0.013	3.5						7.0							
29	0.013	3.5						7.0						0.0005	
30	0.012	3.5						6.8						0.0005	
31	0.015	3.5						6.7							

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

Signed _____
 Name (Please Type) _____
 Company Name Southport States Utilities

Date 8/27/52
 Telephone No. (Please Type) _____

DER FORM NO. 17-901.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993
 (2) Plant DER Identification Number 10147
 (3) Plant Name Fisherman's Haven
 (4) Plant Address N.E. Rustic Place
 (5) City Jensen Beach
 (6) County Martin
 (7) Phone Number (407) 334-5584
 (8) Permit Number DO-150277
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Drainfield Percolation Pond
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 6913
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator (Original signed by George West)
 Signature Cert No. C-6913

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	52%
(20) BOD5 Effluent	mg/L	80082	1
(21) BOD5 Effluent	lbs/day	-	0.1
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.006
(35) Gallons Hauled *	MG		0.012
* Sludge was lime stabilized prior to being hauled.			

DER FORM NO. 1 (2-83) 0001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Fisherman's Haven

Month: August Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Reaction	BOD Influent (mg/L)	TSS Influent (mg/L)	BOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	Nitrite-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Coliform	Gals. Wasted (MGD)	Sudge Gals. Harvested (MGD)
1															
2	0.028	3.5						7.0						0.0005	
3	0.016	3.5						6.9						0.0005	
4	0.014	3.5		240	210	1.0	1.0	7.0					<1	0.0005	
5	0.012	3.5						7.0							0.0005
6	0.013	3.5						6.9							
7															
8	0.025	3.5						6.6							
9	0.017	3.5						6.7						0.0005	
10	0.012	3.5						6.7							
11	0.013	3.5						6.7						0.0005	
12	0.012	3.5						6.6							
13	0.011	3.5						6.6							
14	0.013	3.5						6.6							
15															
16	0.028	3.5						6.6						0.0005	
17	0.015	3.5						6.7						0.0005	
18	0.010	3.5						6.6						0.0005	
19	0.014	3.5						6.9						0.0005	
20	0.014	3.5						6.9						0.0005	
21	0.015	1.5						7.4							
22															
23	0.027	1.0						7.2						0.0005	
24	0.012	3.5						6.9							0.0005
25	0.010	3.5						7.0							
26	0.012	3.5						7.0							
27	0.015	3.0						7.0							
28	0.011	3.5						6.9							
29															
30	0.017	3.5						6.8							
31	0.009	3.5						6.5							

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

Signed: _____
 Name (Please Type): George West
 Company Name: Southern States Utility

Date: 9/2/93
 Telephone No. (Please Type): _____
440.368.0000

DER FORM NO. 17-801-900-1
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month September Year 1993
 (2) Plant DER Identification Number 10147
 (3) Plant Name Fisherman's Haven
 (4) Plant Address N.E. Rustic Place
 (5) City Jensen Beach
 (6) County Martin
 (7) Phone Number (407) 334-5584
 (8) Permit Number DO-150277
 (9) Plant Type 3-C
 (10) Test Site Identification Number N.A.
 (11) Fees: Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent: Dispose or Reclaimed Water Reuse
Drainfield / Perforation Pipe
 (13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N.A.
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 8913
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Origins signed by George West C-6913
 Signature Cert. No.

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	52%
(20) BOD5 Effluent	mg/L	80082	5
(21) BOD5 Effluent	lbs/day	-	0.5
(22) TSS Effluent	mg/L	800201	1
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.006
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabilized prior to being hauled			

DEB FORM NO. 1-87 (Rev.)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1, 1987
 DEB APPLICATION:

Domestic Wastewater Treatment Plant Monthly Operating Report

Fisherman's Haven

Month Septem Year 1993

144

Day of the Month	Flow MGD	On-line Residue Atm Control	On-line Residue Atm Control	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PELLET Gals form	Gas Wasted MGD	Sludge Gas Matured MGD
1	0.015	3.5						6.7						0.0005	
2	0.014	3.5						6.7							
3	0.013	3.5						7.2						0.0005	
4	0.013	3.5						6.5							
5															
6	0.020	3.5						6.5						0.0005	
7	0.015	3.5						6.7						0.0005	
8	0.029	3.5		400	436	5.0	1.0	6.9				<1		0.0005	
9	0.020	3.5						6.8						0.0005	
10	0.013	3.5						6.7						0.0005	
11	0.011	3.5						6.5							
12															
13	0.015	2.0						6.5							0.0005
14	0.014	3.5						7.0							
15	0.014	3.5						7.0							
16	0.014	3.5						6.8						0.0005	
17	0.015	3.5						6.5						0.0005	
18															
19	0.027	3.5						6.5							
20	0.012	3.5						6.7						0.0005	
21	0.015	3.5						6.8						0.0005	
22	0.014	3.5						7.0							
23	0.011	3.5						6.9						0.0005	
24	0.011	3.5						7.0							
25															
26	0.029	3.5						6.9							
27	0.015	3.5						6.9						0.0005	
28	0.013	3.5						6.7						0.0005	
29	0.014	3.5						6.5						0.0005	
30	0.021	3.5						6.8						0.0005	
31															

I, the undersigned, hereby certify that the data shown in this report are true and correct to the best of my knowledge and belief, and that the information is true, complete and accurate.

Signed: (Original signed by George West)
 Name of Person: George West
 Company Name: Southern States Utilities

Date: 10/2/93
 Telephone No. (Person Type): (404) 336-1111

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month October Year 1993
 (2) Plant DER Identification Number 10147
 (3) Plant Name Fisherman's Haven
 (4) Plant Address N.E. Rustic Place
 (5) City Jensen Beach
 (6) County Martin
 (7) Phone Number (407) 334-5564
 (8) Permit Number DO-150277
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ (Most Probable Number)
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Onsite Pond - Recirculation Pond
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 6913
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Charles West 69046
 Signature Charles West Cert. No. 6913

Parameter	UNITS	STORE Code	VALUE
(15) Monthly average daily flow	mgd	50053	0.023
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	65%
(20) BOD5 Effluent	mg/L	80062	9.0
(21) BOD5 Effluent	lbs/day	-	1.7
(22) TSS Effluent	mg/L	800201	6.0
(23) TSS Effluent	lbs/day	-	1.1
(24) Minimum pH			6.9
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000655	---
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.005
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabilized prior to being hauled			

DE FORM NO. 17-01 (2-77)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1987
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Fisherman's Haven

Month October Year 1993

Day of the Month	Flow (MGD)	Chemical Residual After Contact	Chemical Residual After Dachlor	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₄ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	Gas Masked (MGD)	Sludge Gas Hauled (MGD)
1	0.013	3.5						6.8							
2															
3	0.041	3.5						6.5							
4	0.026	3.5						6.7							
5	0.005	3.5						6.9							0.0060
6	0.028	3.5						7.0						0.0002	
7	0.007	3.5						6.5							
8	0.035	3.5		0.150	136	5.0	6.0	6.9					<1		
9															
10	0.024	3.5						6.8							
11	0.008	3.5						6.6						0.0005	
12	0.039	3.5						6.8						0.0007	
13	0.035	3.5						6.5							
14	0.030	2.0						7.3							
15	0.041	3.5						7.3						0.0009	
16															
17	0.084	3.5						6.5							
18	0.045	3.5						7.0							
19	0.034	3.5						7.0						0.0003	
20	0.034	3.5						6.6						0.0004	
21	0.018	3.5						7.0						0.0005	
22	0.015	3.5						7.3						0.0005	
23															
24	0.034	3.5						7.5							
25	0.016	3.5						7.5							
26	0.015	2.8						7.7						0.0003	
27	0.018	3.5						7.5							
28	0.016	3.5						7.5							
29	0.016	3.5						7.2						0.0004	
30															
31	0.025	3.0						7.2							

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

Name (Please Type)
 Company Name

George West
George West
 Southern States L.L.C.

Date 11/10/1993
 Telephone No. (Please Type)

1-800-847-0000

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993
 (2) Plant DER Identification Number 10147
 (3) Plant Name Fisherman's Haven
 (4) Plant Address N.E. Rustic Piece
 (5) City Jensen Beach
 (6) County Martin
 (7) Phone Number (407) 334-5584
 (8) Permit Number DO-150277
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Drainfield / Percolation Pond
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 6915
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Chris West CRW
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.012
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	64%
(20) BOD5 Effluent	mg/L	60082	3.0
(21) BOD5 Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	600201	1.0
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			7.0
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.014
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabilized prior to being hauled			

DEA FORM NO. 1748-001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1987
 DEA APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Fishermen's Haven

Month Novemb Year 1993

Day of the Month	pH (pH)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	Ammonia Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	Gals Wasted (MGD)	Average Gals Handled (MGD)
1	0.016	3.5						7.2							
2	0.016	3.0						7.3							
3	0.013	3.0						7.3						0.0008	
4	0.015	2.5						7.3						0.0004	
5	0.011	2.5						7.4						0.0005	
6															
7	0.029	2.2						7.5							
8	0.005	1.3						7.8						0.0005	
9	0.011	3.5						7.4						0.0006	
10	0.013	3.5						7.4						0.0006	
11	0.017	3.5						7.6						0.0003	
12	0.014	3.5		192	172	3.0	1.0	7.5					<1	0.0010	
13															
14	0.029	3.5						7.0							
15	0.013	3.5						7.8						0.0010	
16	0.010	2.5						7.9						0.0010	
17	0.013	3.5						7.8						0.0005	
18	0.013	3.5						7.9						0.0010	
19		1.5						7.3						0.0006	
20															
21	0.015	3.5						7.5							
22	0.010	3.5						7.2							
23	0.016	3.5						7.3							
24	0.012	3.5						7.5						0.0015	0.006
25	0.020	3.5						7.5							
26	0.018	3.5						7.5							
27															
28	0.023	2.3						7.5							
29		2.0						7.5						0.0022	
30	0.001	3.3						7.2						0.0022	
31															

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

Name (Please Type)
 Company Name

Elmer West
Garrett West
 Southern States Utiliter

Date 12/22/93
 Telephone No. (Please Type)
(407) 876-0111

DER FORM NO. 17-201-800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993
 (2) Plant DER Identification Number 10147
 (3) Plant Name Fisherman's Haven
 (4) Plant Address N.E. Rustic Place
 (5) City Jensen Beach
 (6) County Marin
 (7) Phone Number (407) 334-5584
 (8) Permit Number DO-150277
 (9) Plant Type 3-C
 (10) Test Site Identification Number: N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Drainfield: Percolation Pond
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class _____ Cert. No. _____
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Glenn Galt 06913
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.011
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	61%
(20) BOD5 Effluent	mg/L	80082	3.0
(21) BOD5 Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	0.2
(24) Minimum pH			6.5
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH ₃ - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.019
(35) Gallons Hauled *	MG		0.012
* Sludge was lime stabilized prior to being hauled			

DSR FORM NO. 1748LS001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DSR APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Fisherman's Haven

Month December Year 1993

(34) Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dachlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA, Cellform	Gas Released (MGD)	Surge Gas Handled (MGD)
1	0.015	3.5						7.2						0.0009	
2	0.016	3.5						7.5							
3	0.013	3.5						6.9						0.0008	
4															
5	0.027	3.5						6.5							
6	0.011	3.5						6.7						0.0015	
7	0.011	3.5		172	174	3.0	2.0	7.3					<1	0.0015	
8	0.011	3.5						6.8						0.0005	
9	0.011	3.5						6.8							
10	0.011	3.5						6.7							0.0060
11															
12	0.020	3.5						6.5							
13	0.012	3.5						6.7						0.0017	
14	0.009	3.5						6.9						0.0008	
15	0.005	3.5						7.4						0.0009	
16	0.008	3.5						7.1						0.0020	
17	0.009	3.5						7.1						0.0019	
18															
19	0.017	3.5						6.5							
20	0.011	3.5						7.3						0.0005	
21	0.011	3.5						7.1						0.0020	0.0060
22	0.011	3.5						7.1						0.0010	
23	0.011	3.5						6.6						0.0006	
24		3.5						6.9						0.0010	
25	0.022														
26	0.011	1.5						7.4							
27	0.011	2.5						7.2							
28	0.011	2.5						7.0							
29	0.011	3.5						6.9						0.0008	
30	0.011	3.0						7.0							
31	0.011	2.5						6.8						0.0010	

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

Signed:

Name (Please Type):

Company Name:

George West
George West
Southern States Union

Date:

Telephone No. (Please Type):

(407) 847-5000

DER FORM NO.	17-801-800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3059P01551

(3) Plant Name: Florida Central Commerce Park

(4) Plant Address: 140 Hope Street
Jeff Ming Trail

(5) City: Longwood

(6) County: Seminole

(7) Phone Number: (407) 339-5424

(8) Permit Number: DC-5919527

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Secondary on site as reclaimed water - Public Access

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

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing: C-3128 on site Mon-Wed, Sun
 Day Shift Operator Class: C-7576 on site Thur-Sat, Wed
 Evening Shift Operator Class: _____ Cert. No. _____
 Night Shift Operator Class: _____ Cert. No. _____
 Lead Operator: _____
 Signature: _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.034
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.034
(19) Percent of permitted capacity	%	-	36%
(20) BOD5 Effluent	mg/L	80082	5.5
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.75
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH	-	-	6.7
(25) Maximum pH	-	-	7.3
(26) Total N	mg/L	000500	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	9.99
(33) Other Effluent Parameters	-	-	-
Turbidity (Maximum NTU)	-	-	2.3

DCR FORM NO. 1700-001
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE Jan. 1, 1981
 DCR APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Florida Central Commerce Park

Month January Year 1984

No. of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	Turb. Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAU Gall/ton	NO3-Naa	
1	0.017	1.7						7.0						0.45	
2	0.021	1.7												0.30	
3	0.009	1.6					1.5	6.7					NO	0.47	
4	0.043	1.7					1.0	7.3					NO	0.70	
5	0.045	1.7		308	48	12.2	1.5	7.0					NO	0.50	
6	0.054	1.8					1.5	6.7					NO	0.80	
7	0.034	2.5						7.0						0.54	
8	0.029	2.0						6.9						0.64	
9	0.022	2.1												0.43	
10	0.012	2.0					2.0	7.0					NO	0.44	
11	0.041	2.9					2.5	6.7					NO	0.64	
12	0.046	2.9		178	192	3.2	1.0	6.7					NO	0.87	
13	0.033	2.5					2.0	6.7					NO	1.85	
14	0.062	2.6						6.7						2.30	
15	0.045	2.9						6.8						2.06	
16	0.023	5.0												1.64	
17	0.013	2.7					1.0	6.8					NO	0.57	
18	0.044	1.9					1.0	6.8					NO	0.76	
19	0.056	1.9		191	264	2.4	2.0	6.8					NO	0.97	
20	0.045	1.9					1.0	6.8					NO	0.79	
21	0.048	1.9						6.9						0.66	
22	0.043	2.0						6.7						0.77	
23	0.011	2.0												0.38	
24	0.014	2.0					1.0	7.0					NO	0.59	
25	0.050	1.8					3.5	7.0					NO	0.62	
26	0.045	1.8					2.5	6.9					NO	0.85	
27	0.038	1.8					2.5	6.9					NO	1.29	
28	0.041	1.7						6.7						1.36	
29	0.030	1.7						6.9						1.91	
30	0.016	10.0												1.56	
31	0.022	5.1					2.5	6.9					NO	1.87	

Use Operator's Report to verify that I am familiar with the information furnished, and the accuracy of the data for the period of my assignment and that the information is true, correct and reliable.

Signed: [Signature] C-5129
 Name, Please Type: Scott T. Carr
 Company Name: Southern States Utilities

Date: 12-17-84
 Treatment Plant, Please Type: Central Commerce Park
 City and State: Fort Lauderdale, Florida

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994
 (2) Plant DER Identification Number: 3059P01561
 (3) Plant Name Florida Central Commerce Park
 (4) Plant Address 140 Hope Street
(off Ming Trail)
 (5) City Longwood
 (6) County Seminole
 (7) Phone Number (407) 339-5424
 (8) Permit Number DO-59195077
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray irrigation as reclaimed water / Public Access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing C-5128 on site Mon-Wed, Sun
Day Shift Operator Class C-7676 on site Thur-Sat, Wed
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Donald B. Carder C-2451
 Signature Cert. No.

Parameter	UNITS	STOREY Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.035
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.034
(19) Percent of permitted capacity	%	-	36%
(20) BOD5 Effluent	mg/L	80082	0.8
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.84
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH		-	6.0
(25) Maximum pH		-	7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	9.99
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	1.4

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Florida Central Commerce Park

Month February Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	NTU Max
1	0.059	3.8					3.0	7.1					ND	0.89
2	0.053	3.2					1.0	6.9					ND	0.95
3	0.048	3.5		83	146	<1.0	7.0	6.9					ND	0.79
4	0.041	3.7						7.0						0.89
5	0.037	2.7						6.5						0.95
6	0.017	10.0												0.66
7	0.007	2.2					1.0	7.4					ND	0.65
8	0.042	3.1					1.0	6.9					ND	0.74
9	0.033	3.3					2.0	7.0					ND	0.88
10	0.039	2.5					1.5	6.9					ND	1.35
11	0.032	2.3						6.0						0.88
12	0.040	2.5						6.9						1.19
13	0.022	10.0												0.38
14	0.007	9.1					1.5	6.8					ND	0.55
15	0.048	2.7					1.5	7.0					ND	0.54
16	0.044	2.4		263	416	1.6	1.5	6.7					ND	0.56
17	0.038	2.3					2.0	6.7					ND	0.43
18	0.060	2.7						7.0						0.48
19	0.050	2.4						6.7						0.35
20	0.016	10.0												0.13
21	0.010	2.5					1.5	6.9					ND	0.24
22	0.042	2.3					1.5	7.1					ND	0.14
23	0.048	2.1					1.0	6.6					ND	0.15
24	0.041	2.3					1.0	6.8					ND	0.18
25	0.049	2.3						6.7						0.28
26	0.037	2.7						6.9						0.18
27	0.021	3.2												0.26
28	0.005	2.0					1.5	6.7					ND	0.42
29														
30														
31														

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

Signed Donald B. Corder
 Name (Please Type): Donald B. Corder
 Company Name: Southern States Utilities

Date: 02-01-94
 Telephone No. (Please Type): (407) 536-5474 plant
(407) 679-1260 home

DER FORM NO	17-001.000(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3059P01551

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
(off Ming Trail)

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DO-59195077

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spraying on as reclaimed water / Public Access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing C-5128 on site Mon-Wed, Sun
Day Shift Operator Class C-7676 on site Thur-Sat, Wed
Evening Shift Operator Class Cert. No.
Night Shift Operator Class Cert. No.
Lead Operator *[Signature]* C-5128
Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.039
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.036
(19) Percent of permitted capacity	%	-	38%
(20) BOD5 Effluent	mg/L	80082	2.3
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.40
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH		-	6.4
(25) Maximum pH		-	7.8
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	11.40
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	0.8

DEP FORM NO. 17-B (2001)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Florida Central Commerce Park

Month March Year 1994

(34)

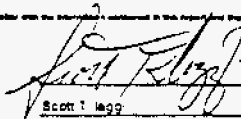
Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	N/V Max
1	0.039	1.7					1.0	6.6					ND	0.25
2	0.044	1.4		196	180	2.3	2.0	6.5					ND	0.30
3	0.065	1.6					1.0	6.9					ND	0.34
4	0.059	1.7						6.7						0.35
5	0.049	2.7						6.8						0.48
6	0.018	9.0												0.27
7	0.012	3.1					1.5	6.6					ND	0.48
8	0.044	2.6					1.5	6.5					ND	0.46
9	0.040	2.1					1.0	6.6					ND	0.42
10	0.052	2.4					1.0	6.9					ND	0.43
11	0.045	2.8						6.5						0.44
12	0.057	2.0						6.8						0.39
13	0.029	3.7												0.16
14	0.012	2.3					1.0	6.6					ND	0.24
15	0.043	2.2					2.5	6.6					ND	0.40
16	0.038	2.6		159	224	2.2	3.5	6.7					ND	0.36
17	0.053	2.5					<1.0	6.9					ND	0.41
18	0.050	1.9						6.9						0.48
19	0.021	2.2						6.7						0.65
20	0.030	4.6												0.30
21	0.016	1.9					1.0	6.6					ND	0.40
22	0.052	1.7					<1.0	6.7					ND	0.48
23	0.055	2.9					<1.0	6.7					ND	0.60
24	0.040	2.0					<1.0	6.8					ND	0.76
25	0.037	2.9						6.7						0.59
26	0.054	2.1						6.6						0.55
27	0.006	11.4												
28	0.008	2.3					1.0	7.8					ND	0.32
29	0.035	1.0					1.5	7.2					ND	0.44
30	0.051	1.3		179	216	2.3	2.0	6.4					ND	0.54
31	0.035						1.5	6.9					ND	0.45

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

Signed

Name (Please Type)

Company Name


 Scott T. Jagg
 Southern States Utilities

Date

Telephone No. (Please Type)

(407) 336-5424 plant

(407) 676-2663 home

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3052P01561

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
(off Ming Trail)

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DO-59195077

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
 Spray Irrigation as reclaimed water / Public Access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing C-5128 on site Mon-Wed, Sun
 Day Shift Operator Class C-7676 on site Thur-Sat, Wed
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Matthew Sautter C-7676
 Signature _____ Cert. No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.031
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.035
(19) Percent of permitted capacity	%	-	37%
(20) BOD5 Effluent	mg/L	80082	1.5
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.81
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH		-	6.3
(25) Maximum pH		-	7.5
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	9.99
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	0.6

DER FORM NO. 17 (01/2001)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Florida Central Commerce Park

Month April Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Calcium	NTU Max
1	0.046	3.6						6.9						0.57
2	0.037	6.1						6.7						0.42
3	0.007	10.0												0.40
4	0.009	1.3					1.5	7.3					ND	0.34
5	0.031	1.5					5.5	6.9					ND	0.46
6	0.031	1.9					3.0	6.5					ND	0.35
7	0.031	1.4					3.0	6.3					ND	0.39
8	0.038	3.1						6.3						0.37
9	0.034	2.2						6.4						0.29
10	0.006	10.0												0.25
11	0.007	1.5					2.0	6.6					ND	0.27
12	0.033	1.1		281	320	1.0	3.0	6.7					ND	0.26
13	0.033	1.1					1.0	6.5					ND	0.34
14	0.044	1.3					<1	6.6					ND	0.32
15	0.035	2.7						6.6						0.36
16	0.033	3.7						6.6						0.50
17	0.012	2.9												0.36
18	0.007	3.2					1.5	6.7					ND	0.45
19	0.036	2.0					1.0	6.6					ND	0.32
20	0.044	1.7					1.5	6.5					ND	0.37
21	0.042	6.3					1.0	6.6					ND	0.36
22	0.053	1.0						6.4						0.59
23	0.043	2.5						6.5						0.37
24	0.025	3.3												0.33
25	0.007	2.8					1.5	6.5					ND	0.33
26	0.040	1.2					1.5	6.8					ND	0.39
27	0.045	1.8		260	228	2.0	1.0	6.5					ND	0.43
28	0.049	1.6					1.0	6.6					ND	0.41
29	0.037	1.7						6.9						0.45
30	0.042	2.0						6.6						0.44
31														

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

Signed:

Nathan Van Meter 0-7676

Date:

02-07-94

Name (Please Type):

South-App. NATHAN VAN METER

Telephone No. (Please Type):

Company Name:

Southern States Utilities

(407) 330-5424 plant

DER FORM NO 17.001.000 (1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994
 (2) Plant DER Identification Number: 3059P01551
 (3) Plant Name Florida Central Commerce Park
 (4) Plant Address 140 Hope Street
(off Ming Trail)
 (5) City Longwood
 (6) County Seminole
 (7) Phone Number (407) 339-5424
 (8) Permit Number DO-59195077
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent: Disposal or Recycled Water Reuse
Spray irrigation as reclaimed water / Public Access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing C-5128 on site Mon-Wed, Sun
Day Shift Operator Class C-7878 on site Thur-Sat, Wed
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator [Signature] C-5128
 Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	60053	0.031
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.034
(19) Percent of permitted capacity	%	-	35%
(20) BOD5 Effluent	mg/L	00082	2.3
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	000201	1.53
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH		-	6.2
(25) Maximum pH		-	7.0
(26) Total N	mg/L	000500	—
(27) TKN	mg/L	000525	—
(28) Ammonia (NH3 - N)	mg/L	000510	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000555	—
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	6.00
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	1.90

FORM NO. 17 (Rev. 10/81)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1981
 USER APPLICATION NO.:

Domestic Wastewater Treatment Plant Monthly Operating Report

Florida Central Commerce Park

Month May Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TAN Effluent (mg/L)	Ammonia Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	RECAL Cellform	NTC Max
1	0.020	3.8												0.30
2	0.008	3.3					1.0	6.5					ND	0.30
3	0.045	2.4					1.0	6.7					ND	0.42
4	0.044	2.9					1.0	6.6					ND	0.42
5	0.043	3.1					1.5	6.8					NC	0.45
6	0.039	1.5						6.7						0.67
7	0.045	1.1						6.5						0.46
8	0.030	3.2												0.34
9	0.009	1.1					1.0	6.3					ND	0.36
10	0.047	2.6					2.5	6.3					ND	0.44
11	0.041	2.7		247	252	2.0	<1	6.7					NC	0.47
12	0.034	1.2					1.5	6.3					ND	0.48
13	0.036	3.3						6.4						0.50
14	0.040	1.5						6.5						0.92
15	0.025	3.5												1.76
16	0.015	3.6					1.5	6.4					ND	1.61
17	0.028	1.6					1.0	6.7					ND	1.90
18	0.043	5.3					1.0	6.4					NC	1.78
19	0.034	1.2					1.0	6.5					NC	1.75
20	0.037	2.5						6.5						1.70
21	0.039	4.9						6.5						1.76
22	0.026	6.0												1.75
23	0.009	4.1					2.0	7.0					ND	1.53
24	0.028	3.8					3.5	6.2					ND	0.91
25	0.029	3.6		243	242	2.6	2.0	6.3					ND	0.58
26	0.036	1.7					1.0	6.2					ND	0.47
27	0.068	2.7						6.3						0.36
28	0.036	3.1						6.3						0.25
29	0.018	3.1												0.20
30	0.010	4.0					2.5	6.5					ND	0.22
31	0.005	3.5					2.5	6.5					NC	0.40

User Caution: This is to certify that you transfer with the information contained in this report and that to the best of your knowledge and belief the information is true, accurate and complete.

Signed

[Signature] G-5126

Date 02-07-94

Name (Please Type)

Scott T. Legg

Telephone No. (Please Type)

Company Name

Southern States Utilities

1407 335-1424 (H)

DER FORM NO. 17-001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3059P01561

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
(off Ming Trail)

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DO-59195077

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
 Sewer Injection as reclaimed water / Public Access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing C-5128 on site Mon-Wed, Sun
 Day Shift Operator Class C-7676 on site Thur-Sat, Wed
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Nathan Van Meter C-7676
 Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.037
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.033
(19) Percent of permitted capacity	%	-	35%
(20) BOD5 Effluent	mg/L	80082	0.9
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	800201	1.38
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH		-	6.2
(25) Maximum pH		-	8.9
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	9.99
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	1.34

ODA FORM NO. 17-021-000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE June 1, 1991
 ODA APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Florida Central Commerce Park

Month June Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	MTU Max	
1	0.038	1.8					1.0	8.4					ND	0.41	
2	0.043	3.5					2.0	8.4					ND	0.48	
3	0.048	2.9						8.3						0.85	
4	0.039	4.8						8.3						0.38	
5	0.027	4.0												0.30	
6	0.014	1.8					2.0	8.9					ND	0.58	
7	0.051	2.3					1.0	8.5					ND	0.89	
8	0.050	1.8		119	100	0.5	1.0	8.7					ND	0.85	
9	0.104	1.5					1.0	8.8					ND	0.78	
10	0.035	1.5						8.8						0.80	
11	0.038	2.8						8.8						0.88	
12	0.012	3.8												0.66	
13	0.009	2.0					2.0	8.8					ND	0.61	
14	0.023	1.1					1.5	8.4					ND	0.64	
15	0.044	3.0					1.5	8.4					ND	0.64	
16	0.048	2.1					1.5	8.5					ND	0.72	
17	0.049	5.7						8.5						0.70	
18	0.059	4.8						8.5						0.74	
19	0.024	7.1												0.49	
20	0.013	3.2					1.0	8.7					ND	0.52	
21	0.062	2.1					1.0	8.4					ND	0.47	
22	0.049	1.1		234	176	1.3	1.5	8.5					ND	0.38	
23	0.044	3.0					1.5	8.8					ND	0.38	
24	0.046	2.0						8.5						0.48	
25	0.037	5.3						8.5						0.55	
26	0.005	10.0												0.78	
27	0.004	2.3					1.0	8.4					ND	0.75	
28	0.028	4.8					2.0	8.3					ND	1.03	
29	0.036	1.4					1.0	8.2					ND	1.34	
30	0.040	1.3					1.0	8.5					ND	1.27	
31															

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

Signed

Nathan VanMeter
 NATHAN VANMETER C-7676

Date: 07-07-94

Name (Please Type)

Scott T. Legg

Telephone No. (Please Type)

Company Name

Southern States Utilities

(407) 334-5424 (office)

Page 3 of 3

(407) 879-2865 (home)

DER FORM NO.	17,601,600(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3D59P01561

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
(off Ming Trail)

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DO-59195077

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
 Sprinkler irrigation as reclaimed water / Public Access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing C-5128 on site Mon-Wed, Sun
 Day Shift Operator Class C-7676 on site Thur-Sat, Wed
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator [Signature] C-5128
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.031
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.095
(19) Percent of permitted capacity	%	-	100%
(20) BOD5 Effluent	mg/L	60082	1.2
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	90020	1.38
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH		-	6.1
(25) Maximum pH		-	7.0
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071650	---
(30) Total Phosphorus	mg/L	000655	---
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	9.99
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	1.55

REPORT NO. 17-80-300-1
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1981
 DATA APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Florida Central Commerce Park

Month July Year 1994

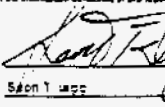
Line or Flow Meter	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Deductor	BOD5 Influent (mg/L)	SC Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TAN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	NTU Max
1	0.049	4.5						6.5						1.01
2	0.056	2.5						6.4						0.87
3	0.022	4.9												0.95
4	0.012	1.9					1.0	7.0					ND	0.64
5	0.002	2.0					1.5	6.9					ND	0.90
6	0.032	1.3		195	156	1.4	2.0	6.1					ND	1.30
7	0.052	1.9					1.0	6.2					ND	1.40
8	0.045	2.5						6.5						1.40
9	0.032	2.3						6.5						1.09
10	0.011	4.6												0.80
11	0.005	2.7					1.0	6.4					ND	0.98
12	0.034	1.2					1.5	6.4					ND	0.61
13	0.039	3.5					1.0	6.5					ND	0.70
14	0.047	2.0					1.0	6.3					ND	0.80
15	0.014	2.3						6.4					ND	0.95
16	0.034	3.4						6.4					ND	0.93
17	0.011	4.2												0.63
18	0.008	3.0					1.5	6.8					ND	0.62
19	0.032	1.1					1.0	6.2					ND	0.56
20	0.033	1.2		272	240	1.0	1.5	6.6					ND	0.56
21	0.036	3.1					2.0	6.6						1.55
22	0.050	1.2						6.3						1.20
23	0.038	1.3						6.4						1.08
24	0.027	10.0											ND	0.65
25	0.017	2.2					2.5	6.4					ND	0.57
26	0.039	2.5					1.5	6.4					ND	0.50
27	0.054	1.9					1.0	6.8					ND	0.50
28	0.037	1.5					1.0	6.8					ND	0.51
29	0.043	4.5						6.5						0.35
30	0.037	3.8						6.6						0.23
31	0.016	8.5												0.24

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

Signed

Name (Please Type)

Company Name


 Ron T. Lapp
 Southern States Utilities

Date

Telephone No. (Please Type)

407, 935-5474 (x 611)

(407) 679-2865 Home

Part II - General Information

Cert No

[illegible]

DER FORM NO. 17-001 (06/91)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Florida Central Commerce Park

Month: August Year: 1994

Day of the Month	Flow (MGD)	Online Residue After Contact	Online Residue After Discharge	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	SECAL Conform	N/C Max
1	0.006	1.9					1.0	6.7					ND	0.20
2	0.032	1.2					2.0	6.6					ND	0.78
3	0.034	3.2		129	156	0.1	2.0	6.7					ND	0.90
4	0.034	3.7					1.0	6.4					ND	1.09
5	0.037	1.8						6.3						0.85
6	0.027	3.2						6.3						0.91
7	0.013	3.3												0.89
8	0.015	2.5					1.0	6.5					ND	0.90
9	0.055	2.6					1.0	6.5					ND	0.90
10	0.046	1.1					1.5	6.4					ND	0.86
11	0.059	1.4					1.5	6.5					ND	0.76
12	0.044	1.1						6.1					ND	0.77
13	0.051	1.7											ND	0.79
14	0.025	4.2											ND	0.74
15	0.011	1.8					1.0	6.6					ND	0.75
16	0.053	1.2					1.0	6.6					ND	0.75
17	0.059	1.0		222	212	1.0	2.0	6.7					ND	0.80
18	0.055	2.0					2.0	6.3					ND	1.28
19	0.072	1.7						6.4						0.85
20	0.056	3.0						6.4						0.84
21	0.026	7.2												0.93
22	0.011	2.2					2.0	6.6					ND	0.97
23	0.055	1.2					1.5	6.2					ND	0.85
24	0.052	2.0					1.5	6.4					ND	0.83
25	0.062	2.8					1.0	6.5					ND	0.81
26	0.058	3.2						6.4						0.80
27	0.053	5.0						6.6						0.98
28	0.018	4.5												0.74
29	0.015	3.8					1.0	6.0					ND	0.72
30	0.042	3.2					1.0	7.2					ND	0.99
31	0.048	1.0		214	168	0.2	1.0	5.9					ND	0.77

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

Signed

Nathan Van Meter E-7674

Date: 22-07-94

Name (Please Type):

Nathan Van Meter

Telephone No. (Area Code):

Company Name

Southern States Utility

407.339-5474 pager

Page 3 of 3

(407) 579-2860 home

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3059P01561

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
(off Ming Trail)

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DO-59195C77

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray irrigation as reclaimed water / Public Access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing C-5126 on site Mon-Wed, Sun
 Day Shift Operator Class C-7878 on site Thur-Sat, Wed
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator *[Signature]* 37762
 Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.046
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.039
(19) Percent of permitted capacity	%	-	41%
(20) BOD5 Effluent	mg/L	80082	0.4
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.56
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH		-	6.1
(25) Maximum pH		-	7.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	16.00
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	1.25

DER FORM NO. 17-01 (Rev. 1)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Florida Central Commerce Park

Month: September Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TAN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Calcium	NTU Max
1	0.045	1.1					1.5	6.4					ND	0.68
2	0.044	2.1						6.4						0.72
3	0.052	2.4						6.3						0.68
4	0.014	4.5												0.66
5	0.011	3.6					1.5	6.1					ND	0.72
6	0.005	3.3					1.0	6.2					ND	0.79
7	0.046	3.3						6.2					ND	0.82
8	0.045	3.5					1.5	6.4					ND	0.84
9	0.062	1.2						6.3						0.91
10	0.057	1.3						6.4						0.75
11	0.023	5.0												0.69
12	0.012	4.2					2.0	6.3					ND	0.77
13	0.058	3.2					2.0	6.4					ND	0.80
14	0.064	4.7					2.0	6.4					ND	0.90
15	0.057	8.7		115	492	0.6	2.0	6.4					ND	0.99
16	0.058	1.1						6.5						1.25
17	0.068	1.9						6.3						1.08
18	0.022	2.3												1.14
19	0.011	1.7					2.0	7.0					ND	0.89
20	0.066	1.2					2.0	6.6					ND	1.01
21	0.080	1.8					1.0	6.1					ND	0.93
22	0.064	1.0					1.5	6.1					ND	0.85
23	0.062	2.1						6.3						0.81
24	0.054	3.2												0.76
25	0.021	9.0												0.71
26	0.005	18.0					1.0	6.5					ND	0.75
27	0.074	1.9					1.5	6.2					ND	1.12
28	0.067	3.8					1.0	6.3					ND	0.85
29	0.058	3.1		78	60	0.2	1.5	6.4					ND	0.83
30	0.064	7.5						6.3						0.79
31														

I hereby certify that the information furnished in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signature

Name (Please Type)

Company Name

Kevin M. Burgess B7762
Kevin M. Burgess
Southern States Utilities

Date

Telephone No. (Please Type)

DER FORM NO. 17-001-000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3059P01561

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
(off Ming Trail)

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DD-59195077

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray irrigator as reclaimed water / Public Access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing C-5126 on site Mon-Wed, Sun
 Day Shift Operator Class C-7678 on site Thur-Sat, Wed
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator [Signature] B-776A
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.049
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.045
(19) Percent of permitted capacity	%	-	47%
(20) BOD5 Effluent	mg/L	80082	0.9
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.35
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH		-	5.7
(25) Maximum pH		-	6.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	19.30
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	1.50

DEQ FORM NO. 17-001 (02/91)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1991
 DEQ APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Florida Central Commerce Park

Month: October Year: 1994

(34)

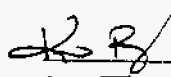
Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfectant	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Conform	NTE Max
1	0.059	1.1												0.79
2	0.026	4.5						6.3						1.00
3	0.006	2.5						1.5	6.4				ND	0.95
4	0.047	2.6						1.0	6.5				ND	1.50
5	0.068	1.4						1.5	6.2				ND	1.40
6	0.067	1.6						2.0	6.4				ND	1.29
7	0.063	1.8												1.18
8	0.058	3.5												1.16
9	0.023	5.9						6.5						0.78
10	0.014	4.5						1.0					ND	0.91
11	0.056	1.6						1.0	6.5				ND	0.72
12	0.078	2.0						1.0	6.3				ND	0.72
13	0.069	1.1		85	126	0.9	1.0	5.7					ND	0.71
14	0.062	2.5						6.7						0.69
15	0.067	1.9												0.69
16	0.027	19.3												0.83
17	0.014	5.0						1.0	6.3				ND	0.95
18	0.065	2.3						2.0	6.6				ND	0.87
19	0.056	1.9						2.5	6.8				ND	0.96
20	0.056	1.6						1.0	6.5				ND	0.85
21	0.050	3.0						6.5						0.75
22	0.054	2.2												0.69
23	0.027	2.8												0.31
24	0.011	2.0						1.5	6.5				ND	0.26
25	0.065	1.3						1.5	6.6				ND	0.26
26	0.065	1.1						1.0	6.8				ND	0.39
27	0.073	1.6		89	152	0.9	0.9	6.2					ND	0.33
28	0.073	1.7						6.3						0.25
29	0.073	4.5						6.5						0.23
30	0.036	6.6						6.6						0.54
31	0.024	3.7						1.5	6.6				ND	0.70

Local Operator: The operator certifies that the information contained in this report and that to the best of my knowledge and belief the information is true, accurate and correct.

Signed

Name (Please Type):

Company Name


 87762
 KEVIN BURGESS
 Southern States Utilities

Date

Telephone No. (Please Type)

11-16-94

(407) 875-5424 (ext.)

(407) 875-2560 (home)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3059P01581

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
(off Ming Trail)

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DO-59195077

(9) Plant Type BB

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
 Spray irrigation, reclaimed water, Public Access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing C-5128 on site Mon-Wed, Sun
 Day Shift Operator Class C-7676 on site Thur-Sat, Wed
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator [Signature] B7762
 Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.051
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.049
(19) Percent of permitted capacity	%	-	51%
(20) BOD5 Effluent	mg/L	80082	0.5
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.44
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH		-	6.1
(25) Maximum pH		-	6.9
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	9.90
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	0.62

DER FORM NO. 17-001 (REV. 1)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Florida Central Commerce Park

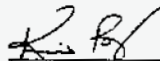
Month November Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAI Coliform	NTU Max
1	0.060	4.5					1.0	6.9					ND	0.57
2	0.075	3.2					1.0	6.9					ND	0.24
3	0.067	3.4					2.0	6.5					ND	0.20
4	0.066	1.8						6.1						0.23
5	0.060	1.4						6.3						0.24
6	0.031	2.2												0.22
7	0.027	1.7					3.0	6.8					ND	0.15
8	0.056	2.2					2.0						ND	0.30
9	0.056	1.7					2.5	6.7					ND	0.32
10	0.052	2.5		78	52	>1	1.0	6.6					ND	0.27
11	0.059	2.3						6.1						0.26
12	0.061	3.8						6.4						0.25
13	0.035	7.9						6.6						0.31
14	0.016	3.4					1.5	6.6					ND	0.32
15	0.063	1.5					1.0	6.4					ND	0.44
16	0.105	1.9					2.0	6.3					ND	0.48
17	0.109	2.1					1.0	6.7					ND	0.23
18	0.069	2.1						6.8						0.28
19	0.072	2.0						6.7						0.30
20	0.033	4.5						6.7						0.62
21	0.019	9.9					1.5	6.7					ND	0.24
22	0.053	1.9		70	88	0.9	3.0	6.5					ND	0.37
23	0.056	4.8					<1	6.7					ND	0.22
24	0.054	5.1					<1	6.7					ND	0.16
25	0.025	3.2						6.3						0.22
26	0.021	2.2						6.5						0.27
27	0.020	8.1						6.2						0.25
28	0.016	2.6					1.0	6.4					ND	0.28
29	0.045	1.5					1.0	6.4					ND	0.50
30	0.038	2.0					1.5	6.2					ND	0.37
31														

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

Signed

 Kevin Burgess

Date 02-07-94

Name (Please Type)

Kevin Burgess

Telephone No. (Please Type)

Company Name

Southern States Utilities

(407) 335-5424 plant

Page 3 of 3

(407) 676-2605 home

DER FORM NO. 17-001-8001
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month December Year: 1994
 (2) Plant DER Identification Number: 3059P01561
 (3) Plant Name Florida Central Commerce Park
 (4) Plant Address 140 Hope Street
(off Ming Trail)
 (5) City Longwood
 (6) County Seminole
 (7) Phone Number (407) 339-5424
 (8) Permit Number DO-59195077
 (9) Plant Type 25 B
 (10) Test Site Identification Number: N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray irrigation as reclaimed water / Public Access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing C-5128 on site Mon-Wed, Sun
 Day Shift Operator Class C-7676 on site Thur-Sat, Wed
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator [Signature] B7762
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.048
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.049
(19) Percent of permitted capacity	%	-	52%
(20) BOD5 Effluent	mg/L	80082	0.7
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	2.11
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH		-	6.0
(25) Maximum pH		-	6.9
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.8
(32) Maximum Chlorine Residual	mg/L	-	9.80
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	1.85

1000 FORM NO. 17 (Rev. 10/81)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 REPORTING DATE: 10/95
 REPORTING OFFICE:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Florida Central Commerce Park

Month: December Year: 1994

Date of the Month	Flow (MGD)	Chemical Residual After 200000	Chemical Residual After 400000	BOD influent (mg/L)	TSS influent (mg/L)	BOD effluent (mg/L)	TSS effluent (mg/L)	pH effluent (mg/L)	TKN effluent (mg/L)	NH-N effluent (mg/L)	NITRATE effluent (mg/L)	TOTAL P effluent (mg/L)	FECA Column	N/L. Mu.
1	0.090	2.7					2.0	6.4					ND	0.27
2	0.051	2.0						6.9						0.27
3	0.052	2.3						6.0						0.24
4	0.033	5.3						6.1						0.33
5	0.033	2.2					2.0	6.7					ND	0.48
6	0.053	1.8		71.2	124	0.4	4.5	6.4					ND	0.26
7	0.056	2.4					2.0	6.6					ND	0.23
8	0.060	2.0					2.5	6.5					ND	0.24
9	0.049	2.2						6.5						0.24
10	0.050	2.4						6.2						0.17
11	0.029	3.1						6.8						0.27
12	0.036	3.7					3.0	6.6					ND	0.15
13	0.045	3.8					3.0	6.5					ND	0.19
14	0.055	2.1					2.5	6.2					ND	0.40
15	0.057	3.2					3.5	6.2					ND	1.85
16	0.055	3.3												0.72
17	0.056	3.2						6.0						0.58
18	0.035	2.7						6.7						0.61
19	0.026	4.1					1.5	6.4					ND	1.66
20	0.067	3.0		215	228	1.0	1.0	6.2					ND	0.36
21	0.055	3.2					1.0	6.5					ND	0.53
22	0.078	4.1					1.5	6.5					ND	0.34
23	0.072	4.8						6.7						0.30
24	0.056	2.1												0.26
25	0.028	8.9						6.9						0.33
26	0.018	9.9					1.5	6.7					ND	0.33
27	0.022	3.9					1.5	6.9					ND	0.39
28	0.051	2.4					2.0	6.9					ND	0.35
29	0.035	1.9					1.5	6.9					ND	0.30
30	0.051	2.4					1.5	6.7					ND	0.25
31	0.040	5.5												0.29

Local Operator: There is a note that you should add the information required in this report and put it in the back of my knowledge and add the information in this template and record.

Signed

Name (Please Type)

Company Name


 KEVIN GURELESS
 Southern States Utilities

Date

Telephone No. (Please Type)

1-800-338-5454, ext. 111

DER FORM NO.	17.801.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1997
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II: General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3059P01551

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
(off Ming Trail)

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DO-59195077

(9) Plant Type 3-C

(10) Test Site Identification Number: N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spraying on as reclaimed water - Public Access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7676</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original signed by Scott Iaggi C-5128</u>		
Signature		Cert. No.	

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.040
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.035
(19) Percent of permitted capacity	%	-	37%
(20) BOD5 Effluent	mg/L	80082	2.1
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH		-	6.4
(25) Maximum pH		-	7.4
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000655	---
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	7.1
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	0.66

DER FORM NO. 1740.001
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE Jan. 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Florida Central Commerce Park

Month January Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	AmS-N Effluent (mg/L)	NItrate Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	NYU Max Read
1	0.045	2.8						6.6					ND	0.33
2	0.010	2.9						6.7						0.26
3	0.044	6.6												0.30
4	0.008	3.5					2.0	6.7					ND	0.34
5	0.045	2.7					2.0	6.8					ND	0.52
6	0.045	2.7		203	72	0.2	1.5	6.6					ND	0.56
7	0.055	2.4					1.0	6.8					ND	0.45
8	0.041	2.8						6.5						0.40
9	0.047	2.5						6.5						0.34
10	0.043	6.4												0.34
11	0.007	3.0					1.0	7.0					ND	0.32
12	0.042	2.8					1.0	7.4					ND	0.33
13	0.058	2.4					1.0	6.7					ND	0.34
14	0.040	2.0					1.0	6.7					ND	0.29
15	0.056	2.1						6.4						0.35
16	0.059	2.5						6.5						0.66
17	0.024	7.1												0.42
18	0.009	3.7					1.5	6.9					ND	0.47
19	0.048	3.1		156	200	4.0	1.5	6.8					ND	0.32
20	0.048	2.6					1.0	6.8					ND	0.39
21	0.038	2.7					1.0	6.7					ND	0.30
22	0.043	2.6						6.5						0.36
23	0.038	2.0						6.4						0.48
24	0.015	4.0												0.26
25	0.006	2.6					1.0	6.9					ND	0.25
26	0.059	2.5					1.0	7.3					ND	0.27
27	0.059	2.6					1.0	6.5					ND	0.31
28	0.061	2.9					1.0	6.5					ND	0.31
29	0.051	3.6						6.5						0.30
30	0.053	2.9						6.5						0.31
31	0.032	6.2												0.20

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

Signed Original signed by Scott T. Iago
 Name (Please Type) Scott T. Iago
 Company Name Southern States Utilities

Date 02-14-93
 Telephone No. (Please Type) (407) 880-0059

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3059PD1561

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
(off Ming Trail)

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DO-59195077

(9) Plant Type 3-C

(10) Test Site Identification Number N.A.

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spraying/irrigation as reclaimed water Public Access

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

(14) Cumulative Days of Wet Weather Discharge
N.A.

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7676</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator: (Original signed by Scott Legg: C-5128)

Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.040
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.038
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	4.3
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH		-	6.4
(25) Maximum pH		-	7.2
(26) Total N	mg/L	000630	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	2.1
(32) Maximum Chlorine Residual	mg/L	-	7.1
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	1.10

DERFORM-1 (10/80)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1, 1991
 DER APPLICATION:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Florida Central Commerce Park

Month February Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	ATI Max Read
1	0.011	3.2					2.5	7.1					ND	0.29
2	0.048	3.0					1.5	7.0					ND	0.25
3	0.058	3.5		118	132	5.4	1.0	6.4					ND	0.28
4	0.048	2.8					1.0	6.5					ND	0.28
5	0.045	3.0						6.7						0.39
6	0.040	3.4						6.7						0.35
7	0.026	5.4												0.38
8	0.010	2.7					1.0	6.8					ND	0.36
9	0.040	2.7					1.0	6.9					ND	0.87
10	0.040	3.5					2.0	6.7					ND	0.83
11	0.045	3.0					1.0	6.5					ND	0.56
12	0.045	2.9						6.6						0.85
13	0.043	3.3						6.7						1.10
14	0.032	2.6												0.50
15	0.005	2.8					1.0	6.9					ND	0.46
16	0.042	2.7					1.0	6.9					ND	0.40
17	0.038	2.7		205	76	3.1	4.0	6.8					ND	0.39
18	0.051	2.3					1.0	6.6					ND	0.45
19	0.046	2.1						6.8						0.50
20	0.036	3.0						6.8						0.70
21	0.026	7.1												0.52
22	0.008	2.8					1.0	7.1					ND	0.49
23	0.052	3.2					1.0	7.2					ND	0.53
24	0.054	2.5					1.5	7.1					ND	0.40
25	0.049	2.1					1.0	6.5					ND	0.50
26	0.043	2.5						6.5						0.80
27	0.057	2.3						6.7						0.65
28	0.064	3.2												0.39
29														
30														
31														

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

Signed: (Original signed by Scott T. Jagg)
 Name (Please Type): Scott T. Jagg: P-5129
 Company Name: Southern States Utilities

Date: 03/19/93
 Telephone No. (Please Type): (407) 440-1111

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month March Year: 1993

(2) Plant DER Identification Number: 3059P01561

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
(off Ming Trail)

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DO-59195077

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray irrigation as reclaimed water. Public Access.

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7676</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original Signed by Scott T. Jaggard C-5128</u>		
Signature		Cert. No.	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.039
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.040
(19) Percent of permitted capacity	%	-	42.6
(20) BOD5 Effluent	mg/L	80082	5.16
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.74
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH		-	6.4
(25) Maximum pH		-	7.2
(26) Total N	mg/L	000630	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	3.4
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	0.81

DEPARTMENT: Environment
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1, 1991
 DER APPLICATION:

Domestic Wastewater Treatment Plant
Monthly Operating Report

Florida Central Commerce Park

Month March Year 1990

Day of the Month	Flow (MGD)	Chlorine Residue After Contact	Chlorine Residue After Booster	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PERL Conform	K ₁ Max Read	
1	0.013	2.5					2.0	7.0					ND	0.32	
2	0.045	2.4					3.0	7.0					ND	0.40	
3	0.040	2.4					1.0	6.8					ND	0.37	
4	0.059	2.3		245	180	23	3.0	6.5					ND	0.48	
5	0.044	2.3						6.7						0.65	
6	0.060	3.4						6.7						0.70	
7	0.022	2.6												0.81	
8	0.012	2.4					1.5	7.0					ND	0.49	
9	0.048	2.3					1.0	6.9					ND	0.39	
10	0.038	2.3					1.0	6.8					ND	0.60	
11	0.036	2.0					1.0	6.6					ND	0.30	
12	0.039	2.1						6.5						0.51	
13	0.046	2.7						6.7						0.60	
14	0.025	2.4												0.41	
15	0.012	2.3					3.5	6.9					ND	0.30	
16	0.042	2.4					2.5	6.7					ND	0.55	
17	0.039	2.6					2.5	6.7					ND	0.71	
18	0.036	2.7		215	100	11.9	2.5	6.7					ND	0.72	
19	0.060	2.1						6.6						0.48	
20	0.079	2.7						7.2						0.75	
21	0.025	2.3												0.29	
22	0.011	2.5					1.0	6.8					ND	0.20	
23	0.037	2.3					1.0	6.9					ND	0.29	
24	0.048	2.2					1.0	6.8					ND	0.38	
25	0.050	2.8					1.0	6.4					ND	0.43	
26	0.068	2.1						6.4						0.53	
27	0.043	2.1						6.7						0.36	
28	0.020	2.6												0.45	
29	0.011	3.0					1.0	6.8					ND	0.30	
30	0.052	2.2					1.5	6.7					ND	0.09	
31	0.041	2.1		645	150	1.3	2.0	7.0					ND	0.35	

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

Signed _____
 Name (Please Type) Scott J. Jager
 Company Name Southern States Utilities

Date 4/14/91
 Telephone Number (Type) _____
 (407) 254-6175

DER FORM NO. 17-801-B00-1
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1997
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II : General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3059PD1551

(3) Plant Name: Florida Central Commerce Park

(4) Plant Address: 140 Hope Street
(off Ming Trail)

(5) City: Longwood

(6) County: Seminole

(7) Phone Number: (407) 339-5424

(8) Permit Number: DO-59195077

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Spraying on as reclaimed water - Public Access

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

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing

Day Shift Operator Class:	<u>C</u>	Cert. No.:	<u>7676</u>
Evening Shift Operator Class:		Cert. No.:	
Night Shift Operator Class:		Cert. No.:	

Lead Operator: Original signed by Scott T. Jagg C-5128

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(15) Monthly average daily flow	mgd	50053	0.046
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.042
(19) Percent of permitted capacity	%	-	44%
(20) BOD5 Effluent	mg/L	80082	3.2
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.9
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH		-	6.4
(25) Maximum pH		-	7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	10.3
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	1.20

DERFORM NO. 57421 91-1
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE Jan. 5, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Florida Central Commerce Park

Month April Year 1995

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	NTU Max Read
1	0.058	2.0					1.0	6.4					ND	0.48
2	0.058	2.0						6.7						0.56
3	0.038	2.5						6.5						0.68
4	0.023	8.1												0.71
5	0.016	2.4					1.0	7.0					ND	0.48
6	0.059	2.5					3.5	6.8					ND	0.82
7	0.094	2.7						7.0					ND	0.88
8	0.079	1.8					1.5	6.6					ND	0.70
9	0.045	2.0						6.5						0.64
10	0.041	3.6						6.5						0.71
11	0.014	10.3					1.0							0.60
12	0.013	2.1					2.0	6.9					ND	0.49
13	0.043	2.2					2.0	7.1					ND	0.47
14	0.047	1.9		116.5	92	3.2	3.5	7.0					ND	0.72
15	0.058	2.0					1.0	6.9					ND	1.20
16	0.050	2.4						6.6						1.13
17	0.063	2.0						6.6						0.65
18	0.032	4.4												0.38
19	0.013	1.9					1.0	7.0					ND	0.65
20	0.052	2.2					2.0	6.5					ND	0.35
21	0.059	2.3					5.0	6.6					ND	0.28
22	0.068	2.3					1.0	6.6					ND	0.26
23	0.036	3.1						6.6						0.53
24	0.049	4.1						6.5						0.46
25	0.034	6.4												0.32
26	0.011	1.4					2.5	7.1					ND	0.31
27	0.047	1.4					2.5	6.5					ND	0.44
28	0.040	1.7		109.5	128	3.2	1.0	6.6					ND	0.45
29	0.047	1.3					1.5	6.5					ND	0.57
30	0.079	1.4						6.6						0.36
31														

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

Signed

Original signed by: Scott T. Jagg

Date

5/1/95

Name (Please Type)

Scott T. Jagg

Telephone No. (Please Type)

Company Name

Southern States Utilities

(407) 681-1111

PERFORMANCE:
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: 06/01/95
 DER APPLICATION:

Domestic Wastewater Treatment Plant
Monthly Operating Report

Florida Central Commerce Park

Month May Year 1995

Day of Month	Flow MGD	Chlorine Residual After Contact	Chlorine Residual After Secondary	BOD5 Influent mg/L	TSS Influent mg/L	BOD5 Effluent mg/L	TSS Effluent mg/L	pH Effluent	Ammonia Effluent mg/L	Nitrate Effluent mg/L	TOC, 4 Effluent mg/L	FECC Coliform	K12 Max Resp	
1	0.036	2.1						6.6					0.31	
2	0.029	7.9											0.22	
3	0.018	2.5					1.0	6.7				ND	0.25	
4	0.063	2.1					1.0	6.7				ND	0.31	
5	0.068	1.3					1.0	6.8				ND	0.24	
6	0.111	1.4					1.0	6.8				ND	0.27	
7	0.061	1.2						6.7					0.30	
8	0.063	1.7						6.7					0.43	
9	0.041	2.7											0.40	
10	0.077	2.0					1.5	6.9				ND	0.34	
11	0.067	1.7					1.0	6.7				ND	0.34	
12	0.055	1.6		225	52	3.4	1.0	6.4				ND	0.38	
13	0.055	1.4					1.0	6.5				ND	0.42	
14	0.067	1.6						6.6					0.66	
15	0.045	1.3						6.6					0.80	
16	0.053	1.4											0.64	
17	0.012	1.7					1.5	6.8				ND	0.46	
18	0.047	1.3					1.0	6.9				ND	0.47	
19	0.049	1.1					1.0	6.5				ND	0.69	
20	0.059	1.1					2.0	6.3				ND	1.04	
21	0.052	2.1						6.4					1.49	
22	0.053	2.5						6.4					1.29	
23	0.029	2.3											0.72	
24	0.011	1.9					1.5	6.5				ND	1.60	
25	0.044	2.8					1.5	6.4				ND	0.90	
26	0.050	1.9		306	92	3.4	5.0	6.3				ND	1.49	
27	0.046	2.5					1.0	6.5				ND	1.29	
28	0.051	1.6						6.2					1.22	
29	0.064	1.3						6.4					0.80	
30	0.014	1.1											0.57	
31	0.011	1.2					1.0	6.9				ND	0.51	

Let Operator Take a 15 minute rest period with the information contained in this report and that to the best of his knowledge and belief, this information is true, correct and complete.

Signed: _____
 Name (Please Type): Scott T. Jagg
 Company Name: Southwest States Utilities

Date: May 31, 1995
 Telephone No. (Area Code): _____
 Extension:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Florida Central Commerce Park

Month June Year 1993

Day of the Month	Flow (MGD)	Sludge Residual After Contact	Sludge Residual After Clarifier	BOD ₅ Influent (mg/L)	SS Influent (mg/L)	BOD ₅ Effluent (mg/L)	SS Effluent (mg/L)	1 st Effluent (mg/L)	2 nd Effluent (mg/L)	3 rd Effluent (mg/L)	4 th Effluent (mg/L)	ENTERATE Effluent (mg/L)	TOTAL # Effluent (mg/L)	PERCENT Conform	NTU Max Read
1	0.016	2.2					<1.0	6.7						NO	0.78
2	0.042	2.5					<1.0	6.2						NO	0.75
3	0.046	2.0					1.0	6.4						NO	0.82
4	0.035	2.2						6.3							1.06
5	0.062	3.0						6.5							0.80
6	0.028	2.7													0.50
7	0.010	2.5					1.0	6.6						NO	0.43
8	0.053	1.3					<1.0	6.5						NO	0.36
9	0.059	1.5		255	55	2.8	<1.0	6.4						NO	0.30
10	0.071	1.2					<1.0	6.4						NO	0.40
11	0.047	1.0						6.4							0.57
12	0.062	3.0						6.3							0.45
13	0.008	3.2													0.31
14	0.016	2.1					1.5	6.7						NO	0.32
15	0.026	1.7					2.5	6.6						NO	0.30
16	0.051	2.4					1.5	6.7						NO	0.28
17	0.057	2.3					1.5	6.3						NO	0.21
18	0.051	2.5						6.3							0.27
19	0.041	3.1						6.5							0.32
20	0.036	3.6													0.29
21	0.019	2.0					1.5	6.6						NO	0.33
22	0.058	2.3					2.5	6.6						NO	0.32
23	0.064	2.7		226	148	2.0	<1.0	6.5						NO	0.23
24	0.052	2.2					2.0	6.4						NO	0.48
25	0.062	1.9						6.3							0.37
26	0.054	2.7						6.6							0.83
27	0.040	2.0													0.79
28		1.6					1.5	6.6						NO	0.47
29	0.071	2.1					2.0	6.7						NO	0.22
30	0.069	2.2					3.0	6.7						NO	0.18
31															

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

Signed: _____
 Name (Please Type): Scott T. Jagg
 Company Name: Southern States Utility

Date: June 22, 1993
 Telephone No. (Please Type): _____
 FAX: _____

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3059P01561

(3) Plant Name: Florida Central Commerce Park

(4) Plant Address: 140 Hope Street
(off Ming Trail)

(5) City: Longwood

(6) County: Seminole

(7) Phone Number: (407) 339-5424

(8) Permit Number: DO-59195077

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Spraying/irrigation as reclaimed water - Public Access

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

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>5128 Sub.M.W</u>
Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7676 Th-Sat</u>
Night Shift Operator Class		Cert. No.	

Lead Operator: Original signed by Scott T. Jagg C-5128

Signature: _____ Cert. No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.046
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.046
(19) Percent of permitted capacity	%	-	48%
(20) BOD5 Effluent	mg/L	80082	2.0
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH		-	6.4
(25) Maximum pH		-	7.1
(26) Total N	mg/L	000630	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071650	---
(30) Total Phosphorus	mg/L	000655	---
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	6.6
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	0.94

PERFORMANCE: 100%
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan 1, 1993
 DERIVATION: N/A

Domestic Wastewater Treatment Plant Monthly Operating Report

Florida Central Commerce Park

Month: July Year: 1993

(34)	Flow (MG)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	Nitrite-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	NTL Max Resc	
1	0.057	2.6					2.0	6.4						0.71	
2	0.063	2.6						6.5						0.33	
3	0.046	2.6						6.5						0.45	
4	0.033	4.1												0.40	
5	0.014	2.9					3.0	6.7					ND	0.29	
6	0.024	2.6					1.0	6.9					ND	0.26	
7	0.052	2.3		90	116	24	1.0	6.7					ND	0.24	
8	0.051	2.3					2.0	6.6					ND	0.67	
9	0.056	2.4						6.7						0.16	
10	0.049	2.7						6.8						0.13	
11	0.056	3.7												0.13	
12	0.012	2.6					2.0	6.8					ND	0.16	
13	0.050	2.5					1.5	6.7					ND	0.16	
14	0.022	1.4					2.5	6.5					ND	0.16	
15	0.055	3.3					1.0	6.5					ND	0.25	
16	0.064	3.3						6.6						0.29	
17	0.065	3.0						6.5						0.22	
18	0.028	4.0												0.23	
19	0.014	3.2					1.0	6.8					ND	0.24	
20	0.046	2.9					2.0	6.6					ND	0.25	
21	0.061	2.5		101	256	16	1.0	6.7					ND	0.25	
22	0.056	3.1					1.0	6.7					ND	0.26	
23	0.060	2.3						6.6						0.21	
24	0.067	2.1						6.7						0.26	
25	0.037	6.6												0.32	
26	0.025	5.3					1.0	7.1					ND	0.70	
27	0.054	3.6					1.0	6.9					ND	0.72	
28	0.046	4.0					1.5	6.8					ND	0.76	
29	0.057	3.4					1.5	6.7					ND	0.63	
30	0.038	1.3						6.8						0.92	
31	0.051	4.1						6.7						0.94	

I hereby certify that this is a true and correct copy of the information contained in this report and that to the best of my knowledge and belief, the information is true and correct.

Signed: Original signed by Scott T. Jagg, C-5128
 Name (Please Type): Scott T. Jagg
 Company Name: Southern States Utilities

Date: August 11, 1993
 Telephone No. (Please Type):
 (Area Code) 888-0735

DER FORM NO. 17-801-900-1
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month August Year: 1993
 (2) Plant DER identification Number: 3059P01561
 (3) Plant Name Florida Central Commerce Park
 (4) Plant Address 140 Hope Street
(off Ming Trail)
 (5) City Longwood
 (6) County Seminole
 (7) Phone Number (407) 339-5424
 (8) Permit Number DO-59195077
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray irrigation as reclaimed water - Public Access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 5126 (M.W.)
 Day Shift Operator Class C Cert. No. 7676 Tb-Sat
 Night Shift Operator Class Cert. No.
 Lead Operator Original signed by Scott T. Jaggi C-5128
 Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(15) Monthly average daily flow	mgd	50053	0.049
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.047
(19) Percent of permitted capacity	%	-	49%
(20) BOD5 Effluent	mg/L	80082	3.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH		-	6.5
(25) Maximum pH		-	7.8
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	7.0
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	1.22

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 FORM 1775- Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1992
 DBA APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Florida Central Commerce Park

Month August Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfection	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	NTU Max. Read
1	0.043	5.7												0.99
2	0.023	4.1					1.0	6.8					ND	1.22
3	0.060	3.5					1.0	7.2					ND	0.44
4	0.052	2.3					1.0	6.7					ND	0.48
5	0.056	2.9		95	116	2.9	1.0	7.8					ND	0.37
6	0.065	3.3						6.6						0.29
7	0.061	3.4						6.7						0.50
8	0.045	5.6												0.43
9	0.014	3.3					<1.0	6.9					ND	0.47
10	0.056	2.7					1.5	6.8					ND	0.44
11	0.075	3.3					<1.0	6.9					ND	0.32
12	0.057	3.2					<1.0	6.8					ND	0.31
13	0.056	2.9						6.8						0.30
14	0.051	2.8						6.8						0.27
15	0.030	4.7												0.25
16	0.010	2.7					1.5	6.9					ND	0.25
17	0.031	2.3					2.0	6.5					ND	0.26
18	0.013	1.3		125	152	3.0	2.0	6.7					ND	0.27
19	0.056	2.8					2.0	6.7					ND	0.26
20	0.064	3.3						6.6						0.21
21	0.043	2.5						6.7						0.19
22	0.049	7.0												0.18
23	0.016	2.9					3.0	6.9					ND	0.24
24	0.061	2.3					3.5	6.8					ND	0.27
25	0.071	2.6					1.5	6.8					ND	0.28
26	0.067	3.0					1.0	6.7					ND	0.29
27	0.066	2.4						6.7						0.28
28	0.067	2.6						6.8						0.30
29	0.053	5.1												0.17
30	0.030	2.7					1.5	6.9					ND	0.16
31	0.069	2.6					1.0	6.9					ND	0.21

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

Signed _____
 Name (Please Type) Scott T. Jagg
 Company Name Southern States Utilities

Date: September 1, 1993
 Telephone No. (Please Type) _____
 (print) AKG/625

DER FORM NO. 17-601.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1994
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3059P01561

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
(off Ming Trail)

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DC-59195077

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray irrigation as reclaimed water - Public Access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>5126 M-W</u>
Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7677 Tb-Sat</u>
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original signed by Scot T. Leggi C-5126</u>		
	Signature	Cert. No.	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.054
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.050
(19) Percent of permitted capacity	%	-	53%
(20) BOD5 Effluent	mg/L	80082	2.1
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH		-	6.5
(25) Maximum pH		-	7.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	7.4
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	0.76

DEK FORM NO. 17-1-1993
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1, 1991
 DEK APPLICATION:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Florida Central Commerce Park

Month September Year 1993

14 No. of the Month	Flow (MGD)	Chlorine Residue After Contact	Chlorine Residue After Darkness	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	Turb. Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	WT. Max Read
1	0.081	2.5		168	116	2.1	1.5	6.7					ND	0.20
2	0.070	2.4					1.0	6.8					ND	0.18
3	0.069	2.4						6.6						0.15
4	0.060	2.5						6.6						0.15
5	0.048	5.5												0.13
6	0.028	2.0					1.0	7.8					ND	0.27
7	0.029	2.5					1.0	6.9					ND	0.25
8	0.061	2.3					1.0	6.8					ND	0.35
9	0.064	2.1					1.0	6.7					ND	0.35
10	0.064	1.7						6.7						0.40
11	0.059	2.3						6.5						0.70
12	0.043	7.4												0.37
13	0.019	2.4					1.5	7.1					ND	0.39
14	0.059	2.1					1.0	6.8					ND	0.39
15	0.054	3.1		235	232	1.3	1.0	6.8					ND	0.40
16	0.059	1.8					2.0	6.8					ND	0.40
17	0.059	1.6						6.8						0.34
18	0.057	1.7												0.34
19	0.037	5.9												0.17
20	0.021	1.9					1.0	7.3					ND	0.20
21	0.084	1.9					2.5	6.7					ND	0.26
22	0.056	1.9					1.0	6.8					ND	0.21
23	0.060	1.9					2.0	6.7					ND	0.20
24	0.063	2.0						6.8						0.26
25	0.062	2.0												0.27
26	0.047	5.6												0.15
27	0.033	2.0					1.0	7.0					ND	0.24
28	0.069	2.1					1.0	6.8					ND	0.27
29	0.066	2.1		171	72	2.9	1.5	6.7					ND	0.30
30	0.062	2.1					1.5	6.7					ND	0.32
31														

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

Signed: Original Signed by Scott T. Jaggi
 Name (Please Type): Scott T. Jaggi
 Company Name: Southern States Utilities

Date: October 11, 1993
 Telephone No. (Please Type): 1408 884-1111

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3059P01561

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
(off Ming Trail)

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DO-59195077

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray irrigation as reclaimed water - Public Access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>5128 S. M-W</u>
Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7676 Tb-Sat</u>
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Scott T. Jaggi C-5128

Signature	Cert. No.
-----------	-----------

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.046
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.050
(19) Percent of permitted capacity	%	-	53%
(20) BOD5 Effluent	mg/L	80082	2.3
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH		-	6.6
(25) Maximum pH		-	7.9
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.13
(32) Maximum Chlorine Residual	mg/L	-	13.9
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	1.43

DER FORM NO. 33-0001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1, 1990
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Florida Central Commerce Park

Month: October Year: 1990

Day of the Month	Flow (MGD)	Chlorine Residue After Contact	Chlorine Residue After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TAK Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	NTU Max Read
1	0.064	1.9					1.0	6.7						0.39
2	0.057	2.1						6.6						0.46
3	0.041	6.3												0.26
4	0.016	6.6					1.0	7.9					ND	0.44
5	0.012	9.2					2.0	7.6					ND	0.84
6	0.050	2.9					2.0	7.6					ND	0.80
7	0.073	1.8					1.5	6.9					ND	0.33
8	0.055	2.1						6.7						0.29
9	0.062	2.1						6.6						0.65
10	0.041	4.8												0.35
11	0.019	2.0					1.0	6.9					ND	0.35
12	0.049	2.3					1.0	6.7					ND	0.43
13	0.048	1.9		106	128	2.6	2.0	6.7					ND	0.44
14	0.049	1.9					1.0	6.7					ND	0.65
15	0.072	2.3						6.6						0.48
16	0.072	2.2						6.8						0.53
17	0.036	3.3												0.25
18	0.011	2.3					1.0	6.9					ND	0.26
19	0.055	2.4					1.0	6.7					ND	0.36
20	0.059	2.4					1.5	6.8					ND	0.55
21	0.057	2.4					1.0	6.8					ND	0.43
22	0.056	3.3						6.8						0.66
23	0.033	1.1						6.9						1.27
24	0.009	13.9												0.44
25	0.015	3.8					1.0	7.9					ND	0.71
26	0.059	2.5					1.0	6.7					ND	1.43
27	0.065	2.5		237	184	2.0	1.5	6.7					ND	0.92
28	0.052	2.4					1.5	6.7					ND	0.82
29	0.049	2.2						6.7						0.59
30	0.051	2.3						6.6						0.68
31	0.037	4.9												0.49

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

Signed: _____
 Name (Please Type): Scott T. Jagg
 Company Name: Southern States Utilities

Date: November 1, 1990
 Telephone No. (Please Type): _____
 FAX No. (Please Type): _____

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month November Year: 1993

(2) Plant DER Identification Number: 3059P01561

(3) Plant Name Florida Central Commerce Park

(4) Plant Address 140 Hope Street
101 Ming Trail

(5) City Longwood

(6) County Seminole

(7) Phone Number (407) 339-5424

(8) Permit Number DO-59195077

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Sprinkler irrigation as reclaimed water - Public Access

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator (Original signed by Scott Jagger C-5128)
 Signature _____ Cert. No. _____

Resubmitted January 1994

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.035
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.045
(19) Percent of permitted capacity	%	-	47%
(20) BOD5 Effluent	mg/L	50082	3.3
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH		-	6.4
(25) Maximum pH		-	7.5
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000655	---
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	3.6
(33) Other Effluent Parameters		-	-
Turbidity (Maximum NTU)		-	1.90

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Florida Central Commerce Park

Month November Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Chlorinator	Chlorine Residual After Decolorizer	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	AMON Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Conforms	N/L Max Recd
1	0.020	2.9					1.0	6.9					ND	0.46
2	0.062	3.0					1.0	6.8					ND	0.49
3	0.048	2.6					1.5	6.7					ND	0.68
4	0.055	2.5					2.0	6.6					ND	0.57
5	0.061	2.4						6.8						0.75
6	0.047	2.3						6.8						1.68
7	0.028	3.1												0.60
8	0.018	2.6					3.0	7.0					ND	0.39
9	0.057	2.2					1.0	6.8					ND	0.44
10	0.043	2.3					1.5	6.4					ND	0.43
11	0.064	2.3		200	200	2.3	1.5	6.8					ND	0.45
12	0.049	2.4						7.2						1.08
13	0.041	2.2						6.9						0.94
14	0.025	2.4												0.37
15	0.016	2.3					2.0	7.0					ND	0.30
16	0.041	2.4					3.5	6.8					ND	0.38
17	0.038	2.7					2.5	6.9					ND	1.35
18	0.046	2.5					3.0	6.7					ND	1.19
19	0.036	3.1						6.8						1.27
20	0.040	3.1						6.8						1.90
21	0.029	2.6												0.98
22	0.005	2.2					3.0	6.9					ND	0.55
23	0.045	2.7					2.5	6.9					ND	0.45
24	0.021	1.6		238	238	4.2	1.0	6.9					ND	0.36
25	0.040	2.1						6.7						0.48
26	0.002	2.6						6.9						0.47
27	0.019	3.6						6.9						0.36
28	0.019	1.6					1.0						ND	0.36
29	0.011	2.9					1.0	6.9					ND	0.40
30	0.041	2.2					1.0	7.5					ND	0.60
31														

Lead Control: This report certifies that the information contained herein is true and correct to the best of our knowledge and belief. One (1) copy of this report shall be retained for one year.

Signed: (Original signed by Scott T. Jaggi, C-5128)
 Name (Please Type): Scott T. Jaggi
 Company Name: Southern States Utilities

Date: 12/01/94
 Telephone No. (Please Type): (407) 491-1171

DER FORM NO. 17 801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993
 (2) Plant DER Identification Number: 3059P01561
 (3) Plant Name Florida Central Commerce Park
 (4) Plant Address 140 Hope Street
1000 Ming Trail
 (5) City Longwood
 (6) County Seminole
 (7) Phone Number (407) 339-5424
 (8) Permit Number DO-59195077
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Secondary treatment as reclaimed water - Public Access
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 7676
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Original signed by Scott T. Jagg C-5126
 Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.033
(17) Permitted capacity	mgd	-	0.095
(18) Three month average daily flow	mgd	-	0.038
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	3.4
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH		-	6.7
(25) Maximum pH		-	7.2
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.7
(32) Maximum Chlorine Residual	mg/L	-	3.1
(33) Other Effluent Parameters			
Turbidity (Maximum NTU)		-	0.74

DER FORM NO. 17-100-001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan 1, 1991
 DER APPLICATION: NC

Domestic Wastewater Treatment Plant
Monthly Operating Report

Florida Central Commerce Park

Month: December Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	NTU Max Read
1	0.015	1.8					1.0	6.9					ND	0.58
2	0.031	2.2					1.5	6.7					ND	0.69
3	0.040	2.1						6.7						0.72
4	0.042	2.5						6.7						0.61
5	0.014	3.1												0.45
6	0.011	2.3					2.0	6.9					ND	0.34
7	0.041	2.6					1.5	6.8					ND	0.36
8	0.040	2.5		259	96	25	2.5	6.9					ND	0.50
9	0.041	2.4					1.5	6.8					ND	0.74
10	0.051	2.2						6.6						0.47
11	0.040	2.1						6.9						0.60
12	0.013	2.4												0.27
13	0.010	2.4					1.0	6.9					ND	0.29
14	0.042	2.7					<1.0	6.7					ND	0.36
15	0.050	2.3					1.5	6.7					ND	0.29
16	0.034	2.3					1.0	6.7					ND	0.30
17	0.048	2.8						6.7						0.30
18	0.058	2.3						6.8						0.52
19	0.024	3.1												0.57
20	0.016	2.4					1.0	6.7					ND	0.39
21	0.043	2.4					2.5	6.8					ND	0.28
22	0.049	2.7		209	204	4.2	1.0	6.7					ND	0.34
23	0.039	2.7					1.5	6.9					ND	0.36
24	0.048	2.4						6.7						0.26
25	0.036	2.0						6.9						0.39
26	0.008	2.9												0.60
27	0.005	2.1					1.0	6.8					ND	0.40
28	0.026	2.0					1.0	6.9					ND	0.32
29	0.032	1.9					2.0	6.7					ND	0.39
30	0.029	1.7					1.5	6.7					ND	0.45
31	0.034	2.3						7.2						0.54

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

Signed: Original signed by: Scott T. Jarr
 Name (Please Type): Scott T. Jarr
 Company Name: Southern States Utilities

Date: January 11, 1994
 Telephone No. (Please Type): _____
 E-mail Address: _____

**Reference: Fox Run / Martin County
Monthly Operating Reports / Wastewater**

Please Note:

Wastewater treatment for the **Fox Run** service area is provided by Martin County Utilities as of June 1, 1993.

There are no monthly operating reports for this area after May 1993.

THIS PAGE INTENTIONALLY LEFT BLANK

DEP Form 1 (7-80) (REV. 11-80)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date: July 1, 1981
 DEP Approval No. _____

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II General Information

(1) Month JANUARY Year 1993
 (2) Plant's DEP Identification Number 5143B00016
 (3) Plant Name FOX RUN
C/O SSU SERVICES
 (4) Plant Address PINE TREE LANE
 (5) City PALM CITY
 (6) County MARTIN
 (7) Phone Number (407) 334-5584
 (8) Permit Number DT-43-193523
 (9) Plant Type 30
 (10) Test Site Identification Number _____
 (11) Feed Control System Method
☒ Membrane Filter ☐ Other Process Method
 (12) Type of Effluent Control or Recirculation Water Flow
DRAINFIELD
 (13) Limited Wet Weather Discharge Allowed
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge _____
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 8494
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Frank J. Webb C-8494

Parameter	Units	STOREY Code	Value
(16) Monthly average daily flow	mgd	050053	0.000
(17) Permitted capacity	mgd	—	0.025
(18) Three-month average daily flow	mgd	—	0.026
(19) Percent of permitted capacity	%	—	104
(20) CBOD ₅ Effluent	mg/L	060082	2
(21) CBOD ₅ Effluent	lbs/day	—	0.5
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	0.2
(24) Minimum pH	—	—	6.2
(25) Maximum pH	—	—	7.6
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH ₃ - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000655	—
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	2.5
(33) Other Effluent Parameters	—	—	—
(34) GALS. WASTED	mgd	—	0.007
(35) GALS. HAULED	mgd	—	—

* SLUDGE WAS LIME STABILIZED PRIOR TO BEING HAULED.

DCA Form 11-200-0001
 Domestic Wastewater Treatment Plant
 Month: January Year: 1992
 Station No.: 201
 DCA Station No.: 201

Domestic Wastewater Treatment Plant Monthly Operating Report

Month: <u>JANUARY</u> Year: <u>1992</u>									
Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Disinfection	CROD ₂ Influent (mg/L)	ISS Influent (mg/L)	CROD ₂ Effluent (mg/L)	ISS Effluent (mg/L)	PH ₂ - N Effluent (mg/L)	Phosphate Effluent (mg/L)
01	0.045	1.5							
02	0.032	1.5							
03	0.015	1.5							
04	0.032	1.5							
05	0.023	1.5							
06	0.024	1.5							
07	0.018	1.5							
08	0.029	1.5							
09	0.055	1.5							
10	0.029	1.1							
11	0.026	1.5							
12	0.020	1.5							
13	0.031	1.2							
14	0.057	1.1							
15	0.031	1.5							
16	0.034	1.5							
17	0.027	1.5							
18	0.022	1.5							
19	0.027	1.5							
20	0.019	1.5							
21	0.050	1.5							
22	0.035	1.5							
23	0.024	1.5							
24	0.024	1.5							
25	0.025	1.5							
26	0.036	1.5							
27									
28									
29									
30									
31									

* Flowmeters calibrated by A.W.A. Inc. Station
 Lead Operator: Donald T. Pelt
 This is to certify that the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Donald T. Pelt Date: 1-19-92
 Name (Please Print): Donald T. Pelt
 Company Name: SSW SERVICES Telephone No. (Please Print): (407) 890-0058

1. DATE _____

2. NAME _____

3. ADDRESS _____

4. CITY _____

5. STATE _____

6. ZIP _____

7. PHONE _____

8. TELETYPE _____

9. FAX _____

10. EMAIL _____

11. TELEFAX _____

12. TELEFAX _____

13. TELEFAX _____

14. TELEFAX _____

15. TELEFAX _____

16. TELEFAX _____

17. TELEFAX _____

18. TELEFAX _____

19. TELEFAX _____

20. TELEFAX _____

21. TELEFAX _____

22. TELEFAX _____

23. TELEFAX _____

24. TELEFAX _____

25. TELEFAX _____

26. TELEFAX _____

27. TELEFAX _____

28. TELEFAX _____

29. TELEFAX _____

30. TELEFAX _____

31. TELEFAX _____

32. TELEFAX _____

33. TELEFAX _____

34. TELEFAX _____

35. TELEFAX _____

36. TELEFAX _____

37. TELEFAX _____

38. TELEFAX _____

39. TELEFAX _____

40. TELEFAX _____

41. TELEFAX _____

42. TELEFAX _____

43. TELEFAX _____

44. TELEFAX _____

45. TELEFAX _____

46. TELEFAX _____

47. TELEFAX _____

48. TELEFAX _____

49. TELEFAX _____

50. TELEFAX _____

51. TELEFAX _____

52. TELEFAX _____

53. TELEFAX _____

54. TELEFAX _____

55. TELEFAX _____

56. TELEFAX _____

57. TELEFAX _____

58. TELEFAX _____

59. TELEFAX _____

60. TELEFAX _____

61. TELEFAX _____

62. TELEFAX _____

63. TELEFAX _____

64. TELEFAX _____

65. TELEFAX _____

66. TELEFAX _____

67. TELEFAX _____

68. TELEFAX _____

69. TELEFAX _____

70. TELEFAX _____

71. TELEFAX _____

72. TELEFAX _____

73. TELEFAX _____

74. TELEFAX _____

75. TELEFAX _____

76. TELEFAX _____

77. TELEFAX _____

78. TELEFAX _____

79. TELEFAX _____

80. TELEFAX _____

81. TELEFAX _____

82. TELEFAX _____

83. TELEFAX _____

84. TELEFAX _____

85. TELEFAX _____

86. TELEFAX _____

87. TELEFAX _____

88. TELEFAX _____

89. TELEFAX _____

90. TELEFAX _____

91. TELEFAX _____

92. TELEFAX _____

93. TELEFAX _____

94. TELEFAX _____

95. TELEFAX _____

96. TELEFAX _____

97. TELEFAX _____

98. TELEFAX _____

99. TELEFAX _____

100. TELEFAX _____

1.2.4.

1. 凡在本行开立存款账户的自然人客户，单笔或当日累计存款金额达到人民币50万元（含）以上的，本行应对其资金来源进行审查，并留存相关证明材料。

3-24-93

Journal of Management Inquiry 18(1) 7-21

OPA Form 17-601.803.11
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date: Jun. 1, 1991
 OPA requires this report to be filed with OPA

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March 1993
 (2) Plant's CER Identification Number: 5143P00016
 (3) Plant Name: FOX RUN
C/O SSU SERVICES
 (4) Plant Address: PINE TREE LANE
 (5) City: PALM CITY
 (6) County: MARTIN
 (7) Phone Number: (407) 334-5584
 (8) Permit Number: DT-43-193523
 (9) Plant Type: 30
 (10) Test Site Identification Number: _____
 (11) Fecal Coliform Control Method:
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Route:
DRAINFIELD
 (13) Limited Weather Discharge Allowed:
☐ Yes ☐ No ☒ Not Applicable
 (14) Continuous Discharge of Wastewater Discharge:

 (15) Plant Staffing:
 Day Shift Operator Count: 6 Cert. No.: 8494
 Evening Shift Operator Count: _____ Cert. No.: _____
 Night Shift Operator Count: _____ Cert. No.: _____
 Lead Operator: Small, J. Phil Cert. No.: 8494

Parameter	Units	STORED Code	Value
(16) Monthly average daily flow	mgd	050253	10.023
(17) Permitted capacity	mgd	—	10.040
(18) Three-month average daily flow	mgd	—	—
(19) Percent of permitted capacity	%	—	—
(20) CBOD ₅ Effluent	mg/L	108062	1
(21) CBOD ₅ Effluent	lbs/day	—	0.4
(22) TSS Effluent	mg/L	90000	1
(23) TSS Effluent	lbs/day	—	0.2
(24) Minimum pH	—	—	6.6
(25) Maximum pH	—	—	7.6
(26) Total N	mg/L	100060	—
(27) TKN	mg/L	100060	—
(28) Ammonia (NH ₃ + N)	mg/L	100060	—
(29) Nitrate	mg/L	071550	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	1.1
(32) Maximum Chlorine Residual	mg/L	—	2.5
(33) Other Effluent Parameters			
(34) GALS. WASTED	mgd	—	0.004
(35) GALS. HAULED	mgd	—	—
(36) Gals. Eff. Hauled	mgd	—	0.198

*SLUDGE WAS LIME STABILIZED PRIOR TO BEING HAULED.

DEP Form 17-001 (0011)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Station Name: FOX RUN
 Station Code: 30
 Station City: PALESTINE
 Station State: TX
 Station County: DADE
 Station Date: July 1, 1991
 DEP Approval No. 29

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month April Year 1993
 (2) Plant's DEP Identification Number 5143P00016
 (3) Plant Name FOX RUN
C/O SSU SERVICES
 (4) Plant Address PINE TREE LANE
 (5) City PALESTINE
 (6) County MARTIN
 (7) Phone Number (407) 334-5584
 (8) Permit Number DT-43-193523
 (9) Plant Type 30
 (10) Test Site Identification Number _____
 (11) Federal Control Code: ☒ Manual
☒ Membrane Filter ☐ Mod. Process Number _____
 (12) Type of Effluent Disposal or Reclaimed Water Reuse DRAINFIELD
 (13) Limited Wet Weather Discharge Activities
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge _____
 (15) Plant Staffing
 Day Shift Operator Class C Gen. No. 8494
 Evening Shift Operator Class _____ Gen. No. _____
 Night Shift Operator Class _____ Gen. No. _____
 Lead Operator Lowell Y. Smith C-8494
State ID Gen. No.

Parameter	Units	SI/DET Code	Value
(16) Monthly average daily flow	mgd	050053	0.015
(17) Permitted capacity	mgd	—	0.040
(18) Three-month average daily flow	mgd	—	0.015
(19) Percent of permitted capacity	%	—	63
(20) CBOD ₅ Effluent	mg/L	080082	8
(21) CBOD ₅ Effluent	lbs/day	—	1.7
(22) TSS Effluent	mg/L	90020	4
(23) TSS Effluent	lbs/day	—	0.8
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
(34) GALS. WASTED	mgd	—	0.034
(35) GALS. HAULED*	mgd	—	0.018
(36) Gals. Eff. Hauled	mgd	—	0.172

*SLUDGE WAS LIME STABILIZED PRIOR TO BEING HAULED.

DCA Form 1-2001
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Station Date: April 1, 1993
 DCA Application No. 1-2001-001

Domestic Wastewater Treatment Plant Monthly Operating Report

(3a) Month April Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Disinfection	CODCr Effluent (mg/L)	TSS Effluent (mg/L)	CODCr Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (MPN/100ml)	Gen. Ls. (mg/L)	Gen. Ls. (mg/L)	Eff. Hauling (mg/L)
01	0.036	1.5						7.1								
02	0.035	1.0						7.1							0036, 004	
03	0.035	1.0						7.0							0036	
04																
05	0.057	1.0						7.2								0165
06	0.038	1.0						7.1								011
07	0.074	1.0						6.9								011
08	0.021	1.5		247	110	8	4	6.9					41		0036, 010	
09	0.021	1.0						7.0							006, 0036, 010	
10																0165
11	0.072	1.5						7.1								0036, 011
12	0.029	1.0						7.2							0036, 0036	
13	0.031	1.5						7.2								011
14	0.028	1.0						7.2								006
15	0.018	1.5						7.2								0036
16	0.020	1.0						7.0								006
17	0.022	1.0						7.1								0018, 006
18																
19	0.044	1.5						7.1								006
20	0.016	1.5						7.2								
21	0.022	1.5						7.1								0018, 006
22	0.020	1.0						7.2								006
23	0.017	1.5						7.2								0036, 006
24	0.021	1.0						7.2								006
25																
26	0.024	1.0						7.2								
27	0.027	1.5						7.5								006
28	0.016	1.0						7.0								0018
29	0.022	1.5						7.2								
30	0.022	1.0						7.1								006
31																

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

Signed: Lowell T. Polk
 Name (Please Type): LOWELL T. POLK
 Company: SSU SERVICES

Date: 5-15-93

DER Form	17-401.902(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	June 1, 1991
DER Installation File	at name of the DER

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month May Year 1993

(2) Plant's DER Identification Number 5143P000016

(3) Plant Name FOX RUN
C/O SSU SERVICES

(4) Plant Address PINE TREE LANE

(5) City PALM CITY

(6) County MARTIN

(7) Phone Number (407) 334-5584

(8) Permit Number DT-43-193523

(9) Plant Type 32

(10) Test Site Identification Number _____

(11) Facility Contains Drying Machine
☒ Membrane Filter ☐ Mass Air Flow Monitor

(12) Type of Effluent Disposal or Reclaimed Water Ponds
DRAINFIELD

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

(14) Cumulative Date of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 8494
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Lowell T. Pella C-8494
Operator _____ Cert. No. _____

Parameter	Units	SDRET Code	Value
(16) Monthly average daily flow	mgd	050053	0.020
(17) Permitted capacity	mgd	-	0.040
(18) Three-month average daily flow	mgd	-	0.021
(19) Percent of permitted capacity	%	-	58
(20) CSOD ₅ Effluent	mg/L	080082	8
(21) CBOD ₅ Effluent	lbs/day	-	1.3
(22) TSS Effluent	mg/L	800201	4
(23) TSS Effluent	lbs/day	-	0.7
(24) Minimum pH		-	6.5
(25) Maximum pH		-	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residue	mg/L	-	1.0
(32) Maximum Chlorine Residue	mg/L	-	1.5
(33) Other Effluent Parameters			
(34) GALS. WASTED	mgd		0.017
(35) GALS. HAULED	mgd		
(36) Eff. Gals. Hauled	mgd		0.078

*SLUDGE WAS LIME STABILIZED PRIOR TO BEING HAULED.

FR



Domestic Wastewater Treatment Plant Monthly Operating Report

(34)

Month May Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Disinfection	Cl ₂ (mg/L)	TSS Influent (mg/L)	COD _{Cr} Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100mg)	Coli. Wastes (mg)	Coli. Fungus (mg)	Coli. Hauler (mg)	Coli. Hauler (mg)
01																	
02	0.012	1.5					7.3							.001			
03	0.021	1.0					7.2										
04	0.027	1.8					7.2										
05	0.019	1.5	1.4	1.2	8	4	7.2					41	.001	.006			
06	0.027	1.2					7.3						.001	.006			
07	0.021	1.2					7.2						.001	.006			
08	0.020	1.5					7.2						.001	.006			
09																	
10	0.054	1.0					7.5								.006		
11	0.022	1.2					7.2						.001				
12	0.027	1.2					7.0						.001	.006			
13	0.020	1.2					7.3										
14	0.028	1.5					7.0						.001				
15															.006		
16	0.040	1.5					7.0						.001	.006			
17	0.026	1.2					7.0								.006		
18	0.020	1.2					7.5						.001	.006			
19	0.032	1.0					7.1										
20	0.012	1.5					6.8								.006		
21	0.018	1.0					7.5								.006		
22	0.024	1.0					7.4										
23																	
24	0.044	1.5					7.3										
25	0.020	1.5					6.5						.001				
26	0.024	1.0					7.5										
27	0.024	1.0					7.5										
28	0.017	1.0					7.5							.006			
29																	
30	0.006	1.5					6.5										
31	0.001	1.5					7.0										

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

Signed: Lowell T. Roll
Name (Please Type): LOWELL T. ROLL
Company Name: SSU SERVICES

Date: 6.21.93
Telephone No. (Please Type): (407) 880-0050

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astoria

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Mark Thurel 7212
 Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	90063	0.017
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.014
(19) Percent of permitted capacity	%	-	66%
(20) BODs Effluent	mg/L	90082	9.9
(21) BODs Effluent	lbs/day	-	1.40
(22) TSS Effluent	mg/L	900201	14.0
(23) TSS Effluent	lbs/day	-	1.98
(24) Minimum pH			7.3
(25) Maximum pH			8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000628	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.71
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

* COLIFORM GROWTH - RECHECKED

1-11-94 CON

DER FORM NO. 17,001.000(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month January Year 1994

(Day)	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOOS Influent (mg/L)	TSS Influent (mg/L)	CBOOS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TOR Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.017	3.6						7.8						
2														
3	0.039	2.0						7.8						
4	0.018	1.5						7.7						
5	0.018	0.8		185	180	9.81	14	7.4			0.71		C	*
6	0.018	3.0						7.8						
7	0.018	2.5												
8	0.023	1.8						7.3						
9														
10	0.034	2.0						7.6						
11	0.014	2.2						8.0					13	
12	0.015	3.0						7.6						
13	0.015	2.5						7.7						
14	0.017	3.0						7.4						
15	0.017	3.5						7.3						
16														
17	0.033	3.0						7.4						
18	0.022	2.8						7.8						
19	0.019	2.2						7.5						
20	0.018	3.0						7.4						
21	0.016	2.0						7.4						
22	0.014	3.5						7.8						
23														
24	0.033	2.0						7.6						
25	0.016	3.5						7.9						
26	0.017	2.8						7.8						
27	0.013	2.5						7.8						
28	0.014	3.0						7.7						
29	0.018	3.3						7.6						
30														
31	0.047	3.0						7.3						

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

Signed: Mart March 67212

Date: 2-2-94

Name (Please Type): Mart March

Telephone No. (Please Type):

Company Name: Southern States Utilities

(804) 347-1965

* SCHEDULED YEARLY CALIBRATION WAS
INCORRECTLY CALIBRATED ON FLOW
METER - HAS BEEN RECALIBRATED

DER FORM NO. 17-601-900-1
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Honorable Haven

Month February

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dichlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrite Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.020	3.0						7.8							
2	0.020	3.0						7.4							
3	0.017	2.5		142	120	1.33	5	7.3							
4	0.016	3.0						7.4							
5	0.017	3.5						7.8							
6															
7	0.031	3.0						7.5							
8	0.016	3.0						7.8							
9	0.014	2.5						7.0							
10	0.015	2.8						7.6							
11	0.013	2.5						7.5							
12	0.015	3.5						7.8							
13															
14	0.032	2.0						7.8							
15	0.015	3.0						7.8							
16	0.015	3.5						7.8							
17	0.013	3.5						7.7							
18	0.021	3.5						7.8							
19	0.015	3.5						7.9							
20															
21	0.035	3.8						7.5							
22	0.019	3.0						7.6							
23	0.019	3.5						7.7							
24	0.015	3.0						7.8							
25	0.044	3.3						7.5							
26	0.019	3.5						7.8							
27															
28	0.026	2.0						7.8							
29															
30															
31															

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

Signed

Mark Major C 7212

Date

3-2-94

Name (Please Type)

Mark Major

Telephone No. (Please Type)

Company Name

Southern States Utilities

(DD-11-7-120)

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994
 (2) Plant DER Identification Number: 3035P10390
 (3) Plant Name Holiday Haven
 (4) Plant Address Pearl & Lisa St
 (5) City Astor
 (6) County Lake
 (7) Phone Number 904-347-1255
 (8) Permit Number DT35-148316
 (9) Plant Type IIIC
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Pond
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 7212
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Mark March
 Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(15) Monthly average daily flow	mgd	50058	0.013
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	64.00%
(20) BODs Effluent	mg/L	80082	<1.0
(21) BODs Effluent	lbs/day	-	0.05
(22) TSS Effluent	mg/L	900201	<1.0
(23) TSS Effluent	lbs/day	-	0.05
(24) Minimum pH			7.2
(25) Maximum pH			8.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-801-800(1)

FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Handy Haven

Month March

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBODs Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.015	3.5						7.4							
2	0.020	3.5						7.7							
3	0.011	3.0		52.5	33	<1.0	<1.0	7.4							
4	0.016	3.5						7.3							
5	0.015	1.3						7.2							
6															
7	0.030	2.0						7.4							
8	0.015	3.5						7.5							
9	0.014	3.0						7.4							
10	0.011	2.8						7.5							
11	0.012	3.0						7.7							
12	0.015	3.5						8.0							
13															
14	0.026	3.0						7.6							
15	0.017	3.5						7.8							
16	0.011	3.5						7.6							
17	0.013	3.0						7.7							
18	0.009	3.5						7.5							
19	0.013	3.5						7.8							
20															
21	0.025	3.0						7.6							
22	0.014	2.5						7.5							
23	0.010	1.8						7.8							
24	0.011	3.5						7.5							
25	0.010	0.0						7.4							
26	0.013	1.3						7.5							
27															
28	0.024	2.5						7.8							
29	0.012	3.5						7.5							
30	0.011	3.0						7.6							
31	0.009	3.5						7.6							

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

Signed

Mark March

C 7212

Date

4/2/94

Name (Please Type)

Mark March

Telephone No. (Please Type)

Company Name

Southern States Utilities

1904-347-1257

Page 3 of 3

* City DUMA NOT ARISE - REARIME & DEAL CK PLANT FOR ADEQUATE CIG RES

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pear & Usa St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1255

(8) Permit Number DT35-146316

(9) Plant Type III C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

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

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Mark Mark C 7212

Signature Cert No.

[illegible]

* WEEKEND VISIT - LOSS OF VACUUM, LINE SPLIT - REPLACE FEED LINE

DER FORM NO. 17 801.8001
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month April

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dchlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitros Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.012	1.5						7.6							
2	0.008	3.5						7.7							
3															
4	0.022	3.0						7.6							
5	0.008	3.5						7.8							
6	0.013	3.5						7.9							
7	0.008	3.0						7.8							
8	0.010	0.8						7.8							
9	0.010	3.0						7.8							
10															
11	0.022	3.5						7.6							
12	0.006	1.5						7.5							
13	0.010	0.8		143	87	<10	<10	7.8			0.32		<1		
14	0.010	3.5						7.8							
15	0.011	3.5						7.4							
16	0.010	3.5						7.9							
17															
18	0.020	3.5						7.8							
19	0.008	3.0						7.8							
20	0.017	3.5						7.7							
21	0.008	2.5						7.7							
22	0.012	2.0						7.6							
23	0.006	* 0.0						7.7							
24															
25	0.021	3.5						7.8							
26	0.010	2.0						7.5							
27	0.011	3.5						7.7							
28	0.008	3.0						7.7							
29	0.012	3.5						7.8							
30	0.010	3.5						7.2							
31															

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

Signed

Mark March C7212

Date

5-11-94

Name (Please Type)

Mark March

Telephone No. (Please Type)

Company Name

Southern States Utilities

(904) 347-1285

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name: Holiday Haven

(4) Plant Address: Pearl & Lisa St

(5) City: Astor

(6) County: Lake

(7) Phone Number: 904-347-1265

(8) Permit Number: DT25-14831E

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing:
 Day Shift Operator Class: C Cert. No. 7212
 Evening Shift Operator Class: Cert. No.
 Night Shift Operator Class: Cert. No.
 Lead Operator: Mark Marx Cert. No. 67212
 Signature: Mark Marx Cert. No. 67212

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.010
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.011
(19) Percent of permitted capacity	%	-	43.70%
(20) BODs Effluent	mg/L	80082	<1.0
(21) BODs Effluent	lbs/day	-	0.04
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	-	0.50
(24) Minimum pH			7.0
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	* 0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

* CN 5-244 & 5-4-94 CL₂ FEED PUMP MALFUNCTIONED, USING UP ALL LIQUID IN BARREL, HAS BEEN REPAIRED

DER FORM NO. 17.801.8001
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month May

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrite Effluent (mg/L)	Total P Effluent (mg/L)	Facet Confirm		
1															
2	0.022	3.5						7.5							
3	0.017	3.0						7.6							
4	0.010	3.5						7.8							
5	0.007	3.5						7.0							
6	0.010	3.0						7.7							
7	0.010	3.5						7.9							
8															
9	0.021	3.5						7.6							
10	0.009	3.5						7.7							
11	0.010	3.0						7.5							
12	0.010	3.0		210	327	410	60	7.6							
13	0.005	3.5						7.5							
14	0.010														
15															
16	0.021	3.0						7.6							
17	0.012	3.5						7.6							
18	0.009	3.0						7.6							
19	0.009	3.5						7.6							
20	0.006	3.5						7.5							
21	0.005														
22															
23	0.021	3.5						7.4							
24	0.008	3.0						7.6							
25	0.005	3.5						7.5							
26	0.006	3.5						7.6							
27	0.005	3.0						7.5							
28	0.011														
29															
30	0.021	3.0						7.4							
31	0.010	3.5						7.6							

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

information is true, complete and accurate.

Signed

Mark March C7212

Date

6-10-94

Name (Please Type)

Mark March

Telephone No. (Please Type)

Company Name

Southern States Utilities

(804) 347-1271

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7212</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>[Signature]</u>	Cert. No.	<u>67213</u>
	Signature	Cert No	

Parameter	UNITS	STORED	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.011
(19) Percent of permitted capacity	%	-	43.51%
(20) BODs Effluent	mg/L	80082	2.3
(21) BODs Effluent	lbs/day	-	0.25
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	-	0.65
(24) Minimum pH			7.4
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

FORM NO. 17-801 (8/81)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday: None

Month: June

Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.010	2.0						7.8							
2	0.007	3.0		180	210	23	80	7.8							
3	0.008	3.5						7.8							
4	0.011														
5															
6	0.018	3.0						7.7							
7	0.009	3.0						7.8							
8	0.012	3.5						7.8							
9	0.012	2.0						7.8							
10	0.015	3.5						7.8							
11	0.014														
12															
13	0.028	2.2						7.4							
14	0.013	3.0						7.5							
15	0.012	3.5						7.6							
16	0.010	1.0						7.4							
17	0.015	3.5						7.8							
18	0.015														
19															
20	0.028	3.0						7.5							
21	0.020	3.5						7.8							
22	0.017	3.5						7.5							
23	0.016	3.0						7.4							
24	0.015	3.5						7.5							
25	0.018														
26															
27	0.024	3.0						7.4							
28	0.013	3.5						7.8							
29	0.012	3.0						7.7							
30	0.008	3.0						7.8							
31															

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

information is true, complete and accurate.

Signed

Mark March 67212

Date

7-13-94

Name (Please Type)

Mark March

Telephone No. (Please Type)

Company Name

Southern States Utilities

(804) 341-1255

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Fean & Lisa St

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type III-C

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class C Cert. No. 7212
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Mark Mural C 7212
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.014
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	48%
(20) CBOD Effluent	mg/L	80082	1.4
(21) CBOD Effluent	lbs/day	-	0.16
(22) TSS Effluent	mg/L	900201	9.0
(23) TSS Effluent	lbs/day	-	1.05
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.55
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	4.2
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO. 17.801.800111
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month July

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.013	3.5						7.4							
2	0.011	2.5						7.3							
3															
4	0.026	3.0						7.4							
5	0.012	3.5						7.3							
6	0.011	2.8		105	2550	14	80	7.4			8.56		4.1		
7	0.024	1.0						7.8							
8	0.017	2.0						7.8							
9	0.019														
10															
11	0.027	2.2						7.8							
12	0.014	3.5						7.5							
13	0.014	2.8						7.8							
14	0.013	3.5						7.8							
15	0.014	3.5						7.8							
16	0.017														
17															
18	0.026	2.8						7.5							
19	0.011	4.2						7.8							
20	0.010	2.8						7.8							
21	0.018	2.8						7.7							
22	0.014	2.5						7.7							
23	0.015														
24															
25	0.030	2.0						7.8							
26	0.018	1.2						7.2							
27	0.019	2.8						7.4							
28	0.017	2.0						7.3							
29	0.014	2.2						7.8							
30	0.018														
31															

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

information is true, complete and accurate.

Signed Mack March 67212

Date 8-10-94

Name (Please Type) Mack March

Telephone No. (Please Type)

Company Name Southern States Utilities

(904) 347-1265

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-146316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse Spray Field

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

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Mark Munn C 721

Signature Cert No

Page 2 of 3

DER FORM NO. 17-801-800(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month: August

Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.031	2.4						7.4							
2	0.015	2.0						7.8							
3	0.016	2.6						7.8							
4	0.014	1.8						7.6							
5	0.015	2.8						7.8							
6	0.017														
7															
8	0.033	1.5						7.5							
9	0.020	2.0		173	223.4	22	30	7.8							
10	0.020	2.8						7.8							
11	0.014	3.0						7.5							
12	0.018	2.5						7.8							
13	0.015														
14															
15	0.033	4.8						7.3							
16	0.014	3.2						7.5							
17	0.022	2.8						7.6							
18	0.021	1.0						7.4							
19	0.015	5.0						7.5							
20	0.020														
21															
22	0.035	3.5						7.6							
23	0.014	3.0						7.5							
24	0.013	2.0						7.8							
25	0.014	3.0						7.8							
26	0.010	3.1						7.8							
27	0.019														
28															
29	0.000	2.8						7.7							
30	0.015	3.0						7.1							
31	0.014	3.5						7.5							

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

information is true, complete and accurate.

Signed

M. J. March 67212

Date

9-7-94

Name (Please Type):

Mark March

Telephone No. (Please Type):

Company Name

Southern States Utilities

(904) 347-1265

Domestic Wastewater Treatment Plant

Monthly Operating Report

Part I - General Information

(1) Month: September Year: 1994

(2) Plant DEA Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type III C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

☐ Yes	☐ No	☒ XX Not Applicable
------------------------------	-----------------------------	---

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Tony Doubin C-8355

Signature _____ Cert No _____

[illegible]

* HEAVY RAINS - 2.5 INCHES ON
9-9, 9-10 & 9-11 & 1.1 INCHES ON 9-12

DER FORM NO. 17-201-200(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month: September

Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.012	3.0						7.4							
2	0.010	2.2						7.3							
3	0.014														
4															
5	0.020	3.5						7.6							
6	0.018	3.0						7.6							
7	0.013	2.8						7.6							
8	0.013	3.0						7.7							
9	0.020	2.8						7.8							
10	0.030	*													
11	0.032	*													
12	0.019	2.2						7.4							
13	0.023	2.8		57.5	45	2.8	18.0	7.3							
14	0.018	2.2						7.4							
15	0.021	2.0						7.8							
16	0.019	1.8						7.6							
17	0.024														
18															
19	0.043	2.2						7.7							
20	0.018	2.4						7.8							
21	0.025	2.0						7.9							
22	0.016	3.0						7.6							
23	0.017	2.8						7.4							
24	0.014														
25															
26	0.042	3.5						7.8							
27	0.023	3.0						7.6							
28	0.018	2.5						7.7							
29	0.014	3.0						7.8							
30	0.018	3.1						7.9							
31															

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

Signed

Tony Bousier

Date

10-6-94

Name (Please Type)

Tony Bousier

Telephone No. (Please Type)

Company Name

Southern States Utilities

(904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1285

(8) Permit Number DT35-148315

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator M. M. / C. 7212

Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.015
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	68%
(20) CBOD Effluent	mg/L	80082	1.7
(21) CBOD Effluent	lbs/day	-	0.21
(22) TSS Effluent	mg/L	900201	5.0
(23) TSS Effluent	lbs/day	-	0.63
(24) Minimum pH			7.4
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			

* HEAVY RAINS ON 10-11 & 10-12
1.5"

DER FORM NO. 17.001.000(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Friday Haven

Month: October

Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Denitrifier	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.014														
2															
3	0.030	2.8						7.7							
4	0.021	3.0						7.8							
5	0.017	2.8						7.4							
6	0.011	3.0						7.8							
7	0.013	3.2						7.8							
8	0.014														
9															
10	0.036	2.8						7.7							
11	0.020	2.8		50.4	48.7	1.7	5.0	7.8							
12	0.025	2.5						7.7							
13	0.018	3.0						7.8							
14	0.018	2.8						7.4							
15	0.016														
16															
17	0.031	2.4						7.6							
18	0.014	3.0						7.4							
19	0.014	2.2						7.8							
20	0.013	1.8						7.4							
21	0.014	1.0						7.8							
22	0.015														
23															
24	0.026	2.1						7.6							
25	0.015	3.3						7.8							
26	0.012	5.0						7.4							
27	0.010	2.5						7.8							
28	0.008	0.7						7.4							
29	0.015														
30															
31	0.028	1.8						7.8							

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

Signed

Mark March 07212

Date

11-7-94

Name (Please Type)

Mark March

Telephone No. (Please Type)

Company Name

Southern States Utilities

(804) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Lane Ramsey 0-1025
 Signature [Signature] Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	66%
(20) CBOD Effluent	mg/L	80082	2.0
(21) CBOD Effluent	lbs/day	-	0.28
(22) TSS Effluent	mg/L	900201	14.0
(23) TSS Effluent	lbs/day	-	1.98
(24) Minimum pH			7.2
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	4.6
(33) Other Effluent Parameters			
Fecal Coliform			<1

DWT FORM NO. 17-501-000(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month: November

Year: 1984

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.017	1.1						7.3							
2	0.012	0.8						7.3							
3	0.012	0.8						7.2							
4	0.011	1.2						7.6							
5	0.011														
6															
7	0.027	2.2						7.2							
8	0.011	1.8		130.6	180	2.0	14.0	7.3					<1		
9	0.014	1.9						7.4							
10	0.010	2.1						7.4							
11	0.011	3.1						7.6							
12	0.015	1.7						7.4							
13															
14	0.008	2.8						7.4							
15	0.014	2.7						7.4							
16	0.027	3.5						7.5							
17	0.028	2.9						7.5							
18	0.025	2.7						7.4							
19	0.019														
20															
21	0.038	3.8						7.4							
22	0.020	3.5						7.6							
23	0.015	2.4						7.4							
24	0.021	3.8						7.7							
25	0.017	4.8						7.7							
26	0.018														
27															
28	0.029	3.7						7.6							
29	0.013	4.4						7.5							
30	0.015	3.8						7.5							
31															

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

Signed: Larry Ramsey
 Name (Please Type): Larry Ramsey
 Company Name: Southern States Utilities

Date: 12-4-84
 Telephone No. (Please Type): (904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class B Cert. No. 1025
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Lane Ramsey R-1025
 Signature [Signature] Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.015
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	64%
(20) CBOD Effluent	mg/L	80082	4.8
(21) CBOD Effluent	lbs/day	-	0.60
(22) TSS Effluent	mg/L	900201	52.0
(23) TSS Effluent	lbs/day	-	6.51
(24) Minimum pH			7.3
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	3.9
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17,201,000(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday: None

Month: December

Year: 1984

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	Am-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PERAL Calcium		
1	0.013	2.5						7.5							
2	0.013	2.4						7.4							
3	0.015														
4															
5	0.031	3.5						7.5							
6	0.015	3.6		112.2	103.4	4.8	82.0	7.5							
7	0.018	3.7						7.4							
8	0.013	3.8						7.4							
9	0.012	3.2						7.5							
10	0.012	3.3						7.4							
11															
12	0.031	3.4						7.4							
13	0.019	3.4						7.5							
14	0.012	3.2						7.5							
15	0.011	2.5						7.4							
16	0.018	2.0						7.5							
17	0.006	2.1						7.5							
18															
19	0.031	2.3						7.5							
20	0.015	2.6						7.6							
21	0.014	2.2						7.5							
22	0.018	2.4						7.5							
23	0.012	1.2						7.5							
24	0.021														
25															
26	0.026	1.8						7.4							
27	0.022	1.6						7.7							
28	0.014	3.4						7.3							
29	0.015	3.2						7.4							
30	0.018	1.3						7.4							
31	0.014														

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

Signed: Larry Ramsey
 Name (Please Type): Larry Ramsey
 Company Name: Southern States Utilities

Date: 1-11-85
 Telephone No. (Please Type): (804) 347-1265

DER FORM NO. 17.601.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1285

(8) Permit Number DT35-148318

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7212</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Mark March C-7212

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	60053	0.017
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.016
(18) Percent of permitted capacity	%	-	88%
(20) BODs Effluent	mg/L	80082	4.0
(21) BODs Effluent	lbs/day	-	0.57
(22) TSS Effluent	mg/L	900201	10
(23) TSS Effluent	lbs/day	-	1.42
(24) Minimum pH			7.2
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071650	0.76
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.4
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

* Add HTH low, add groups F01 Serial number

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holladay Haven

Month January Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.017	2.2						7.5					
2	0.017	1.1						7.4					
3	0.017												
4	0.018	0.6						7.5					
5	0.016	0.7						7.4					
6	0.015	0.7						7.3					
7	0.015	0.8						7.4					
8	0.017	0.8						7.3					
9	0.017	1.4						7.3					
10	0.018												
11	0.014	1.0						7.2					
12	0.017	1.2						7.4					
13	0.015	1.0				4	10	7.3			0.76		<1
14	0.013	3.5						7.0					
15	0.016	2.0						7.8					
16	0.018	1.0						7.7					
17	0.019												
18	0.014	0.8						7.7					
19	0.020	1.0						7.6					
20	0.014	1.3						7.7					
21	0.013	0.4						7.6					
22	0.017	3.5						7.8					
23	0.017	1.2						7.6					
24	0.017	1.0											
25	0.016	0.8						7.5					
26	0.021	2.1						7.6					
27	0.017	1.5						7.9					
28	0.016	1.0						7.8					
29	0.019	1.2						7.7					
30	0.018	1.5						7.4					
31	0.019												

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

Signed: Original signed by Mark March

Date: 2-12-93

Name (Please Type): Mark March

Telephone No. (Please Type):

Company Name: Southern States Utilities

(904) 347-1265

DER FORM NO. 17.601.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Mark March C-7212

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	88%
(20) BODs Effluent	mg/L	80082	1.0
(21) BODs Effluent	lbs/day	-	0.14
(22) TSS Effluent	mg/L	800201	5.0
(23) TSS Effluent	lbs/day	-	0.71
(24) Minimum pH			6.9
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000810	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-601-900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month February Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.016	0.7						7.6						
2	0.016	0.8						7.7						
3	0.015	0.9						7.6						
4	0.017	3.0						7.8						
5	0.016	2.0						7.6						
6	0.017	0.6						7.5						
7	0.018													
8	0.015	3.0						7.6						
9	0.016	3.0						7.7						
10	0.026	2.5						7.8						
11	0.019	2.0						7.7						
12	0.015	3.5				1	5	7.6						
13	0.016	3.5						7.6						
14	0.018													
15	0.019	2.5						7.4						
16	0.014	2.0						7.6						
17	0.018	2.5						7.5						
18	0.014	2.2						7.6						
19	0.014	3.5						7.5						
20	0.016	1.0						7.4						
21	0.017													
22	0.016	0.6						7.6						
23	0.019	3.5						7.6						
24	0.017	2.5						6.9						
25	0.021	2.5						7.4						
26	0.017	3.0						7.8						
27	0.024	2.8						7.7						
28	0.015													
29														
30														
31														

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

Signed: Original signed by Mark March

Date: 3/2/93

Name (Please Type) Mark March

Telephone No. (Please Type)

Company Name Southern States Utilities

(904) 347-1261

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7212</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Mark March C-7212

Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.018
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.018
(19) Percent of permitted capacity	%	-	76%
(20) BODs Effluent	mg/L	80082	9.3
(21) BODs Effluent	lbs/day	-	1.47
(22) TSS Effluent	mg/L	900201	21
(23) TSS Effluent	lbs/day	-	4.38
(24) Minimum pH			7.0
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

Heavy Rain 1.4"

DER FORM NO. 17, 801, 800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month March Year 1992

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.016	1.0						7.4						
2	0.018	3.0		195	240	9.3	21	7.6						
3	0.020	2.5						7.7						
4	0.020	2.0						7.6						
5	0.015	1.5						7.5						
6	0.018	0.6						7.3						
7	0.019													
8	0.020	1.0						7.2						
9	0.012	1.6						7.4						
10	0.015	2.0						7.1						
11	0.013	2.5						7.3						
12	0.017	2.0						7.3						
13	0.022	2.9						7.6						
14	0.023													
15	0.014	0.9						7.5						
16	0.019	3.5						7.8						
17 *	0.032	1.0						7.7						
18 *	0.026	1.4						7.5						
19	0.019	1.2						7.6						
20	0.022	1.7						7.5						
21	0.023													
22	0.023	1.0						7.2						
23	0.022	0.8						7.1						
24	0.022	1.0						7.0						
25	0.018	1.5						7.1						
26	0.019	1.0						7.3						
27	0.019	0.8						7.4						
28	0.019													
29	0.016	0.6						7.3						
30	0.019	0.9						7.2						
31	0.016	3.5						7.5						

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

Signed _____ Original signed by Mark March

Date: 4/8/92

Name (Please Type) Mark March

Telephone No. (Please Type):

Company Name Southern States Utilities

(804) 347-1267

DER FORM NO. 17.801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Liss St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7212</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original signed by Mark Merch C-7212</u>		
Signature		Cert. No.	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.014
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.170
(19) Percent of permitted capacity	%	-	68%
(20) BODs Effluent	mg/L	80062	3.0
(21) BODs Effluent	lbs/day	-	0.35
(22) TSS Effluent	mg/L	800201	20
(23) TSS Effluent	lbs/day	-	2.33
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.17
(30) Total Phosphorus	mg/L	000885	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	0.8
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO. 17.801.800.1
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month April Year 1993

[34]

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor.	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.015	0.8						7.4						
2	0.014	1.0						7.5						
3	0.014	0.7						7.4						
4	0.016													
5	0.017	1.0						7.3						
6	0.012	0.9						7.4						
7	0.015	0.8						7.3						
8	0.012	0.7						7.4						
9	0.013	1.0						7.3						
10	0.015	2.3						7.4						
11	0.015													
12	0.019	0.6		75	75	3	20	7.3			0.17		<1	
13	0.012	0.7						7.2						
14	0.013	0.8						7.3						
15	0.014	1.0						7.5						
16	0.013	2.0						7.4						
17	0.016	2.1						7.3						
18	0.018													
19	0.016	1.5						7.6						
20	0.012	1.8						7.4						
21	0.013	1.4						7.4						
22	0.011	1.5						7.3						
23	0.014	1.4						7.2						
24	0.015	1.5						7.3						
25	0.015													
26	0.015	1.2						7.4						
27	0.012	1.5						7.5						
28	0.012	0.5						7.4						
29	0.014	0.5						7.3						
30	0.011	1.0						7.4						
31														

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

Signed: Original signed by Mark March
 Name (Please Type): Mark March
 Company Name: Southern States Utilities

Date: 5/10/93
 Telephone No. (Please Type):
(904) 247-1261

DER FORM NO. 17.801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7212</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original signed by Mark March C-7212</u>		
Signature		Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	60%
(20) BODs Effluent	mg/L	80082	8.8
(21) BODs Effluent	lbs/day	-	0.95
(22) TSS Effluent	mg/L	900201	10
(23) TSS Effluent	lbs/day	-	1.08
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17.801 (00/1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month: May Year: 1993

(34)

Day of this Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	COD5 Influent (mg/L)	TSS Influent (mg/L)	COD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.013	0.5						7.3					
2	0.013	1.0											
3	0.012	1.4						7.4					
4	0.011	1.5						7.3					
5	0.014	1.0						7.4					
6	0.011	0.5		195	400	8.8	10	7.6					
7	0.011							7.2					
8	0.014							7.3					
9	0.014	0.9											
10	0.014	1.0						7.2					
11	0.012	0.8						7.4					
12	0.012	0.7						7.3					
13	0.016	0.9						7.4					
14	0.013							7.6					
15	0.014							7.5					
16	0.014	0.7											
17	0.011	0.8						7.8					
18	0.013	0.6						7.4					
19	0.011	0.8						7.6					
20	0.011	0.6						7.4					
21	0.010	1.3						7.4					
22	0.014							7.5					
23	0.014	1.5											
24	0.012	0.9						7.6					
25	0.011	1.0						7.4					
26	0.010	3.0						7.3					
27	0.011	2.6						7.4					
28	0.015	3.0						7.3					
29	0.020							7.4					
30	0.020	3.0											
31	0.018	2.0						7.3					

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

Signed: _____ Original signed by Mark March
 Name (Please Type): Mark March
 Company Name: Southern States Utilities

Date: 5/8/93
 Telephone No. (Please Type):
(904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Liss St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7212</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original signed by Mark Marsh C-7212</u>		
Signature	Cert No.		

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.012
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	52%
(20) BODs Effluent	mg/L	80082	3
(21) BODs Effluent	lbs/day	-	0.30
(22) TSS Effluent	mg/L	900201	0.4
(23) TSS Effluent	lbs/day	-	0.4
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.4
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17.801.900(1)

FORM TITLE Domestic Wastewater Treatment Plant Operating Report

EFFECTIVE DATE July 1, 1991

DER APPLICATION NO.

Non-daily worksheet, operator shows he took a PH on that day
but forgot to record on report. T. Bouvier

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month June Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dachio	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.015	1.0						7.2						
2	0.013	1.4		240	246	3	4	7.3						
3	0.012	1.0						7.4						
4	0.011	1.2						7.2						
5	0.015	1.2						7.3						
6	0.015													
7	0.012	0.9						7.4						
8	0.014	0.8						7.2						
9	0.012	0.9						7.3						
10	0.012	1.0						7.5						
11	0.010	0.9						7.3						
12	0.015							7.3						
13	0.015													
14	0.014	0.6						7.2						
15	0.013	0.6						7.2						
16	0.012	0.7						7.1						
17	0.011	0.8						7.3						
18	0.010	1.0						7.2						
19	0.014													
20	0.014													
21	0.010	1.2						7.3						
22	0.011	1.0						7.2						
23	0.009	1.2						7.4						
24	0.011	1.0						7.2						
25	0.009	0.9						7.3						
26	0.013													
27	0.013													
28	0.012	0.5						7.3						
29	0.011	0.6						7.2						
30	0.012	0.8						7.1						
31														

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

Signed: Original signed by Mark March

Date: 7/8/93

Name (Please Type): Mark March

Telephone No. (Please Type):

Company Name: Southern States Utilities

(904) 347-1261

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3035P10380

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7212</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Mark March C-7212

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.012
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	48%
(20) BODs Effluent	mg/L	80082	2
(21) BODs Effluent	lbs/day	-	0.20
(22) TSS Effluent	mg/L	800201	12.0
(23) TSS Effluent	lbs/day	-	1.20
(24) Minimum pH			7.0
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.34
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			21

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month July Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.013	0.8		142		2		7.1					21	
2	0.012	0.8			80		12	7.0			1.34			
3	0.014	1.4						7.3						
4	0.015													
5	0.015	0.9						7.8						
6	0.015	1.0						7.3						
7	0.013	0.8						7.1						
8	0.012	0.9						7.2						
9	0.011	1.0						7.3						
10	0.013	0.7						7.5						
11	0.013													
12	0.013	0.8						7.0						
13	0.011	0.8						7.2						
14	0.011	0.9						7.1						
15	0.010	0.6						7.2						
16	0.010	1.0						7.3						
17	0.011	1.5						7.7						
18	0.013													
19	0.013	0.8						7.8						
20	0.010	1.2						7.4						
21	0.012	1.0						7.3						
22	0.010	1.2						7.4						
23	0.012	1.0						7.2						
24	0.013	1.1						7.4						
25	0.012													
26	0.013	0.8						7.3						
27	0.010	0.7						7.2						
28	0.014	3.8						7.5						
29	0.011	0.8						7.3						
30	0.009	0.5						7.3						
31	0.011	0.8						7.5						

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

Signed Original signed by Mark March
 Name (Please Type) Mark March
 Company Name Southern States Utilities

Date: 8/3/93
 Telephone No. (Please Type) (804) 347-1265

DER FORM NO. 17.601.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7212</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Mark March C-7212

Signature _____ Cert No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.012
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	48%
(20) BODs Effluent	mg/L	80082	4.3
(21) BODs Effluent	lbs/day	-	0.43
(22) TSS Effluent	mg/L	900201	8
(23) TSS Effluent	lbs/day	-	0.80
(24) Minimum pH			7.2
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	*0.0
(32) Maximum Chlorine Residual	mg/L	-	2
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17,601,600(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

* C12 line plugged. Rushed out & cleaned.
 Loss of vacuum.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month August Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.012													
2	0.012	1.0						7.4						
3	0.010	2.0						7.3						
4	0.010	1.0						7.5						
5	0.011	1.2						7.3						
6	0.011	0.8						7.4						
7	0.012	1.5						7.5						
8	0.012													
9	0.012	0.6						7.2						
10	0.011	0.7						7.3						
11	0.010	0.6						7.5						
12	0.011	0.7		127	65	4.3	8	7.4						
13	0.010	0.8						7.5						
14	0.014	1.5						7.5						
15	0.015													
16	0.015	* 0.0						7.5						
17	0.009	0.8						7.4						
18	0.011	0.8						7.4						
19	0.012	0.5						7.3						
20	0.013	0.6						7.2						
21	0.013	0.5						7.5						
22	0.012													
23	0.013	0.7						7.6						
24	0.013	0.8						7.7						
25	0.009	0.5						7.8						
26	0.009	0.8						7.7						
27	0.014	0.7						7.8						
28	0.013	0.5						7.6						
29	0.015													
30	0.015	0.5						7.7						
31	0.013	0.6						7.8						

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

Signed: Original signed by Mark March

Date: 8-2-93

Name (Please Type): Mark March

Telephone No. (Please Type)

Company Name: Southern States Utilities

(904) 347-1265

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE August 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Phil P. H. C. 7212

Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.017
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.014
(19) Percent of permitted capacity	%	-	0.55
(20) BODs Effluent	mg L	80082	9.7
(21) BODs Effluent	lbs/day	-	1.35
(22) TSS Effluent	mg L	900201	49.0
(23) TSS Effluent	lbs/day	-	6.95
(24) Minimum pH			7.2
(25) Maximum pH			8.2
(26) Total N	mg L	000600	
(27) TKN	mg L	000626	
(28) Ammonia (NH ₃ - N)	mg L	000610	
(29) Nitrate	mg L	1071850	
(30) Total Phosphorus	mg L	000666	
(31) Minimum Chlorine Residual	mg L	-	*
(32) Maximum Chlorine Residual	mg L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

* CL₂ PUMP WAS CLOGGED, REPAIRED, &
OPERATOR HAD A CL₂ RESIDUAL WITHIN
COMPLIANCE UPON LEAVING PLANT.

DER FORM NO. 17.801.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month September Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dewater	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.013							7.3						
2	0.018	3.5						6.2						
3	0.015	0.6						7.8						
4	0.013	0.5						7.6						
5	0.016													
6	0.018	0.6						7.6						
7	0.023	0.7						7.9						
8	0.023	1.0						7.8						
9	0.020	0.6						7.6						
10	0.019	0.8						7.6						
11	0.018	0.7						7.8						
12														
13	0.036	0.8						7.9						
14	0.017	0.6						7.6						
15	0.015	0.8		172	95	9.7	48	7.8						
16	0.013	0.6						7.7						
17	0.018	0.5						7.8						
18	0.017	3.5						7.9						
19														
20	0.038	1.0						7.7						
21	0.017	1.5						7.8						
22	0.015	0.7						7.2						
23	0.017	1.5						7.4						
24	0.016	0.8						7.2						
25	0.013	2.5						7.5						
26														
27	0.001	1.5						7.6						
28	0.014	1.0						7.5						
29	0.014	1.2						7.7						
30	0.014	1.0						7.4						
31														

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

information is true, complete and accurate.

Signed: [Signature]

Name (Please Type) Maria Mercer

Company Name Southern States Utilities

Date 10-15-93

Telephone No. (Please Type)

(904) 347-1261

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 804-347-1285

(8) Permit Number DT35-148316

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [Signature] Cert. No. 7712

Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.018
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	0.64
(20) BOD ₅ Effluent	mg/L	80082	4.3
(21) BOD ₅ Effluent	lbs/day	-	0.65
(22) TSS Effluent	mg/L	900201	22.0
(23) TSS Effluent	lbs/day	-	3.30
(24) Minimum pH			7.2
(25) Maximum pH			8.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<0.10
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	COLO/100		* C

* Fecal Sampled ON 10-6-93 CONFLUENT GROWTH - RESAMPLED ON 10-11-93
 RESULT: 6

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Hollyday Haven

Month October Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Cellfarm	
1	0.014	0.9						7.4						
2	0.015	2.0						7.8						
3														
4	0.028	1.4						7.5						
5	0.012	1.2						7.8						
6	0.014	0.6						7.5					C	
7	0.012	1.0		87.5	144	4.3	22	7.4						
8	0.015	2.7						7.8			<0.10			
9	0.012	2.4						7.8						
10														
11	0.031	0.5						7.4					S	
12	0.014	0.9						7.5						
13	0.014	0.8						7.4						
14	0.012	1.0						7.5						
15	0.011	1.8						7.6						
16	0.013	3.5						8.2						
17														
18	0.028	3.0						7.7						
19	0.013	1.0						7.4						
20	0.013	0.9						7.5						
21	0.014	1.0						7.4						
22	0.012	1.2						7.5						
23	0.011	3.5						8.2						
24														
25	0.073	1.5						7.9						
26	0.060	1.8						7.6						
27	0.084	3.5						7.5						
28	0.019	3.0						7.7						
29	0.019	1.0						7.8						
30	0.017	3.5						8.0						
31														

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

Signed: Mark March

Date: 10/1/93

Name (Please Type) Mark March

Telephone No. (Please Type)

Company Name Southern States Utilities

9041 347-1255

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1983

(2) Plant DER Identification Number: 1035P10390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 904-347-1265

(8) Permit Number DT35-148316

(9) Plant Type IIC

(10) Test Site Identification Number N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *[Signature]* 7212

Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.014
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	0.64
(20) BOD ₅ Effluent	mg/L	80082	13.6
(21) BOD ₅ Effluent	lbs/day	-	1.59
(22) TSS Effluent	mg/L	800201	24.0
(23) TSS Effluent	lbs/day	-	2.80
(24) Minimum pH			7.1
(25) Maximum pH			8.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	1071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17.601.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Heidey Haven

Month November Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.045	1.5						7.8					
2	0.018	0.8		127	95	13.5	24	7.4					
3	0.021	2.0						7.5					
4	0.023	1.0						7.4					
5													
6	0.003	3.5						8.2					
7		3.5											
8	0.028	3.5						7.8					
9	0.013	3.0						7.1					
10	0.013	1.0						7.4					
11	0.013	0.6						7.6					
12	0.011	0.8						7.7					
13	0.013	2.0						7.8					
14													
15	0.024	0.9						7.7					
16	0.014	2.5						7.8					
17	0.010	3.0						7.5					
18	0.012	0.8											
19	0.012	2.0						7.7					
20	0.012	3.5						7.8					
21													
22	0.028	3.0						7.8					
23	0.012	3.5						7.8					
24	0.012	3.0						7.8					
25	0.012	0.8											
26	0.019	1.5						7.8					
27	0.014	2.3						7.2					
28													
29	0.029	1.5						7.4					
30	0.014	2.0						7.3					
31													

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

information is true, complete and accurate.

Signed: Mark March C 7212

Date: 12-1-93

Name (Please Type): Mark March

Telephone No. (Please Type)

Company Name: Southern States Utilities

(904) 347-1275

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3035P10390

(3) Plant Name: Holiday Haven

(4) Plant Address: Pearl & Lisa St.

(5) City: Astor

(6) County: Lake

(7) Phone Number: 804-347-1265

(8) Permit Number: DT35-148318

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

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

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

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 7212

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Mark Mark C 7212

Signature: _____ Cert. No.: _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50055	0.012
(17) Permitted capacity	mgd	-	0.025
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	0.60
(20) BODs Effluent	mg/L	80082	<1
(21) BODs Effluent	lbs/day	-	0.05
(22) TSS Effluent	mg/L	800201	4.0
(23) TSS Effluent	lbs/day	-	0.40
(24) Minimum pH			* 0
(25) Maximum pH			8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	* 0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

* ON 12/23 & 12/24 NO FLOWS THRU PLANT DUE TO REPAIRS. SEE ATTACHED LETTER

DER FORM NO. 17,901,900(1)

FORM TITLE Domestic Wastewater Treatment Plant Operating Report

EFFECTIVE DATE July 1, 1991

DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Holiday Haven

Month December Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Centrom	
1	0.013	1.9						7.6						
2	0.013	2.0						7.7						
3	0.011	2.2						7.7						
4	0.014	3.5						7.5						
5														
6	0.027	3.0						7.8						
7	0.014	2.0		190	140	<1	4	7.7						
8	0.010	1.8						7.6						
9	0.014	3.5						7.8						
10	0.014	0.6						7.6						
11	0.014	3.5						7.5						
12														
13	0.024	3.0						7.6						
14	0.007	2.0						7.7						
15	0.012	2.5						7.5						
16	0.011	2.0						7.6						
17	0.011	2.5						7.7						
18	0.012	3.5						7.9						
19														
20	0.027	3.5						8.0						
21	0.016	3.5						7.2						
22	0.007	3.5						7.9						
23	7	3						7						
24	3	3						7						
25	0.012	3.5						8.0						
26														
27	0.032	3.5						8.0						
28	0.019	3.5						8.0						
29	0.017	3.5						7.8						
30	0.016	3.5						7.6						
31	0.012	0.5						7.4						

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

Signed: Mark March 6-7212

Name (Please Type): Mark March

Company Name: Southern States Utilities

Date: 1-7-94

Telephone No. (Please Type):

(904) 247-1266

Part II - General Information

[illegible]

DER FORM NO. 17-001-900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 7, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle San

Month January Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.013	2.3						7.4					
2													
3	0.027	1.6						7.3					
4	0.013	1.6						7.4					
5	0.012	2.8		172	58	5.91	13	7.3			0.61		13
6	0.012	1.5						7.6					
7	0.009	2.0						7.7					
8	0.014	3.5						7.7					
9													
10	0.023	3.0						7.8					
11	0.010	2.5						7.7					
12	0.012	2.0						7.8					
13	0.012	2.5						7.7					
14	0.014	2.0						7.6					
15	0.014	3.3						7.7					
16													
17	0.024	0.7						7.5					
18	0.018	2.5						7.3					
19	0.017	3.0						7.6					
20	0.014	2.0						7.4					
21	0.012	1.6						7.6					
22	0.015	2.6						7.5					
23													
24	0.027	1.8						7.4					
25	0.014	2.0						7.5					
26	0.018	2.8						7.6					
27	0.009	1.5						7.5					
28	0.011	2.0						7.5					
29	0.013	3.8						7.8					
30													
31	0.031	2.8						7.6					

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

Signed: Mark D. Marsh C 7212

Date: 2-2-94

Name (Please Type): Mark Marsh

Telephone No. (Please Type):

Company Name: Southern States Utilities

904-347-1265

Fast & Furious Information

(2) Plant DEA Identification Number: 3064P05710

(3) Plant Name Grassland Junco Den

4) Plant Address Alice Drive & Yellow Brick Road

5) City Astor

6) County Volusia

(7) Phone Number 904-347-1265

/ 8) Permit Number DO-64-173345

9: Plant Type 11C

(10) Test Site Identification Number	N/A
--------------------------------------	-----

111 Fecal Coliform Sample Method

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

*2) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

13) Limited Wet Weather Discharge Activated

Yes	No	XX	Not Applicable
-----	----	----	----------------

(14) Cumulative Days of Wet Weather Discharges

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *[Signature]* C-7217

Signature _____

Cert No

[illegible]

SCHEDULED YEARLY CALIBRATION WAS
 + INDIRECT CALIBRATION OF FLOW
 METER - HAS BEEN RECALIBRATED

DER FORM NO. 17-801-9001
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: JULY 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Domestic Wastewater

Month: FEBRUARY

Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Deductor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.015	2.5						7.6							
2	0.016	2.0						7.6							
3	0.012	3.0		127	140	4	5	7.5							
4	0.013	2.8						7.7							
5	0.016	3.5						7.9							
6															
7	0.024	3.5						7.8							
8	0.014	3.0						7.6							
9	0.010	2.0						7.5							
10	0.013	2.5						7.6							
11	0.010	3.5						7.7							
12	0.013	3.5						7.8							
13															
14	0.024	3.0						7.7							
15	0.012	3.5						7.6							
16	0.014	2.5						7.5							
17	0.013	3.0						7.7							
18	0.016	3.5						7.6							
19	0.012	3.5						7.5							
20															
21	0.031	1.3						7.4							
22	0.015	2.5						7.6							
23	0.015	3.0						7.5							
24	0.014	3.5						7.4							
25	0.017	2.0						7.6							
26	0.023	3.5						7.8							
27															
28	0.025	3.0						7.5							
29															
30															
31															

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

information is true, complete and accurate.

Signed

Mark March C 7212

Date

2-2-94

Name (Please Type)

Mark March

Telephone No. (Please Type)

Company Name

Southern States Utilities

604-547-0001

DER FORM NO 17 001 000111
 FORM TITLE Domestic Wastewater Treatment Plant Operating Record
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO

Domestic Wastewater Treatment Plant Monthly Operating Report

Commander's Den

Month March

Year

1994

341

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Decolor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.014	2.0						7.8							
2	0.019	3.5						7.8							
3	0.014	3.0		40	40	4.2	9	7.3							
4	0.013	3.5						7.5							
5	0.015	3.5						7.8							
6															
7	0.024	3.0						7.5							
8	0.012	2.8						7.4							
9	0.014	2.5						7.5							
10	0.011	2.0						7.4							
11	0.011	3.0						7.3							
12	0.014	3.5						7.8							
13															
14	0.025	3.0						7.8							
15	0.011	2.0						7.8							
16	0.010	3.0						7.7							
17	0.011	3.0						7.8							
18	0.010	2.5						7.4							
19	0.014	2.8						7.5							
20															
21	0.024	3.0						7.7							
22	0.011	2.5						7.8							
23	0.014	1.0						7.5							
24	0.009	2.5						7.3							
25	0.010	3.5						7.8							
26	0.012	3.5						7.9							
27															
28	0.025	3.0						7.5							
29	0.012	2.5						7.8							
30	0.011	2.8						7.8							
31	0.009	3.5						7.8							

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

information is true, complete and accurate.

Signed

Mark March 4-2-12

Date

4/4/94

Name (Please Type)

Mark March

Telephone No. (Please Type)

Company Name

Southern States Limited

1994 341 1225

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3054P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-64-173345

(9) Plant Type III-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator M. J. McCall 6744

Signature Cert No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.013
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	61.90%
(20) BODs Effluent	mg/L	80082	<1.0
(21) BODs Effluent	lbs/day	-	0.05
(22) TSS Effluent	mg/L	900201	9.0
(23) TSS Effluent	lbs/day	-	0.98
(24) Minimum pH			7.4
(25) Maximum pH			8.0
(26) Total N	mg/L	000800	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.36
(30) Total Phosphorus	mg/L	000656	
(31) Minimum Chlorine Residual	mg/L	-	0.0 *
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

* WEEKEND VISIT - CL₂ PUMP MALFUNCTION - REPLACED W/ NEW PUMP

DER FORM NO. 17-801.00011

FORM TITLE: Domestic Wastewater Treatment Plant Operating Report

EFFECTIVE DATE: July 1, 1991

DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month: Apr

Year: 1994

34:

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	Ch Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.010	2.8						7.4							
2	0.014	3.5						8							
3															
4	0.021	3.0						7.8							
5	0.012	3.5						8							
6	0.013	3.0						7.5							
7	0.053	3.5						8							
8	0.011	3.5						7.9							
9	0.011	3.5						8							
10															
11	0.021	3.0						7.8							
12	0.009	3.5						7.8							
13	0.011	3.5		156	140	110	9	7.9			0.35				
14	0.011	3.0						7.8							
15	0.006	3.5						7.7							
16	0.011	3.5						7.8							
17															
18	0.018	2.0						7.4							
19	0.010	0.5						7.5							
20	0.008	0.6						7.8							
21	0.053	2.5						7.6							
22	0.009	3.0						7.7							
23	0.009	0.0						7.9							
24															
25	0.022	3.5						7.6							
26	0.008	0.5						7.8							
27	0.010	3.5						7.6							
28	0.010	3.5						7.7							
29	0.009	3.0						7.7							
30	0.010	2.0						7.9							
31															

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

Signed

Mark March C-7212

Date

5-11-94

Name (Please Type)

Mark March

Telephone No. (Please Type)

Company Name

Southern States Utilities

(994) 347-1215

DER FORM NO. 17-001-000(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-64-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Mark Mark 7212
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.011
(19) Percent of permitted capacity	%	-	52%
(20) BODs Effluent	mg/L	80082	1.00
(21) BODs Effluent	lbs/day	-	0.07
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	-	0.27
(24) Minimum pH			7.4
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-801-900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Dam

Month May

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAI Coliform		
1															
2	0.017	0.5						7.4							
3	0.008	1.0						7.5							
4	0.010	3.5						7.6							
5	0.008	3.0						7.8							
6	0.007	3.5						7.6							
7	0.006	3.5						7.7							
8															
9	0.017	3.0						7.5							
10	0.005	3.5						7.5							
11	0.009	3.0						7.8							
12	0.005	3.5		87.5	127	1.0	4.0	7.7							
13	0.006	3.0						7.8							
14	0.006														
15															
16	0.015	2.5						7.5							
17	0.006	3.5						7.8							
18	0.008	3.0						7.6							
19	0.006	3.5						7.5							
20	0.007	2.5						7.8							
21	0.007														
22															
23	0.015	3.0						7.4							
24	0.006	3.5						7.5							
25	0.007	2.5						7.4							
26	0.007	3.5						7.8							
27	0.009	3.0						7.8							
28	0.011														
29															
30	0.022	3.0						7.5							
31	0.010	3.5						7.8							

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

Signed: Mark March C 7213
 Name / Please Type: Mark March
 Company Name: Southern States Utilities

Date: 6-15-94
 Telephone No. (Please Type): (904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3054P05710

(3) Plant Name: Ormond Jungle Den

(4) Plant Address: Alice Drive & Yellow Brick Road

(5) City: Astor

(6) County: Volusia

(7) Phone Number: 904-347-1265

(8) Permit Number: DO-64-173345

(9) Plant Type: III-C

(10) Test Site Identification Number: N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing:
 Day Shift Operator Class: C Cert. No.: 7212
 Evening Shift Operator Class: _____ Cert. No.: _____
 Night Shift Operator Class: _____ Cert. No.: _____
 Lead Operator: Mark Marshall 7212
 Signature: _____ Cert. No.: _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.011
(19) Percent of permitted capacity	%	-	52%
(20) BODs Effluent	mg/L	80082	<1.0
(21) BODs Effluent	lbs/day	-	0.05
(22) TSS Effluent	mg/L	900201	5.0
(23) TSS Effluent	lbs/day	-	0.54
(24) Minimum pH			7.3
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000510	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-801-800-11
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Det.

Month: June

Year: 1994

134

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor.	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.013	3.0						7.2							
2	0.008	3.5		90	85	<1.0	5.0	7.5							
3	0.008	3.0						7.4							
4	0.012														
5															
6	0.018	3.5						7.3							
7	0.011	3.0						7.8							
8	0.011	3.5						7.5							
9	0.013	3.5						7.7							
10	0.014	3.5						7.6							
11	0.014														
12															
13	0.024	3.0						7.4							
14	0.011	3.5						7.5							
15	0.013	3.5						7.6							
16	0.012	3.0						7.4							
17	0.018	3.5						7.8							
18	0.018														
19															
20	0.030	3.0						7.4							
21	0.019	3.5						7.5							
22	0.019	3.5						7.5							
23	0.014	3.0						7.6							
24	0.008	3.5						7.7							
25	0.018														
26															
27	0.028	3.0						7.8							
28	0.014	3.5						7.6							
29	0.014	3.5						7.5							
30	0.011	3.0						7.6							
31															

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

Signed: Mark March C 7712

Date: 7-13-94

Name (Please Type): Mark March

Telephone No. (Please Type)

Company Name: Southern States Utilities

19041-347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-64-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class C Cert. No. 7212
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Mark March 7212
 Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.014
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	57%
(20) CBOD Effluent	mg/L	80082	3.0
(21) CBOD Effluent	lbs/day	-	0.35
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	0.35
(24) Minimum pH			7.3
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.17
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

* OPERATOR CHECKED PLANT ON
7-7-94 EARLY A.M. & ON 7-8-94
LATE P.M., PLUS OVER THE
TWO DAY PERIOD - 5 1/2" OF RAIN

DER FORM NO. 17.001.000(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Ormond Jungle Den

Month July

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.012	2.8						7.4							
2	0.013	1.5						7.5							
3															
4	0.020	2.5						7.5							
5	0.011	3.5						7.4							
6	0.010	3.0		94.5	78	3.0	3.0	7.6			1.17		<1		
7	0.023	2.5						7.4							
8	0.022	3.0						7.5							
9	0.019														
10															
11	0.002	2.5						7.6							
12	0.016	3.0						7.6							
13	0.018	2.8						7.7							
14	0.015	1.8						7.5							
15	0.018	3.0						7.4							
16	0.018														
17															
18	0.021	2.6						7.6							
19	0.012	1.9						7.7							
20	0.010	2.2						7.6							
21	0.015	3.0						7.6							
22	0.011	2.0						7.7							
23	0.015														
24															
25	0.025	1.8						7.6							
26	0.014	2.4						7.5							
27	0.015	3.5						7.4							
28	0.012	2.5						7.6							
29	0.014	2.4						7.5							
30	0.012														
31															

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

Signed Mark March C 2212
Name (Please Type): Mark March
Company Name: Southern States Utilities

Date 8-10-94
Telephone No. (Please Type): (804) 347-1285

DER FORM NO. 17-801.800(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Judge Dan

Month: August Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.024	2.2						7.8							
2	0.013	2.6						7.5							
3	0.014	2.2						7.6							
4	0.013	2.0						7.5							
5	0.012	3.0						7.5							
6	0.015														
7															
8	0.026	0.5						7.8							
9	0.020	2.0						7.6							
10	0.014	3.0						7.6							
11	0.014	2.8						7.5							
12	0.013	3.0						7.4							
13	0.012														
14															
15	0.030	2.4						7.5							
16	0.012	1.7		100.6	27	1.2	6.5	7.8							
17	0.013	1.6						7.5							
18	0.012	0.7						7.4							
19	0.015	3.0						7.5							
20	0.014														
21															
22	0.026	2.6						7.4							
23	0.012	2.0						7.3							
24	0.012	2.2						7.4							
25	0.008	2.1						7.4							
26	0.012	2.0						7.8							
27	0.013														
28															
29	0.024	2.4						7.5							
30	0.011	3.0						7.6							
31	0.012	2.6						7.7							

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

information is true, complete and accurate.

Signed: Mark March C 7212

Date: 9-7-94

Name (Please Type): Mark March

Telephone No. (Please Type):

Company Name: Southern States Utilities

(904) 347-1285

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3054P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-64-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Tony Bouxin C-8355
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	71%
(20) CBOD Effluent	mg/L	80082	1.6
(21) CBOD Effluent	lbs/day	-	0.23
(22) TSS Effluent	mg/L	800201	14.0
(23) TSS Effluent	lbs/day	-	1.98
(24) Minimum pH			7.3
(25) Maximum pH			7.9
(26) Total N	mg/L	000500	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.8
(32) Maximum Chlorine Residual	mg/L	-	3.3
(33) Other Effluent Parameters			
Fecal Coliform			

* HEAVY RAINS:

9-9, 3.0"
 9-10, 2.8"
 9-11, 2.5"
 9-12, 2.5"
 9-17, 1.0"
 9-27, 2.0"

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.011	2.8						7.8							
2	0.011	2.1						7.8							
3	0.011														
4															
5	0.028	2.3						7.5							
6	0.013	1.8						7.4							
7	0.010	2.8						7.3							
8	0.006	2.0						7.4							
9	0.021	2.2						7.5							
10	0.033														
11	0.027														
12	0.016	2.0						7.8							
13	0.017	3.0		99.7	90	1.8	14.0	7.5							
14	0.014	2.2						7.6							
15	0.018	2.0						7.5							
16	0.017	2.8						7.4							
17	0.025														
18															
19	0.033	2.4						7.8							
20	0.015	2.2						7.7							
21	0.020	2.8						7.9							
22	0.015	3.3						7.9							
23	0.014	3.0						7.5							
24	0.014														
25															
26	0.040	3.0						7.7							
27	0.028	3.1						7.8							
28	0.014	3.0						7.7							
29	0.015	2.8						7.8							
30	0.013	2.8						7.7							
31															

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

Signed: Tony Boubier
 Name (Please Type): Tony Boubier
 Company Name: Southern States Utilities

Date: 10-6-94
 Telephone No. (Please Type): (904) 347-1283

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DC-64-173345

(9) Plant Type IIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class c Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator M. M. T. 7212

Signature Cert No

Parameter	UNITS	STORED Code	VALUE
(15) Monthly average daily flow	mgd	50053	0.014
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	71%
(20) CBOD Effluent	mg/L	80082	0.5
(21) CBOD Effluent	lbs/day	-	0.06
(22) TSS Effluent	mg/L	900201	5.0
(23) TSS Effluent	lbs/day	-	0.58
(24) Minimum pH			7.2
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform			

* HEAVY RAINS ON 10-11 & 10-12
1.0"

DER FORM NO. 17-801.800(1) FORM TITLE Domestic Wastewater Treatment Plant Operating Report EFFECTIVE DATE July 1, 1991 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month October

Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	COD Inflow (mg/L)	TSS Inflow (mg/L)	COD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.013														
2															
3	0.024	2.9						7.4							
4	0.015	3.0						7.6							
5	0.013	2.8						7.8							
6	0.011	3.0						7.7							
7	0.012	2.0						7.8							
8	0.012														
9															
10	0.033	1.8						7.8							
11	0.015	0.5						7.4							
12	0.027	2.8						7.7							
13	0.016	2.8						7.4							
14	0.014	0.5						7.6							
15	0.018														
16															
17	0.034	0.6						7.8							
18	0.017	2.3		78.2	83.3	0.5	5.0	7.2							
19	0.013	2.2						7.4							
20	0.011	1.8						7.6							
21	0.011	2.9						7.8							
22	0.013														
23															
24	0.024	2.8						7.9							
25	0.011	2.0						7.8							
26	0.010	2.2						7.7							
27	0.011	2.8						7.8							
28	0.010	2.0						7.7							
29	0.013														
30															
31	0.028	1.8						7.8							

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

information is true, complete and accurate.

Signed Mark March C 7212

Date 11-7-94

Name (Please Type) Mark March

Telephone No. (Please Type)

Company Name Southern States Utilities

(804) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DD-64-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *[Signature]* R-1025
 Signature *[Signature]* Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.014
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	71%
(20) CBOD Effluent	mg/L	50062	2.4
(21) CBOD Effluent	lbs/day	-	0.25
(22) TSS Effluent	mg/L	900201	10.0
(23) TSS Effluent	lbs/day	-	1.17
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071650	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			< 1

OER FORM NO. 17-201 (2001)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 OER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month: November

Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.015	2.2						7.4							
2	0.011	0.6						7.4							
3	0.011	3.3						7.4							
4	0.010	2.5						7.6							
5	0.014														
6															
7	0.022	5.0						7.5							
8	0.010	2.4		85	100	2.4	10.0	7.6					<1		
9	0.014	2.6						7.5							
10	0.010	2.8						7.6							
11	0.012	2.1						7.5							
12	0.020	2.8						7.5							
13															
14	0.034	4.4						7.6							
15	0.011	4.5						7.6							
16	0.049	2.6						7.6							
17	0.010	1.4						7.5							
18	0.011	1.8						7.6							
19	0.012														
20															
21	0.037	0.7						7.2							
22	0.022	1.5						7.3							
23	0.018	1.4						7.4							
24	0.015	0.9						7.3							
25	0.013	1.5						7.2							
26	0.012														
27															
28	0.011	1.7						7.3							
29	0.012	0.9						7.4							
30		0.5						7.6							
31															

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

information is true, complete and accurate.

Signed: _____

Name (Please Type): _____

Company Name: _____

Larry Ramsey

Southern States Utilities

Date: 12-9-94

Telephone No. (Please Type): _____

(904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astoria

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-64-173345

(9) Plant Type ILIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class B Cert. No. 1025
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator [Signature] R-1025
 Signatures Cert No

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	71%
(20) CBOD Effluent	mg/L	80082	1.5
(21) CBOD Effluent	lbs/day	-	0.21
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	-	0.85
(24) Minimum pH			7.3
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000825	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	4.8
(33) Other Effluent Parameters			
Fecal Coliform			

* DUE TO TIME OF DAY, OPERATOR
VISITING PLANT - OVER 24 HRS.

DER FORM NO. 17,501,500(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month: December

Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Degrlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECL Conform		
1	0.002	2.9						7.5							
2	0.015	3.0						7.5							
3	0.021														
4															
5	0.036	1.3						7.4							
6	0.021	3.2		85.5	130	1.5	8.0	7.4							
7	0.021	3.4						7.5							
8	0.018	3.4						7.5							
9	0.013	4.6						7.4							
10	0.016	3.9						7.4							
11															
12	0.035	3.6						7.5							
13	0.020	3.7						7.5							
14	0.013	2.2						7.4							
15	0.014	2.3						7.4							
16	0.022	1.8						7.4							
17	0.006	2.1						7.5							
18															
19	0.033	1.8						7.6							
20	0.015	1.7						7.6							
21	0.015	1.5						7.5							
22	0.018	1.2						7.5							
23	0.017	3.4						7.6							
24	0.024														
25															
26	0.029	3.4						7.8							
27	0.021	1.7						7.4							
28	0.015	2.2						7.4							
29	0.014	2.8						7.4							
30	0.019	3.3						7.4							
31	0.020							7.3							

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

Signed: Larry Ramsey
Name (Please Type): Larry Ramsey
Company Name: Southern States Utilities

Date: 1-11-95
Telephone No. (Please Type): (804) 347-1265

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-84-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7212</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Original signed by Mark March C-7212</u>		
Signature		Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.014
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	67%
(20) BODs Effluent	mg/L	50082	4.5
(21) BODs Effluent	lbs/day	-	0.53
(22) TSS Effluent	mg/L	900201	0.9
(23) TSS Effluent	lbs/day	-	1.05
(24) Minimum pH			7.2
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.76
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.3
(32) Maximum Chlorine Residual	mg/L	-	1.7
(33) Other Effluent Parameters			
Fecal Coliform	colonies		<1

" G2 pump getting plugged w/ sodium from MTH
We are switching to liquid chlorine to eliminate
this problem

DER FORM NO. 17-601.600(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month January Year 1991

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.014	0.7						7.8						
2	0.012	0.5						7.4						
3	0.013													
4	0.017	0.6						7.5						
5	0.012	0.7						7.5						
6	0.013	0.8						7.4						
7	0.013	0.7						7.3						
8	0.017	0.8						7.4						
9	0.014	0.5						7.4						
10	0.014													
11	0.013	0.6						7.3						
12	0.015	0.7						7.4						
13	0.013	0.8				4.5	0.75	7.3			0.76		<1	
14	0.011	1.7						7.3						
15	0.018	0.5						7.2						
16	0.014	0.3						7.8						
17	0.014													
18	0.013	0.5						7.5						
19	0.016	0.7						7.6						
20	0.015	0.7						7.5						
21	0.011	0.6						7.6						
22	0.016	0.7						7.1						
23	0.013	0.4						7.5						
24	0.014	0.8												
25	0.015	0.7						7.7						
26	0.016	1.0						7.6						
27	0.015	1.1						7.7						
28	0.014	1.0						7.8						
29	0.016	1.2						7.7						
30	0.015	0.9						7.6						
31	0.015													

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

Signed: Original signed by Mark March

Date: 2/12/93

Name (Please Type): Mark March

Telephone No. (Please Type):

Company Name: Southern States Utilities

(904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 804-347-1265

(8) Permit Number DO-64-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Mark March C-7212

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.016
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.014
(18) Percent of permitted capacity	%	-	76%
(20) BODs Effluent	mg/L	80082	22.0
(21) BODs Effluent	lbs/day	-	2.94
(22) TSS Effluent	mg/L	800201	116 *
(23) TSS Effluent	lbs/day	-	15.48
(24) Minimum pH			7.4
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	colonies		

* Jan sample was a 8 when we final received this sample report in March.
We resampled on 3-2 and it was also a 8. Lisa of Aqua Pure, who normally
samples was out sick. Feb sample is questionable in my opinion. T. Boulder

DER FORM NO. 17.601.90011
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NC

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month February Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	CSODS Influent (mg/L)	TSS Influent (mg/L)	CSODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.017	0.8						7.8						
2	0.015	1.0						7.8						
3	0.014	0.7						7.7						
4	0.017	0.9						7.8						
5	0.018	1.6						7.7						
6	0.016	2.0						7.8						
7	0.016													
8	0.014	3.5						7.9						
9	0.016	3.5						7.7						
10	0.014	2.5						7.8						
11	0.018	2.0				22	115	7.6						
12	0.017	0.8						7.5						
13	0.015	1.3						7.5						
14	0.015													
15	0.017	0.9						7.6						
16	0.012	2.5						7.7						
17	0.019	0.6						7.8						
18	0.015	2.0						7.8						
19	0.014	1.5						7.7						
20	0.015	3.5						7.5						
21	0.015													
22	0.018	2.0						7.8						
23	0.015	3.5						7.8						
24	0.016	3.0						7.8						
25	0.018	2.5						7.6						
26	0.018	2.8						7.5						
27	0.021	3.0						7.8						
28	0.011													
29														
30														
31														

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

Signed: Original signed by Mark March

Date: 2/2/93

Name (Please Type) Mark March

Telephone No. (Please Type)

Company Name Southern States Utilities

(904) 347-1265

Monthly Operating Report

Part II - General Information

Signature _____ Cert No _____

[illegible]

* Heavy Rain & time of day (over 24 hours)
 ** day of tornado power off for 10 hours
 HTH contact number:

DER FORM NO. 17, 801, 800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month March Year 1991

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.017	1.5						7.4						
2 *	0.021	2.0		135	75	<1	8	7.6						
3	0.016	2.5						7.5						
4	0.014	1.5						7.5						
5	0.012	1.8						7.5						
6 *	0.028	1.5						7.4						
7 *	0.026													
8 *	0.032	1.8						7.3						
9	0.016	1.5						7.4						
10	0.015	2.0				9.8	32	7.3						
11	0.012	2.5						7.2						
12	0.015	1.9						7.3						
13	0.019	0.0 **						7.4						
14	0.019													
15	0.015	3.0						7.5						
16	0.016	1.5						7.5						
17	0.019	3.0						7.6						
18	0.018	3.2						7.6						
19	0.018	3.5						7.6						
20	0.018	3.5						7.6						
21	0.018													
22	0.017	1.5						7.3						
23	0.017	1.0						7.1						
24	0.020	1.5						7.5						
25	0.012	1.2						7.3						
26	0.015	2.0						7.4						
27	0.009	0.9						7.4						
28	0.009													
29	0.012	0.7						7.2						
30	0.016	0.6						7.4						
31	0.012	0.9						7.6						

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

Signed: Original signed by Mark March

Date: 4/8/93

Name (Please Type): Mark March

Telephone No. (Please Type):

Company Name: Southern States Utilities

(904) 347-1255

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DD-64-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

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

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Mark March C-7212
 Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.014
(19) Percent of permitted capacity	%	-	67%
(20) BODs Effluent	mg/L	80082	3.0
(21) BODs Effluent	lbs/day	-	0.32
(22) TSS Effluent	mg/L	900201	29
(23) TSS Effluent	lbs/day	-	3.14
(24) Minimum pH			7.1
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.21
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	colonies		<1

DEA FORM NO. 17.601.90011
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DEA APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month April Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor.	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.014	0.8						7.3					
2	0.005	0.9						7.4					
3	0.015	3.2						7.3					
4	0.015												
5	0.017	2.5						7.4					
6	0.012	2.0						7.2					
7	0.014	1.5						7.1					
8	0.011	1.0						7.3					
9	0.015	1.4						7.4					
10	0.019	3.5						7.3					
11	0.014												
12	0.013	2.5		105	127	3	29	7.4			0.21	<1	
13	0.014	2.0						7.2					
14	0.012	2.5						7.3					
15	0.017	2.0						7.4					
16	0.014	1.5						7.6					
17	0.012	0.7						7.4					
18	0.012												
19	0.012	0.6						7.3					
20	0.011	1.8						7.4					
21	0.011	1.0						7.3					
22	0.010	0.8						7.4					
23	0.014	1.5						7.3					
24	0.012	2.8						7.3					
25	0.017												
26	0.013	1.0						7.2					
27	0.012	2.5						7.3					
28	0.011	1.8						7.4					
29	0.012	0.9						7.3					
30	0.010	1.5						7.4					
31													

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

Signed: Original signed by Mark March

Date: 5/10/93

Name (Please Type): Mark March

Telephone No. (Please Type):

Company Name: Southern States Utilities

(904) 347-1265

DER FORM NO. 17.601.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-64-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Mark March C-7212

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.012
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	82%
(20) BODs Effluent	mg/L	80082	6.85
(21) BODs Effluent	lbs/day	-	0.66
(22) TSS Effluent	mg/L	800201	7.0
(23) TSS Effluent	lbs/day	-	0.70
(24) Minimum pH			7.2
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	colonies		

DER FORM NO. 13-001-000(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month May Year 1991

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor.	COD5 Influent (mg/L)	TSS Influent (mg/L)	COD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.011	2.8						7.3						
2	0.011													
3	0.011	1.5						7.3						
4	0.014	1.9						7.3						
5	0.010	1.5						7.2						
6	0.012	2.0		143	130	6.65	7	7.4						
7	0.009	1.5						7.3						
8	0.010	1.7						7.3						
9	0.010													
10	0.010	0.6						7.2						
11	0.011	1.0						7.3						
12	0.008	1.4						7.2						
13	0.012	1.0						7.3						
14	0.010	1.5						7.4						
15	0.010	3.5						7.3						
16	0.010													
17	0.013	2.0						7.2						
18	0.015	1.5						7.3						
19	0.017	1.6						7.4						
20	0.011	2.0						7.3						
21	0.010	3.5						7.8						
22	0.010	2.6						7.4						
23	0.010													
24	0.010	3.0						7.3						
25	0.012	2.0						7.4						
26	0.009	1.8						7.2						
27	0.010	1.5						7.4						
28	0.014	1.0						7.2						
29	0.015	1.7						7.3						
30	0.016													
31	0.015	1.5						7.4						

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

Signed: Original signed by Mark March

Date: 6-8-91

Name (Please Type): Mark March

Telephone No. (Please Type):

Company Name: Southern States Utilities

(904) 347-1265

DER FORM NO. 17.801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3084P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-84-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

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

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Mark March C-7212
 Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.011
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	57%
(20) BODs Effluent	mg/L	80082	1.0
(21) BODs Effluent	lbs/day	-	0.09
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	0.37
(24) Minimum pH			7.1
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.6
(33) Other Effluent Parameters			
Fecal Coliform	colonies		

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month June Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.012	1.0						7.2						
2	0.012	1.3		180	240	1	4	7.4						
3	0.010	1.5						7.2						
4	0.010	1.2						7.3						
5	0.011	1.8						7.4						
6	0.011													
7	0.010	1.0						7.2						
8	0.012	1.2						7.2						
9	0.011	1.0						7.2						
10	0.012	0.8						7.3						
11	0.010	3.5						7.6						
12	0.011	3.0						7.5						
13	0.011													
14	0.012	1.5						7.4						
15	0.011	1.0						7.3						
16	0.011	0.8						7.1						
17	0.008	1.0						7.2						
18	0.011	0.9						7.1						
19	0.010													
20	0.010													
21	0.013	0.7						7.3						
22	0.011	0.6						7.2						
23	0.008	0.8						7.4						
24	0.011	0.7						7.2						
25	0.010	0.8						7.1						
26	0.012													
27	0.012													
28	0.012	0.8						7.2						
29	0.012	1.0						7.3						
30	0.015	0.9						7.4						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Mark March

Date: 7-8-93

Name (Please Type) Mark March

Telephone No. (Please Type)

Company Name Southern States Utilities

(904) 347-1265

DER FORM NO. 17.801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-64-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Mark March C-7212

Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.011
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.011
(19) Percent of permitted capacity	%	-	52%
(20) BODs Effluent	mg/L	80082	2
(21) BODs Effluent	lbs/day	-	0.18
(22) TSS Effluent	mg/L	800201	20
(23) TSS Effluent	lbs/day	-	1.83
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000800	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<0.10
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	colonies		<1

DER FORM NO. 17-001-000(1)

FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1981
DER APPLICATION NO.

* on 12th, C12 loss of vacuum & on 28th, trash in pumps both repaired

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Dan

Month July Year 1991

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.015	0.9		270		2		7.3			<0.10		<1	
2	0.014	0.8			200		20	7.2						
3	0.014	3.5						7.5						
4	0.014													
5	0.014	1.5						7.4						
6	0.015	1.0						7.3						
7	0.012	0.9						7.2						
8	0.011	0.8						7.1						
9	0.010	1.0						7.2						
10	0.011	3.0						7.3						
11	0.011													
12	0.011	1.2						7.4						
13	0.010	0.6						7.2						
14	0.010	1.0						7.3						
15	0.010	0.9						7.7						
16	0.009	0.7						7.1						
17	0.012	0.0 *						7.2						
18	0.010													
19	0.010	0.7						7.3						
20	0.011	0.9						7.2						
21	0.010	1.2						7.4						
22	0.009	1.0						7.2						
23	0.014	1.2						7.3						
24	0.016	2.3						7.3						
25	0.012													
26	0.012	1.0						7.2						
27	0.012	1.2						7.3						
28	0.015	0.3 *						7.4						
29	0.008	1.1						7.5						
30	0.009	0.9						7.2						
31	0.012	3.5						7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original Signed by Mark March

Date: 6/3/92

Name (Please Type) Mark March

Telephone No. (Please Type)

Company Name Southern States Utilities

(904) 347-1265

DER FORM NO. 17-001-900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Dan

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-64-173345

(9) Plant Type IHC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Mark March C-7212

Signature Cert No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50063	0.013
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	57%
(20) BODs Effluent	mg/L	80082	3.3
(21) BODs Effluent	lbs/day	-	0.36
(22) TSS Effluent	mg/L	800201	7
(23) TSS Effluent	lbs/day	-	0.17
(24) Minimum pH			7.2
(25) Maximum pH			8.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	colonies		

DER FORM NO. 17,601,602(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month August Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dachler	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.012													
2	0.012	0.6						7.3						
3	0.012	1.2						7.2						
4	0.010	3.5						7.8						
5	0.013	3.0						7.3						
6	0.011	2.0						7.2						
7	0.011	1.8						7.4						
8	0.011													
9	0.011	0.7						7.2						
10	0.010	0.8						7.3						
11	0.009	0.8						7.3						
12	0.010	0.9		75	24	3.3	7	7.4						
13	0.009	1.0						7.2						
14	0.012	1.4						7.4						
15	0.015													
16	0.015	0.8						7.8						
17	0.009	0.8						7.5						
18	0.011	0.6						7.4						
19	0.013	0.7						7.3						
20	0.015	0.8						7.4						
21	0.014	0.5						7.6						
22	0.014													
23	0.014	0.6						7.7						
24	0.012	1.0						7.8						
25	0.016	0.8						7.7						
26	0.013	0.6						7.8						
27	0.020	0.7						7.7						
28	0.018	0.7						7.6						
29	0.020													
30	0.020	0.8						7.8						
31	0.021	0.5						8.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Mark March

Date 9/2/93

Name (Please Type) Mark March

Telephone No. (Please Type)

Company Name Southern States Utilities

(904) 347-1225

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-64-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *Mark A. Smith* Cert. No. 7212

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	60058	0.016
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	0.62
(20) BODs Effluent	mg/L	80082	4.20
(21) BODs Effluent	lbs/day	-	0.56
(22) TSS Effluent	mg/L	800201	3.0
(23) TSS Effluent	lbs/day	-	0.40
(24) Minimum pH			7.3
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month September Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.022	0.9						7.3						
2	0.018	0.6						7.6						
3	0.024	0.5						7.8						
4	0.025	1.3						7.4						
5	0.023													
6	0.023	1.5						7.6						
7	0.027	0.6						7.8						
8	0.029	1						7.8						
9	0.023	0.7						7.7						
10	0.016	0.6						7.8						
11	0.015	0.6						7.6						
12														
13	0.026	0.9						7.8						
14	0.013	0.7						7.9						
15	0.013	0.8		105	16	4.2	3	7.8						
16	0.010	0.7						7.9						
17	0.013	0.8						7.8						
18	0.014	0.6						7.5						
19														
20	0.030	0.7						7.6						
21	0.011	0.7						7.8						
22	0.013	0.8						7.7						
23	0.014	0.7						7.8						
24	0.011	0.8						7.5						
25	0.011	0.6						7.5						
26														
27	0.023	0.7						7.4						
28	0.010	0.8						7.3						
29	0.011	1						7.4						
30	0.010	0.8						7.3						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Mark March

Name (Please Type): Mark March

Company Name: Southern States Utilities

Date: 10-13-93

Telephone No. (Please Type):

(904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3084P05710

(3) Plant Name Ormond Jungle Dan

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1285

(8) Permit Number DO-64-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>7212</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>[Signature]</u>	Cert. No.	<u>2722</u>

Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.010
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	0.62
(20) BODs Effluent	mg/L	80082	3.00
(21) BODs Effluent	lbs/day	-	0.25
(22) TSS Effluent	mg/L	900201	16.0
(23) TSS Effluent	lbs/day	-	1.33
(24) Minimum pH			7.2
(25) Maximum pH			8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.17
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	colonies		★ C

★ Fecal SAMPLED CN 10-6-93 CONFLUENT GROWTH - RESAMPLED CN 10-11-93 RESULT: 2

DER FORM NO. 17,501,500(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month October Year 1992

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dasher	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.011	0.8						7.5						
2	0.010	0.6						7.5						
3														
4	0.020	1.4						7.5						
5	0.011	1						7.2						
6	0.009	0.8						7.3					C	
7	0.010	0.5		120	280	3	16	7.4						
8	0.010	0.7						7.6			6.17			
9	0.010	0.8						7.4						
10														
11	0.020	0.5						7.5					2	
12	0.013	1						7.6						
13	0.009	0.5						7.4						
14	0.011	0.8						7.2						
15	0.009	1						7.4						
16	0.010	3.5						7.7						
17	0.020													
18		3.5						7.8						
19	0.012	1.3						7.6						
20	0.009	1.2						7.5						
21	0.010	1.5						7.2						
22	0.009	1.2						7.6						
23	0.011	2.8						7.5						
24														
25	0.022	0.5						7.6						
26	0.008	2.5						7.5						
27	0.013	2.5						8						
28	0.007	2.5						7.7						
29	0.009	2.5						7.6						
30	0.011	3.5						8						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Mark E. March 10/30/92

Date: 10/30/92

Name (Please Type) Mark March

Telephone No. (Please Type)

Company Name Southern States Utilities

(904) 347-1265

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 2064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Aslor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-64-173345

(9) Plant Type IIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator 221/221/2212
 Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.011
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	0.57
(20) BODs Effluent	mg/L	80082	2.80
(21) BODs Effluent	lbs/day	-	0.26
(22) TSS Effluent	mg/L	800201	7.0
(23) TSS Effluent	lbs/day	-	0.64
(24) Minimum pH			7.3
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

(DER FORM NO. 17, 601, 90011)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month: November Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor.	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform
1	0.025	2						7.8					
2	0.011	1.2						7.8					
3	0.012	1						7.7					
4	0.009	2		97.5	86.6	2.8	7	7.8					
5	0.012	0.5						7.4					
6	0.010	1.6						7.5					
7													
8	0.020	1.4						7.8					
9	0.011	2						7.8					
10	0.009	1.8						7.7					
11	0.011	1.4						7.5					
12	0.010	1.2						7.8					
13	0.013	3.5						7.8					
14													
15	0.022	1.8						7.5					
16	0.011	3.5						7.8					
17	0.010	0.7						7.7					
18	0.009	1						7.8					
19	0.010	1.2						7.5					
20	0.012	1.4						7.4					
21													
22	0.022	0.5						7.8					
23	0.012	3.5						7.8					
24	0.009	2						7.5					
25	0.010	2.4						7.7					
26	0.013	2						7.8					
27	0.012	3.5						7.4					
28													
29	0.023	2						7.3					
30	0.010	1.8						7.8					
31													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this

information is true, complete and accurate.

Signed: Mark March 67212

Date: 12-8-93

Name (Please Type): Mark March

Telephone No. (Please Type):

Company Name: Southern States Utilities

(904) 347-1265

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE July 1, 1991
 DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3064P05710

(3) Plant Name Ormond Jungle Den

(4) Plant Address Alice Drive & Yellow Brick Road

(5) City Astor

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO-64-173345

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator M. F. 7212 C 7212

Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50056	0.010
(17) Permitted capacity	mgd	-	0.021
(18) Three month average daily flow	mgd	-	0.010
(19) Percent of permitted capacity	%	-	0.48
(20) BODs Effluent	mg/L	80082	2.00
(21) BODs Effluent	lbs/day	-	0.17
(22) TSS Effluent	mg/L	900201	9.0
(23) TSS Effluent	lbs/day	-	0.75
(24) Minimum pH			7.3
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17,601,800,1)
 FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Ormond Jungle Den

Month December Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dasher	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAI Cellform	
1	0.006	1.8						7.3						
2	0.010	2.2						7.4						
3	0.010	2						7.6						
4	0.011	1.3						7.5						
5														
6	0.023	1.6						7.8						
7	0.012	1.6		105	73	2	9	7.5						
8	0.009	2						7.6						
9	0.010	3.5						7.6						
10	0.010	3						7.7						
11	0.009	3.6						7.6						
12														
13	0.018	2						7.5						
14	0.010	2.5						7.6						
15	0.010	3						7.5						
16	0.006	2.3						7.4						
17	0.006	2.4						7.5						
18	0.009	3.5						7.7						
19														
20	0.018	3.6						7.6						
21	0.009	0.8						7.5						
22	0.013	3.5						7.5						
23	0.008	3.5						7.5						
24	0.015	3.5						7.7						
25	0.006	3.3						7.5						
26														
27	0.024	2						7.3						
28	0.014	0.8						7.3						
29	0.011	2.1						7.7						
30	0.011	1.8						7.8						
31	0.009	0.8						7.5						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Mark March C 722

Date 1-7-94

Name (Please Type) Mark March

Telephone No. (Please Type)

Company Name Southern States Utilities

(904) 347-1265

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part 4 - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 5236P00617

(3) Plant Name: LEHIGH WWTP

(4) Plant Address 400 CONSTRUCTION LANE

(5) City LEHIGH ACRES

(6) County LEE

(7) Phone Number B13-36E-6575

(B) Permit Number DO36-211932

(9) Plant Type : r B

(10) Test: Site Identification Number N/A

(11) Fecal Coliform Sample Method

ix	Membrane Filter	Most Probable Number
----	-----------------	----------------------

(12) Type of Effluent Disposal or Recycled Water Reuse

PERC POND, AND REUSE TO THE LENGTH ACROSS A GOLF COURSE.

(13) Limited Wet Weather Discharge Activated

Yes	No	Yes	No	Applicable
-----	----	-----	----	------------

(14) Cumulative Days of Wet Weather October	N/A
---	-----

(15) East Station

Dev. Skill. Displaying Cases 4 Carl 1976

Expanding Staff Operations Center	P	Car	No	5226
-----------------------------------	---	-----	----	------

Night Shift Operator Class	A	Encl. No	5630
----------------------------	---	----------	------

Lead Operator *R. J. [Signature]* 4584

Signature */ /* Cert No

[illegible]

ODP FORM NO. 17401 BOD-1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE Jan. 1, 1991
 TSD APPROVAL NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

UTAH WWTTP

Month January Year 1994

(54)

Day of the Month	Flow (MGD)	Chlorine Residual After	CODS Influent (mg/L)	TSS Influent (mg/L)	CODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	NO ₃ -N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM	THE FECAL CRABED
1	1.174	1.3				0.8	7.1	6.8					ND	0920
2	1.303	1.4				1.0	6.8	6.5					ND	0930
3	1.189	2.1				2.0	6.9	6.8					ND	0930
4	1.281	2.4				1.5	6.9	6.8					ND	0930
5	1.473	2.0	118.4	218	1.5	1.2	7.2	6.7					ND	0930
6	1.214	1.8				1.6	7.0	6.7					ND	0940
7	1.151	1.7				1.6	7.0	6.7					ND	0950
8	1.272	1.6				2.1	7.1	6.7					ND	0950
9	1.331	2.0				1.2	7.1	6.7					ND	0950
10	1.347	2.0				1.8	7.0	6.8					ND	0950
11	1.309	1.8				0.8	7.0	7.0					ND	0950
12	1.284	3.0	100.8	155	3.2	1.1	7.0	7.0					ND	0950
13	1.377	3.2				0.1	7.0	6.9					ND	0950
14	1.193	2.7				0.7	7.1	6.9					ND	0950
15	1.257	2.7				0.5	7.0	6.6					ND	0950
16	1.252	1.5				0.8	7.0	6.5					ND	0950
17	1.284	2.1				0.8	6.8	6.7					ND	0950
18	1.414	2.8				0.7	6.9	6.7					ND	0950
19	1.310	2.0	87.5	147	3.1	0.9	6.8	6.8					ND	0950
20	1.259	1.8				1.6	6.9	6.8					ND	0950
21	1.224	2.7				2.1	7.0	6.7					ND	0950
22	1.247	1.8				0.4	7.0	6.5					ND	0950
23	1.218	1.4				0.4	6.8	6.5					ND	0950
24	1.387	2.0				0.7	6.8	6.8					ND	0950
25	1.345	2.1				0.8	7.1	6.8					ND	0950
26	1.344	2.2	87.8	128	1.4	0.1	7.0	6.5					ND	0950
27	1.371	2.2				0.7	7.1	6.8					ND	0950
28	1.422	1.1				1.0	7.1	6.9					ND	0950
29	1.361	2.8				1.0	7.1	6.8					ND	0950
30	1.400	2.0				1.0	7.0	6.8					ND	0950
31	1.347	1.4				1.2	7.1	6.8					ND	0950

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed Beverly Burrows
 Name (Please Type) Beverly Burrows
 Company Name Southern States WWS

Date February 7, 1994
 Telephone No. (Please Type) _____
813-368-6571

LER FORM NO. 17-881 (0001)
 FORM TITLE Domestic Wastewater Treatment Plant
 EDITION DATE January 1, 1991
 USE APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

T.P.

Part 1 - General Information

(1) Month: February Year: 1994
 (2) Plant DER Identification Number: 5235P00517
 (3) Plant Name: LEHIGH WWTP
 (4) Plant Address: 400 CONSTRUCTION LANE
 (5) City: LEHIGH ACRES
 (6) County: LEIC
 (7) Phone Number: 613-368-6575
 (8) Permit Number: 0036-011830
 (9) Plant Type: SE
 (10) Test Site Identification Number: N/A
 (11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
 PER POND AND REUSE TO THE LEHIGH ACRES N DDT COURSE

(13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge: N/A

(15) Plant Staffing:
 Day Shift Operator Class: A Cert. No. 4926
 Evening Shift Operator Class: B Cert. No. 5226
 Night Shift Operator Class: F Cert. No. 7663
 Lead Operator: Burly Burpauer Cert. No. 5841
 Signature: _____ Cert. No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.429
(17) Permitted capacity	mgd	-	2.480
(18) Three month average daily flow	mgd	-	1.305
(19) Percent of permitted capacity	%	-	52.61%
(20) CROOs Effluent	mg/L	80082	2.3
(21) CROOs Effluent	lbs/day	-	27.4
(22) TSS Effluent	mg/L	900701	1.2
(23) TSS Effluent	lbs/day	-	14.3
(24) Minimum pH			6.6
(25) Maximum pH			7.1
(26) Total N	mg/L	000500	
(27) TKH	mg/L	00062E	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	*	1.1
(32) Maximum Chlorine Residual	mg/L	-	3.3
(33) Other Effluent Parameters			
Effluent pumps off			

JOB NO. 17,801-90067
 DATE: 04/01/84 Domestic Wastewater Treatment Plant
 SPECIFIC NAME: 404-1-1981
 JOB APPROVAL:

Domestic Wastewater Treatment Plant Monthly Operating Report

LINCOLN-WWTP

Month: February Year: 1984

Day of the Month	Flow (MGD)	Chemical Residual After Chlorine	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	THU Effluent (mg/L)	PHOSPHORUS Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA COLIFORM	THE FECA CHAINED
1	1.445	2.1				4.0	7.1	7.1					NI	0910
2	1.470	2.1	94	110	7.0	1.4	6.8	6.7					NI	0930
3	1.541	2.1				1.1	7.1	6.8					NI	0910
4	1.575	2.1				0.7	7.2	6.8					NI	0920
5	1.551	1.5				0.3	7.1	7.0					NI	0920
6	1.627	1.5				1.2	7.1	6.8					NI	0917
7	1.469	1.7				2.2	7.1	6.8					NI	0910
8	1.594	2.2				1.1	7.1	6.8					NI	0915
9	1.478	1.5	88.2	151	7.5	0.4	7.1	6.8					NI	0930
10	1.415	1.4				0.9	7.1	6.8					NI	0910
11	1.462	2.2				0.8	7.1	6.7					NI	0910
12	1.400	1.5				0.7	7.1	6.4					NI	0930
13	1.415	1.6				0.8	7.0	6.8					NI	0930
14	1.387	1.6				1.2	6.8	6.8					NI	0930
15	1.381	1.8				0.4	7.1	6.7					NI	0930
16	1.362	2.0	101.5	146	1.4	0.4	7.0	6.8					NI	0930
17	1.358	2.5				0.9	7.0	6.8					NI	0910
18	1.454	2.5				0.8	7.1	6.8					NI	0910
19	1.407	1.4				2.0	7.0	6.8					NI	0910
20	1.450	2.0				1.1	7.0	6.8					NI	0910
21	1.378	2.0				1.1	7.0	6.8					NI	0910
22	1.344	2.5				2.8	6.8	6.8					NI	0915
23	1.330	2.5	90	81	2.7	0.4	6.8	5.9					NI	0915
24	1.320	2.4				1.7	7.0	6.8					NI	0910
25	1.458	2.5				1.2	7.0	6.8					NI	0920
26	1.430	2.0				0.8	7.0	6.8					NI	0920
27	1.336	1.6				2.8	7.0	6.8					NI	0910
28	1.414	2.5				2.4	7.0	6.8					NI	0910
29														
30														
31														

I, the undersigned, hereby certify that the information contained in this report is true and correct to the best of my knowledge and belief. The information is true, correct and so.

Signed: Randy Burrows
 Name (Please Type): Randy Burrows
 Company Name: Seawater System Utilities

Date: March 2, 1984
 Telephone No. (Please Type):
815-362-4575

Domestic Wastewater Treatment Plant
 Monthly Operating Report

T-P

Part 1 - General Information

(1) Month: March Year: 1994
 (2) Plant DCR Identification Number: 5236P00617
 (3) Plant Name: LEHIGH WWTP
 (4) Plant Address: 400 CONSTRUCTION LANE
 (5) City: LEHIGH ACRES
 (6) County: LEE
 (7) Phone Number: 813-368-5575
 (8) Permit Number: D036-211930
 (9) Plant Type: FE
 (10) Test Site Identification Number: N/A
 (11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Route:
PERC PONDING AND RETURN TO THE LEHIGH ACRES N. GOLF COURSE
 (13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge: N/A
 (15) Plant Staffing:
 Day Shift Operator Class: A Cert. No. 5530
 Evening Shift Operator Class: A Cert. No. 4976
 Night Shift Operator Class: B Cert. No. 5226
 Lead Operator: Beverly Bumpers ASB41
 Signature: _____ Cert. No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.289
(17) Permitted capacity	mgd	-	2.480
(18) Three month average daily flow	mgd	-	1.340
(19) Percent of permitted capacity	%	-	54.02%
(20) CBODs Effluent	mg/L	80082	2.1
(21) CBODs Effluent	lbs/day	-	22.7
(22) TSS Effluent	mg/L	800201	2.2
(23) TSS Effluent	lbs/day	-	23.8
(24) Minimum pH			6.5
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	*	1.2
(32) Maximum Chlorine Residual	mg/L	-	2.7
(33) Other Effluent Parameters			
*Effluent pumps off			

O&M FORM NO. (7-601-5887-1)
 FORM 05-1 Domestic Wastewater Treatment Plant
 EFFECTIVE DATE Jan. 1, 1991
 O&M APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LDHGH WWTP

Month March Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Chlorine	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TOR Effluent (mg/L)	NO ₃ -N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAI COLIFORM	TMC FECAI GRABED
1	1.379	2.2				1.6	7.2	6.8					ND	0930
2	1.501	2.7	96	144	2.2	1.3	7.1	6.8					ND	0930
3	1.424	2.3				1.1	7.2	6.8					ND	0930
4	1.358	2.6				1.8	7.1	6.8					ND	0930
5	1.432	2.5				0.4	7.3	6.8					ND	0930
6	1.418	2.1				0.8	7.2	6.8					ND	0930
7	1.408	2.2				1.0	7.1	6.8					ND	0930
8	1.328	2.3				0.8	7.0	6.7					ND	0930
9	1.355	1.7	82.2	94	2.6	0.5	7.1	6.8					ND	0940
10	1.300	2.3				2.2	7.1	6.8					ND	0930
11	1.374	2.3				2.4	7.1	6.7					ND	0930
12	1.543	1.9				1.8	6.8	6.5					ND	0920
13	1.224	1.4				1.4	7.0	6.5					ND	0930
14	1.247	1.5				1.6	6.9	6.5					ND	0930
15	1.234	2.2				3.2	6.9	6.5					ND	0930
16	1.281	1.7	142	178	5.8	8.2	7.0	6.6					ND	0940
17	1.228	1.8				4.6	7.0	6.6					ND	0940
18	1.196	2.2				3.4	7.0	6.8					ND	0940
19	1.267	2.2				4.8	7.0	7.0					ND	0930
20	1.236	2.4				4.5	7.1	6.9					ND	0930
21	1.207	1.7				3.3	7.2	6.9					ND	0930
22	1.233	2.2				1.8	7.0	6.7					ND	0930
23	1.185	2.3	142	59	4.1	3.1	6.9	6.8					ND	0930
24	1.245	2.0				3.1	7.0	6.6					ND	0930
25	1.224	1.2				3.4	7.0	6.6					ND	0930
26	1.204	1.4				1.8	6.9	6.5					ND	0930
27	1.215	2.0				1.2	7.0	6.6					ND	0930
28	1.254	1.8				1.8	6.9	6.5					ND	0930
29	1.316	1.7				1.6	6.9	6.5					ND	0930
30	1.236	1.8	180	154	4.1	1.5	7.0	6.5					ND	0930
31	1.285	1.3				1.0	7.0	6.0					ND	0930

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Beverly Bumpous
 Name (Please Type): Beverly Bumpous
 Company Name: Southern States Utilities

Date: April 15, 1994
 Telephone No. (Please Type): 813-588-6975

JOB FORM NO. 17 (REV. 8/80)
 JOB TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 JOB APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEACH 88479

Month: April Year: 1994

(14)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	DO Effluent (mg/L)	AMN-H Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FEICAL COLIFORM	TBE FEICAL GRABED
1	1.225	1.8				1.8	6.8	6.5					ND	0910
2	1.272	1.8				1.5	6.6	6.3					ND	0930
3	1.185	2.0				1.1	6.8	6.4					ND	0925
4	1.254	1.9				1.4	6.8	6.7					ND	0930
5	1.268	2.5				1.1	7.0	6.7					ND	0930
6	1.232	1.8	167	98	2.7	1.4	7.0	6.4					ND	0930
7	1.187	2.2				2.3	7.2	6.1					ND	0930
8	1.220	2.3				1.4	6.9	6.4					ND	0930
9	1.278	1.7				1.5	7.0	6.7					ND	0920
10	1.275	1.9				1.3	6.8	6.7					ND	0930
11	1.371	2.4				1.8	7.0	6.3					ND	0930
12	1.188	1.8				1.6	7.0	6.7					ND	0930
13	1.222	2.8	167	81	2.7	2.1	6.9	6.4					ND	0930
14	1.188	2.8				1.8	7.0	6.5					ND	0940
15	1.124	2.3				1.0	7.0	6.5					ND	0940
16	1.222	1.6				1.8	6.9	6.4					ND	0930
17	1.188	1.5				1.8	7.0	6.1					ND	0930
18	1.304	2.7				1.7	6.8	6.1					ND	0930
19	1.162	1.8				2.1	7.0	6.2					ND	0930
20	1.438	1.5	186	118	2.1	1.4	7.0	6.4					ND	0940
21	1.274	1.4				1.8	6.8	6.4					ND	0940
22	1.284	1.1				1.4	7.0	6.4					ND	0930
23	1.288	1.4				1.6	7.0	6.4					25	0930
24	1.282	1.7				1.3	7.0	6.5					ND	0930
25	1.242	1.1				1.7	7.0	6.4					ND	0915
26	1.331	1.0				1.4	7.0	6.4					ND	0930
27	1.320	1.0	124	112	2.8	2.4	6.8	6.1					ND	0930
28	1.271	1.1				1.8	7.0	6.4					ND	0930
29	1.261	1.2				1.8	6.9	6.5					ND	0930
30	1.244	1.3				1.5	7.0	6.7					ND	0930
31														

Local Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, correct and accurate.

Signed: Beverly Bumpous
 Name (Please Type): Beverly Bumpous
 Company Name: Southern States Utilities

Date: 5-10-94
 Telephone No. (Please Type): 813-368-6575

DER FORM NO. 1/851,000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE January 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: May Year: 1994
 (2) Plant DER Identification Number: 5236P00617
 (3) Plant Name: LEHIGH WWTP
 (4) Plant Address: 400 CONSTRUCTION LANE
 (5) City: LEHIGH ACRES
 (6) County: LEE
 (7) Phone Number: 813-355-6575
 (8) Permit Number: 0036-211232
 (9) Plant Type: 1 B
 (10) Test Site Identification Number: N/A
 (11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse:
PERC PONDS AND REUSE TO THE LEHIGH ACRES N. GOLF COURSE
 (13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge: N/A
 (15) Plant Staffing:
 Day Shift Operator Class: A Cert. No. 4976
 Evening Shift Operator Class: B Cert. No. 5226
 Night Shift Operator Class: A Cert. No. 5630
 Lead Operator: Besant Rumpson ASB41
 Signature: [Signature] Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.175
(17) Permitted capacity	mgd	-	2.480
(18) Three month average daily flow	mgd	-	1.243
(19) Percent of permitted capacity	%	-	50.13%
(20) CBODs Effluent	mg/L	80082	2.3
(21) CBODs Effluent	lbs/day	-	22.5
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	10.7
(24) Minimum pH			6.3
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000526	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000566	
(31) Minimum Chlorine Residual	mg/L	*	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.4
(33) Other Effluent Parameters			
*Effluent pumps off			

Page 2 of 3

THE BOARD OF SUPERVISORS
 COUNTY OF LOS ANGELES
 DEPARTMENT OF PUBLIC WORKS
 DIVISION OF WATER
 1954

Domestic Wastewater Treatment Plant Monthly Operating Report

1954

1954

Day of the Month	Flow (MGD)	Chemical Residual After Dosing	CBOD ₅ Influent (mg/L)	SS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	SS Effluent (mg/L)	pH Influent	pH Effluent	TSS Effluent (mg/L)	Ammonia Effluent (mg/L)	Nitrate Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA COLOR	TOTAL FECA
1	1.255	1.2			0.7	5.8	6.5						NO	0917
2	1.258	1.2			0.8	7.1	6.7						NO	0917
3	1.274	1.2			1.2	6.9	6.9						NO	0917
4	1.212	1.2	0.0	0.0	0.0	7.1	6.8						NO	0917
5	1.217	1.2			1.2	7.1	6.5						NO	0917
6	1.181	1.2			1.2	7.0	6.5						NO	0917
7	1.171	1.2			1.2	7.1	6.5						NO	0917
8	1.144	1.2			0.7	6.7	6.2						NO	0917
9	1.174	1.2			1.2	7.1	6.1						NO	0917
10	1.150	1.2			0.5	6.9	6.7						NO	0917
11	1.177	1.2	0.0	0.0	0.0	7.1	6.7						NO	0917
12	1.181	1.2			0.0	7.1	6.1						NO	0917
13	1.187	1.2			0.4	7.1	6.6						NO	0917
14	1.147	1.2			0.0	7.1	6.4						NO	0917
15	1.184	1.2			1.1	6.6	6.6						NO	0917
16	1.247	1.2			1.4	6.6	6.1						NO	0917
17	1.248	1.2			0.0	7.0	6.1						NO	0917
18	1.187	1.2	0.0	0.0	0.0	6.6	6.4						NO	0917
19	1.125	1.2			0.5	6.9	6.5						NO	0917
20	1.097	1.2			0.7	7.0	6.7						NO	0917
21	1.081	1.2			0.5	6.9	6.9						NO	0917
22	1.104	1.2			0.7	6.7	6.7						NO	0917
23	1.076	1.2			0.6	6.5	6.6						NO	0917
24	1.045	1.2			1.1	6.6	6.1						NO	0917
25	1.074	1.2	0.0	0.0	0.9	7.0	6.6						NO	0917
26	1.097	1.2			1.4	7.0	6.4						NO	0917
27	1.058	1.2			1.7	7.0	6.7						NO	0917
28	1.076	1.2			1.1	7.0	6.7						NO	0917
29	1.170	1.2			0.5	7.0	6.6						NO	0917
30	1.305	1.2			1.7	6.7	6.6						NO	0917
31	1.545	1.2			2.0	6.9	6.7						NO	0917

I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the original report as submitted to the Board of Supervisors, and that the same is true and correct.

Signed: Beverly Bumpers
 Name (Please Type): Beverly Bumpers
 Company Name: Superior Engineering Co.

Date: June 11, 1954
 Telephone No. (Please Type):
 City: Los Angeles

DER FORM NO. 17-001 B01
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE Apr. 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month June Year: 1994
 (2) Plant DER Identification Number: 5236P00617
 (3) Plant Name LEHIGH WWTP
 (4) Plant Address 400 CONSTRUCTION LANE
 (5) City LEHIGH ACRES
 (6) County LEE
 (7) Phone Number 813-368-5575
 (8) Permit Number 2036-211930
 (9) Plant Type B
 (10) Test Site Identification Number N/A
 (11) Field Collection Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Recycled Water Reuse
BIOTREATMENT PLANT WITH TROPICAL AERATION AND FLOW-THROUGH
☐ Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 4976
 Evening Shift Operator Class B Cert. No. 5726
 Night Shift Operator Class A Cert. No. 5630
 Lead Operator Beverly Bumpous ASB41
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.432
(17) Permitted capacity	mgd	-	2.480
(18) Three month average daily flow	mgd	-	1.288
(19) Percent of permitted capacity	%	-	51.92%
(20) CBODs Effluent	mg/L	90082	3.0
(21) CBODs Effluent	bs/day	-	35.8
(22) TSS Effluent	mg/L	90020	1.5
(23) TSS Effluent	bs/day	-	17.9
(24) Minimum pH			6.5
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TN	mg/L	000500	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	001850	
(30) Total Phosphorus	mg/L	000560	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.3
(33) Other Effluent Parameters			
Effluent Bypass (Y)			

Page 2 of 3

REP FORM NO. 1 (10-1-80)
 FORM 1-11 Domestic Wastewater Treatment Plant
 (EPA Form 350-1-10-1-1981)
 USE APPROPRIATELY

Domestic Wastewater Treatment Plant Monthly Operating Report

1-1-81

Month: Jan Year: 1981

Day of the Month	Flow (MGD)	Chemical Residuals After Chlorine	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	DO Influent (mg/L)	DO Effluent (mg/L)	NO ₃ -N Effluent (mg/L)	NH ₄ -N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECA COLIFORM	TIME FECA & TSS GRABBER
1	1.587	2.1	88	154	2.3	2.1	7.0	8.2								0810
2	1.247	2.4				2.2	7.0	8.6								0930
3	1.432	1.6				2.8	7.0	8.2								0930
4	1.482	1.7				3.0	7.0	8.1								0920
5	1.484	2.7				3.1	6.8	8.4								0930
6	1.702	3.2				3.5	7.0	8.8								0910
7	1.678	1.7				3.2	7.0	8.3								0910
8	1.887	1.4	100	88	1	3.3	6.9	8.8								0900
9	1.877	2.4				3.8	6.8	8.7								0910
10	1.386	2.2				3.2	7.0	8.7								0940
11	1.478	2.2				3.3	6.8	8.8								0940
12	1.424	2.8				3.7	6.8	8.8								0930
13	1.470	2.1				3.7	7.0	8.8								0930
14	1.582	4.1				3.6	6.8	8.8								0930
15	1.268	2.3	100	88	0.1	3.7	6.8	8.8								0940
16	1.402	2.0				3.7	7.0	8.8								0930
17	1.274	2.1				3.2	7.0	8.8								0930
18	1.480	2.6				3.7	6.8	8.8								0930
19	1.605	2.6				3.4	6.5	8.8								0930
20	1.670	1.1				3.6	6.8	8.8								0930
21	1.678	2.1				3.7	7.0	8.8								0930
22	1.420	2.1	88	62	0.1	3.7	6.8	8.8								0930
23	1.477	1.8				3.4	7.0	8.8								0930
24	1.247	2.0				3.4	7.0	8.7								0930
25	1.284	1.8				3.4	6.8	8.7								0940
26	1.584	1.6				3.7	6.8	8.8								0930
27	1.304	1.4				3.7	7.0	8.8								0930
28	1.220	1.7				3.8	6.8	8.8								0930
29	1.310	1.4	84	120	2.6	3.4	7.0	8.8								0930
30	1.281	1.7				3.4	7.0	8.7								0930
31																

I, the Operator, hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Beverly Cunningham
 Name (Please Print): Beverly Cunningham
 Company Name: Saginaw Water Utility

Date: 1-31-81
 Telephone No. (Please Print):
 E-mail Address:

DER FORM NO. 17-891.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE January 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part 2 - General Information

(1) Month: July Year: 1994
 (2) Plant DER Identification Number: 5236P00617
 (3) Plant Name: LEHIGH WWTP
 (4) Plant Address: 400 CONSTRUCTION LANE
 (5) City: LEHIGH ACRE
 (6) County: LEE
 (7) Phone Number: 913-365-5575
 (8) Permit Number: 0035-211931
 (9) Plant Type: 1-B
 (10) Test Site Identification Number: N/A
 (11) Fiscal Collection Sample Method:
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse:
PERC PONDING AND REUSE TO TWO LEACH AREAS N. OF T. COLLEGE
 (13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☐ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge: N/A
 (15) Plant Staffing:
 Day Shift Operator Class: A Cert. No.: 4571
 Evening Shift Operator Class: B Cert. No.: 522E
 Night Shift Operator Class: C Cert. No.: 5831
 Lead Operator: Kevin Thompson Signature: Kevin Thompson Cert. No.: 4584

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.358
(17) Permitted capacity	mgd	-	2.480
(18) Three month average daily flow	mgd	-	1.322
(19) Percent of permitted capacity	%	-	53.25%
(20) CBODs Effluent	mg/L	80050	2.1
(21) CBODs Effluent	lbs/day	-	29.4
(22) TSS Effluent	mg/L	90020	0.7
(23) TSS Effluent	lbs/day	-	7.9
(24) Minimum pH			6.6
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	00062E	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	00055E	
(31) Minimum Chlorine Residual	mg/L	*	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			
*Effluent pumps off			

Form No. 17-201.800.1
 Form Title Domestic Wastewater Treatment Plant
 Effective Date Jan 1, 1991
 For Application in

Domestic Wastewater Treatment Plant Monthly Operating Report

LD-40-1000

Month Aug Year 1994

(34)

Day of the Month	Flow (MGD)	Chemical Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NO ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL COLIFORM	TME FECAL GRAB
1	1.33P	1.1			2.0	7.1	8.7						N	09.0
2	1.243	2.2			0.9	7.0	6.8						N	09.0
3	1.252	1.0			0.8	7.0	6.8						N	09.0
4	1.272	1.2			0.7	7.2	7.0						N	09.0
5	1.434	1.0			1.4	7.1	7.0						N	09.0
6	1.367	1.0	246	177	2.8	1.1	7.2	6.8					N	09.0
7	1.346	1.1			0.6	7.0	6.8						N	09.0
8	1.444	1.1			0.4	7.1	6.7						N	09.0
9	1.500	1.1			0.4	7.2	6.8						N	09.0
10	1.381	1.0			0.6	7.1	6.8						N	09.0
11	1.450	1.1			0.8	7.0	6.7						N	09.0
12	1.334	1.1			0.5	7.0	6.8						N	09.0
13	1.357	1.0	170	46	4.3	0.7	7.0	6.7					N	09.0
14	1.334	1.0			0.7	7.2	6.8						N	09.0
15	1.317	1.0			0.5	7.2	6.7						N	09.0
16	1.240	1.0			0.7	7.2	6.8						N	09.0
17	1.240	1.4			0.4	7.0	6.8						N	09.0
18	1.248	1.1			0.4	7.1	6.7						N	09.0
19	1.347	1.4			0.4	7.1	6.8						N	09.0
20	1.332	1.0	78.4	151	3.1	0.3	7.2	6.8					N	09.0
21	1.361	1.1			0.5	7.2	6.8						N	09.0
22	1.374	1.0			0.7	7.1	6.7						N	09.0
23	1.381	1.0			0.5	7.1	6.7						N	09.0
24	1.540	1.0			0.7	7.1	6.7						N	09.0
25	1.524	1.0			0.7	7.2	6.8						N	09.0
26	1.381	1.0			1.0	7.1	6.7						N	09.0
27	1.440	1.0	82	17	0.8	7.2	6.7						N	09.0
28	1.359	1.4			1.1	7.1	6.7						N	09.0
29	1.314	1.0			1.8	7.1	6.7						N	09.0
30	1.328	1.0			0.7	7.1	6.7						N	09.0
31	1.330	0.9			1.2	7.1	6.7						N	09.0

Last Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, accurate and complete.

By: Barbara Rumpus

Name (Please Print): Barbara Rumpus

Company Name: Southwest Engineering

Date: August 16, 1994

Telephone No. (Please Print): 817-547-4888

DCR FORM NO.	17.001.00011
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	January 1, 1991
DCR APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

T.P.

Part I - General Information

(1) Month: August Year: 1994

(2) Plant DCR Identification Number: 5236P00617

(3) Plant Name: LEHIGH WWTP

(4) Plant Address: 400 CONSTRUCTION LANE

(5) City: LEHIGH ACRES

(6) County: LEE

(7) Phone Number: 813-368-6575

(8) Permit Number: D03E-211930

(9) Plant Type: I-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Recycled Water Reuse:
PERC PONDS AND REUSE TO THE LEHIGH ACRES N. GOLF COURSE

(13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge: N/A

(15) Plant Staffing:

Day Shift Operator Class	<u>A</u>	Cert. No.	<u>4876</u>
Evening Shift Operator Class	<u>B</u>	Cert. No.	<u>5226</u>
Night Shift Operator Class	<u>A</u>	Cert. No.	<u>5630</u>
Lead Operator	<u>Beverly Bumpass</u>		<u>A5841</u>
	Signature		Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.557
(17) Permitted capacity	mgd	-	2.480
(18) Three month average daily flow	mgd	-	1.449
(19) Percent of permitted capacity	%	-	58.43%
(20) CBODs Effluent	mg/L	80082	2.2
(21) CBODs Effluent	lbs/day	-	28.6
(22) TSS Effluent	mg/L	900201	0.8
(23) TSS Effluent	lbs/day	-	10.4
(24) Minimum pH			6.4
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	*	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.6
(33) Other Effluent Parameters			
*Effluent pumps off			

DWT FORM NO. 1-401350-1
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: Jan. 1, 1981
 USE APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

USE-401350-1

Month: August Year: 1984

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CODS Influent (mg/L)	TSS Influent (mg/L)	CODS Effluent (mg/L)	TSS Effluent (mg/L)	Ammonia Influent (mg/L)	Ammonia Effluent (mg/L)	Total Nitrogen Influent (mg/L)	Total Nitrogen Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	ALCAL. COLIFORM	TIME TICAL DRAWN
1	1.281	1.1			0.6	7.0	6.6						ND	0870
2	1.299	1.4			1.0	7.1	6.1						ND	0870
3	1.286	1.0	222		3.0	7.0	6.4						ND	0815
4	1.235	1.2			0.6	7.0	6.6						ND	0855
5	1.306	1.3			0.5	7.5	6.6						ND	0805
6	1.281	1.0			0.7	7.2	6.6						ND	0830
7	1.360	2.3			0.8	7.1	6.8						ND	0830
8	1.646	2.3			0.8	7.2	6.8						ND	0830
9	1.719	2.0			2.6	7.1	6.8						ND	0845
10	1.789	0.9	45.3	71	1.6	7.2	6.8						ND	0845
11	1.717	0.9			0.7	7.2	6.8						ND	0830
12	1.661	0.9			0.6	7.3	6.9						ND	0830
13	1.700	1.0			0.7	7.2	6.8						ND	0830
14	1.680	1.6			0.8	7.3	7.0						ND	0830
15	1.494	1.8			1.0	7.2	7.0						ND	0830
16	1.570	1.2			0.8	7.0	7.0						ND	0830
17	1.475	1.0	63.4	140	2.6	7.2	6.9						ND	0830
18	1.702	1.2			0.7	7.2	6.9						ND	0830
19	1.790	0.8			0.7	7.3	6.9						ND	0830
20	1.700	1.0			1.0	7.2	6.9						ND	0830
21	1.700	1.0			0.4	7.2	7.0						ND	0830
22	1.553	1.0			0.8	7.2	7.0						ND	1330
23	1.481	1.0			0.2	7.1	6.8						ND	0830
24	1.509	1.3	65.2	93	1.8	7.4	6.9						ND	0800
25	1.544	0.9			1.4	7.2	6.9						ND	0830
26	1.527	1.3			0.2	7.2	6.9						ND	0830
27	1.530	0.9			0.4	7.2	6.9						ND	0830
28	1.673	2.5			0.8	7.2	6.9						ND	0830
29	1.692	1.0			0.6	7.2	6.9						ND	0830
30	1.585	0.9			0.7	7.2	6.7						ND	0830
31	1.668	0.9	88		2.1	7.2	6.7						ND	0830

I, the Operator, certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

True, complete and accurate.

Signed: Beverly Burroughs
 Name (Please Type): Beverly Burroughs
 Company Name: Southwest Engineering

Date: September 11, 1984
 Telephone No. (Please Type):
 P.O. Box:

T-1

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Part I - General Information

(1) Month: September Year: 1994
 (2) Plant DER Identification Number: 5236P00617
 (3) Plant Name LEHIGH WWTP
 (4) Plant Address 400 CONSTRUCTION LANE
 (5) City LEHIGH ACRES
 (6) County LEI
 (7) Phone Number 613-368-6576
 (8) Permit Number DDNE-211527
 (9) Plant Type FE
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Recycled Water Reuse
PERC PONDS AND REUSE TO THE LEHIGH ACRES N. GOLF COURSE
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge N/A
 (15) Plant Staffing
 Day Shift Operator Class A Cert. No. 4976
 Evening Shift Operator Class B Cert. No. 5228
 Night Shift Operator Class A Cert. No. 5630
 Lead Operator Burley Burgess ASB41
 Signature _____ Cert No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.894
(17) Permitted capacity	mgd	-	2.480
(18) Three month average daily flow	mgd	-	1.603
(19) Percent of permitted capacity	%	-	64.64%
(20) CBODs Effluent	mg/L	80082	1.9
(21) CBODs Effluent	lbs/day	-	30.0
(22) TSS Effluent	mg/L	900201	0.8
(23) TSS Effluent	lbs/day	-	12.6
(24) Minimum pH			6.7
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	*	0.8
(32) Maximum Chlorine Residual	mg/L	-	1.5
(33) Other Effluent Parameters			
*Effluent pumps off			

DWT FORM NO. 17-601 (Rev. 1-1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE JAN. 1, 1991
 USE APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEAKAGE WATER

Month September Year 1994

Day of the Month	Flow (MGD)	Chemical Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	DO ₂ Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM	T&E FECAL	DAIMED
1	1.647	1.0				1.5	7.2	6.7					NC	0815	
2	1.656	1.0				0.1	7.3	6.7					NC	0815	
3	1.456	1.1				0.8	7.3	6.7					NC	0815	
4	1.628	1.0				0.8	7.3	7.2					1	0815	
5	1.816	1.0				1.1	7.2	7.2					NC	0815	
6	1.881	1.0				0.8	7.3	6.8					NC	0830	
7	1.772	1.0	4.0	1.0	1.0	0.1	7.2	6.8					NC	0850	
8	1.652	1.0				1.1	7.2	6.8					NC	0830	
9	1.702	1.0				0.7	7.2	6.7					NC	0830	
10	1.661	1.0				1.7	7.3	6.8					NC	0830	
11	1.558	1.0				0.6	7.3	6.8					1	0840	
12	1.664	1.0				0.8	7.3	6.7					NC	0815	
13	1.812	1.0				1.7	7.2	6.7					NC	0830	
14	1.888	1.0	2.5	3.5	0.8	0.7	7.3	6.7					NC	0830	
15	1.723	1.0				0.7	7.2	6.8					NC	0840	
16	1.747	1.0				0.5	7.2	6.8					NC	0815	
17	1.852	1.0				1.0	7.2	6.8					NC	0830	
18	2.000	1.0				0.4	7.2	6.8					NC	0830	
19	2.255	1.0				0.7	7.3	6.8					NC	0830	
20	2.245	1.0				1.1	7.3	6.8					NC	0815	
21	1.821	1.0	7.1	5.1	0.5	7.2	6.9						NC	0830	
22	1.780	1.0				1.0	7.1	6.7					NC	0830	
23	1.824	1.0				1.0	7.2	6.8					NC	0830	
24	1.831	0.8				0.8	7.1	6.8					NC	0840	
25	2.070	1.0				0.6	7.1	6.7					NC	0840	
26	2.023	1.0				0.5	7.0	6.8					NC	0830	
27	2.147	0.8				1.5	7.3	6.7					NC	0830	
28	1.812	1.0	4.7	5.7	3.7	1.1	7.2	6.8					NC	0815	
29	1.818	1.0				1.0	7.2	6.7					NC	0815	
30	1.815	1.0				2.2	7.2	6.8					NC	0815	
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Beverly Burgess
 Name (Please Type): Beverly Burgess
 Company Name: Spencer S. Smith

Date: October 7, 1994
 Telephone No. (Please Type):
813-558-6777

DER FORM NO.	(7.601.900.11)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

T-11

Part 1 - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 5236P00617

(3) Plant Name: LEHIGH WWTP

(4) Plant Address: 400 CONSTRUCTION LANE

(5) City: LEHIGH ACRES

(6) County: LEE

(7) Phone Number: 813-366-6575

(8) Permit Number: D036-211930

(9) Plant Type: 1 B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
PERC PONDING AND REUSE TO THE LEHIGH ACRES N. GOLF COURSE

(13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge: N/A

(15) Plant Staffing:
Day Shift Operator Class: A Cert. No.: 4976
Evening Shift Operator Class: B Cert. No.: 5226
Night Shift Operator Class: A Cert. No.: 5530
Lead Operator: Richard Bumpass ASB41
Signature: _____ Cert. No.: _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.521
(17) Permitted capacity	mgd	-	2.480
(18) Three month average daily flow	mgd	-	1.657
(19) Percent of permitted capacity	%	-	66.83%
(20) CBODs Effluent	mg/L	80082	2.2
(21) CBODs Effluent	lb/day	-	27.9
(22) TSS Effluent	mg/L	900201	0.8
(23) TSS Effluent	lb/day	-	10.1
(24) Minimum pH			6.6
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	*	0.8
(32) Maximum Chlorine Residual	mg/L	-	1.3
(33) Other Effluent Parameters			
*Effluent pumps off			

DCR FORM NO. 17-001300-11
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE Jan. 1, 1991
 SEE APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LDHGH WWTP

Month: October Year: 1994

Day of the Month	Flow (MGD)	Chemical Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM	TME FECAL DRAINED
1	1.788	0.8				1.0	7.3	8.9					ND	0930
2	1.730	1.2				0.5	7.2	8.7					ND	0930
3	1.843	1.3				1.3	7.2	8.8					<1	0920
4	1.894	1.0				0.8	7.1	8.7					1	0915
5	1.797	1.3	69	80	1.2	1.8	7.1	8.7					13	0920
6	1.706	1.0				1.5	7.1	8.9					ND	0920
7	1.630	1.0				2.9	7.3	8.7					ND	1000
8	1.629	0.9				0.7	7.2	8.6					ND	0915
9	1.561					0.7	7.2	8.6					ND	0900
10	1.588					1.2	7.9	9.6					ND	0915
11	1.489					0.9	7.1	8.8					ND	0920
12	1.672		68	102	4.4	2.6	7.1	8.7					ND	0930
13	1.503					0.6	7.1	8.7					ND	0930
14	1.567					0.9	7.1	8.7					ND	0930
15	1.481					1.2	7.1	8.7					ND	0930
16	1.482					0.3	7.0	8.7					ND	0930
17	1.451					0.4	7.2	8.7					ND	0915
18	1.374					0.7	7.2	8.7					ND	0915
19	1.400		85	139	1.9	0.8	7.2	8.8					ND	0930
20	1.380					0.9	7.2	8.6					ND	0920
21	1.241					0.6	7.1	8.7					ND	0930
22	1.291					0.5	7.1	8.7					ND	1000
23	1.443					0.2	7.1	8.7					ND	0930
24	1.352					0.5	7.2	8.9					ND	0940
25	1.377					0.7	7.1	8.6					ND	0930
26	1.373		108	145	1.4	0.7	7.2	8.6					ND	0930
27	1.436					1.3	7.0	8.6					ND	0920
28	1.401					0.5	7.3	8.5					ND	0915
29	1.552					0.9	7.2	8.7					<1	0915
30	1.348					0.8	7.1	8.6					ND	0910
31	1.382					0.3	7.2	8.6					ND	0910

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Beverly Bumpers
 Name (Please Type): Beverly Bumpers
 Company Name: Southern States Water

Date: November 11, 1994
 Telephone No. (Please Type): 813-348-6577

Domestic Wastewater Treatment Plant
 Monthly Operating Report

TR

Part 2 - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 5236P00617

(3) Plant Name: LEHIGH WWTP

(4) Plant Address: 400 CONSTRUCTION LANE

(5) City: LEHIGH ACRES

(6) County: LEE

(7) Phone Number: 813-368-5575

(8) Permit Number: DC36-211930

(9) Plant Type: II B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
PERC POND AND REUSE TO THE LEHIGH ACRES GOLF COURSE

(13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge: N/A

(15) Plant Staffing:
 Day Shift Operator Class: A Cert. No. 4976
 Evening Shift Operator Class: B Cert. No. 5226
 Night Shift Operator Class: B Cert. No. 7663
 Lead Operator: Shwaly Bumpour 45841
 Signature: _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.424
(17) Permitted capacity	mgd	-	2.100
(18) Three month average daily flow	mgd	-	1.613
(19) Percent of permitted capacity	%	-	76.81%
(20) CBODs Effluent	mg/L	80082	1.9
(21) CBODs Effluent	lbs/day	-	22.6
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	17.8
(24) Minimum pH			6.4
(25) Maximum pH			6.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	*	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.7
(33) Other Effluent Parameters			
*Effluent pumps off			

DOW FORM NO. 17-801-200(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE Apr. 1, 1991
 DOW APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEHIGH VALLEY

Month November Year 1994

Day of the Month	Flow (MGD)	Chemical Residual After Contact	CODS Influent (mg/L)	TSS Influent (mg/L)	CODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TAN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL COLIFORM	TRE FECAL GRABBED
1	1.357	1.2				1.0	7.1	6.8					ND	0915
2	1.257	1.2	115	137	18	0.8	7.1	6.7					ND	0915
3	1.260	1.5				0.8	7.0	6.7					ND	0940
4	1.315	1.4				1.0	7.1	6.7					ND	0910
5	1.359	1.2				0.9	7.0	6.8					ND	0910
6	1.388	1.6				0.6	7.0	6.6					ND	0915
7	1.298	1.8				0.8	7.1	6.7					ND	0930
8	1.370	1.1				1.2	7.3	6.7					ND	0930
9	1.350	1.3	151	127	1.9	1.8	7.1	6.5					21	1030
10	1.321	1.2				1.4	7.1	6.5					ND	0930
11	1.561	1.3				2.2	7.1	6.4					ND	0930
12	1.470	1.4				1.9	7.2	6.4					ND	0930
13	1.420	1.1				2.5	7.1	6.4					ND	0930
14	1.417	1.0				2.5	7.1	6.3					ND	0930
15	1.473	1.2				3.0	7.1	6.5					ND	0930
16	1.417	1.2	86	72	2.1	3.7	7.3	6.4					1	0915
17	1.578	1.0				3.0	7.3	6.5					ND	0915
18	1.683	2.1				1.6	7.2	6.5					ND	0950
19	1.587	1.8				2.4	7.1	6.7					ND	0915
20	1.420	1.1				0.9	7.1	6.5					ND	0930
21	1.417	1.0				1.1	7.1	6.7					ND	0930
22	1.470	1.4				1.0	7.1	6.7					ND	0930
23	1.420	2.7	173	67	1.7	7.2	6.7						ND	0915
24	1.437	1.1				0.9	7.2	6.7					ND	0915
25	1.547	1.5				0.9	7.1	6.7					ND	0915
26	1.647	1.7				0.5	7.1	6.7					ND	0915
27	1.775	1.8				1.0	7.1	6.7					ND	0915
28	1.755	1.7				1.5	7.0	6.7					ND	0930
29	1.547	1.7				1.0	7.1	6.7					ND	0915
30	1.872	2.0	127	121	2.8	1.4	7.1	6.5					ND	0915
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Beverly Bumpous
 Name (Please Print): Beverly Bumpous
 Company Name: Southern States Utilities

Date: 12-12-94
 Telephone No. (Please Print):
813-366-4411

Part 1 - General information

[illegible]

DEP FORM NO. 17.001 (05-91)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: Jan 1, 1991
 DEP APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEHIGH WWTP

Month: December Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Spreader	CODCRS Influent (mg/L)	TSS Influent (mg/L)	CODCRS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TICN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECA COLIFORM	TRE FECA CRAMMED
1	1.335	2.2	127	131	2.9	2.1	7.1	6.7					ND	1025
2	1.348	1.8				2.4	7.1	6.8					ND	0915
3	1.364	2.1				1.7	7.2	6.6					ND	0915
4	1.470	1.8				1.4	7.0	6.6					ND	0930
5	1.415	1.8				2.0	7.1	6.7					ND	0930
6	1.404	1.8				2.0	7.0	6.7					ND	0930
7	1.406	1.3				3.0	7.0	6.5					ND	0915
8	1.555	2.5	98	131	3.0	1.8	7.1	6.5					ND	0915
9	1.593	2.5				2.4	7.1	6.5					ND	0910
10	1.400	1.8				2.0	7.2	6.4					<1	0915
11	1.347	2.5				2.4	7.1	6.6					ND	0930
12	1.560	2.8				2.2	7.1	6.7					ND	0930
13	1.500	3.2				1.9	7.0	6.7					ND	0930
14	1.288	2.5				4.3	7.0	6.5					ND	0915
15	1.336	2.2	107	139	3.8	2.2	7.1	6.6					<1	0915
16	1.311	2.4				1.7	7.0	6.6					ND	0930
17	1.355	2.3				2.8	7.0	6.5					ND	0910
18	1.345	2.5				2.0	7.0	6.5					ND	0930
19	1.291	2.0				3.2	7.0	6.7					ND	0945
20	1.454	1.1				4.2	7.0	6.7					ND	0930
21	1.808	2.5				1.5	7.1	6.7					ND	0915
22	1.781	2.7	113	64	7.2	1.8	7.1	6.8					ND	0915
23	1.744	2.3				1.2	7.2	6.8					ND	0915
24	1.700	2.4				1.1	7.0	6.9					ND	0910
25	1.522	2.3				1.7	7.2	6.9					ND	0930
26	1.582	2.3				1.2	7.1	6.9					ND	0930
27	1.528	3.3				1.2	7.0	6.9					ND	0915
28	1.538	1.5				1.2	6.8	7.1					<1	0915
29	1.490	2.3	96	90	3.0	0.8	7.1	7.1					ND	0930
30	1.459	2.4				1.1	6.9	7.0					ND	0930
31	1.517	2.3				1.7	6.8	7.0					ND	0910

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Beverly Rumpac
 Name (Please Type): Beverly Rumpac
 Company Name: Southern States, Inc.

Date: 1-16-95
 Telephone No. (Please Type):
813-388-4000

DER FORM NO. 17.001 (REV. 1)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LENIGH WWTP

Month: January Year: 1982

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NP3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	PERAL COLIFORM	TIME PERAL GRABBED
1	1.136	3.4				1.1		6.8					ND	1630
2	1.116	2.4				0.8		6.8					ND	1600
3	1.203	2.7				0.8		6.5					ND	0730
4	1.096	1.2	123	147	0.5	1.6		6.4					ND	0630
5	1.104	2.9				0.3		6.8					ND	0800
6	1.071	4.2	128	187	0.5	0.2		6.5					ND	0800
7	1.101	3.9		143		0.3		6.4					ND	0830
8	1.202	2.7				0.2		6.3					ND	0800
9	1.347	4.2				0.4		6.4					ND	0800
10	1.351	3.6				0.3		6.8					ND	0730
11	1.293	2.9	118	110	1.2	0.1		6.8					ND	0800
12	1.422	2.6				0.5		6.5					ND	0750
13	1.263	4.2	102	114	2.5	0.1		6.6					ND	0800
14	1.344	4.5				0.2		6.5					ND	0800
15	1.332	4.5				0.6		6.5					ND	0800
16	1.382	4.3				1.0		6.4					ND	0800
17	1.387	4.1				0.8		6.5					ND	0800
18	1.477	2.7	108	84	1.3	0.5		6.8					ND	0800
19	1.393	2.9				0.3		6.5					ND	0800
20	1.269	4.9	57.8	148	0.5	0.8		6.6					ND	0830
21	1.371	4.3				0.8		6.6					ND	0830
22	1.286	3.2				1.0		6.8					ND	0800
23	1.400	5.2				1.1		6.8					ND	0745
24	1.334	6.0				0.9		6.8					ND	0750
25	1.541	4.1				1.4		6.5					ND	0730
26	1.834	3.1				0.7		6.7					1	0900
27	1.504	3.9	133	90	4.1	0.5		6.5					ND	0830
28	1.820	3.9				0.1		6.7					ND	0830
29	1.453	2.4	107	125	2.7	0.8		6.8					ND	0800
30	1.499	6.2				0.4		6.7					ND	0800
31	1.483	8.1				0.7		6.8					ND	0750

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Beverly Bumpous
 Name (Please Type): Beverly Bumpous
 Company Name: Southern States Utilities

Date: 2/15/82
 Telephone No. (Please Type): 913-366-6573

DER FORM NO. 17 (01/2001)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEHIGH WWTP

Month February Year 1992

Day of the Month	Flow (MGD)	Chemical Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL COLIFORM	TIME PCAL GRABBED
1	1.450	3.3	82.4	102	6.3	0.3		6.8					ND	0830
2	1.380	3.6				6.4		6.8					ND	0830
3	1.331	3.3	87	103	6.9	0.1		6.7					ND	0830
4	1.374	3.4				0.8		6.7					ND	0800
5	1.237	3.3				0.4		6.8					ND	0800
6	1.418	3.2				0.7		6.5					ND	0800
7	1.365	3.2				0.4		6.7					ND	0800
8	1.187	3.2		154		0.3		6.8					ND	0830
9	1.186	30.0				1.0		6.5					ND	0800
10	1.337	2.8	118	157	2.8	1.0		6.4					ND	0800
11	1.407	2.0				1.0		6.4					ND	0800
12	1.438	6.0				1.0		6.2					ND	0800
13	1.440	5.1				1.7		6.3					ND	0800
14	1.346	3.2				0.4		6.5					ND	0800
15	1.450	1.4				0.5		6.7					ND	0800
16	1.237	4.8				0.5		6.7					ND	0815
17	1.348	3.8	108	140	2.7	0.4		6.7					ND	0810
18	1.410	3.8				0.8		6.6					ND	0730
19	1.414	3.2				0.8		6.8					ND	0745
20	1.518	3.2				0.7		6.8					ND	0800
21	1.450	4.4				1.0		6.7					ND	0800
22	1.408	4.8				0.2		6.9					ND	0800
23	1.478	3.2				0.4		6.7					ND	0845
24	1.362	3.0	80.8	81	0.8	0.5		6.8					ND	0800
25	1.474	3.1				0.8		6.7					ND	0730
26	1.421	4.5				0.1		6.8					ND	0800
27	1.580	3.2				0.8		6.5					ND	0720
28	1.486	3.3				0.8		6.8					ND	0730
29						0.7								
30														
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Original signed by Beverly Bumpous
 Name (Please Type): Beverly Bumpous
 Company Name: Southern States Utilities

Date: 3/12/1992
 Telephone No. (Please Type):
812-366-8575

Part II - General Information

Signature _____ Cert No _____

[illegible]

DCR FORM NO. 17.001.000.1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DCR APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEHIGH WWTP

Month _____ March _____ Year _____ 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE SUPPLEMENT (mg/L)	TOTAL P SUPPLEMENT (mg/L)	PCAL COLIFORM	TIME PCAL GRABBED
1	1.297	2.8				1.2		7.9					ND	0730
2	1.377	4.3		88		1.4		8.8					ND	0740
3	1.417	5.2				1.1		8.7					ND	0730
4	1.408	5.3				0.4		8.7					ND	0800
5	1.383	2.4	78	89	1.0	1.2		6.5					ND	0800
6	1.430	2.8				1.1		8.2					ND	0800
7	1.518	2.5				0.7		8.7					ND	0800
8	1.300	1.8				0.7		8.8					ND	0750
9	1.242	1.8				0.6		8.4					ND	0750
10	1.319	3.2	84	124	1.3	0.4		8.9					ND	0750
11	1.537	4.3				1.1		8.7					ND	0750
12	1.268	5.2				0.9		8.6					ND	0750
13	1.357	5.2				1.8		8.5					ND	0750
14	1.389	5.2				1.1		8.8					ND	0750
15	1.518	3.0				0.8		8.8					ND	0745
16	1.218	2.8				0.6		8.5					ND	0740
17	1.392	1.9	170	120	0.9	1.5		8.0					ND	0800
18	1.415	1.9				1.4		8.8					ND	0800
19	1.426	6.2				2.1		8.5					ND	0730
20	1.440	5.2				1.5		8.6					ND	0800
21	1.400	5.2				1.7		8.9					ND	0730
22	1.351	5.2				1.0		8.7					ND	0730
23	1.584	3.1				1.2		8.8					ND	0730
24	1.340	3.8	85.5	126	0.7	1.9		8.7					ND	0730
25	1.441	7.7				1.8		8.8					ND	0730
26	1.421	5.2				1.0		8.6					ND	0830
27	1.480	5.2				0.8		8.5					ND	0820
28	1.300	2.8				0.8		8.8					ND	0830
29	1.343	2.3				0.8		8.8					ND	0830
30	1.210	2.7				0.8		8.7					ND	0830
31	1.280	3.0	143	185	1.1	0.8		8.7					ND	0830

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Beverly Bumpous
 Name (Please Type): Beverly Bumpous
 Company Name: Southern States Utilities

Date: 4/16/1993
 Telephone No. (Please Type):
 813-368-6575

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II • General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number 5236P00617

(3) Plant Name LEHIGH WWTP

(4) Plant Address 400 CONSTRUCTION LANE

(5) City LEHIGH ACRES

(8) County LEE

(7) Phone Number 813-368-6575

(8) Permit Number DO36-211930

(9) Plant Type	It is

(10) Test Site Identification Number N/A

(t1) Fecal Coliform Sample Method

☒ Membrane Filter	☐ Most Probable Number
---	---

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERC PONDS AND REUSE TO THE LEHIGH ACRES N. GOLF COURSE

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge	N/A
---	-----

(15) Plant Blotting

Day Shift Operator Class A Cert. No. 4875

Evening Shift Operator Class	B	Carl. No.	5226
------------------------------	---	-----------	------

High Shift Operator Class	<u>A</u>	Carl No.	<u>6430</u>
---------------------------	----------	----------	-------------

Lead Operator Original signed by Beverly Bumpous A5841

Signature _____ Cert No _____

[illegible]

DER FORM NO. 17-01-300(1)
 FORM TITLE: Sewerage Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEHIGH WWTP

Month April Year 1993

(34)

Day of the Month	Flow (MGD)	Chemical Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	PECAL COLIFORM	TIME PECAL GRABBED
1	1.234	2.8				0.7		8.9					ND	0830
2	1.275	2.4				1.4		7.0					ND	0830
3	1.292	1.2				0.3		7.0					ND	0830
4	1.352	1.4				1.8		8.8					ND	0830
5	1.383	1.4				1.3		8.8					ND	1000
6	1.334	1.2				0.5		8.8					ND	0845
7	1.288	1.2	80.8	105	0.3	1.0		8.8					ND	0845
8	1.280	1.4				0.7		8.7					ND	0845
9	1.234	2.4				0.8		8.7					ND	0830
10	1.253	1.2				1.7		8.8					ND	0830
11	1.267	1.2				1.4		8.7					ND	0830
12	1.237	1.8				1.0		8.7					ND	0830
13	1.208	1.6				1.0		8.4					ND	0845
14	1.222	1.4	120	72	0.8	1.0		8.3					ND	0830
15	1.255	1.6				1.0		8.4					ND	0830
16	1.242	2.0				1.3		8.7					ND	0830
17	1.225	1.1				0.4		8.8					ND	0830
18	1.245	1.1				1.4		8.5					ND	0830
19	1.244	1.2				1.8		8.8					ND	0840
20	1.266	1.4				1.7		8.5					ND	0830
21	1.234	1.2	100	86	3.0	1.6		8.5					ND	0830
22	1.227	1.2				1.3		8.7					ND	0845
23	1.198	1.4				2.5		8.6					ND	0830
24	1.243	1.8				1.7		8.7					ND	0830
25	1.184	1.4				1.4		8.5					ND	0875
26	1.212	1.6				1.8		8.8					ND	1030
27	1.194	1.6				2.1		8.4					ND	1005
28	1.208	1.8	101	128	0.5	1.8		8.3					ND	0830
29	1.202	2.4				1.2		8.6					ND	0830
30	1.155	3.0				0.9		8.5					ND	0830
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Beverly Bumpous
 Name (Please Type): Beverly Bumpous
 Company Name: Southern States Utilities

Date: 5-13-93
 Telephone No. (Please Type): 812-388-6574

Part II - General Information

Signature _____ Cert No _____

--	--	--	--

REP FORM NO. 17-001-2001
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE Jan 1, 1991
 REP APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEHIGH WWTP

Month May Year 1993

(24)

Day of the Month	Flow (MGD)	Chlorine Residual After Control	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	PECAL COLIFORM	TIME PECEL GRABBED
1	1.208	2.4				0.5		6.6					ND	0830
2	1.178	1.4				1.4		6.3					ND	0825
3	1.185	1.5				2.4		6.3					ND	0830
4	1.109	2.8				0.9		6.8					ND	0840
5	1.252	1.9	147	138	3.4	1.1		6.5					ND	0840
6	1.200	2.3				1.2		6.8					ND	0900
7	1.071	2.9				0.8		6.9					ND	0842
8	1.178	2.8				1.4		6.7					ND	0830
9	1.114	1.5				1.2		6.6					ND	0830
10	1.142	3.1				1.8		6.4					ND	0830
11	1.283	3.3				1.3		6.8					ND	0830
12	1.240	2.5	111	242	4.8	1.8		6.7					ND	0840
13	1.125	2.6				1.2		6.9					ND	0830
14	1.180	3.3				1.0		6.9					ND	0820
15	1.132	2.8				0.4		6.9					ND	0830
16	1.093	3.3				0.2		6.8					ND	0830
17	1.127	3.6				1.1		6.6					ND	0850
18	1.052	2.8				1.1		7.0					ND	0845
19	1.040	3.1	152	717	7.4	1.4		6.9					ND	0845
20	1.128	3.1				6.5		7.1					ND	0830
21	1.082	3.3				0.8		7.0					ND	0830
22	1.052	3.2				0.8		7.0					ND	0830
23	1.100	3.8				1.0		6.8					1	0830
24	0.983	2.7				0.7		7.0					ND	0830
25	1.098	3.3				0.7		7.0					ND	0845
26	1.013	3.2	133	162	4.4	0.4		7.0					ND	0845
27	1.048	1.8				0.8		7.0					ND	0845
28	1.001	3.1				1.3		7.0					ND	0830
29	1.410	2.8				1.3		7.0					ND	0830
30	1.300	2.3				0.4		6.5					ND	0830
31	1.320	3.0				0.8		6.8					ND	0830

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Beverly Bumpous
 Name (Please Type): Beverly Bumpous
 Company Name: Southern States Utilities

Date: 5/10/93
 Telephone No. (Please Type):
813-368-6575

O&E FORM NO. 17-801.002(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 O&E APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEHIGH WWTP

Month June Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NO3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	PCAL COLIFORM	PCAL TIME GRABBED
1	1.002	2.0				0.8	7.1	6.8					ND	0830
2	1.186	2.4	118	30	3.8	0.6	7.0	6.9					ND	0845
3	1.210	2.8				0.5	6.9	6.8					ND	0830
4	1.170	2.7				1.4	7.0	6.9					ND	0830
5	1.061	2.5				0.9	7.0	6.9					ND	0830
6	1.026	2.6				0.7	7.1	6.9					ND	0830
7	1.225	2.9				1.3	7.1	6.8					1	0830
8	1.085	3.1				1.0	7.0	6.8					ND	0830
9	1.131	3.8		114		0.9	7.0	6.8					ND	0830
10	1.150	1.4	117		2.3	0.8	7.0	6.9					ND	0830
11	1.047	2.1				0.5	7.0	6.9					ND	0815
12	1.012	2.5				0.4	7.1	6.8					ND	0830
13	1.270	1.3				0.4	7.0	6.4					ND	0820
14	1.385	0.8	103		1.7	0.4	7.1	6.8					ND	0830
15	1.803	2.4		170		0.8	7.1	7.0					ND	0830
16	1.788	3.2				1.3	7.1	7.0					ND	0830
17	1.680	2.2				0.5	7.0	7.0					1	0830
18	1.640	1.5				0.4	7.1	7.1					ND	0830
19	1.486	3.4				0.8	7.1	7.0					ND	0830
20	1.489	1.8				1.0	7.1	6.8					ND	0830
21	1.348	1.7	114	85	2.7	0.7	7.0	6.7					ND	0840
22	1.371	2.0				0.4	7.0	6.8					ND	0830
23	1.340	2.4				0.6	7.1	7.0					ND	0830
24	1.433	1.8				0.4	7.1	6.8					ND	0830
25	1.484	2.0				1.0	7.1	7.0					ND	0845
26	1.655	2.8				0.8	7.0	6.8					ND	0830
27	1.740	1.8				18.5	7.0	6.8					ND	0850
28	1.612	2.7	82	104	3.3	1.2	7.2	6.9					ND	0830
29	1.480	3.6				0.6	7.1	7.0					ND	0830
30	1.354	2.3				1.1	7.1	7.0					ND	0845
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Original signed by Beverly Bumpous
 Name (Please Type) Beverly Bumpous
 Company Name Southern States Utilities

Date 7-14-93
 Telephone No. (Please Type) 813-368-6511

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number 5236P00617

(3) Plant Name LEHIGH WWTP

(4) Plant Address 400 CONSTRUCTION LANE

(5) City LEHIGH ACRES

(6) County LEE

(7) Phone Number 813-368-6575

(8) Permit Number DO36-211930

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERC PONDS AND REUSE TO THE LEHIGH ACRES N. GOLF COURSE

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Shift	Operator Class	Cert. No.	Count
Day Shift	Operator Class A	Cert. No. 4976	
Evening Shift	Operator Class B	Cert. No. 8228	
Night Shift	Operator Class A	Cert. No. 6630	
Lead Operator	Original signed by Beverly Bumpous		AS841
	Signature	Cert. No.	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	80053	1.127
(17) Permitted capacity	mgd	-	2.48
(18) Three month average daily flow	mgd	-	1.208
(19) Percent of permitted capacity	%	-	48.7%
(20) CBODs Effluent	mg/L	80082	3.51
(21) CBODs Effluent	lbs/day	-	33.0
(22) TSS Effluent	mg/L	800201	0.7
(23) TSS Effluent	lbs/day	-	6.6
(24) Minimum pH			8.8
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000810	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	*	1.1
(32) Maximum Chlorine Residual	mg/L	-	3.2
(33) Other Effluent Parameters			

BSR FORM NO. 17,041,000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 BSR APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEHIGH WWTP

Month July Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TEN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL COLIFORM	TIME PCAL GRABBED
1	1.190	1.1				1.4	7.1	7.0					ND	0815
2	1.190	1.7				1.2	7.1	7.0					ND	0830
3	1.028	2.4				1.2	7.0	7.0					ND	0830
4	1.250	1.8				0.9	7.0	6.7					ND	0830
5	1.260	1.9	88	104	2.4	0.5	6.8	6.8					ND	0830
6	1.181	2.3				0.4	7.0	6.9					ND	0830
7	1.220	1.8				0.6	7.0	6.9					NC	0830
8	1.180	1.5				0.8	6.8	6.8					1	0830
9	1.194	1.7				0.7	7.0	6.9					ND	0830
10	1.191	3.2				0.7	7.0	6.9					ND	0830
11	1.170	3.2				0.4	7.0	6.8					NC	0820
12	1.182	2.4	75	86	2.8	1.9	6.9	6.9					NC	0830
13	1.217	2.7				0.7	7.0	6.8					NC	0830
14	1.228	1.8				0.8	7.0	7.0					ND	0830
15	1.232	2.2				0.8	7.0	6.8					1	0830
16	1.081	2.1				0.8	6.9	7.0					ND	0830
17	1.230	2.2				0.4	6.8	7.0					ND	0830
18	1.138	2.6				0.9	7.0	7.0					ND	0830
19	1.141	2.3	179	121	5.8	0.8	6.8	6.9					ND	0840
20	1.129	2.2				0.8	6.8	6.9					NC	0830
21	1.081	2.4				0.8	7.0	6.9					ND	1000
22	1.128	2.4				0.7	7.0	6.9					ND	0830
23	0.992	2.7				0.7	6.8	6.9					ND	0830
24	1.031	1.5				0.6	7.0	6.8					NC	0830
25	1.010	2.7				0.9	7.0	6.8					NC	0830
26	0.960	2.5	126	98	1.9	0.5	7.0	7.0					ND	0830
27	0.934	2.8				0.5	6.9	6.8					ND	0830
28	0.882	1.8				0.4	7.0	6.9					ND	0840
29	1.025	1.8				0.6	7.1	6.8					ND	0830
30	1.028	1.8				0.4	7.1	6.8					ND	0830
31	1.171	1.3				0.4	7.0	6.6					ND	0830

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Original signed by Beverly Bumpous
 Name (Please Type) Beverly Bumpous
 Company Name Southern States Utilities

Date 8/10/93
 Telephone No. (Please Type) 813-368-9515

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II • General Information

(1) Month: August Year: 1993

{ 2 } Plant DER Identification Number 5235P00617

(3) Plant Name LENIGH WWTP

{ 4) Plant Address 400 CONSTRUCTION LANE

(5) City LEHIGH ACRES

(6) County LEE

(7) Phone Number 613-365-6575

(8) Permit Number DO36-211930

{ 8) Plant Type II 8

(10) Test Site Identification Number N/A

(11) Faecal Coliform Sample Method

XX	Membrane Filter		Most Probable Number
----	-----------------	--	----------------------

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERC PONDS AND REUSE TO THE LEHIGH ACRES N. GOLF COURSE

(13) Limited Wet Weather Discharge Activated

☐	Yes	☐	No	☒	Not Applicable
--------------------------	-----	--------------------------	----	-------------------------------------	----------------

(14) Cumulative Days of Wet Weather Discharge	N/A
---	-----

(15) Plant Bunking

Day Shift Operator Class	A	Cert. No.	4975
--------------------------	---	-----------	------

Evening Shift Operator Class 0 Cert. No. 5224

Night Shift Operator Class A Cert. No. 5430

Lead Operator Original signed by Beverly Bumpove A5841

Signature _____ Carl No _____

[illegible]

DER FORM NO. 17-201-2001
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE Aug. 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEHIGH WWTP

Month August Year 1991

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	PECAL COLIFORM	TIME PECAL GRABBED
1	1.083	2.1				0.4	7.0	6.8					ND	0830
2	1.233	0.8	147	4.2	4.4	0.1	6.8	6.8					ND	0825
3	1.172	1.8				0.4	7.1	6.9					ND	0830
4	0.964	1.8				0.5	7.0	6.8					ND	0840
5	0.858	1.6				0.3	7.1	6.9					ND	0840
6	1.085	3.3				0.5	7.0	6.9					ND	0800
7	0.745	2.3				0.4	7.0	6.8					ND	0845
8	0.885	2.4				0.9	6.8	7.0					ND	0830
9	0.871	1.8				0.9	6.8	6.8					ND	0830
10	1.020	1.8				0.3	7.0	6.9					ND	0830
11	1.041	1.9	105	137	3.2	1.8	7.0	6.9					ND	0830
12	1.135	1.3				0.7	7.1	7.0					ND	0840
13	1.103	2.2				0.5	7.0	7.0					ND	0830
14	1.055	2.2				0.5	7.0	6.8					ND	0820
15	1.117	2.4				0.3	7.0	7.0					ND	0830
16	1.086	1.8				0.3	6.8	6.8					ND	0830
17	1.608	2.0				0.5	7.0	7.0					ND	0850
18	0.841	1.8	164	101	2.0	0.4	7.0	7.0					ND	0845
19	1.128	1.8				0.7	7.0	7.0					ND	0845
20	1.022	2.3				0.5	6.8	6.8					ND	0830
21	1.102	1.8				0.3	6.8	6.8					ND	0830
22	1.032	2.0				0.6	7.0	6.8					ND	0830
23	1.044	0.8				0.6	7.0	6.8					ND	0830
24	1.180	1.8				0.4	7.0	7.0					ND	0830
25	1.388	2.1	108	105	3.8	0.4	7.0	7.0					ND	0845
26	1.286	1.4				0.7	7.1	6.9					ND	0845
27	1.278	1.5				0.3	7.0	6.9					ND	0845
28	1.407	1.2				0.4	7.0	6.8					ND	0850
29	1.784	1.8				0.5	7.1	7.0					ND	0830
30	2.083	2.1				0.6	6.8	7.1					ND	0830
31	1.844	2.0				0.5	6.8	7.2					ND	0830

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Beverly Bumpous
 Name (Please Type) Beverly Bumpous
 Company Name Southern States Utilities

Date 8/31/91
 Telephone No. (Please Type) 613-368-6175

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: September Year: 1993
 (2) Plant DER Identification Number: 5238PD0617
 (3) Plant Name: LEHIGH WWTP
 (4) Plant Address: 400 CONSTRUCTION LANE
 (5) City: LEHIGH ACRES
 (6) County: LEE
 (7) Phone Number: 813-368-6575
 (8) Permit Number: DO35-211930
 (9) Plant Type: EP
 (10) Test Site Identification Number: N/A
 (11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposed or Reclaimed Water Reuse:
PERC PONDS AND REUSE TO THE LEHIGH ACRES N. GOLF COURSE
 (13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge: N/A
 (15) Plant Staffing:
 Day Shift Operator Class: A Cert. No. 4976
 Evening Shift Operator Class: B Cert. No. 5226
 Night Shift Operator Class: A Cert. No. 5630
 Lead Operator: Beverly B. Thompson ASB41
 Signature: _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.449
(17) Permitted capacity	mgd	-	2.480
(18) Three month average daily flow	mgd	-	1.249
(19) Percent of permitted capacity	%	-	50.387
(20) CBODs Effluent	mg/L	80082	3.5
(21) CBODs Effluent	lbs/day	-	42.3
(22) TSS Effluent	mg/L	900201	0.5
(23) TSS Effluent	lbs/day	-	6.0
(24) Minimum pH			6.7
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	*	0.2
(32) Maximum Chlorine Residual	mg/L	-	3.2
(33) Other Effluent Parameters			
* Chlorine residual 0.2 ppm for 10 min.			
Effluent pumps were off.			

EPA FORM NO. 17-801-500(1)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 EPC APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEHIGH WWTW

Month: September Year: 1993

(34)

Day of the Month	Flow (MGD)	Order the Residual After Contact	CBOD ₅ Influent (mg/L)	PSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	PSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	MB ₅ -B Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECA COLIFORM	THE FECA GRABBER	
1	1.787	1.7	44.4	133	1.9	0.6	7.2	7.1					ND	0930	
2	1.708	2.1				0.2	7.2	7.2					ND	0930	
3	1.595	2.6				0.8	7.1	7.0					ND	0930	
4	1.515	2.8				0.7	7.1	7.0					ND	0915	
5	1.633	2.7				0.7	7.1	7.0					ND	0930	
6	1.686	2.0				0.5	7.1	7.0					ND	0915	
7	1.784	2.1				0.3	7.0	7.0					1	0930	
8	1.889	1.8	68.6	182	2.4	0.7	7.0	7.2					ND	0930	
9	1.836	1.8				0.7	7.0	7.2					ND	0930	
10	1.537	0.8				0.6	6.9	7.1					ND	0930	
11	1.553	3.7				0.4	7.1	7.0					ND	0930	
12	1.415	1.8				0.4	7.0	7.0					ND	0915	
13	1.427	1.8				0.7	7.0	7.1					ND	0930	
14	1.548	2.3				0.6	6.8	7.0					ND	0930	
15	1.582	2.5	PG	PG	4.3	0.6	6.8	6.9					ND	0930	
16	1.566	2.4				0.5	6.8	7.0					ND	0930	
17	1.589	1.8				0.8	6.9	7.0					ND	0930	
18	1.525	2.2				0.3	7.0	7.0					ND	0915	
19	1.779	2.3				0.6	6.9	7.0					ND	0930	
20	1.503	2.2				0.6	6.9	7.0					ND	0930	
21	1.238	2.9				0.3	7.0	7.0					ND	0930	
22	1.217	2.9	97.7	156	2.1	0.7	7.1	7.0					ND	0930	
23	1.760	2.4				0.5	7.0	7.0					ND	0930	
24	1.744	1.5				0.6	6.9	6.9					ND	0930	
25	1.227	2.3				0.6	7.0	7.0					ND	0900	
26	1.310	3.0				0.6	6.9	6.9					ND	0930	
27	1.327	1.7				0.5	6.8	6.8					ND	0930	
28	1.538	2.2				0.2	7.0	6.7					ND	0930	
29	1.394	0.2	107	138	6.7	0.7	7.0	6.8					ND	0930	
30	1.336	1.9				0.7	7.1	6.9					ND	0930	
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, accurate and correct.

Signed: Beverly Bumpous
 Name (Please Type): Beverly Bumpous
 Company Name: Southern States Utilities

Date: 10-15-93
 Telephone No. (Please Type):
813-568-6575

FORM NO. 17-601.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EXPIRATION DATE May 1, 1991
 USE APPROPRIATE NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

T.P.

LDNCH WWT

Month: October Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NO ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA COLIFORM	T&E FECA BRANDED
1	1.320	2.1				0.5	6.8	6.9					ND	0930
2	1.370	2.8				0.1	7.1	6.9					ND	0930
3	1.452	1.1				0.1	6.9	6.6					ND	0930
4	1.342	2.0				0.1	6.8	6.7					ND	0930
5	1.422	1.9				0.1	7.0	6.7					ND	0930
6	1.313	1.7	159	114	2.5	0.2	7.0	6.8					ND	0930
7	1.285	2.1				0.2	6.6	6.8					ND	0930
8	1.700	1.9				0.6	6.9	6.8					ND	0940
9	1.386	2.2				1.2	7.0	6.6					ND	0930
10	1.670	1.2				0.3	7.0	6.8					ND	0930
11	1.475	2.3				0.6	7.0	6.8					ND	0930
12	1.408	1.1				0.5	7.1	6.9					ND	0930
13	1.317	1.6	97.2	100	2.1	0.2	7.1	6.8					ND	0930
14	1.416	0.9				0.2	7.0	6.6					ND	0930
15	1.492	1.1				0.7	6.9	6.6					ND	0930
16	1.822	1.1				1.7	7.0	6.7					ND	0900
17	1.971	0.1				0.5	7.1	6.8					ND	0930
18	1.880	1.2				0.4	7.1	6.8					ND	0930
19	1.809	1.2				0.4	7.1	6.9					ND	0930
20	1.657	1.0	127	83	3.1	7.0	7.1	6.9					ND	0930
21	1.650	1.9				0.6	7.2	6.9					ND	0930
22	1.626	1.4				0.8	7.1	6.7					ND	0930
23	1.641	2.0				0.4	7.1	6.9					ND	0930
24	1.983	1.6				0.9	7.1	6.4					ND	0930
25	1.909	1.1				0.4	7.1	6.8					ND	0930
26	1.515	1.4				0.1	6.9	6.9					ND	0930
27	1.417	1.2	152	160	2.0	0.4	7.2	6.9					ND	0930
28	1.344	1.2				0.1	6.7	6.8					ND	0930
29	1.284	1.4				0.1	6.9	6.8					ND	0930
30	1.435	1.2				0.5	6.9	6.6					ND	0930
31	1.647	1.8				0.2	7.1	6.8					ND	0930

Local Operators: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Beverly Brumfield
 Name (Please Type): Beverly Brumfield
 Company Name: Southern States Mills

Date: 11-10-93
 Technician No. (Please Type):
 217-265-4577

ODF FORM NO. 17-001-0001
 FORM NO. 17 Domestic Wastewater Treatment Plant
 EFFECTIVE DATE JAN 1, 1991
 ODF APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

LONGH WASTE

Month September Year 1993

(31)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	PO4 Effluent (mg/L)	PHOS-P Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECA COMPLIANCE	TRE FECA (GRABED)
1	1.314	1.6				1.3	6.9	6.8					1	0930
2	1.310	1.6				0.7	6.9	6.8					NO	0930
3	1.312	2.3	96.8	142	1.3	0.6	7.0	6.8					NO	0930
4	1.277	2.0				0.9	7.2	6.8					NO	0930
5	1.251	1.9				0.9	7.0	6.7					1	0930
6	1.288	2.2				0.5	7.1	6.8					NO	0930
7	1.308	1.8				0.6	7.0	6.7					NO	0930
8	1.291	2.1				0.6	7.0	6.8					NO	0930
9	1.358	2.2				0.8	7.0	6.9					NO	0930
10	1.364	2.3	57	168	1.3	0.7	7.1	6.8					NO	0930
11	1.400	2.1				0.4	6.8	6.8					NO	0930
12	1.270	1.4				0.8	6.5	6.8					NO	0930
13	1.287	1.0				0.7	6.9	6.8					NO	0930
14	1.261	1.1				1.2	6.8	6.6					NO	0930
15	1.491	2.3				0.7	7.0	6.7					NO	0915
16	1.290	2.1				1.0	7.0	6.8					NO	0930
17	1.177	1.9	165	114	2.7	0.6	7.0	6.7					NO	0915
18	1.405	1.8				0.8	7.0	6.7					NO	1020
19	1.257	1.8				0.4	7.0	6.8					NO	0930
20	1.288	2.0				0.6	7.0	6.8					NO	0900
21	1.242	1.7				0.8	7.0	6.8					NO	0900
22	1.264	1.4				0.6	7.0	6.8					NO	0930
23	1.335	2.0				1.2	6.7	6.9					NO	0930
24	1.289	1.5	160	118	3.9	1.0	6.9	6.6					NO	0930
25	1.305	1.1				1.1	7.0	6.6					NO	0930
26	1.288	1.9				0.8	7.0	6.7					NO	0930
27	1.272	2.2				1.2	6.9	6.7					NO	0915
28	1.187	2.3				0.4	6.9	6.6					NO	0930
29	1.186	2.2				0.7	6.3	6.7					NO	0930
30	1.170	1.8				1.4	7.0	6.8					NO	0930
31														

Lead Operator: This is to certify that I am familiar with the information furnished in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Beverly Bumpous
 Name (Please Type) Beverly Bumpous
 Company Name Southern States Water

Date 12-09-93
 Telephone No. (Please Type) _____
813-368-6576

JOB FORM NO. 1 (7-85) (8001)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE Jan 1, 1991
 JOB APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

LEHIGH VALLEY

Month December Year 1993

Day of the Month	Flow (MGD)	Chemical Residuals After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TAH Effluent (mg/L)	HAZ-11 Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECA. COLIFORM	TIME FECA. (HOURS)
1	1.182	1.8	143	125	3.3	1.4	6.9	8.6					NO	0930
2	1.102	1.8				1.2	7.0	8.6					NO	0930
3	1.180	2.3				1.6	7.0	8.6					NO	0930
4	1.217	2.2				1.2	6.9	8.6					NO	0940
5	1.224	2.0				0.5	7.0	8.6					NO	0930
6	1.236	2.0				1.2	7.0	8.7					NO	0930
7	1.192	2.3				1.2	7.2	8.7					NO	0930
8	1.191	1.9	198	124	2.7	1.4	7.4	8.8					NO	0930
9	1.233	1.9				1.2	7.2	8.8					NO	0930
10	1.187	2.2				1.8	7.1	8.6					NO	0930
11	1.162	2.5				1.2	7.0	8.7					NO	0930
12	1.076	2.1				0.9	7.0	8.5					NO	0930
13	1.281	1.9				1.1	7.0	8.6					NO	0930
14	1.330	1.5				1.4	7.0	8.7					1	0930
15	1.141	1.7	114	148	2.1	1.8	7.0	8.7					5	0930
16	1.157	1.2				1.4	7.0	8.7					1	0930
17	1.165	1.6				1.5	7.0	8.7					NO	0930
18	1.195	1.4				1.4	7.0	8.7					NO	0930
19	1.182	1.3				1.2	6.9	8.6					NO	0930
20	1.247	3.0				1.7	7.2	8.5					NO	0930
21	1.191	1.6				1.5	7.0	8.5					NO	0930
22	1.208	2.0	202	111	1.8	2.0	7.2	8.7					NO	0930
23	1.180	2.0				1.4	7.2	8.6					NO	0945
24	1.205	1.8				1.7	6.8	8.5					NO	0930
25	1.080	2.6				1.0	7.1	8.7					NO	0920
26	1.095	1.5				1.6	6.9	8.7					NO	0920
27	1.163	2.1				1.7	6.8	8.7					NO	0930
28	1.230	1.8				2.0	6.9	8.4					NO	0930
29	1.222	1.5	242	162	4.1	2.4	6.9	8.6					NO	0930
30	1.202	1.4				1.4	7.1	8.6					NO	0930
31	1.301	2.0				2.0	7.0	8.8					NO	0930

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Beverly Bumpous
 Name (Please Type) Beverly Bumpous
 Company Name Southern States Utilities

Date January 11, 1994
 Telephone No. (Please Type) 815-768-6575

DER FORM NO. 17-001-0001
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: January Year: 1994
 (2) Plant DER Identification Number: 10031
 (3) Plant Name Lillian Heights
 (4) Plant Address 1790 N. E. 24th Street
 (5) City Jensen Beach
 (6) County Martin
 (7) Phone Number (407) 334-5584
 (8) Permit Number DO-43-194646
 (9) Plant Type S-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 8494
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator [Signature] #C-6552
 Signature Cert No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.113
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.127
(19) Percent of permitted capacity	%	-	84%
(20) BOD5 Effluent	mg/L	80082	10.0
(21) BOD5 Effluent	lbs/day	-	9.4
(22) TSS Effluent	mg/L	900201	8
(23) TSS Effluent	lbs/day	-	7.1
(24) Minimum pH			7.4
(25) Maximum pH			8.0
(26) Total N	mg/L	000800	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.043
(35) Gallons Hauled *	MG		0.030
* Sludge was lime stabilized prior to being hauled			

DER FORM NO. 17-201 Rev. 1-78
FORM TITLE Study of the Impact of the Federal Reserve System on the
EFFECTIVE DATE July 1981
DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Leilani Heights

Month January Year 1994

Day of the Month	Age (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	Gels Tested (MGD)	Sludge Gels Passed (MGD)
1															
2	0.110	1.0						7.6							
3	0.110	3.0						7.6						0.0048	
4	0.110	3.5						7.5							
5	0.135	3.5						8.0							
6	0.124	3.5						7.6							
7	0.132	3.5						7.5							
8															
9	0.110	3.5						7.5							
10	0.110	3.5						7.5							
11	0.09	1.5						7.5						0.0048	
12	0.180	3.0						7.5							
13	0.095	3.5						7.5							0.0050
14	0.110	3.5						7.4						0.0048	
15															
16	0.250	3.5						7.4							
17	0.151	3.5						7.5							0.0120
18	0.103	3.5		145	216	10.0	8.0	7.4					<1	0.0048	
19	0.115	3.5						7.5						0.0048	
20	0.120	3.0						7.5							
21	0.116	3.5						7.5						0.0048	0.0120
22															
23	0.210	2.5						7.5							
24	0.175	2.0						7.7						0.0048	
25	0.112	3.0						7.7							
26	0.138	3.5						7.6						0.0048	
27	0.122	3.5		206	194	10.0	7.0	7.7					<1		
28	0.084	3.5						7.5						0.0048	
29															
30	0.237	3.5						7.5							
31	0.141	3.0						7.5							

Small Caption: This is a copy that was made by the filmmaker from the original. The original was made by the filmmaker from the original.

Signed Tim Vanspoele
Name (Please Type) Tim Vanspoele
Company Name Southern States United Leasing Co.

Date 7-26-80
Telephone No. PR 616-7174
(477) 580-0051

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part 1 - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 10031

(3) Plant Name Lellani Heights

(4) Plant Address 1790 N. E. 24th Street

(5) City Jensen Beach

(6) County Manitou

(7) Phone Number (407) 334-5554

(8) Permit Number DO-43-194646

(9) Plant Type 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
 Percolation Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8494

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator *Terri Varnish* C-6553
 Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.173
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.135
(19) Percent of permitted capacity	%	-	90%
(20) BOD5 Effluent	mg/L	80052	5.0
(21) BOD5 Effluent	lbs/day	-	7.2
(22) TSS Effluent	mg/L	800201	2.5
(23) TSS Effluent	lbs/day	-	3.6
(24) Minimum pH			7.3
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071857	—
(30) Total Phosphorus	mg/L	000655	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.042
(35) Gallons Hauled *	MG		0.024
* Sludge was lime stabilized prior to being hauled			

RWA FORM NO. 17-01-001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1991
 OEM APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Leliana Heights

Month February Year 1994

(Use)

Day of the Month	Flow (MGD)	Chemical Residual After Contact	Chemical Residual After Dissolver	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TCH Effluent (mg/L)	SPG-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	VELN Conc'n	Gels Healed (MGD)	Sludge Gels Healed (MGD)
1	0.080	2.0						7.6						0.0048	
2	0.127	3.0						7.5							
3	0.124	3.0						7.5							
4	0.119	2.5		400	320	3.0	1.0	7.6					<1	0.0050	
5															
6	0.291	2.0						7.3							
7	0.177	2.0						7.4						0.0048	
8	0.177	1.5						7.5							
9	0.229	1.0						7.5							
10	0.165	2.5						7.5							0.0240
11	0.171	3.0						7.5						0.0060	
12															
13	0.364	3.5						7.5							
14	0.184	3.5						7.5						0.0048	
15	0.184	3.5						7.5							
16	0.180	3.5						7.5							
17	0.180	3.0						7.5							
18	0.155	3.5						7.6						0.0025	
19															
20	0.432	3.5						7.7							
21	0.340	3.5						7.5						0.0048	
22	0.122	3.0		313	205	7.0	4.0	7.6					<1		
23	0.169	3.5						7.5						0.0048	
24	0.178	3.0						7.5							
25	0.166	3.0						7.6						0.0046	
26															
27	0.294	3.5						7.6							
28	0.285	3.0						7.5							
29															
30															
31															

Last Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed:

Name (Please Type)

Company Name

Tim Vannorail
TIM VANNORAIL
 Southern States Utilities / Leliana Heights

Date

Telephone No. (Please Type)

(407) 880-0000

DER FORM NO. 17.001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 10031

(3) Plant Name Leland Heights

(4) Plant Address 1790 N. E. 24th Street

(5) City Jensen Beach

(6) County Marion

(7) Phone Number (407) 334-5584

(8) Permit Number DC-43-194646

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
 Percolation Ponds
☐ Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
 Day Shift Operator Class C Cert. No. 4454
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator: Larry T. Ruck C-8494
 Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.147
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.144
(19) Percent of permitted capacity	%	-	96%
(20) BOD5 Effluent	mg/L	80082	10.0
(21) BOD5 Effluent	lbs/day	-	12.2
(22) TSS Effluent	mg/L	900201	8.0
(23) TSS Effluent	lbs/day	-	7.3
(24) Minimum pH			7.4
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.053
(35) Gallons Hauled *	MG		0.051
* Sludge was lime stabilized prior to being hauled			

DWP FORM NO. 17-201-00a
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Aug. 1991
 DERIVATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Leland Heights

Month March Year 1994

(34)

Day of the Month	Flow (MGD)	Chemical Residual Aft. Contact	Chemical Residual Aft. Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKL Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA, Coliform	Gase Residual (MGD)	Sludge Gals. Hauled (MGD)
1	0.101	3.0						7.5							0.0070
2	0.170	2.0						7.6						0.0049	
3	0.214	1.0						7.7							
4	0.211	3.5						7.6						0.0048	
5															0.0200
6	0.810	2.5						7.7						0.0048	
7	0.354	3.5						7.6						0.0048	
8	0.135	3.5		224	158	10.0	6.0	7.5					<1		
9	0.115	3.0						7.5							
10	0.056	3.0						7.5							
11	0.093	3.0						7.6						0.0048	
12	0.122	2.5						7.6							
13															
14	0.161	3.0						7.8						0.0048	
15	0.134	2.0						7.7							
16	0.161	1.5						7.6						0.0048	
17	0.079	3.0						7.4							
18	0.116	3.0						7.5							
19														0.0048	
20	0.260	2.5						7.5							
21	0.168	3.5						7.7							
22	0.175	3.0						7.6							
23	0.113	2.5						7.6							0.0180
24	0.126	2.0						7.6							0.0060
25	0.135	1.0						7.6					<1	0.0048	
26	0.120	3.5						7.6							
27															
28	0.288	3.5						7.8						0.0048	
29	0.116	2.0						7.6							
30	0.120	3.5						7.9						0.0048	
31	0.119	1.0						7.7							

Unit Operator: This is to certify that I am familiar with the information submitted in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Lavelle T. Polk
 Name (Please Type): LOWELL T. POLK
 Company Name: Southern States Utilities - Leland Heights

Date: April 27, 1994
 Representative (Please Type):
 (407) 890-0001

DER FORM NO. 17-001-0001
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 10031

(3) Plant Name: Lailani Heights

(4) Plant Address: 1750 N. E. 24th Street

(5) City: Jensen Beach

(6) County: Martin

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-43-194846

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method
☒ Membrane Filter: ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
 Percolation Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8494

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator: Frank J. Peltz ID-8494
 Signature: Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50055	0.121
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.147
(19) Percent of permitted capacity	%	-	98%
(20) BOD5 Effluent	mg/L	80080	
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	800201	
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000600	—
(28) Ammonia (N-H3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.022
(35) Gallons Hauled *	MG		0.046
* Sludge was lime stabilized prior to being hauled			

DWA FORM NO. 17 (Rev. 82)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July, 1981
 DER APPLICATION, INC.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Leitanl Heights

Month April Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	AMH-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA, Cellform	Gas Wasted (MGD)	Sewage Gas Hauled (MGD)
1	0.111	1.0						7.8							
2	0.130	1.5						7.6							
3															
4	0.256	1.3						7.8							
5	0.115	1.0						7.5						0.0050	
6	0.097	1.0						7.4							0.0180
7	0.106	2.5						7.5							0.0120
8	0.104	2.5						7.5							
9	0.117	3.0						7.5							
10															
11	0.208	1.0						7.2						0.0048	
12	0.122	2.5						7.4						0.0048	
13	0.101	2.0						7.5							
14	0.115	1.8						7.5							
15	0.113	1.0						7.5							
16	0.115	3.0						7.5							
17															
18	0.244	2.5						7.5						0.0072	
19	0.093	1.8						7.6							
20	0.110	3.5						7.8							
21	0.118	3.5						7.6							
22	0.116	3.5						7.5							
23	0.102	3.5						7.5							
24															
25	0.372	1.5						7.5							
26	0.169	2.0						7.5							
27	0.110	2.5						7.6							
28	0.099	1.0						7.1							0.0060
29	0.153	3.5						7.3							0.0060
30	0.110	3.5						7.4							0.0060
31															

User Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, correct and accurate.

Signed: Lowell T. Roth
 Name (Please Type):
 Company Name: Southern States Utilities - Leitanl Heights

Date: May 21, 1994
 Telephone No. (Please Type):
(402) 880-0151

DER FORM NO. 17.001.00011
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994
 (2) Plant DER Identification Number: 10031
 (3) Plant Name Lillian Heights
 (4) Plant Address 1790 N. E. 24th Street
 (5) City Jensen Beach
 (6) County Martin
 (7) Phone Number (407) 334-5584
 (8) Permit Number DO-43-194646
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 8553
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Original signed by Tim P. Vanasdale C-8553
 Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	60053	0.123
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.130
(19) Percent of permitted capacity	%	-	87%
(20) BOD5 Effluent	mg/L	80082	8.5
(21) BOD5 Effluent	lbs/day	-	6.7
(22) TSS Effluent	mg/L	900201	4.5
(23) TSS Effluent	lbs/day	-	4.6
(24) Minimum pH			7.4
(25) Maximum pH			7.7
(26) Total N	mg/L	000800	---
(27) TKN	mg/L	000825	---
(28) Ammonia (NH3 - N)	mg/L	000810	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000865	---
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.045
(35) Gallons Hauled *	MG		0.036
* Sludge was lime stabilized prior to being hauled			

REPORT NO. 17,881,886(1)
 REPORT TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July 1991
 REPORT APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Lellian Heights

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfectant	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAI Coefficient	Gas/Water (MGD)	Sludge Gas Heated (MGD)
1															
2	0.248	1.5						7.4						0.0048	
3	0.099	3.0						7.5							0.0180
4	0.111	3.5						7.6						0.0050	
5	0.144	3.5				5.0	1.0	7.5					<1		
6	0.126	3.5						7.6						0.0035	
7	0.122	3.0						7.6							
8															
9	0.293	1.3						7.6						0.0048	
10	0.082	3.0						7.6							
11	0.114	3.5						7.6							
12	0.116	3.5						7.4						0.0024	
13	0.112	3.5						7.5							
14	0.110	3.5						7.5							
15															
16	0.187	3.0						7.6						0.0024	
17	0.112	2.0						7.7							
18	0.125	1.5						7.7						0.0024	
19	0.092	2.5		305	198	8.0	8.0	7.6					<1		0.0180
20	0.113	1.5						7.7						0.0048	
21	0.160	2.0						7.5							
22															
23	0.266	3.0						7.5						0.0024	
24	0.160	2.5						7.7							
25	0.163	2.6						7.4						0.0024	
26	0.116	3.5						7.4							
27	0.117	3.0						7.7						0.0024	
28	0.095	1.2						7.5							
29															
30	0.248	1.0						7.5						0.0024	
31	0.179	1.5						7.6						0.0048	

User Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Tim P. Vanasdale
 Name (Please Type): Tim P. Vanasdale
 Company Name: Southern States Utilities / Lellian Heights

Date: 6/28/94
 Telephone No. (Please Type): (407) 880-0058

DER FORM NO. 17-601.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part 1 - General Information

(1) Month: June Year: 1994
 (2) Plant DER Identification Number: 10031
 (3) Plant Name Leiani Heights
 (4) Plant Address 1750 N. E. 24th Street
 (5) City Jensen Beach
 (6) County Martin
 (7) Phone Number (407) 334-5584
 (8) Permit Number DD-43-19464E
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 6553
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Tam Tanselle C-6553
 Signature Tam Tanselle Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	60053	0.135
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.125
(19) Percent of permitted capacity	%	-	84%
(20) BOD5 Effluent	mg/L	80082	16.5
(21) BOD5 Effluent	lbs/day	-	16.5
(22) TSS Effluent	mg/L	90020	9.0
(23) TSS Effluent	lbs/day	-	10.1
(24) Minimum pH			7.3
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.025
(35) Gallons Hauled *	MG		0.024
• Sludge was lime stabilized prior to being hauled.			

DER FORM NO. 1-1-1-1001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July, 1991
 DER APPLICATION: N/A

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Lailani Heights

Month June Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	SS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	Sal. Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA/ Coliform	Grit Washed (MGD)	Solids Grits Harvested (MGD)
1	0.153	3.5						7.3							
2	0.129	3.5						7.6							
3	0.158	3.0						7.6						0.0016	
4	0.079	3.5						7.5							
5															
6	0.378	3.0						7.6						0.0036	
7	0.111	3.0						7.5							
8	0.117	1.5						7.3						0.0024	
9	0.133	2.0						7.5						0.0020	
10	0.132	2.0						7.6							0.0060
11	0.121	2.0						7.6							0.0120
12															
13	0.242	2.0						7.6						0.0072	
14	0.161	2.0						7.7							
15	0.145	2.0						7.6							
16	0.088	1.0						7.6							
17		1.0				14.0	5.0	7.6					<1		
18	0.255	1.0						7.5							
19															
20	0.255	1.5						7.6						0.0022	
21	0.105	3.5						7.7							
22	0.165	2.5						7.6							0.0060
23	0.157	2.5						7.6							
24	0.143	2.5						7.7							
25	0.131	3.0						7.5							
26														0.0045	
27	0.290	3.5						7.5							
28	0.212	3.0		222	178	19.0	13.0	7.6					<1		
29	0.135	3.0						7.7						0.0048	
30	0.100	2.5						7.6							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed:

Tim Vanasdale

Name (Please Type):

Tim Vanasdale C-6553

Company Name:

Southern States Utilities / Lailani Heights

Date:

6/30/94

Telephone No. (Please Type):

(408) 880-0015

DEK FORM NO. 1720 (Rev. 11/87)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Leilani Heights

Month July Year 1994

(34) ** flow meter not working 8th - 25th / used 125 mg/d as estimated flow

Day of the Month	Flow (MGD)	Chlorine Residual After Aeration	Chlorine Residual After Disinfection	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA, Coliform	Gas Volume (MGD)	Sludge Gals Hauled (MGD)
1	0.148	2.5						7.6							
2	0.097	2.0						7.6							
3															
4	0.233	2.0						7.7							
5	0.160	2.0						7.6						0.0032	
6	0.116	1.0						7.5							
7	0.154	3.0						7.6						0.0024	
8	0.125	2.5						7.5							
9	0.125	1.0						7.5							
10															
11	0.250	1.5						7.6						0.0048	
12	0.125	1.5						7.6							
13	0.125	1.5						7.5						0.0036	0.0060
14	0.125	1.5						7.5							
15	0.125	1.5		272	230	7.0	4.0	7.5					<1	0.0024	
16	0.125	1.0						7.6							
17															
18	0.250	1.0						7.6							
19	0.125	1.5						7.6							
20	0.125	1.5						7.6							
21	0.125	2.0						7.5							
22	0.125	2.0						7.5							
23	0.125	2.5						7.5							
24															
25	0.250	2.5						7.5							
26	0.095	2.0						7.5							
27	0.069	2.0						7.6							0.0180
28	0.097	2.0						7.6							
29	0.061	2.0		200	222	4.0	1.0	7.5							
30	0.073	3.5						7.5							
31															

I, the Operator, This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Tim P. Vansada
 Name (Please Type): Tim Vansada C-533
 Company Name: Southern States Utilities / Leilani Heights

Date: 8-25-94
 Telephone No. (Please Type): (407) 880-0058

DER FORM NO. 17-001.000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994
 (2) Plant DER Identification Number: 10031
 (3) Plant Name Leilani Heights
 (4) Plant Address 1790 N. E. 24th St.
 (5) City Jonson Beach
 (6) County Martin
 (7) Phone Number (407) 334-5554
 (8) Permit Number DO-43-194648
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 5533
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator Tim Vanasse C-6533
 Signature Cert. No.

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.117
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.122
(19) Percent of permitted capacity	%	-	82%
(20) BOD5 Effluent	mg/L	80082	5.0
(21) BOD5 Effluent	lbs/day	-	4.9
(22) TSS Effluent	mg/L	800201	2.0
(23) TSS Effluent	lbs/day	-	1.9
(24) Minimum pH			7.5
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071852	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.029
(35) Gallons Hauled *	MG		0.018
* Sludge was lime stabilized prior to being hauled			

DEB FORM NO. 15-01300
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: 3-9-1401
 DEB APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Leilani Heights

Month: August Year: 1994

Day of the Month	Flow (MGD)	Chemical Residual After Contact	Chemical Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TAN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL Effluent (mg/L)	PCAL Coliform	Gas Wasted (MGD)	Solids Gals Hauled (MGD)
1	0.248	2.0						7.7						0.0048	
2	0.085	2.0						7.7							
3	0.107	2.0						7.6						0.0024	
4	0.107	2.5		228	158	50	2.0	7.8					<1		
5	0.061	2.5						7.6						0.0024	
6	0.080	2.5						7.5							
7															
8	0.250	2.5						7.6							
9	0.125	2.5						7.5							
10	0.099	2.5						7.5						0.0024	
11	0.099	2.5						7.5							
12	0.099	2.5						7.6							
13	0.100	2.5						7.6							
14															
15	0.250	2.5						7.7						0.0024	
16	0.115	2.5						7.6							
17	0.115	2.5						7.6						0.0024	
18	0.104	2.5						7.7							
19	0.097	2.5						7.6						0.0024	
20	0.067	1.5						7.7							
21															
22	0.313	2.0						7.7						0.0048	
23	0.129	2.0						7.7							
24	0.095	2.0						7.6							0.0060
25	0.117	1.5						7.8							0.0120
26		1.5						7.7							
27	0.250	1.0						7.5							
28															
29	0.255	1.0						7.7						0.0048	
30	0.125	1.5						7.6							
31	0.125	1.5						7.5					<1		

Last Operator: This is a rough test run similar with the information measured in this report and that is the best of my knowledge and belief. The information is true, complete and accurate.

Signed: Tim Varnas
 Name (Please Type): Tim Varnas
 Company Name: Southern States Utilities / Leilani Heights

Date: 9-27-94
 Telephone No. (Please Type): (408) 860-0055

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 10031

(3) Plant Name: Leilani Heights

(4) Plant Address: 1750 N. E. 24th Street

(5) City: Jensen Beach

(6) County: Marion

(7) Phone Number: (407) 334-5564

(8) Permit Number: DD-43-194646

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method: _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Percolation Ponds

(13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 9494

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: Frank J. Pelt

Signature: _____ Cert. No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.117
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.116
(19) Percent of permitted capacity	%	-	77%
(20) BOD5 Effluent	mg/L	80082	20
(21) BOD5 Effluent	lbs/day	-	18.9
(22) TSS Effluent	mg/L	900201	12.0
(23) TSS Effluent	lbs/day	-	11.7
(24) Minimum pH			7.4
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.027
(35) Gallons Hauled *	MG		
* Sludge was lime stabilized prior to being hauled			

PERFORMING ORGANIZATION
 FORM TITLE: DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT
 EFFECTIVE DATE: JAN 1991
 OER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Station: 10101

Month: Septem Year: 1994

Day of Month	Flow MGD	Calonne Reservoir Alum Conc (mg/L)	Calonne Reservoir Alum Dose (mg/L)	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	Ammonia Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Conform	Gas Plant (MGD)	Sludge Gas Plant (MGD)
1	0.125	1.0						7.5							
2	0.125	1.0						7.5							
3	0.125	1.0						7.5							
4	0.205	2.0						7.5						0.0045	
5	0.118	1.5						7.6							
6	0.105	1.6						7.5						0.0024	
7	0.125	1.5						7.5							
8	0.113	1.5						7.5						0.0046	
9	0.115	2.5						7.5							
10	0.275	2.5						7.7							
11	0.125	2.5						7.7							
12	0.125	3.0						7.6						0.0046	
13	0.125	1.4						7.7							
14	0.118	1.2						7.5						0.0024	
15	0.115	2.0						7.5							
16															
17	0.250	2.3						7.5							
18	0.125	2.3						7.5							
19	0.100	2.0						7.5						0.0001	
20	0.054	1.5						7.5							
21	0.107	1.0		275	192	21.0	11.0	7.5							
22	0.125	2.0						7.5							
23															
24	0.203	1.0						7.5							
25	0.115	3.5						7.4							
26	0.104	1.6						7.5							
27	0.116	2.3						7.5							
28	0.080	1.4				15.0	13.0	7.5					41	0.0050	
29															

NOTE: Operator's Title is authority with the signature and the signature must be in the presence of the supervisor or the supervisor must be in the presence of the supervisor.

Signed:

Lowell T. Pugh

Date:

10/27/94

Name (Please Type):

LOWELL T. PUGH

Telephone No. (Please Type):

Company Name:

Southern States Utilities / Lehigh Heights

1407 EEP-0751

DER FORM NO.	17-801-8001*
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July, 1993
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 10031

(3) Plant Name: Lerach Heights

(4) Plant Address: 1790 N. E. 24th Street

(5) City: Jensen Beach

(6) County: Marion

(7) Phone Number: (407) 334-5564

(8) Permit Number: DD-43-194646

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Percolation Ponds

(13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>8494</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator: Frederick J. Pulte C-8494
 Signature: _____ Cert. No.: _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.116
(17) Permitted capacity	mgd	-	0.151
(18) Three month average daily flow	mgd	-	0.117
(19) Percent of permitted capacity	%	-	76.8
(20) BOD5 Effluent	mg/L	80052	8.5
(21) BOD5 Effluent	lbs/day	-	8.2
(22) TSS Effluent	mg/L	90020*	4.5
(23) TSS Effluent	lbs/day	-	4.3
(24) Minimum pH			7.4
(25) Maximum pH			7.7
(26) Total N	mg/L	000622	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071650	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.4
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.021
(35) Gallons Hauled *	MG		0.042
* Sludge was lime stabilized prior to being hauled			

DER FORM NO. 17-001-001
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1997
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Leilani Heights

Month: October Year: 1994

134

Day of the Month	Flow (MGD)	Chemical Residuals After Coag.	Chemical Residuals After Decolor.	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA: Coliform	Gas Washed (MGD)	Surge Gas Flashed (MGD)
1	0.125	1.5						7.6							
2															
3	0.250	2.0						7.6						0.0016	
4	0.125	2.0						7.6							
5	0.125	2.0						7.5						0.0016	0.0060
6	0.125	2.0						7.5							
7	0.126	2.5						7.6						0.0016	
8	0.125	2.5						7.6							0.0160
9															
10	0.250	2.5						7.6						0.0016	
11	0.125	2.5						7.5							
12	0.125	1.8						7.5							
13	0.085	1.4						7.5							
14	0.110	1.5						7.5							
15	0.073	1.4						7.4							
16															
17	0.216	1.5						7.5						0.0036	
18	0.135	1.8		307	242	14.0	7.0	7.4					<1		
19	0.125	1.5						7.5							
20	0.081	1.2						7.5							
21	0.125	3.5						7.6							
22	0.134	2.5						7.5							
23															
24	0.250	1.0						7.7						0.0027	
25	0.105	1.5						7.6							0.0160
26	0.076	2.5						7.5						0.0027	
27	0.077	1.8						7.5							
28	0.092	2.5						7.5							
29	0.110	2.0						7.5							
30															
31	0.286	1.0				3.0	2.0	7.4					<1	0.0036	

Local Operator: This is to certify that I am familiar with the information contained in this report and that it is true and correct to the best of my knowledge and belief. See information on back, conditions and remarks.

Signed: Lowell F. Poole
 Name (Please Type): Lowell F. Poole
 Company Name: Southern States Utilities Leilani Heights

Date: 11-23-94
 Telephone No. (Please Type): (407) 850-0551

DER FORM NO. 17-601.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 10031

(3) Plant Name Leilani Heights

(4) Plant Address 1790 N. E. 24th Street

(5) City Jensen Beach

(6) County Marin

(7) Phone Number (407) 334-5584

(8) Permit Number DO-43-194645

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>8494</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	<u>Todd Y. Roth</u>	Cert. No.	<u>C-8494</u>
	Signature	Cert. No.	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.115
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.116
(19) Percent of permitted capacity	%	-	77%
(20) BOD5 Effluent	mg/L	80082	9.0
(21) BOD5 Effluent	lbs/day	-	8.6
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	3.4
(24) Minimum pH			7.4
(25) Maximum pH			7.6
(26) Total N	mg/L	000500	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.010
(35) Gallons Hauled *	MG		0.018
* Sludge was lime stabilized prior to being hauled.			

DEFORMANS T-2030
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July, 1991
 DEIA APPLICATION NO.:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Lebanon Heights

Month: Novemb Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TAN Effluent (mg/L)	Ammon Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	PCAL Conforms	Gas Volume (MGD)	Sludge Gals Hauled (MGD)
1	0.135	1.8						7.5							
2	0.098	2.0						7.5							
3	0.124	2.0						7.5							
4	0.104	1.5						7.5						0.0024	
5															
6	0.250	1.5						7.5							
7	0.107	1.5						7.6							0.0180
8	0.094	3.0						7.5						0.0024	
9	0.091	2.3						7.5							
10	0.065	2.0						7.5							
11	0.105	1.5						7.5							
12	0.091	2.2						7.5							
13															
14	0.210	2.0						7.6						0.0024	
15	0.085	1.8						7.5							
16	0.147	1.4						7.5							
17	0.115	1.4						7.4							
18	0.127	1.5				12.0	6.0	7.5					16		
19	0.125	1.6						7.5							
20															
21	0.250	1.0						7.4						0.0030	
22	0.125	1.0						7.4							
23	0.125	1.3						7.5							
24	0.125	1.7						7.4							
25	0.125	1.8						7.5							
26	0.125	2.0						7.4							
27															
28	0.253	2.0						7.5							
29	0.105	1.6						7.4							
30	0.125	2.5		220	182	6.0	1.0	7.5					<1		
31															

Last Operator: This is to certify that I am familiar with the information presented in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Lowell T. Poll
 Name (Please Type): LOWELL T. POLL
 Company Name: Southern States Utilities / Lebanon Heights

Date: 12-23-94
 Telephone No. (Please Type): (407) 850-0056

DER FORM NO. 17-501.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part 1 - General Information

(1) Month: December Year: 1994
 (2) Plant DER Identification Number: 10031
 (3) Plant Name Leilani Heights
 (4) Plant Address 1790 N. E. 24th Street
 (5) City Jensen Beach
 (6) County Martin
 (7) Phone Number (407) 334-5584
 (8) Permit Number DC-43-194645
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 8494
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator [Signature] C-8494
 Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.133
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.121
(19) Percent of permitted capacity	%	-	81%
(20) BOD5 Effluent	mg/L	80082	3.0
(21) BOD5 Effluent	lbs/day	-	3.3
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	1.1
(24) Minimum pH			7.3
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 + N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.022
(35) Gallons Hauled *	MG		0.036
* Sludge was lime stabilized prior to being hauled			

(SEE FORMING T-1201 502/1)
 FORM TITLE: Onsite Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: July, 1991
 DBA APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Leilani Heights

Month Decemb Year 1994

(34) Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	Am-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gas Wasted (MGD)	Sludge Gas Hauled (MGD)
1	0.102	1.8						7.4							
2	0.138	2.0						7.4							
3	0.135	1.5						7.3							
4															
5	0.250	2.0						7.4							
6	0.125	2.3						7.5							
7	0.125	3.0						7.4						0.0048	
8	0.141	2.5						7.4							
9	0.150	2.2		136	168	2.0	1.0	7.5					<1		0.0120
10	0.150	2.5						7.4						0.0024	0.0060
11															
12	0.300	1.5						7.5						0.0048	
13	0.150	2.2						7.5							
14	0.139	1.4						7.5							
15	0.138	1.5						7.6							
16	0.134	1.5						7.6							
17	0.141	2.0						7.5							
18															
19	0.082	2.1						7.5							
20	0.331	3.5						7.4							
21	0.125	2.0						7.5							
22	0.125	1.8						7.6						0.0048	
23	0.125	1.0						7.4							
24	0.125	1.2						7.4						0.0048	
25															
26	0.258	1.5						7.4							
27	0.125	1.0				4.0	1.0	7.5					<1		
28	0.125	3.0						7.4							
29	0.125	3.5						7.5							0.0120
30	0.125	3.0						7.5							0.0060
31	0.132	3.5						7.5							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Lowell T. Polk
 Name (Please Type): Lowell T. Polk
 Company Name: Southern States Utilities / Leilani Heights

Date: 1/26/95
 Telephone No. (Please Type): (407) 820-0058

DER FORM NO. 17-001-000(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE January 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993
 (2) Plant DER Identification Number: 10031
 (3) Plant Name: Leiland Heights
 (4) Plant Address: 1790 N. E. 24th Street
 (5) City: Jensen Beach
 (6) County: Martin
 (7) Phone Number: (407) 334-5564
 (8) Permit Number: DO-43-194645
 (9) Plant Type: S.C.
 (10) Test Site Identification Number: N/A
 (11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse:
Percolation Pond
 (13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge:
N/A
 (15) Plant Staffing:
 Day Shift Operator Class: C Cert. No.: 6553
 Evening Shift Operator Class: Cert. No.:
 Night Shift Operator Class: Cert. No.:
 Lead Operator: (Original signed by Tim Vansdale) C-6553
 Signature: Cert. No.:

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.143
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BOD5 Effluent	mg/L	60082	3
(21) BOD5 Effluent	lbs/day	-	3.6
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	1.2
(24) Minimum pH			6.9
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.040
(35) Gallons Hauled *	MG		0.024
* Sludge was lime stabilized prior to being hauled.			

DER FORM NO. 17.801.80011
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE January 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month February Year: 1993
 (2) Plant DER Identification Number 10031
 (3) Plant Name Lailani Heights
 (4) Plant Address 1790 N. E. 24th Street
 (5) City Jensen Beach
 (6) County Martin
 (7) Phone Number (407) 334-5584
 (8) Permit Number DO-43-19464E
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Pond
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 6553
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator (Original signed by Tim Vansdale C-6553)
 Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.137
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.139
(19) Percent of permitted capacity	%	-	93%
(20) BOD5 Effluent	mg/L	80082	6
(21) BOD5 Effluent	lbs/day	-	6.9
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	3.4
(24) Minimum pH			6.9
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.038
(35) Gallons Hauled *	MG		0.024
* Sludge was lime stabilized prior to being hauled			

DER FORM NO. 1-807-001
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE January 1, 1990
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Leilani Heights

Month February Year 1993

(34) Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Deduction	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Calc's Wastec (MGD)	Sludge Calc's Heaved (MGD)
1	0.147	2.0						6.9							
2	0.117	2.0						7.4							
3	0.113	2.0		168	178	6.0	3.0	7.4					<1	0.004	
4	0.150	1.8						7.4							
5	0.131	2.0						7.4						0.002	0.012
6		2.0						7.4							
7	0.262														
8	0.146	2.0						7.4						0.004	
9	0.109	1.5						7.4							0.012
10	0.150	2.2						7.5						0.004	
11	0.136	2.0						7.5							
12	0.146	2.0						7.5						0.004	
13		2.0						7.5							
14	0.297														
15	0.146	1.8						7.5						0.004	
16	0.120	2.0						7.2							
17	0.120	2.0						7.2						0.004	
18	0.120	2.0						7.3							
19	0.120	2.0						7.4						0.004	
20		2.0						7.4							
21	0.239														
22	0.150	2.0						7.4							
23	0.150	1.2						7.3							
24	0.150	1.5						7.3						0.004	
25	0.150	1.5						7.3						0.004	
26	0.150	1.5						7.3							
27		1.5				5.0	3.0	7.3					<1		
28	0.300														
29															
30															
31															

Last Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: (Original signed by Tim Vansdale)
 Name (Please Type): Tim Vansdale
 Company Name: Southern States Utilities

Date: 3/2/93
 Telephone No. (Please Type): (408) 251-2111

DER FORM NO. 17.801.800.01
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE January 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993
 (2) Plant DER Identification Number: 10031
 (3) Plant Name: Lailani Heights
 (4) Plant Address: 1790 N. E. 24th Street
 (5) City: Jensen Beach
 (6) County: Martin
 (7) Phone Number: (407) 334-5584
 (8) Permit Number: DO-43-194646
 (9) Plant Type: 3-C
 (10) Test Site Identification Number: N/A
 (11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse:
Percolation Pond
 (13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge:
N/A
 (15) Plant Staffing:
 Day Shift Operator Class: C Cert. No. 6533
 Evening Shift Operator Class: Cert. No.
 Night Shift Operator Class: Cert. No.
 Lead Operator: (Original signed by Tim Vansdale C-6553)
 Signature: Cert. No.

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.137
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BOD5 Effluent	mg/L	80082	5
(21) BOD5 Effluent	lbs/day	-	5.7
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	1.1
(24) Minimum pH			7.3
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.043
(35) Gallons Hauled *	MG		0.048
(36) Fox Run Eff. to Pond	mg/D		0.198
* Sludge was lime stabilized prior to being hauled.			

DER FORM NO. 12400001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: January 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Leelan Heights

Month March Year 1993

131-

Day of the Month	Flow (MGD)	Chemical Residue Anal. Concent.	Chemical Residue Anal. Decline	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FE CAL Coliform	Gals. Wasted (MGD)	Sludge Gals. Hauled (MGD)	For Rpt. to pond
1	0.150	2.0						7.5						0.0036		0.006
2	0.150	2.0						7.5								0.006
3	0.150	2.0						7.5						0.0036	0.0060	0.012
4	0.150	1.5						7.5							0.0060	0.012
5	0.145	1.2						7.5						0.0036	0.0060	0.012
6		1.0						7.5								0.006
7	0.287															
8	0.097	1.5		102	142	5	1	7.6					<1	0.0036		
9	0.150	2.0						7.4						0.0036	0.0060	
10	0.150	2.0						7.4								
11	0.150	2.0						7.5							0.0060	
12	0.150	2.0						7.5						0.0036		
13	0.150															
14	0.150	2.0						7.5								
15	0.085	1.5						7.6							0.0060	0.012
16	0.120	1.0						7.7						0.0036	0.0120	0.012
17	0.125	1.0						7.5								0.012
18	0.112	1.0						7.5								0.012
19	0.112	1.0						7.5						0.0036		0.012
20		1.0						7.5								0.012
21	0.225															
22	0.144	1.0						7.5						0.0036		0.012
23	0.144	1.5						7.5								0.012
24	0.144	2.0						7.4						0.0036		
25	0.144	2.5						7.4								0.006
26	0.150	3.5						7.3						0.0036		0.012
27		3.0						7.4								0.006
28	0.300															0.012
29	0.150	2.0						7.6						0.0036		
30	0.117	2.5						7.7					<1			
31	0.135	2.5						7.6								0.012

I, the undersigned, certify that all data and information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: /Original signed by Tim Vansdale
 Name (Please Type): Tim Vansdale
 Company Name: Southern States Utilities

Date: 4/2/93
 Telephone No. (Please Type): 414-130-1000

DER FORM NO. 17-801-800-1
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE January 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month April Year: 1993
 (2) Plant DER Identification Number 10031
 (3) Plant Name Leilani Heights
 (4) Plant Address 1790 N. E. 24th Street
 (5) City Jensen Beach
 (6) County Marion
 (7) Phone Number (407) 334-5584
 (8) Permit Number DO-43-194646
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 6553
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator (Original signed by Tim Vansdale C-6553)
 Signature Cert. No.

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.132
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.135
(19) Percent of permitted capacity	%	-	90%
(20) BOD5 Effluent	mg/L	80082	3
(21) BOD5 Effluent	lbs/day	-	3.3
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	1.1
(24) Minimum pH			7.4
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.047
(35) Gallons Hauled *	MG		0.030
* Sludge was lime stabilized prior to being hauled			

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Lebanon Heights

Month April Year 1993

(34)

Day of the Month	Flow (MGD)	Effluent Residue After Contact	Effluent Residue After Disinfection	BOC ₅ Influent (mg/L)	TSS Influent (mg/L)	BOC ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA: Coliform	Gas Wastes (MGD)	Sludge Gas Heated (MGD)
1	0.135	2.5						7.6							
2	0.139	2.5						7.6						0.0036	
3		2.5						7.6							
4	0.279														
5	0.135	2.0						7.5						0.0036	
6	0.146	2.0						7.5						0.0036	
7	0.146	2.0						7.5						0.0036	
8	0.146	1.5		17E	15E	3	1	7.6					<1		
9		1.5						7.6						0.0036	
10	0.279														
11	0.135	1.5						7.5							
12	0.101	2.0						7.6							0.006
13	0.134	1.0						7.5						0.0036	
14	0.101	1.0						7.5							0.0240
15	0.101	1.0						7.5							
16	0.143	1.0						7.5						0.0036	
17		2.0						7.7							
18	0.285														
19	0.147	2.5						7.9						0.0036	
20	0.147	2.5						7.9							
21	0.147	3.0						7.8							
22	0.146	3.5						7.7						0.0036	
23	0.107	1.5			1	2		7.4					<1	0.0036	
24		1.5						7.4							
25	0.249														
26	0.136	2.0						7.5							
27	0.136	2.0						7.5							
28	0.106	2.0						7.5						0.0072	
29	0.117	3.5						7.7							
30	0.108	3.5						7.5						0.0036	
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: (Original signed by Tim Vansdale)
 Name (Please Type): Tim Vansdale
 Company Name: Southern States Utilities

Date: 5/15/93
 Telephone No. (Please Type): (407) 880-0500

DER FORM NO. 17-601-800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE January 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number 10031

(3) Plant Name Lailani Heights

(4) Plant Address 1790 N. E. 24th Street

(5) City Jensen Beach

(6) County Martin

(7) Phone Number (407) 334-5584

(8) Permit Number DO-43-194645

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Pond

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>6553</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator (Original signed by Tim Vansdale C-6553)

Signature _____ Cert No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.135
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.135
(19) Percent of permitted capacity	%	-	90%
(20) BOD5 Effluent	mg/L	60082	5
(21) BOD5 Effluent	lbs/day	-	5.6
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			7.3
(25) Maximum pH			6.0
(26) Total N	mg/L	000600	----
(27) TKN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	071850	----
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.049
(35) Gallons Hauled *	MG		0.030
* Sludge was lime stabilized prior to being hauled.			

DDK FORM NO. 1 (11-85)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: January 1, 1991
 DWA APPLICATION:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Leilani Heights

Month May Year 1993

Day of the Month	Flow (MGD)	Chemical Residue After Contact	Chemical Residue After Dewater	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FeCA, Conform	Gas Washed (MGD)	Sludge Gas & Residue (MG)
1		2.0						7.4							
2	0.227														
3	0.110	1.5						7.3							
4	0.110	1.5						7.5							
5	0.150	1.0						7.7							0.006
6	0.150	1.0						7.7							0.0240
7	0.150	1.0						7.7							
8		1.0						7.7						0.0036	
9	0.300														
10	0.150	2.5						7.7							
11	0.144	3.5						7.7						0.0036	
12	0.144	3.0						7.8						0.0036	
13	0.255	3.5		225	120	4	1	7.9							
14	0.150	3.5						7.6						0.0036	
15		2.0						7.7							
16	0.300														
17	0.150	3.5						7.5						0.0036	
18	0.150	1.0						7.7							
19	0.150	3.5						7.8						0.0036	
20	0.150	2.5						7.6							
21	0.096	1.5						7.5						0.0072	
22		3.5						8.0							
23	0.300														
24	0.150	3.5						7.7						0.0036	
25	0.135	3.5						7.5							
26	0.150	3.5						7.6						0.0048	
27	0.085	2.0						7.8							
28	0.110	1.7				5	1	7.8					4.1	0.0048	
29		1.5						7.8							
30	0.221														
31	0.150	1.5						7.8						0.0045	

I, the undersigned, hereby certify that the information furnished in this report and that to the best of my knowledge and belief, the same is true, complete and accurate.

Signed: (Original signed by: Tim Vansdale)
 Name (Please Type): Tim Vansdale
 Company Name: Southern States Utility

Date: 6-21-93
 Telephone No. (Please Type):
(408) 231-1111

DER FORM NO. 17-801-900-1
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE January 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month June Year: 1993
 (2) Plant DER Identification Number 10031
 (3) Plant Name Leilani Heights
 (4) Plant Address 1790 N. E. 24th Street
 (5) City Jensen Beach
 (6) County Marin
 (7) Phone Number (407) 334-5584
 (8) Permit Number DO-43-194646
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Pond
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 6553
 Evening Shift Operator Class Cert. No.
 Night Shift Operator Class Cert. No.
 Lead Operator (Original signed by Tim Vansdale C-6553)
 Signature Cert. No.

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.125
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.131
(19) Percent of permitted capacity	%	-	87%
(20) BOD5 Effluent	mg/L	80082	13
(21) BOD5 Effluent	lbs/day	-	13.6
(22) TSS Effluent	mg/L	900201	14
(23) TSS Effluent	lbs/day	-	14.6
(24) Minimum pH			7.5
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.060
(35) Gallons Hauled *	MG		0.060
* Sludge was lime stabilized prior to being hauled			

DSR FORM NO. 17 (Rev. 8/88)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: January 1, 1990
 DSR APPLICATION: _____

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Leland Heights

Month June Year 1990

DSR No. of the Month	Flow (MGD)	Chlorine Residue After Contact	Chlorine Residue After Disinfect	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	Gas Wasted (MGD)	Solids Gals Hauled (MGD)
1	0.134	2.0						7.6							0.024
2	0.101	1.8						7.6						0.0072	
3	0.101	1.5						7.6							
4	0.115	1.8						7.6							
5		2.4						7.7							
6	0.230														
7	0.118	3.0						7.8						0.0096	
8	0.088	3.5						7.9							
9	0.118	3.0						7.9						0.0072	
10	0.118	3.0						7.8							
11	0.118	3.0						7.8						0.0048	
12		3.5						7.7							
13	0.233														
14	0.131	3.5						7.7						0.0048	0.008
15	0.131	2.7						7.7						0.0048	
16	0.128	2.0						7.7						0.0024	
17	0.128	2.5						7.7							
18	0.132	2.5				13	14	7.7					<1		
19		3.0						7.6							
20	0.300														
21	0.128	3.5						7.6						0.0060	
22	0.128	3.5						7.6							
23	0.128	3.5						7.6						0.0048	
24	0.128	3.5						7.7							
25	0.128	3.5						7.7						0.0048	
26		3.5						7.7							
27	0.251														
28	0.150	3.5						7.8							0.012
29	0.150	2.8						7.6							0.016
30	0.150	2.0				12	13	7.5					<1	0.0048	
31															

Lead Operator: This is to certify that the information contained in this report and data is the best of my knowledge and belief; this information is true, complete and correct.

Signed: (Original signed by Tim Vansdale)
 Name (Please Type): Tim Vansdale
 Company Name: Southern States Utilities

Date: 7/1/90
 Telephone No. (Please Type): 1-800-837-5545

DER FORM NO. 17-601.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 10031

(3) Plant Name: Leilani Heights

(4) Plant Address: 1790 N. E. 24th Street

(5) City: Jensen Beach

(6) County: Martin

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-43-19464E

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
 Percolation Ponds

(13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>6553</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator: (Original signed by Tim Vansdale C-6553)
 Signature: _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.117
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.126
(19) Percent of permitted capacity	%	-	84%
(20) BOD5 Effluent	mg/L	80052	4
(21) BOD5 Effluent	lbs/day	-	3.9
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	1.0
(24) Minimum pH			7.5
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.030
(35) Gallons Hauled *	MG		0.030
* Sludge was lime stabilized prior to being hauled			

DER FORM NO. 1-100, Rev.
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: Jan. 1, 1994
 DER APPLICATION NO.:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Lebanon, Heights

Month July Year 1993

Day of the Month	Flow (MGD)	Online Residual Aer. Contact	Online Residual Aer. Denitr.	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₄ -N Effluent (mg/L)	N ₂ RATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	Gas Wasted (MGD)	Sludge Gas Heated (MGD)
1	0.150	2.0						7.5							
2	0.150	2.0						7.5						0.0048	
3		2.0						7.5							
4	0.307														
5	0.150	1.0						7.6							
6	0.150	1.0						7.6						0.0027	
7	0.111	1.0						7.6						0.0054	
8	0.110	2.0						7.7							
9		3.5						7.7						0.0140	
10	0.246														
11	0.112	2.0						7.7						0.0046	
12	0.126	3.5						7.8							
13	0.114	3.5						7.6						0.0054	
14	0.107	3.0						7.6							
15	0.120	3.5						7.5						0.0041	
16	0.120	3.5				6	1	7.5					<1		
17		3.5						7.5						0.0045	
18	0.239														
19	0.119	3.5						7.5							
20	0.107	3.5						7.5						0.0045	
21	0.106	3.5						7.6						0.0046	
22	0.106	3.0						7.6							0.012
23	0.106	3.0						7.7						0.0045	0.006
24		2.5						7.7							
25	0.215														
26	0.105	2.0				2	1	7.6					<1	0.0096	0.012
27	0.112	2.0						7.6							
28	0.112	2.5						7.7						0.0048	
29	0.112	2.5						7.8							
30	0.127	3.0						7.9							
31		3.0						7.9						0.0048	

I hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information therein is true and accurate.

Signed: (Original signed by Tim Vandale)
 Name (Please Type): Tim Vandale
 Company Name: Southern States Utilities

Date: 8-27-93
 Telephone No. (Please Type): 412-761-1111

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 10031

(3) Plant Name: Leilani Heights

(4) Plant Address: 1790 N. E. 24th Street

(5) City: Jensen Beach

(6) County: Marin

(7) Phone Number: (407) 334-5584

(8) Permit Number: DD-43-19464E

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Percolation Ponds

(13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 6553

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: (Original signed by Tim Vansdale C-6553)
 Signature: Cert. No.

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.113
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.118
(19) Percent of permitted capacity	%	-	79%
(20) BOD5 Effluent	mg/L	80082	5
(21) BOD5 Effluent	lbs/day	-	4.7
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	2.6
(24) Minimum pH			7.5
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000685	---
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.058
(35) Gallons Hauled *	MG		0.024
* Sludge was lime stabilized prior to being hauled			

DER FORM NO. 1746, 8/81
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: January 1, 1991
 DER APPLICATION: _____

Domestic Wastewater Treatment Plant Monthly Operating Report

Lebanon Heights

Month August Year 1992

Slip # of Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dissolator	BOD ₅ Influent (mg/L)	TSS Influent (mg/L)	BOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gels Wasted (MGD)	Sludge Gels Heaved (MGD)
1	0.121														
2	0.121	3.5						7.8							
3	0.121	3.5						7.8							
4	0.114	3.5						7.8						0.0048	
5	0.114	3.5						7.8							
6	0.114	3.5						7.8						0.0048	
7		3.5						7.8							
8	0.229														
9	0.123	3.5						7.7						0.0048	
10	0.123	3.5						7.7							
11	0.106	3.5		302	266	7	4	7.7					<1	0.0048	
12	0.106	3.5						7.7							
13	0.106	3.5						7.7							
14		3.5						7.8							
15	0.211														
16	0.107	3.5						7.8						0.0048	
17	0.102	2.5						7.8							0.024
18	0.097	3.0						7.8						0.0048	
19	0.078	3.5						7.5							
20	0.150	3.0						7.6						0.0048	
21		3.5						7.5							
22	0.226														
23	0.111	3.5						7.5						0.0048	
24	0.103	3.5						7.7							
25	0.116	2.6						7.8						0.0048	
26	0.116	2.5						7.8							
27		3.0						7.8						0.0048	
28	0.233														
29	0.116	3.0						7.7							
30	0.126	3.0						7.5						0.0096	
31	0.126	2.5				2	1	7.6					<1		

I, the undersigned, hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and correct.

Signed: _____
 Name (Please Type): Tim Vansdale
 Company Name: Southern States Utilities

Date: 8/31/92
 Telephone No. (Please Type): (417) 437-1673

DER FORM NO. 17-801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE January 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 10031

(3) Plant Name: Lelan, Heights

(4) Plant Address: 1790 N. E. 24th Street

(5) City: Jensen Beach

(6) County: Martin

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-43-19464E

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Powderhouse Pond

(13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>6553</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator: (Original signed by Tim Vansdale C-6553)

Signature Cert. No.

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.122
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.117
(19) Percent of permitted capacity	%	-	78%
(20) BOD5 Effluent	mg/L	80082	4
(21) BOD5 Effluent	lbs/day	-	4.1
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	1.0
(24) Minimum pH			
(25) Maximum pH			
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.065
(35) Gallons Hauled *	MG		0.036
* Sludge was lime stabilized prior to being hauled			

DERFORMING (1/2/93)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: January 1, 1993
 DER APPLICATION:

Domestic Wastewater Treatment Plant Monthly Operating Report

Laurel Heights

Month: Septem Year: 1993

(31)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfect	BOD Inflow (mg/L)	TSS Inflow (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH4-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FFCA, Coliform	Gas Wasted (MGD)	Sludge Gals. Hauled (MGD)
1	0.127	1.5						7.7						0.0048	
2	0.127	1.5						7.7							
3	0.127	1.5						7.7							
4		1.5						7.7							
5	0.254														
6	0.127	2.0						7.7							
7	0.127	2.0						7.7							
8	0.118	2.0						7.7						0.0096	
9	0.118	2.0						7.7							
10	0.118	2.0						7.7						0.0096	0.0360
11		1.5						7.8							
12	0.236														
13	0.118	1.5						7.8						0.0048	
14	0.121	1.5						7.8						0.0096	
15	0.121	2.0						7.8							
16	0.110	2.0		244	170	4.0	1.0	7.8					1		
17	0.110	2.0						7.8						0.0048	
18		2.0						7.8							
19	0.220														
20	0.110	2.0						7.7						0.0048	
21	0.110	2.0						7.7							
22	0.110	2.0						7.7						0.0048	
23	0.110	2.0						7.7							
24	0.129	2.0		N/A	N/A	N/A	N/A	7.7					N/A	0.0048	
25		2.5						7.7							
26	0.255														
27	0.129	2.5						7.8						0.0072	
28	0.135	3.0						7.8							
29	0.135	3.0						7.8							
30	0.150	3.5						7.8							
31															

I hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, correct and accurate.

Signed: (Original signed by Tim Vansdale)
 Name (Please Type): Tim Vansdale
 Company Name: Southern States Utilities

Date: 10/2/93
 Telephone: Not a P.O. Box
 Address: 401 8th Street

DER FORM NO. 17.801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month October Year 1993

(2) Plant DER Identification Number 10031

(3) Plant Name Leilani Heights

(4) Plant Address 1790 N. E. 24th Street

(5) City Jensen Beach

(6) County Martin

(7) Phone Number (407) 334-5584

(8) Permit Number DC-43-194645

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method XX Membrane Filter XX Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
 Periodic or Periodic

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class 6 Cert. No. 6659

Evening Shift Operator Class 6 Cert. No. 6659

Night Shift Operator Class 6 Cert. No. 6659

Lead Operator Kevin J. Magallon Signature Kevin J. Magallon Cert. No. 6659

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	80053	0.178
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.138
(19) Percent of permitted capacity	%	-	92%
(20) BOD5 Effluent	mg/L	80082	9.0
(21) BOD5 Effluent	lbs/day	-	13.3
(22) TSS Effluent	mg/L	900201	7.0
(23) TSS Effluent	lbs/day	-	10.4
(24) Minimum pH			7.5
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071650	---
(30) Total Phosphorus	mg/L	000655	---
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.082
(35) Gallons Hauled *	MG		0.061
* Sludge was lime stabilized prior to being hauled.			

DERADON NO. 17-001-000-11
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE July 1, 1987
 DERADON APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Leakage Heights

Month October Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Ditching	BOC1 Influent (mg/L)	TSS Influent (mg/L)	BOC1 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TSS Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	TECAL Coliform	Cells Washed (MGD)	Sludge Gals. Hauled (MGD)
1	0.150	3.5						7.8							0.0120
2	0.150	3.5						7.8							
3															
4	0.471	3.5						7.7						0.0096	0.0240
5	0.160	2.0						7.7							
6	0.162	2.5						7.6						0.0048	
7	0.233	2.0						7.6							
8	0.233	1.2						7.5						0.0048	
9	0.175	2.5						7.6							
10															
11	0.357	3.0						7.7						0.0096	
12	0.155	1.5						7.7							
13	0.197	2.5						7.6						0.0048	
14	0.250	2.5						7.6							
15	0.131	2.0						7.8						0.0016	
16	0.194	2.0						7.8							
17															
18	0.385	2.0						7.7							
19	0.168	1.0						7.8						0.0140	
20	0.160	1.5						7.6							
21	0.152	2.0		278	158	4.0	3.0	7.6					<1		
22	0.137	2.0						7.7							
23	0.140	2.0						7.7							
24															
25	0.280	2.0						7.7							
26	0.174	1.5						7.6						0.0096	0.0240
27	0.185	2.0						7.7							
28	0.143	2.0						7.7						0.0036	
29	0.143	2.0				14.0	11.0	7.7					<1		
30															
31	0.405	1.5						7.5							0.0036

NOTE: Operator has a responsibility to ensure that the information contained in this report is true and correct to the best of his knowledge and belief. The information is true, complete and accurate.

Signed: [Signature]
 Name (Please Type): John A. D. D.
 Company Name: Southern States Oil Co.

Date: 10/31/93
 Telephone No. (Please Type): (214) 881-0000

DER FORM NO. 17,601,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE January 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 10031

(3) Plant Name: Leilani Heights

(4) Plant Address: 1790 N. E. 24th Street

(5) City: Jensen Beach

(6) County: Martin

(7) Phone Number: (407) 334-5564

(8) Permit Number: DD-43-194546

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Percolation Pond

(13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:
N/A

(15) Plant Staffing:
 Day Shift Operator Class: C Cert. No. 8494
 Evening Shift Operator Class: _____ Cert. No. _____
 Night Shift Operator Class: _____ Cert. No. _____
 Lead Operator: James T. Givens C-8494
 Signature: _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.147
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.145
(19) Percent of permitted capacity	%	-	99%
(20) BOD5 Effluent	mg/L	80052	13.5
(21) BOD5 Effluent	lbs/day	-	16.6
(22) TSS Effluent	mg/L	80020	7.5
(23) TSS Effluent	lbs/day	-	9.2
(24) Minimum pH			7.4
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000655	—
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.030
(35) Gallons Hauled *	MG		
* Sludge was lime stabilized prior to being hauled			

DSR FORM NO. 1528-80(1)
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: January 1, 1991
 DSR APPLICATION NO.:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Leilani Heights

Month Novemb Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Decolor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TUV Effluent (mg/L)	Amo-N Effluent (mg/L)	Nitrate Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	Grit Washed (MGD)	Sludge Grit Hauled (MGD)
1	0.141	1.8						7.5						0.0048	
2	0.127	2.5						7.4							
3	0.136	1.7						7.5							
4	0.111	1.5						7.5						0.0048	
5	0.111	1.5						7.5							
6															
7	0.223	1.5						7.6							
8	0.130	1.5						7.5						0.002	
9	0.116	3.0						7.5							
10	0.128	3.0						7.5							
11	0.092	2.0						7.5							
12	0.195	2.0						7.6						0.0048	
13															
14	0.223	3.5						7.5							
15	0.110	3.0						7.5						0.002	
16	0.122	3.5						7.5						0.002	
17	0.124	3.5						7.5						0.002	
18	0.121	2.5						7.5						0.004	
19	0.111	3.5		323	216	12.0	8.0	7.7					<1		
20															
21	0.216	3.5						7.5							
22	0.125	3.5						7.4							
23	0.164	3.5				15.0	7.0	7.5					<1		
24	0.146	3.0						7.4						0.004	
25	0.127	1.8						7.4							
26	0.245	1.5						7.5							
27															
28	0.553	3.0						7.5							
29	0.206	2.0						7.6							
30	0.261														
31															

I, the undersigned, certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Name (Please Type): Lowell T. Polk
 Company Name: Southern States Utilities

Date: Nov 22 1993
 Telephone No. (Please Type): (407) 844-1111

DER FORM NO. 17.001.00011
 FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE January 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993
 (2) Plant DER Identification Number 10031
 (3) Plant Name Leland Heights
 (4) Plant Address 1790 N. E. 24th Street
 (5) City Jensen Beach
 (6) County Martin
 (7) Phone Number (407) 334-5584
 (8) Permit Number DC-43-19464E
 (9) Plant Type 3-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Recycled Water Use
Percolation Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class _____ Cert. No. _____
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator [Signature] 12/16/93 C-440-
 Signature _____ Cert. No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.120
(17) Permitted capacity	mgd	-	0.150
(18) Three month average daily flow	mgd	-	0.148
(19) Percent of permitted capacity	%	-	99%
(20) BOD5 Effluent	mg/L	80082	12.0
(21) BOD5 Effluent	lbs/day	-	12.0
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	-	6.0
(24) Minimum pH			7.3
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.022
(35) Gallons Hauled *	MG		0.018
* Sludge was lime stabilized prior to being hauled			

DSA FORM NO. 1288-001
 FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
 EFFECTIVE DATE: January 1, 1991
 DSA APPLICATION NO.:

Domestic Wastewater Treatment Plant
 Monthly Operating Report

Lailani Heights

Month December Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Disinfection	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	Ammonia Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECA Coliform	Gas Wasted (MGD)	Sludge Gas Wasted (MGD)
1	0.120	3.5		190	190	14.0	8.0	7.8					<1		
2	0.120	3.5						7.6							
3	0.120	3.5						7.6							
4															
5	0.245	3.5						7.4							
6	0.125	3.5						7.5						0.0048	
7	0.120	3.5						7.5							
8	0.120	3.5						7.5							
9	0.120	2.5						7.4							
10	0.120	3.0						7.5							0.0180
11															
12	0.245	3.5						7.5							
13	0.125	3.5						7.5							
14	0.125	3.5						7.5						0.0048	
15	0.120	3.5				10.0	4.0	7.5							
16	0.125	3.5						7.4							
17	0.120	3.5						7.5							
18															
19	0.245	3.5						7.3							
20	0.120	3.5						7.4						0.0050	
21	0.120	3.5						7.5							
22	0.120	3.5						7.4						0.0048	
23	0.120	3.5						7.5							
24	0.120	3.5						7.5							
25															
26	0.240	3.5						7.4							
27	0.120	3.5						7.5							
28	0.120	3.5						7.3						0.0030	
29	0.120	3.5						7.4							
30	0.120	3.5						7.3							
31	0.120	3.5						7.4							

Lead Operator: This is to certify that the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed

Lowell T. Pollock

Name (Please Type)

LOWELL T. POLLOCK

Company Name

Southern States Utilities

Date

Dec 25 1993

Telephone No. (Please Type)

(407) 880-0751

DER FORM NO. 17,801,800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 5227P05930

(3) Plant Name Leisure Lakes / Covered Bridge

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 / 465-9841

(8) Permit Number DO28-230666

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>5929</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Daniel Holme C-5929

Signature _____ Cert. No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.0145
(19) Percent of permitted capacity	%	-	29%
(20) CBODs EFFLUENT	mg/L	80082	3.2
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	5.2
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	1.2
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
CBOD Influent			70.0
TSS Influent			40.0

DEN FORM NO. 17-AC 954
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE Jan. 1, 1974
 DER APPLICATION S

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes - Covered Bridge

Month January Year 1964

Day of Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.016														
2	0.016														
3	0.016	0.9						7.3							
4	0.019	0.8						7.2							
5	0.017	0.9						7.2							
6	0.015	1.0						7.2							
7	0.010	0.9						7.2							
8	0.014	1.0						7.2							
9	0.018														
10	0.018	0.8						7.2							
11	0.025	1.0						7.2							
12	0.013	1.0						7.2							
13	0.012	0.9						7.2							
14	0.019	0.9						7.1							
15	0.012	1.0						7.1							
16	0.018														
17	0.018	1.0						7.1							
18	0.021	1.2						7.1							
19	0.017	1.1						7.1							
20	0.011	1.2						7.1							
21	0.017	1.2						7.1							
22	0.012	1.0						7.1							
23	0.017														
24	0.017	1.0						7.1							
25	0.018	1.0						7.1							
26	0.020	1.1						7.1							
27	0.013	1.0	70.0	40.0	3.2	5.2		7.1					<1.0		
28	0.021	1.1						7.1							
29	0.023	1.1						7.2							
30	0.018														
31	0.018	1.0						7.2							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true complete and accurate

Signed _____
 Name (Please Type) Daniel M. Holmes
 Company Name Southern States Utilities

Date February 11, 1964
 Telephone No. (Please Type) _____
 Address _____

DER FORM NO. 17-801-0001
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number 5227P05930

(3) Plant Name Leisure Lakes / Covered Bridge

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 / 465-9841

(8) Permit Number DO28-230666

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 5929

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Daniel Holme C-5929
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	32%
(20) CBODs EFFLUENT	mg/L	80082	4.5
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	8.6
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	1.2
(33) Other Effluent Parameters			
Fecal Coliform			2.0
CBOD Influent			7.6
TSS Influent			16.0

PERFORMANCE: 17.50' 90"
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION:

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes - Covered Bridge

Month: February Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOIIS Influent (mg/L)	TSS Influent (mg/L)	CBOIIS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.012	1.1						7.2							
2	0.021	1.0						7.1							
3	0.025	1.1						7.1							
4	0.016	1.0						7.1							
5	0.010	1.2						7.1							
6	0.020														
7	0.020	0.9						7.1							
8	0.018	1.0						7.1							
9	0.009	1.0						7.1							
10	0.021	0.8	7.0	16.0	4.5	3.6		7.2					2		
11	0.017	0.9						7.2							
12	0.005	1.0						7.1							
13	0.022														
14	0.023	1.0						7.1							
15	0.018	1.0						7.1							
16	0.014	0.9						7.1							
17	0.015	1.0						7.1							
18	0.017	1.1						7.2							
19	0.010	1.0						7.2							
20	0.016														
21	0.016	1.0						7.2							
22	0.011	0.9						7.1							
23	0.019	0.9						7.1							
24	0.011	1.0						7.1							
25	0.024	1.0						7.1							
26	0.012	0.9						7.0							
27	0.031														
28	0.022	0.8						7.1							
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____
 Name (Please Type): Daniel M. Holmes
 Company Name: Southern States Utility

Date: March 11, 1994
 Telephone No. (Please Type): 713.636.5551

DER FORM NO. 17-801.900/1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994
 (2) Plant DER Identification Number 5227P05930
 (3) Plant Name Leisure Lakes / Covered Bridge
 (4) Plant Address 101 Parkview Circle S.
 (5) City Lake Placid
 (6) County Highlands
 (7) Phone Number 813-465-3858 / 465-9841
 (8) Permit Number DO28-230666
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 5929
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Daniel Holme C-5929
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.018
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	34%
(20) CBODs EFFLUENT	mg/l	80082	2.34
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/l	900201	3.50
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.1
(26) Total N	mg/l	000600	
(27) TKN	mg/l	000625	
(28) Ammonia (NH ₃ - N)	mg/l	000610	
(29) Nitrate	mg/l	071850	4.7
(30) Total Phosphorus	mg/l	000665	
(31) Minimum Chlorine Residual	mg/l	-	0.7
(32) Maximum Chlorine Residual	mg/l	-	1.0
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
CBOD Influent			120.0
TSS Influent			103.0

DEP FORM NO. 1-1985 (REV. 1-1985)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE 1-1-86
 DEPRECIATION 15%

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes Covered Bridge

Month March Year 1994

Day of the Month	Flow (MG/D)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.015	1.0	120	103	2.34	3.5		7.1			4.7		<1.0		
2	0.018	0.9						7.1							
3	0.015	0.8						7.1							
4	0.021	0.7						7.0							
5	0.016	0.8						7.0							
6	0.022														
7	0.022	0.8						7.1							
8	0.014	0.9						7.1							
9	0.021	0.8						7.1							
10	0.022	0.9						7.1							
11	0.021	0.9						7.1							
12	0.016	1.0						7.0							
13	0.018														
14	0.018	0.5						7.0							
15	0.020	0.8						7.0							
16	0.016	0.8						7.0							
17	0.020	0.9						7.0							
18	0.022	0.8						7.0							
19	0.017	0.8						7.0							
20	0.018														
21	0.018	0.7						7.0							
22	0.023	0.9						7.0							
23	0.017	0.8						7.1							
24	0.014	0.9						7.0							
25	0.025	0.9						7.0							
26	0.014	1.0						7.0							
27	0.015														
28	0.015	0.9						7.0							
29	0.017	0.8						7.0							
30	0.018	0.9						7.1							
31	0.014	0.8						7.1							

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed _____
 Name (Please Type) Daniel M. Holmes
 Company Name Southern States Utilities

Original signed by Daniel M. Holmes

Date April 15, 1994

Telephone No. (Please Type)

434-2611

DER FORM NO. 17,601,900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994
 (2) Plant DER Identification Number 5227P05930
 (3) Plant Name Leisure Lakes / Covered Bridge
 (4) Plant Address 101 Parkview Circle S.
 (5) City Lake Placid
 (6) County Highlands
 (7) Phone Number 813-465-3858 / 465-9841
 (8) Permit Number DO28-230666
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent: Disposal or Reclaimed Water Reuse
Perk Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 5929
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Daniel Holme C-5929
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.014
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.0163
(19) Percent of permitted capacity	%	-	33%
(20) CBODs EFFLUENT	mg/L	80082	<1.0
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	2.2
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.1
(26) Total N	mg/L	000640	
(27) TKN	mg/L	000624	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	0.9
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
CBOD Influent			336.0
TSS Influent			206.0

PERFORMANCE: 12.0 (94%)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: Jan 1, 1991
 FOR APPLICATION:

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes - Covered Bridge

Month April Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.011	0.9						7.1							
2	0.014	0.9						7.1							
3	0.023														
4	0.022	0.8						7.0							
5	0.015	0.8						7.0							
6	0.017	0.9						7.0							
7	0.017	0.9						7.0							
8	0.017	0.9						7.1							
9	0.017	0.9						7.1							
10	0.017														
11	0.017	0.7						7.1							
12	0.018	0.6						7.1							
13	0.012	0.6						7.0							
14	0.015	0.7						7.1							
15	0.012	0.7						7.1							
16	0.014	0.8						7.1							
17	0.021														
18	0.021	0.6						7.1							
19	0.014	0.8						7.1							
20	0.013	0.8						7.1							
21	0.008	0.8	336	206	<1.0	2.2		7.1					<1.0		
22	0.013	0.9						7.1							
23	0.010	0.8						7.1							
24	0.010														
25	0.011	0.7						7.1							
26	0.014	0.8						7.1							
27	0.014	0.9						7.1							
28	0.010	0.8						7.1							
29	0.008	0.9						7.1							
30	0.012	0.8						7.1							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____
 Name (Please Type): Daniel M. Holmes
 Company Name: Southern States Utilities

Date: May 18, 1994
 Telephone No. (Office Type): _____
813-634-0555

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number 5227P05930

(3) Plant Name Leisure Lakes / Covered Bridge

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 465-9841

(8) Permit Number DD28-230666

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 5929

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Daniel Holme C-5929

Signature _____ Cert No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	26%
(20) CBODs EFFLUENT	mg/L	80082	0.74
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	2.4
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000605	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	1.1
(33) Other Effluent Parameters			
Fecal Coliform			< 1.0
CBOD Influent			203
TSS Influent			214

DER FORM NO. 17401-001
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER AFFILIATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes - Covered Bridge

Month May Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.009														
2	0.010	0.6						7.2							
3	0.010	0.8						7.1							
4	0.006	0.9						7.1							
5	0.014	0.8						7.1							
6	0.007	0.8						7.1							
7	0.006	0.9						7.1							
8	0.013														
9	0.013	0.6						7.1							
10	0.006	0.9						7.1							
11	0.007	0.8						7.1							
12	0.006	0.8						7.1							
13	0.006	0.7						7.1							
14	0.007	0.8						7.1							
15	0.007														
16	0.007	0.7						7.0							
17	0.006	0.8						7.0							
18	0.005	0.7	203	214	0.74	2.4		7.0					<10		
19	0.006	0.8						7.0							
20	0.006	1.1						7.1							
21	0.010	1.0						7.1							
22	0.007														
23	0.007	0.7						7.0							
24	0.009	1.0						7.0							
25	0.005	0.9						7.0							
26	0.004	1.0						7.0							
27	0.006	1.1						7.0							
28	0.008	1.0						7.0							
29	0.006														
30	0.007														
31	0.006	0.9						7.0							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____
 Name (Please Type): Daniel M. Holmes
 Company Name: Southern States Utilities

Date: June 16, 1994
 Telephone No. (Please Type): 813-634-0333

DER FORM NO. 17-31-500-1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month: June Year: 1994
 2) Plant DER Identification Number 5227P05970
 3) Plant Name Leisure Lakes Covered Bridge
 4) Plant Address 11 Parkview Circle S
 5) City Lake Placid
 6) County Highlander
 7) Phone Number 813-465-3555 407-9421
 8) Permit Number D02N-130600
 9) Plant Type SC
 10) Test Site Identification Number _____
 11) Fecal Conform Sample Method _____
 12) Membrane Filter _____ Most Probable Number _____
 13) Type of Effluent Disposal or Reclaimed Water Reuse
Park Ponds
 14) Limited Wet Weather Discharge Activated
 Yes ☐ No ☒ Not Applicable ☐
 15) Cumulative Days of Wet Weather Discharge
N/A
 16) Plant Staffing
 Day Shift Operator Class C Cert. No. 5929
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator James N. Howell Cert. No. C5929

Parameter	UNITS	STORE	VALUE
16) Monthly average daily flow	mgd	50055	0.008
17) Permitted capacity	mgd	-	0.050
18) Three month average daily flow	mgd	-	0.0123
19) Percent of permitted capacity	%	-	0.25
20) CBODs EFFLUENT	mg/L	80082	
21) CBODs EFFLUENT	lbs/day	-	
22) TSS EFFLUENT	mg/L	900201	
23) TSS EFFLUENT	lbs/day	-	
24) Minimum pH			6.9
25) Maximum pH			7.0
26) Total N	mg/L	000600	
27) TKN	mg/L	000625	
28) Ammonia (NH3-N)	mg/L	000610	
29) Nitrate	mg/L	071850	
30) Total Phosphorus	mg/L	000665	
31) Minimum Chlorine Residual	mg/L	-	0.6
32) Maximum Chlorine Residual	mg/L	-	1.1
33) Other Effluent Parameters			
Fecal Conform			
CBOD Influent			
TSS Influent			

4) SAMPLES TAKEN FOR THE MONTH OF JUNE. PLEASE SEE MR. JIM GRAB. DAVE DENNY FROM S.S.U. SPOKE TO MR GRAB ON 7-19 BY PHONE. S.S.U. HAS BEGUN TO COLLECT THE W.W. SAMPLES AT COVERED BRIDGE. THIS WAS DONE IN THE PAST BY OUR CONTRACT OPERATOR. DUE TO THIS CHANGE NO SAMPLES WERE TAKEN IN JUNE. S.S.U. PERSONNEL HAVE NOW PLACED THE COVERED BRIDGE SAMPLING ON THEIR SAMPLING SCHEDULE SO NO FURTHER PROBLEMS WILL OCCUR. *James Howell*

PERMIT NO. 10-100
 PERMITTEE: Southern States Water Treatment
 EFFECTIVE DATE: 10-1-64
 PER APPLIC. 10-100

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes Covered Bridge

Month June Year 1964

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Residual Chlorine
1	0.007	0.9						7.00					
2	0.006	0.9						7.00					
3	0.005	1.0						7.00					
4	0.005	0.9						7.00					
5	0.008												
6	0.008	0.9						7.00					
7	0.005	0.9						6.90					
8		1.0						6.90					
9	0.006	1.0						6.90					
10	0.009	1.0						6.90					
11	0.008	0.9						6.90					
12	0.070												
13	0.007	0.9						6.90					
14	0.005	1.0						6.90					
15	0.010	1.1						6.90					
16	0.005	1.0						6.90					
17	0.007	1.1						6.90					
18	0.004	1.0						6.90					
19	0.010												
20	0.010	0.9						6.90					
21	0.004	1.1						6.90					
22	0.005	1.0						6.90					
23	0.006	0.9						6.90					
24	0.007	1.0						6.90					
25	0.003	1.0						7.00					
26	0.009												
27	0.009	0.8						7.00					
28	0.003	0.9						7.00					
29	0.009	1.0						7.00					
30	0.003	1.1						7.00					
31													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete and accurate.

Signed

Name (Please Type)

Company Name

Daniel M. Heimer

Daniel M. Heimer

Southern States Water

Date

Telephone No. (Please Type)

PLANTS 1001

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1981
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 5227P05930

(3) Plant Name Leisure Lakes / Covered Bridge

(4) Plant Address 101 Parkview Circle S

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3658 / 465-8841

(8) Permit Number DO28-230666

(9) Plant Type 3C

(10) Test Site Identification Number: _____

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 5929

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Daniel M. Hol C-5929

Signature _____ Cert No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.0070
(19) Percent of permitted capacity	%	-	0.14
(20) CBODs EFFLUENT	mg/L	80082	1.2
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	2.4
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			6.8
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	1.2
(33) Other Effluent Parameters			
Fecal Coliform			
CBOD Influent			135
TSS Influent			153

DESIGN NO. 17201-200
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1994
 DES APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Lesure Lakes / Covered Bridge

Month July Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.004	1.2						7.0							
2	0.003	1.1						7.0							
3	0.009														
4	0.006	1.1						7.0							
5	0.005	1.0						7.0							
6	0.006	1.1						7.0							
7	0.005	1.0						7.0							
8	0.004	1.2						7.0							
9	0.004	1.0						7.0							
10	0.006														
11	0.006	1.1						7.0							
12	0.008	1.2						7.0							
13	0.005	1.1						7.0							
14	0.004	1.0						7.0							
15	0.005	1.0						7.0							
16	0.003	1.1						6.9							
17	0.006														
18	0.006	1.0						6.9							
19	0.005	1.0	135	153	1.2	2.4		6.9							
20	0.004	1.1						6.9							
21	0.001	1.0						6.9					INC		
22	0.006	1.0						6.9							
23	0.003	1.1						7.0							
24	0.009														
25	0.009	1.0						6.8							
26	0.006	1.0						6.9							
27	0.008	1.0						6.9							
28	0.004	1.1						6.9							
29	0.009	1.2						6.9							
30	0.004	1.0						6.9							
31	0.007	1.1						6.9							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____
 Name (Please Type): Daniel M. Holmes
 Company Name: Southern States Utilities

Date: _____
 Telephone No. (Please Type): 813-659-3631

DER FORM NO. 11-201-900
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1994
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: August Year: 1994
 (2) Plant DER Identification Number: 5228P0593
 (3) Plant Name: Leisure Lakes Covered Bridge
 (4) Plant Address: 101 Parkway Circle S.
 (5) City: Lake Placid
 (6) County: Highlands
 (7) Phone Number: 513-464-2555 405-9841
 (8) Permit Number: DQ25-25000
 (9) Plant Type: SC
 (10) Test Site Identification Number: _____
 (11) Focus: Conform Sample Method: _____
 (12) Membrane Filter: _____ Most Frequent Number: _____
 (13) Type of Effluent Disposal or Reclaimed Water Reuse:
Perk Ponds
 (14) Limited Wet Weather Discharge Activated:
Yes No NN Not Applicable
 (15) Cumulative Days of Wet Weather Discharge:
N/A
 (16) Plant Staffing:
 Day Shift Operator Class: C Cert. No. 5029
 Evening Shift Operator Class: _____ Cert. No. _____
 Night Shift Operator Class: _____ Cert. No. _____
 Lead Operator: Sam M. Smith 5029
 Signature: _____ Cert. No. _____

Parameter	UNITS	STORE	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	0.14
(20) CBOD ₅ EFFLUENT	mg/L	50082	0.3
(21) CBOD ₅ EFFLUENT	lbs/day	-	-
(22) TSS EFFLUENT	mg/L	90020	1.7
(23) TSS EFFLUENT	lbs/day	-	-
(24) Minimum pH	-	-	6.9
(25) Maximum pH	-	-	7.1
(26) Total N	mg/L	900600	-
(27) TKN	mg/L	900625	-
(28) Ammonia (NH ₃ - N)	mg/L	900610	-
(29) Nitrate	mg/L	971850	-
(30) Total Phosphorus	mg/L	900605	-
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.5
(33) Other Effluent Parameters	-	-	-
Fecal Coliform	-	-	-
CBOD Influent	-	-	37.0
TSS Influent	-	-	89.0

DER FORM NO. 1740 (Rev. 1/74)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: 10/1/74
 DER APPLICATION:

Domestic Wastewater Treatment Plant Monthly Operating Report

Lesure Lakes - Covered Bridge

Month: August Year: 1982

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.007	1.0						6.9							
2	0.005	1.0						6.9							
3	0.005	1.0						6.9							
4	0.005	1.1						6.9							
5	0.008	1.0						6.9							
6	0.004	1.0						6.9							
7	0.010														
8	0.010	0.9						6.9							
9	0.007	0.8						6.9							
10	0.010	0.9						6.9							
11	0.009	1.5						7.1							
12	0.006	1.5						7.0							
13	0.008	1.5						7.0							
14	0.005														
15	0.005	0.5						7.1							
16	0.006	1.5						7.1							
17	0.003	0.7						7.1							
18	0.005	1.0						7.1							
19	0.005	1.0						7.1							
20	0.005	1.2						6.9							
21	0.009														
22	0.009	1.1						7.0							
23	0.004	1.1						7.0							
24	0.004	1.2						7.0							
25	0.007	1.1	2.7	65	0.3	1.7		7.1					10		
26	0.005	1.0						7.1							
27	0.003	1.0						7.1							
28	0.006														
29	0.006	1.0						7.1							
30	0.007	1.2						7.1							
31	0.007	1.1						7.1							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed:

Name (Please Print)

Company Name

Lesure Lakes

Public Utilities Service

Date

Telephone No. (Please Print)

812-444-1100

Page 2 of 2

DER FORM NO. 17-501-900
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994
 (2) Plant DER Identification Number 5228P05930
 (3) Plant Name Leisure Lakes - Covered Bridge
 (4) Plant Address 201 Parkview Circle S.
 (5) City Lake Placid
 (6) County Highland
 (7) Phone Number 513-465-3856 ext. 9441
 (8) Permit Number DO28-020666
 (9) Plant Type SC
 (10) Test Site Identification Number _____
 (11) Facility Conform Sample Method _____
 (X) Membrane Filter _____ Most Probable Number _____
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Park Ponds
 (13) Limited Wet Weather Discharge Activated
 _____ Yes _____ No XX Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 5929
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator [Signature] APL C-5929
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.950
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	0.73
(20) CBODs EFFLUENT	mg/L	80082	0.0
(21) CBODs EFFLUENT	lbs/day	-	-
(22) TSS EFFLUENT	mg/L	900201	4.0
(23) TSS EFFLUENT	lbs/day	-	-
(24) Minimum pH	-	-	7.0
(25) Maximum pH	-	-	7.2
(26) Total N	mg/L	9006901	-
(27) TKN	mg/L	900625	-
(28) Ammonia (NH ₃ - N)	mg/L	900630	-
(29) Nitrate	mg/L	900550	-
(30) Total Phosphorus	mg/L	900665	-
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	1.7
(33) Other Effluent Parameters			
Fecal Coliform			
CBOD Influent			
TSS Influent			

DEFORM NO. 17.001.001
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes / Covered Bridge

Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.003	1.5						7.2							
2	0.003	1.0						7.1							
3	0.003	1.2						7.0							
4	0.008														
5	0.008	1.0						7.0							
6	0.008	1.1						7.0							
7	0.014	1.2						7.0							
8	0.015	1.0						7.0							
9	0.005	1.2						7.0							
10	0.004	1.0						7.0							
11	0.007														
12	0.007	1.1						7.0							
13	0.005	0.8						7.0							
14	0.005	0.6						7.1							
15	0.009	0.7						7.1							
16	0.008	0.9						7.1							
17	0.006	0.7						7.1							
18	0.008	0.7						7.1							
19	0.008	0.7						7.1							
20	0.007	0.8						7.1							
21	0.012	0.8	130	143	1.55	4		7.1							
22	0.007	1.0						7.1							
23	0.009	1.1						7.1							
24	0.006	1.0						7.1							
25	0.011														
26	0.011	1.2						7.1							
27	0.006	1.1						7.1							
28	0.006	1.0						7.1							
29	0.005	0.9						7.1							
30	0.007	1.0						7.1							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: _____ Original signed by Daniel M. Holmes
 Name (Please Type): _____ Daniel M. Holmes
 Company Name: _____ Pugh Utilities

Date: October 14, 1994
 Telephone No. (Please Type): _____
 (813) - 495-0114

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 5228P05930

(3) Plant Name Leisure Lakes / Covered Bridge

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 / 465-9841

(8) Permit Number DO28-230666

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Park Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 5929

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Daniel M. Hot C-5929

Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.0066
(19) Percent of permitted capacity	%	-	0.13
(20) CBODs EFFLUENT	mg/L	80082	4.4
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	< 0.3
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	1.2
(33) Other Effluent Parameters			
Fecal Coliform			
CBOD Influent			
TSS Influent			

DEP FORM NO. 17-001-BDD-1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1994
 DEW APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes / Covered Bridge

Month October Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.005	0.9						7.1							
2	0.006														
3	0.006	0.9						7.0							
4	0.005	0.9						7.0							
5	0.008	0.8						7.1							
6	0.006	0.9						7.1							
7	0.005	0.9						7.0							
8	0.004	0.8						7.0							
9	0.005														
10	0.006	0.9						7.0							
11	0.007	0.8						7.0							
12	0.005	0.9						7.0							
13	0.003	1.0	193	144	4.4	< 0.3		7.0					< 100/ml		
14	0.004	1.1						7.0							
15	0.003	1.0						7.0							
16	0.004														
17	0.004	1.1						7.1							
18	0.005	1.2						7.1							
19	0.007	1.1						7.1							
20	0.006	1.0						7.1							
21	0.005	1.0						7.1							
22	0.004	0.9						7.1							
23	0.010														
24	0.010	1.0						7.1							
25	0.006	0.8						7.1							
26	0.008	0.9						7.1							
27	0.004	0.9						7.1							
28	0.005	0.9						7.1							
29	0.004	1.0						7.1							
30	0.008														
31	0.008	1.1						7.1							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Daniel M. Homes
 Name (Please Type): Daniel M. Homes
 Company Name: Pugh Utilities

Date: November 15, 1994
 Telephone No. (Please Type): 813-435-5118

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part I - General Information

(1) Month: November Year: 1994
 (2) Plant DER Identification Number: 5228P05930
 (3) Plant Name Leisure Lakes / Covered Bridge
 (4) Plant Address 101 Parkview Circle S.
 (5) City Lake Placid
 (6) County Highlands
 (7) Phone Number 813-465-3858 / 465-9841
 (8) Permit Number DO2B-230665
 (9) Plant Type 3C
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
 Perk Ponds:
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 5929
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Daniel M. Hol C-5929
 Signature _____ Cert No. _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	0.12
(20) CBODs EFFLUENT	mg/L	80082	2.0
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	1.5
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	1.2
(33) Other Effluent Parameters			
Fecal Coliform			
CBOD Influent			
TSS Influent			

DEW FORM NO.	17-001-000
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1999
DEW APPLICATION NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes / Covered Bridge

Month November Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.006	1.0						7.10							
2	0.006	1.1						7.10							
3	0.006	1.0						7.10							
4	0.006	1.1						7.10							
5	0.004	1.1						7.10							
6	0.008														
7	0.008	1.2						7.10							
8	0.005	1.0						7.10					4.1		
9	0.008	1.1	77	226	2	1.5		7.10							
10	0.005	1.0						7.00							
11	0.005	1.0						7.10							
12	0.006	1.1						7.00							
13	0.009														
14	0.009	0.8						7.10							
15	0.005	0.9						7.10							
16	0.006	1.0						7.20							
17	0.005	1.1						7.10							
18	0.008	1.1						7.10							
19	0.007	1.0						7.10							
20	0.006														
21	0.006	1.1						7.10							
22	0.005	1.0						7.00							
23	0.007	1.0						7.00							
24	0.006	1.1						7.00							
25	0.006	1.1						7.10							
26	0.006	1.0						7.10							
27	0.008														
28	0.008	0.8						7.10							
29	0.006	0.8						7.10							
30	0.007	0.7						7.10							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Daniel M. Holmes
 Name (Please Type): Daniel M. Holmes
 Company Name: Pugh Utilities

Date: December 13, 1994
 Telephone No. (Please Type): 813-491-5112

DER FORM NO. 17-901-90011
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1991
 (2) Plant DER Identification Number 5238P05930
 (3) Plant Name Leisure Lakes Covered Bridge
 (4) Plant Address 191 Parkview Circle S.
 (5) City Lake Placid
 (6) County Highland
 (7) Phone Number 813-465-3858 465-9844
 (8) Permit Number DOCS-23066
 (9) Plant Type SC
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter _____ (Most Probable Number)
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N.A.
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 5929
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator [Signature] C-5929
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	0.14
(20) CBODs EFFLUENT	mg/L	80082	2.0
(21) CBODs EFFLUENT	lbs/day	-	-
(22) TSS EFFLUENT	mg/L	900201	1.5
(23) TSS EFFLUENT	lbs/day	-	-
(24) Minimum pH			7.0
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000625	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	-
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	1.1
(33) Other Effluent Parameters			
Fecal Coliform			<1
CBOD Influent			77.0
TSS Influent			160.2

DER FORM NO. 17-01-001
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE 10/1/1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes Covered Bridge

Month December Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.004	0.8						7.1							
2	0.010	0.9						7.1							
3	0.025	0.8						7.0							
4	0.011														
5	0.017	0.7						7.0							
6	0.009	0.9						7.0							
7	0.006	0.7						7.0							
8	0.007	0.6						7.1							
9	0.010	0.6		2.6	2	1.5		7.1							
10	0.007	0.7						7.1							
11	0.012														
12	0.011	0.6						7.1							
13	0.010	0.6						7.1							
14	0.009	0.6						7.1							
15	0.006	0.6						7.1							
16	0.007	0.6						7.0							
17	0.006	0.9						7.0							
18	0.006														
19	0.006	0.6						7.1							
20	0.009	0.7						7.1							
21	0.008	0.6						7.1							
22	0.010	0.9						7.1							
23	0.015	0.8						7.0							
24	0.006	0.9						7.0							
25	0.009														
26	0.009	0.8						7.1							
27	0.007	0.6						7.1							
28	0.008	0.9						7.0							
29	0.010	1.0						7.0							
30	0.012	1.1						7.0							
31	0.010	1.0						7.0							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: *Daniel M. Houser*
 Name (Please Type): Daniel M. Houser
 Company Name: Southern States Utilities

Date: January 3, 1995
 Telephone Number (Please Type): 813-635-1371

DER FORM NO. 17-801.800.1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NC

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993
 (2) Plant DER Identification Number 5227P05930
 (3) Plant Name Leisure Lakes Covered Bridge
 (4) Plant Address 101 Parkview Circle S.
 (5) City Lake Placid
 (6) County Highlands
 (7) Phone Number 813-465-3855 465-9841
 (8) Permit Number DO28-230600
 (9) Plant Type SC
 (10) Test Site Identification Number _____
 (11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Park Ponds
 (13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
 (14) Cumulative Days of Wet Weather Discharge
N/A
 (15) Plant Staffing
 Day Shift Operator Class B Cert. No. 2727
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator Original signed by Darald E. Pugh B-2727
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.025
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.023
(19) Percent of permitted capacity	%	-	47%
(20) CBODs EFFLUENT	mg/L	80082	2.0
(21) CBODs EFFLUENT	lbs/day	-	1.8
(22) TSS EFFLUENT	mg/L	90020	1.8
(23) TSS EFFLUENT	lbs/day	-	1.6
(24) Minimum pH			7.1
(25) Maximum pH			7.1
(26) Total N	mg/L	000000	
(27) TKN	mg/L	000025	
(28) Ammonia (NH ₃ - N)	mg/L	000010	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000005	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	1.4
(33) Other Effluent Parameters			
Fecal Coliform 1-11-93			<1

DEPARTMENT OF ENVIRONMENT
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: Jan 1, 1996
 DEB APPLICATION:

Domestic Wastewater Treatment Plant Monthly Operating Report

Location: Lakes Covered Bridge

Month: January Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.020														
2	0.020	0.6						7.10							
3	0.020														
4	0.021	0.6						7.10							
5	0.020	0.7						7.1							
6	0.021	0.7			2	1.8		7.1							
7	0.024	0.6						7.1							
8	0.020	0.6						7.1							
9	0.024	0.7						7.1							
10	0.024														
11	0.024	0.6						7.1							
12	0.025	0.6						7.1							
13	0.030	0.8						7.1							
14	0.026	0.6						7.1							
15	0.024	0.7						7.1							
16	0.025	0.6						7.1							
17	0.024														
18	0.024	1.1						7.1							
19	0.025	1.0						7.1							
20	0.025	1.0			1.8	1		7.1							
21	0.024	1.2						7.1							
22	0.025	1.4						7.1							
23	0.029														
24	0.029														
25	0.029	1.0						7.1							
26	0.033	1.2						7.1							
27	0.032	1.0						7.1							
28	0.025	1.1						7.1							
29	0.023	1.0						7.1							
30	0.023														
31	0.022														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____
 Name (Please Type): Darald E. Fugh
 Company Name: Pugh Utilities Services

Date: 2/1/93
 Telephone No. (Home/Office): _____
253-475-1111

DER FORM NO. 17-801-800-1,
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 5227P05930

(3) Plant Name Leisure Lakes Covered Bridge

(4) Plant Address 101 Parkview Circle S

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 ; 465-9841

(8) Permit Number DO28-230666

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Park Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2727

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Darald E. Pugh B-2727

Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.025
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.024
(19) Percent of permitted capacity	%	-	48%
(20) BODs EFFLUENT 2-17-93	mg/L	B0082	4.6
(21) BODs EFFLUENT 2-4-93	lbs/day	-	5.0
(22) TSS EFFLUENT 2-17-93	mg/L	900201	2.4
(23) TSS EFFLUENT 2-4-93	lbs/day	-	3.0
(24) Minimum pH			7.0
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	1.8
(33) Other Effluent Parameters			
Fecal			

PERFORMING: 17001800-1
 PROJECT TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 JOB APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Lemire Lakes Covered Bridge

Month: February Year: 1991

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CODS Influent (mg/L)	TSS Influent (mg/L)	CODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.021	0.8						7.0							
2	0.024	0.9						7.0							
3	0.021	0.8						7.0							
4	0.022	0.7			5	3		7.0							
5	0.022	0.7						7.0							
6	0.023														
7	0.023														
8	0.024	1.0						7.1							
9	0.027	0.9						7.1							
10	0.024	0.6						7.1							
11	0.021	1.0						7.1							
12	0.023	1.4						7.1							
13	0.024														
14	0.024														
15	0.024	0.6						7.1							
16	0.025	1.0						7.1							
17	0.025	1.1			4.5	2.4		7.1							
18	0.030	1.2						7.1							
19	0.031	1.0						7.1							
20	0.025	1.1						7.1							
21	0.025														
22	0.025	1.2						7.1							
23	0.026	1.0						7.1							
24	0.027	1.8						7.1							
25	0.025	1.4						7.1							
26	0.026	1.1						7.1							
27	0.027														
28	0.028														
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____
 Name (Please Type): Daniel E. Pugh
 Company Name: Pugh Utilities Service

Date: 2/15/91
 Telephone No. (Please Type): 813/437-5511

DER FORM NO. 17-801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part B - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 5227P05930

(3) Plant Name Leisure Lakes Covered Bridge

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3852 / 465-9841

(8) Permit Number DO28-230666

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Park Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>B</u>	Cert. No.	<u>2727</u>
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	

Lead Operator Original signed by Darald E. Pugh, B-2727

Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.029
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.0263
(19) Percent of permitted capacity	%	-	53%
(20) BODs EFFLUENT 3-3-93	mg/L	80082	2.9
(21) BODs EFFLUENT 3-18-93	lbs/day	-	2.4
(22) TSS EFFLUENT 3-3-93	mg/L	900201	2.0
(23) TSS EFFLUENT 3-18-93	lbs/day	-	4.2
(24) Minimum pH			7.1
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 1700-000-1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1997
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Closure Lakes Covered Bridge

Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.026	1.1						7.1							
2	0.030	1.8						7.1							
3	0.033	1.5			2.9	2		7.1							
4	0.027	3.0						7.1							
5	0.030	1.8						7.1							
6	0.031	1.2						7.1							
7	0.030														
8	0.030	1.8						7.1							
9	0.032	1.4						7.1							
10	0.031	0.7						7.1							
11	0.029	1.4						7.1							
12	0.030	1.0						7.1							
13	0.026							7.1							
14	0.026							7.1							
15	0.028	0.8						7.1							
16	0.029	0.7						7.1							
17	0.028	0.7						7.1							
18	0.026	0.6			2.4	4.2		7.1							
19	0.028	0.9						7.1							
20	0.027														
21	0.027														
22	0.027	0.6						7.1							
23	0.024	0.8						7.1							
24	0.025	2.4						7.2							
25	0.023	0.8						7.2							
26	0.024	1.0						7.2							
27	0.025														
28	0.025														
29	0.025	0.6						7.2							
30	0.025	0.7						7.2							
31	0.025	0.8						7.2							

Lead Operator: This is to certify that I am familiar with the information contained in this record and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: _____
 Name (Please Type): David E. Fugh
 Company Name: Fugh Utilities Service

Date: 4/7/93
 Telephone No. (Please Type): _____
 Atty. Gen. Ref.: _____

DER FORM NO. 17,801,800-1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 5227P05930

(3) Plant Name Leisure Lakes Covered Bridge

(4) Plant Address 101 Parkview Circle S

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 / 465-9841

(8) Permit Number DO28-230666

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2727

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Darald E. Pugh B-2727

Signature _____ Cert No _____

Parameter	UNITS	STORED Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.023
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	52%
(20) BODs EFFLUENT 4-1-93	mg/L	80082	3.9
(21) BODs EFFLUENT 4-15-93	lbs/day	-	4.2
(22) TSS EFFLUENT 4-1-93	mg/L	900201	3.4
(23) TSS EFFLUENT 4-15-93	lbs/day	-	6.6
(24) Minimum pH			7.0
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform 4-1-93			<1.0

DEP FORM NO. 17-01 (8/01)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1997
 DEP APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Lesure Lakes Covered Bridge

Month: Apr Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.023	0.6			3.9	3.4		7.1					<10		
2	0.022	0.7						7.1							
3	0.024	0.6						7.1							
4	0.024														
5	0.024	0.7						7.1							
6	0.023	0.8						7.1							
7	0.024	0.7						7.1							
8	0.024	0.7						7.0							
9	0.023	0.6						7.0							
10	0.023														
11	0.023														
12	0.023	0.6						7.0							
13	0.026	0.6						7.0							
14	0.027	0.7						7.0							
15	0.025	0.7			4.2	5.6		7.0							
16	0.026	0.8						7.0							
17	0.025														
18	0.026														
19	0.026	1.2						7.1							
20	0.025	3.0						7.1							
21	0.024	1.1						7.1							
22	0.021	1.0						7.0							
23	0.021	1.0						7.1							
24	0.021														
25	0.021														
26	0.021	1.1						7.1							
27	0.021	1.4						7.1							
28	0.018	1.8						7.1							
29	0.018	1.6						7.1							
30	0.020	3.0						7.1							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: _____
 Name (Please Type): Darold E. Pugh
 Company Name: Pugh Utilities Service

Date: 4/29/93
 Telephone No. (Please Type): _____
 Address: _____

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 5227P05930

(3) Plant Name Leisure Lakes Covered Bridge

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 / 465-9841

(8) Permit Number DO28-23065E

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2727

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Darald E. Pugh B-2727

Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.022
(19) Percent of permitted capacity	%	-	43%
(20) BODs EFFLUENT 5-4-93	mg/L	80082	6.0
(21) BODs EFFLUENT 5-19-93	lbs/day	-	4.4
(22) TSS EFFLUENT 5-4-93	mg/L	900201	2.0
(23) TSS EFFLUENT 5-19-93	lbs/day	-	2.8
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal			

DEPARTMENT NO. 17-001-000-1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1989
 DEPARTMENT NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Lesure Lakes Covered Bridge

Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	COD5 Influent (mg/L)	TSS Influent (mg/L)	COD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.023	0.8						7.1							
2	0.022							7.1							
3	0.022	0.7						7.1							
4	0.018	1.4			6	2		7.1							
5	0.018	0.8						7.1							
6	0.018	2.2						7.2							
7	0.015	2.0						7.1							
8	0.017														
9	0.017														
10	0.017	1.2						7.1							
11	0.015	1.8						7.1							
12	0.015	0.8						7.1							
13	0.015	2.2						7.2							
14	0.015	1.4						7.2							
15	0.014														
16	0.014														
17	0.014	1.2						7.2							
18	0.014	3.0						7.2							
19	0.012	1.8			4.4	2.8		7.2							
20	0.012	1.2						7.2							
21	0.013	2.0						7.2							
22	0.013														
23	0.013														
24	0.013	2.2						7.2							
25	0.013	3.0						7.3							
26	0.013	1.8						7.2							
27	0.012	1.5						7.2							
28	0.016	1.8						7.2							
29	0.013	1.4						7.2							
30	0.013														
31	0.013														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: _____
 Name (Please Type): Darold E. Pugh
 Company Name: Pugh Utilities Service

Date: 6/1/93
 Telephone No. (Please Type): _____
 Signature: _____

DER FORM NO. 17-801-800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 5227P05930

(3) Plant Name Leisure Lakes Covered Bridge

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 / 465-9841

(8) Permit Number DO28-230666

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert No. 2727

Evening Shift Operator Class _____ Cert No. _____

Night Shift Operator Class _____ Cert No. _____

Lead Operator Original signed by Darold E. Pugh B-2727
 Signature _____ Cert No. _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.0124
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.0161
(19) Percent of permitted capacity	%	-	32%
(20) BODs EFFLUENT 6-2-93	mg/L	80082	2.4
(21) BODs EFFLUENT 6-16-93	lbs/day	-	2.2
(22) TSS EFFLUENT 6-2-93	mg/L	900201	3.0
(23) TSS EFFLUENT 6-16-93	lbs/day	-	2.2
(24) Minimum pH			7.2
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000655	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal			

DWR FORM NO. 17 (REV. 2001)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: Jan. 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Lesura Lakes Covered Bridge

Month: June Year: 1997

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CODCr Influent (mg/L)	TSS Influent (mg/L)	CODCr Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₄ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.013	1.2						7.2							
2	0.013	1.2			2.4	3.0		7.2							
3	0.014	2.8						7.2							
4	0.012	1.6						7.2							
5	0.011	1.1													
6	0.011														
7	0.011	1.4						7.2							
8	0.011	1.2						7.2							
9	0.013	1.4						7.2							
10	0.011	1.0						7.2							
11	0.014	1.3						7.2							
12	0.012														
13	0.012														
14	0.012	1.4						7.2							
15	0.012	1.3						7.2							
16	0.012	0.6			2.2	2.2		7.2							
17	0.012	0.7						7.2							
18	0.013	0.6						7.2							
19	0.012														
20	0.012														
21	0.012	0.6						7.2							
22	0.012	1.4						7.2							
23	0.012	1.3						7.2							
24	0.013	1.5						7.2							
25	0.013	1.6						7.2							
26	0.012														
27	0.012														
28	0.012	0.7						7.2							
29	0.016	0.6						7.2							
30	0.016	1.0						7.2							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: _____
 Name (Please Type): Daniel E. Rupp
 Company Name: Rupp Utilities Service

Date: 2/15/02
 Telephone No. (Please Type): _____
 Address: _____

DER FORM NO. 17.801.900.11
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 5227P05930

(3) Plant Name Leisure Lakes Covered Bridge

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 / 465-9841

(8) Permit Number DQ28-230666

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2727

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Darold E. Pugh B-2727

Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50059	0.0126
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.0127
(19) Percent of permitted capacity	%	-	25%
(20) CBODs EFFLUENT	mg/L	80082	2.0
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	2.4
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.4
(33) Other Effluent Parameters			
Fecal Coliform 7-1-93			<1.0
Influent CBOD 7-28			180
Influent TSS 7-28			148

DER FORM NO. 17-001 (Rev. 1)
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes Covered Bridge

Month: July Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent	pH Effluent	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.013	1.1			2	2.4		7.2					<1.0		
2	0.012	2.4						7.2							
3	0.013	2.1						7.2							
4	0.013														
5	0.013	2.0						7.2							
6	0.013	1.8						7.2							
7	0.012	2.1						7.2							
8	0.014	1.4						7.2							
9	0.014	1.5						7.2							
10	0.012	1.3						7.2							
11	0.012														
12	0.012	1.1						7.1							
13	0.012	1.2						7.1							
14	0.018	1.3						7.1							
15	0.013	1.5						7.1							
16	0.010	1.2						7.1							
17	0.017	1.1						7.1							
18	0.017														
19	0.017	1.3						7.1							
20	0.016	1.2						7.1							
21	0.009	1.2						7.1							
22	0.017	1.1						7.1							
23	0.008	1.2						7.1							
24	0.010	1.1						7.1							
25	0.010														
26	0.010	1.0						7.1							
27	0.011	0.8						7.1							
28	0.011	1.4	180	148				7.1							
29	0.010	2.0						7.1							
30	0.011	1.8						7.1							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and I declare to the best of my knowledge and belief that the information is true, complete and accurate.

Signed: _____
 Name (Please Type): David E. Pugh
 Company Name: Pugh Utilities Service

Date: 8/2/93
 Telephone No. (Please Type): 603-455-1111

DER FORM NO. 17.801.800(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 5227P05930

(3) Plant Name Leisure Lakes Covered Bridge

(4) Plant Address 101 Parkview Circle S

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 / 465-9841

(8) Permit Number DC28-230666

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2727

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Darold E. Pugh B-2727

Signature _____ Cert No _____

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.0127
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.0126
(19) Percent of permitted capacity	%	-	25%
(20) CBODs EFFLUENT 8-12-93	mg/L	80082	1.4
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT 8-12-93	mg/L	900201	< 5
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.4
(33) Other Effluent Parameters			
Fecal Coliform 8-12-93			<1.0
CBOD Influent 8-12-93			255.0
TSS Influent 8-12-93			1750.0

DEN FORM NO. 17-801-800-1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE JAN. 1, 1991
 DEN APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes Covered Bridge

Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH ₃ -N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.013														
2	0.013	0.7						7.1							
3	0.011	1.0						7.1							
4	0.012	0.8						7.1							
5	0.010	1.1						7.1							
6	0.009	1.1						7.1							
7	0.011	1.8						7.1							
8	0.012														
9	0.012	2.4						7.1							
10	0.012	0.6						7.2							
11	0.012	0.7						7.2							
12	0.013	1.2	255	1750	1.4	< 5		7.2					< 1.0		
13	0.012	2.0						7.2							
14	0.010	2.0						7.2							
15	0.010														
16	0.012	1.8						7.2							
17	0.011	1.0						7.2							
18	0.014	1.5						7.2							
19	0.014	1.2						7.2							
20	0.014	1.2						7.2							
21	0.012	1.0						7.2							
22	0.013														
23	0.013	1.1						7.2							
24	0.014	1.0						7.2							
25	0.014	1.0						7.2							
26	0.014	1.1						7.2							
27	0.014	1.2						7.2							
28	0.015	1.3						7.2							
29	0.015														
30	0.015	1.2						7.2							
31	0.012	1.2						7.2							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: _____
 Name (Please Type): Dore E. Pugh
 Company Name: Pugh Utilities Service

Date: 8/31/93
 Telephone No. (Please Type): _____
 E-Mail: _____

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month September Year: 1993

(2) Plant DER Identification Number: 5227P0593D

(3) Plant Name Leisure Lakes Covered Bridge

(4) Plant Address 101 Parkview Circle S

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 / 465-9841

(8) Permit Number DO28-23065E

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Park Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	<u>C</u>	Cert. No.	<u>5929</u>
Evening Shift Operator Class	_____	Cert. No.	_____
Night Shift Operator Class	_____	Cert. No.	_____
Lead Operator	<u>Original signed by Daniel Holmes C-5929</u>		
Signature	Cert No		

[illegible]

DEPARTMENT NO.	17-01-001
PROJECT NO.	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DEVELOPMENT NO.	

Domestic Wastewater Treatment Plant Monthly Operating Report

Lesure Lakes Covered Bridge

Month: September Year: 1991

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrite Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.011	1.1						7.2							
2	0.015	1.2						7.2							
3	0.013	1.1						7.2							
4	0.011	1.2						7.2							
5	0.016														
6	0.016														
7	0.016	1.5						7.3							
8	0.010	1.4						7.3							
9	0.011	1.5			4.1	1		7.3					<1.0		
10	0.010	1.3						7.2							
11	0.012	1.5						7.2							
12	0.014														
13	0.013	1.3						7.1							
14	0.016	1.5						7.2							
15	0.013	1.5						7.2							
16	0.010	1.5						7.1							
17	0.014	1.5						7.1							
18	0.014	1.5						7.1							
19	0.016														
20	0.016	1.3						7.1							
21	0.014	1.5						7.1							
22	0.017	1.4						7.1							
23	0.012	1.5						7.1							
24	0.013	1.3						7.1							
25	0.014	1.3						7.1							
26	0.015														
27	0.015	1.4						7.1							
28	0.014	1.3						7.1							
29	0.016	1.6						7.1							
30	0.013	1.3						7.1							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____
 Name (Please Type): Daniel Holmes
 Company Name: Pugh Utilities Service

Date: 10/10/91
 Telephone No. (Please Type): 813-421-6211

DER FORM NO. 17-801.900(1)
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number 5227P05930

(3) Plant Name Leisure Lakes Covered Bridge

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 465-9841

(8) Permit Number DO28-230666

(9) Plant Type 30

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
NA

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 5929

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Daniel Holmes C-5929

Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.0106
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.0123
(19) Percent of permitted capacity	%	-	25%
(20) CBODs EFFLUENT	mg/L	80082	2.5
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	1.3
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000606	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
CBOD Influent 10-7-93			215.0
TSS Influent 10-7-93			258.0

DER FORM NO. 17-01-801
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes Covered Bridge

Month October Year 1991

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.014	1.2						7.1							
2	0.013	1.3						7.1							
3	0.014														
4	0.013	1.2						7.1							
5	0.017	1.3						7.1							
6	0.017	1.2						7.1							
7	0.011	1.3	215	258	2.5	1.4		7.1					<1.0		
8	0.012	1.2						7.1							
9	0.012	1.1						7.1							
10	0.011														
11	0.011	1.2						7.1							
12	0.013	1.1						7.1							
13	0.008	1.2						7.1							
14	0.008	1.3						7.1							
15	0.006	1.0						7.1							
16	0.009	1.3						7.1							
17	0.008														
18	0.005	1.2						7.1							
19	0.011	1.4						7.2							
20	0.009	1.1						7.2							
21	0.008	1.2						7.1							
22	0.009	1.1						7.1							
23	0.010	1.1						7.1							
24	0.011														
25	0.011	1.5						7.0							
26	0.015	2.5						7.2							
27	0.012	2.0						7.1							
28	0.011	1.1						7.1							
29	0.013	1.2						7.1							
30	0.015	1.1						7.1							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____ Original signed by Danle Holmes
 Name / Please Type: Danle Holmes
 Company Name: Pugh Utilities Service

Date: 10/31/91
 Telephone No. / Please Type: _____
 Address: _____

DER FORM NO. 17,801,800.1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number 5227P05930

(3) Plant Name Leisure Lakes Covered Bridge

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 465-9821

(8) Permit Number DD028-230600

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method _____

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 5929

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Daniel Holmes, C-5929

Signature _____ Cert No. _____

Parameter	UNITS	STORE	VALUE
(16) Monthly average daily flow	mgd	50053	0.0110
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	24%
(20) CBODs EFFLUENT	mg/L	80052	
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			9.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	1.2
(33) Other Effluent Parameters			
Fecal			

DEPARTMENT: 1-00000
 FORM TITLE: Domestic Wastewater Treatment Plant
 EFFECTIVE DATE: Jan 1, 1993
 DERIVATION: 1-00000

Domestic Wastewater Treatment Plant Monthly Operating Report

Lensore Lakes Covered Bridge

Month: November Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.026	0.9						7.0							
2	0.008	1.0						7.2							
3	0.014	0.9						7.1							
4	0.010	0.8						7.2							
5	0.008	0.8						7.2							
6	0.008	0.8						7.2							
7	0.011														
8	0.011	1.0						7.2							
9	0.010	1.0						7.1							
10	0.009	1.1						7.1							
11	0.010	1.0						7.1							
12	0.010	1.1						7.1							
13	0.011	1.1						7.1							
14	0.014														
15	0.014	1.0						7.0							
16	0.009	1.0						7.1							
17	0.016	1.1						7.1							
18	0.009	1.0						7.1							
19	0.010	1.2						7.1							
20	0.012	1.1						7.1							
21	0.011														
22	0.011	0.9						7.1							
23	0.008	1.0						7.1							
24	0.015	1.1						7.1							
25	0.013	1.2						7.1							
26	0.013	1.1						7.1							
27	0.009	1.2						7.0							
28	0.014														
29	0.014	1.0						7.1							
30	0.013	1.2						7.1							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by: Daniel Holmes
 Name (Please Type): Daniel Holmes
 Company Name: Pugh Utilities Service

Date: 11/18/93
 Telephone No. (Home):
 Telephone No. (Work):

DER FORM NO. 17-801-900-1
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number 5227P05930

(3) Plant Name Leisure Lakes Covered Bridge

(4) Plant Address 101 Parkview Circle S

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 813-465-3858 465-9841

(8) Permit Number DO28-230666

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 5929

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Daniel Holme C-5929
 Signature _____ Cert. No. _____

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.015
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.0124
(19) Percent of permitted capacity	%	-	24.00
(20) CBODs EFFLUENT	mg/l	80082	3.2
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/l	90020	12.0
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.2
(26) Total N	mg/l	000000	
(27) TKN	mg/l	000025	
(28) Ammonia (NH ₃ -N)	mg/l	000030	
(29) Nitrate	mg/l	071850	
(30) Total Phosphorus	mg/l	000065	
(31) Minimum Chlorine Residual	mg/l	-	0.8
(32) Maximum Chlorine Residual	mg/l	-	1.2
(33) Other Effluent Parameters			
Fecal Coliform 12-2-93			1.0
CBOD Influent 12-2-93			5.0
TSS Influent 12-2-93			24

DER FORM NO. 1-801001
 FORM TITLE Domestic Wastewater Treatment Plant
 EFFECTIVE DATE July 1, 1991
 DER APPLICATION NO.

Domestic Wastewater Treatment Plant Monthly Operating Report

Leisure Lakes Covered Bridge

Month December Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	C.BOD5 Influent (mg/L)	TSS Influent (mg/L)	C.BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.015	0.8						7.10							
2	0.010	1.0	5	24	3.2	12		7.10					1		
3	0.013	1.1						7.10							
4	0.015	1.0						7.10							
5	0.014														
6	0.014	1.2						7.10							
7	0.020	1.0						7.10							
8	0.009	1.1						7.10							
9	0.020	1.0						7.20							
10	0.014	1.1						7.20							
11	0.017	1.1						7.20							
12	0.015														
13	0.015	1.0						7.10							
14	0.022	1.0						7.10							
15	0.012	0.9						7.10							
16	0.018	0.9						7.10							
17	0.016	1.0						7.10							
18	0.014	1.1						7.10							
19	0.016														
20	0.016	1.0						7.10							
21	0.018	1.1						7.10							
22	0.011	0.9						7.10							
23	0.023	1.0						7.10							
24	0.012	1.1						7.10							
25	0.015														
26	0.015														
27	0.015	0.9						7.10							
28	0.018	0.9						7.10							
29	0.013	1.0						7.10							
30	0.010	1.0						7.10							
31	0.012	1.2						7.20							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate.

Signed Original signed by Daniel M. Holmes
 Name (Please Type) Daniel M. Holmes
 Company Name Southern States Utilities

Date January 17, 1994
 Telephone No. (Please Type) 813-639-0531