090402-WS

CLASS A
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

Sanlando Utilities Corporation
Exact Legal Name of Utility

VOLUME III (b)

FOR THE

Test Year Ended: December 31, 2008

(Volume III - (a) thru (c))

DOCUMENT NUMBER-DATE
10113 SEP 30 08
FPSC-COMMISSION CLERK

Sanlando Utilities Corporation

Docket No.: 090402-WS

Lake County

25.30.440 (4)
OPERATIONS REPORTS

(Part 2 of 2)

Test Year Ended December 31, 2008

DOCUMENT NUMBER-DATE
10113 SEP 30 08
FPSC-COMMISSION CLERK

2007 MORs

WEKIVA HUNT CLUB

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Scotty Haws	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club			Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood		State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): B	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Mon- Fri
	Ray Hogue	C	14256	Nights Thur, Fri , Sat
	Roy Mericle	C	13808	Nights Sun, Mon, Tue, Wed

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
T Keys 2-7-07	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: January 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	3,980,000										1.4	
2	24	4,546,000										1.0	
3	24	5,131,000										1.1	
4	24	4,209,000										1.0	
5	24	4,675,000										1.1	
6	24	5,533,000										1.3	
7	24	4,942,000										0.6	
8	24	3,955,000										0.8	
9	24	4,722,000										0.8	
10	24	5,160,000										1.0	
11	24	4,627,000										1.2	
12	24	4,617,000										0.5	
13	24	5,891,000										1.2	
14	24	4,570,000										1.0	
15	24	4,636,000										1.0	
16	24	5,146,000										1.3	
17	24	4,985,000										1.2	
18	24	4,448,000										1.2	
19	24	4,599,000										1.1	
20	24	6,162,000										1.2	
21	24	5,538,000										0.6	
22	24	3,967,000										1.2	
23	24	4,107,000										1.0	
24	24	4,889,000										1.0	
25	24	3,669,000										1.1	
26	24	3,937,000										0.7	
27	24	5,023,000										1.3	
28	24	4,444,000										1.4	
29	24	3,832,000										0.8	
30	24	3,854,000										0.9	
31	24	5,670,000										1.5	
Total		145,464,000											
Average		4,692,387											
Maximum		6,162,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: February 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Scotty Haws	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Mon- Fri
	Ray Hogue	C	14256	Nights Thur, Fri , Sat
	Roy Mericle	C	13808	Nights Sun, Mon, Tue, Wed

II. Certification by Lead/Chief Operator

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Thomas E. Keys 3/1/07	Thomas E. Keys	A2181
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: February 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	4,010,000										1.5	
2	24	3,624,000										1.8	
3	24	4,256,000										1.4	
4	24	3,818,000										1.6	
5	24	3,444,000										1.1	
6	24	4,282,000										1.0	
7	24	4,767,000										2.0	
8	24	4,361,000										0.9	
9	24	4,485,000										1.2	
10	24	5,379,000										1.4	
11	24	4,834,000										1.4	
12	24	3,897,000										1.1	
13	24	4,206,000										1.2	
14	24	4,598,000										0.8	
15	24	4,068,000										1.0	
16	24	4,287,000										1.1	
17	24	4,892,000										1.4	
18	24	4,202,000										1.0	
19	24	3,955,000										1.7	
20	24	3,944,000										2.0	
21	24	5,399,000										1.4	
22	24	5,070,000										1.2	
23	24	5,322,000										1.3	
24	24	6,132,000										1.0	
25	24	5,494,000										1.2	
26	24	4,586,000										1.1	
27	24	4,916,000										1.0	
28	24	5,684,000										1.2	
29	24												
30	24												
31	24												
Total		127,912,000											
Average		4,568,286											
Maximum		6,132,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: March 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950		Total Population Served at End of Month: 27,825	
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Scotty Haws		Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919		Contact Person's Fax Number: 407 8696961	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club			Plant Telephone Number: 407 6825651
Plant Address: 144 Ledbury Dr.		City: Longwood	State: FL Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): B	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Mon- Fri
	Ray Hogue	C	14256	Nights Thur, Fri , Sat
	Roy Mericle	C	13808	Nights Sun, Mon, Tue, Wed

II. Certification by Lead/Chief Operator

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Signature and Date	Printed or Typed Name	License Number
Thomas E. Keys 4-4-07	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: March 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	4,794,000										1.0	
2	24	5,415,000										1.2	
3	24	5,143,000										1.3	
4	24	4,965,000										1.4	
5	24	4,468,000										1.1	
6	24	5,141,000										1.0	
7	24	6,435,000										2.0	
8	24	5,234,000										1.1	
9	24	5,673,000										1.1	
10	24	6,287,000										1.4	
11	24	5,578,000										0.8	
12	24	5,196,000										1.0	
13	24	6,201,000										1.2	
14	24	6,116,000										1.0	
15	24	4,954,000										1.1	
16	24	5,084,000										1.1	
17	24	5,890,000										1.3	
18	24	5,642,000										1.0	
19	24	5,471,000										1.0	
20	24	5,510,000										1.1	
21	24	5,996,000										1.0	
22	24	5,738,000										1.1	
23	24	5,724,000										1.3	
24	24	6,741,000										1.3	
25	24	6,612,000										1.0	
26	24	5,416,000										1.2	
27	24	6,051,000										1.0	
28	24	7,016,000										1.3	
29	24	6,283,000										1.1	
30	24	5,852,000										1.5	
31	24	7,010,000										1.3	
Total		177,640,000											
Average		5,730,323											
Maximum		7,016,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: April 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Scotty Haws	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Mon- Fri
	Ray Hogue	C	14256	Nights Thur, Fri , Sat
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II. Certification by Lead/Chief Operator

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Thomas E. Keys 5-4-07	Thomas E. Keys	A2181
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: April 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
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2	24	5,342,000										1.1	
3	24	6,517,000										2.5	
4	24	7,808,000										1.2	
5	24	5,647,000										1.0	
6	24	6,200,000										1.0	
7	24	7,564,000										1.3	
8	24	5,702,000										1.0	
9	24	5,099,000										1.5	
10	24	4,828,000										1.3	
11	24	5,486,000										0.8	
12	24	4,751,000										1.0	
13	24	5,712,000										1.2	
14	24	6,140,000										1.4	
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18	24	6,087,000										1.5	
19	24	5,246,000										1.0	
20	24	5,659,000										0.9	
21	24	5,907,000										0.9	
22	24	6,179,000										1.3	
23	24	5,355,000										1.3	
24	24	6,405,000										1.8	
25	24	6,917,000										2.0	
26	24	6,381,000										1.9	
27	24	5,825,000										1.7	
28	24	6,935,000										1.4	
29	24	7,176,000										1.6	
30	24	5,934,000										1.7	
31	24												
Total		179,438,000											
Average		5,981,267											
Maximum		7,808,000											

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: May 2007

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PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
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Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
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Signature and Date	Printed or Typed Name	License Number
Thomas E. Keys 6-1-07	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: May 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	6,732,000										2.4	
2	24	7,996,000										1.8	
3	24	6,694,000										2.4	
4	24	6,714,000										2.4	
5	24	7,542,000										1.6	
6	24	5,492,000										1.0	
7	24	5,063,000										1.6	
8	24	5,500,000										1.6	
9	24	7,418,000										1.6	
10	24	5,659,000										1.5	
11	24	5,950,000										1.1	
12	24	7,544,000										1.5	
13	24	5,832,000										1.4	
14	24	5,995,000										1.5	
15	24	6,075,000										1.4	
16	24	7,194,000										1.8	
17	24	5,661,000										0.8	
18	24	5,080,000										1.2	
19	24	6,691,000										1.5	
20	24	5,978,000										1.8	
21	24	5,588,000										1.4	
22	24	6,099,000										1.5	
23	24	6,969,000										1.2	
24	24	6,182,000										1.2	
25	24	5,931,000										1.4	
26	24	6,939,000										1.5	
27	24	6,354,000										0.8	
28	24	6,364,000										1.4	
29	24	6,688,000										1.3	
30	24	8,068,000										1.2	
31	24	6,225,000										1.5	
Total		197,327,000											
Average		6,365,387											
Maximum		8,068,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: JUNE 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950		Total Population Served at End of Month: 27,825	
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Scotty Haws		Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919		Contact Person's Fax Number: 407 8696961	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club			Plant Telephone Number: 407 6825651
Plant Address: 144 Ledbury Dr.		City: Longwood	State: Fl. Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): B

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Mon- Fri
	Ray Hogue	C	14256	Nights Thur, Fri , Sat
	Roy Mericle	C	13808	Nights Sun, Mon, Tue, Wed

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E. Keys 7-3-07	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: June 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	5,213,000										1.4	
2	24	5,343,000										1.6	
3	24	5,414,000										1.4	
4	24	5,193,000										1.2	
5	24	6,413,000										1.3	
6	24	5,678,000										1.0	
7	24	5,274,000										1.2	
8	24	5,761,000										2.3	
9	24	7,273,000										1.4	
10	24	6,090,000										1.1	
11	24	5,112,000										1.5	
12	24	5,286,000										1.2	
13	24	5,247,000										1.6	
14	24	4,795,000										1.8	
15	24	5,488,000										1.9	
16	24	6,679,000										1.5	
17	24	6,316,000										1.2	
18	24	5,783,000										2.4	
19	24	5,607,000										1.8	
20	24	6,200,000										1.4	
21	24	5,902,000										1.7	
22	24	5,612,000										1.8	
23	24	6,948,000										1.4	
24	24	7,028,000										1.0	
25	24	5,855,000										1.4	
26	24	5,987,000										1.6	
27	24	6,498,000										1.5	
28	24	6,095,000										0.8	
29	24	6,161,000										1.3	
30	24	7,250,000										1.4	
31	24												
Total		177,501,000											
Average		5,916,700											
Maximum		7,273,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: JULY 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Scotty Haws	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri, Night Sun
Other Operators:	Alex Lorenzo	C	13756	Days Mon- Fri, Nights Sun - Mon
	Elisa Williams	C	14846	Days Tues - Sat, Night Mon
	Ray Hogue	C	14256	Nights Tues - Sat

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 8-1-07 — Signature and Date

Thomas E. Keys — Printed or Typed Name

A2181 — License Number

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: July 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	5,744,000										1.0	
2	24	4,777,000										1.2	
3	24	4,873,000										1.5	
4	24	5,856,000										1.0	
5	24	4,923,000										1.0	
6	24	5,291,000										1.2	
7	24	6,416,000										1.3	
8	24	6,248,000										1.0	
9	24	5,940,000										1.7	
10	24	5,535,000										1.9	
11	24	5,617,000										1.4	
12	24	5,559,000										0.8	
13	24	5,773,000										1.6	
14	24	6,208,000										1.3	
15	24	5,852,000										1.6	
16	24	5,086,000										1.1	
17	24	5,966,000										1.2	
18	24	5,816,000										1.4	
19	24	4,740,000										1.2	
20	24	5,451,000										1.5	
21	24	5,747,000										1.5	
22	24	4,734,000										1.4	
23	24	4,032,000										1.5	
24	24	5,013,000										2.0	
25	24	5,493,000										1.3	
26	24	5,485,000										1.7	
27	24	5,159,000										1.5	
28	24	5,558,000										1.3	
29	24	4,462,000										1.0	
30	24	4,874,000										0.8	
31	24	4,846,000										1.2	
Total		167,074,000											
Average		5,389,484											
Maximum		6,416,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: AUGUST 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: FL	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Elisa Williams	C	14846	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
	Ted Levy	C	12911	Nights Sun - Tues

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E. Keys 9/5/07	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: August 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	5,004,000										1.6	
2	24	4,499,000										1.3	
3	24	4,756,000										1.2	
4	24	5,973,000										1.3	
5	24	5,808,000										1.6	
6	24	5,336,000										1.4	
7	24	6,056,000										1.5	
8	24	6,024,000										1.2	
9	24	5,222,000										0.8	
10	24	5,531,000										1.0	
11	24	6,731,000										1.8	
12	24	6,116,000										0.6	
13	24	4,488,000										1.0	
14	24	6,016,000										1.2	
15	24	6,532,000										2.2	
16	24	6,134,000										1.0	
17	24	5,825,000										1.4	
18	24	6,673,000										2.0	
19	24	7,902,000										1.2	
20	24	6,180,000										1.4	
21	24	7,617,000										1.2	
22	24	7,741,000										1.2	
23	24	7,202,000										0.8	
24	24	5,417,000										1.2	
25	24	5,777,000										2.2	
26	24	5,239,000										1.0	
27	24	4,773,000										1.2	
28	24	5,266,000										1.1	
29	24	6,759,000										2.2	
30	24	5,912,000										1.2	
31	24	4,790,000										1.3	
Total		183,299,000											
Average		5,912,871											
Maximum		7,902,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: September 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Elisa Williams	C	14846	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
	Ted Levy	C	12911	Nights Sun & Tues
	Daniel Anderson	A	7141	Nights Mon

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys — Signature and Date

Thomas E. Keys — Printed or Typed Name

A2181 — License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3	Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: September 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	4,789,000										1.2	
2	24	6,704,000										1.6	
3	24	5,160,000										1.4	
4	24	5,536,000										1.1	
5	24	6,138,000										1.2	
6	24	6,916,000										1.4	
7	24	5,831,000										1.2	
8	24	5,748,000										2.0	
9	24	7,623,000										1.2	
10	24	5,934,000										1.4	
11	24	4,584,000										1.5	
12	24	4,834,000										2.0	
13	24	5,387,000										1.0	
14	24	4,296,000										1.2	
15	24	4,611,000										1.3	
16	24	5,576,000										0.8	
17	24	5,709,000										1.0	
18	24	4,531,000										0.6	
19	24	5,265,000										1.5	
20	24	4,856,000										2.1	
21	24	4,069,000										1.4	
22	24	4,597,000										1.8	
23	24	5,309,000										2.0	
24	24	4,537,000										1.4	
25	24	4,134,000										1.1	
26	24	4,938,000										0.7	
27	24	5,035,000										2.2	
28	24	4,438,000										1.2	
29	24	4,505,000										1.5	
30	24	5,077,000										1.6	
31	24												
Total		156,667,000											
Average		5,222,233											
Maximum		7,623,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: October 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Elisa Williams	C	14846	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
	Ted Levy	C	12911	Nights Sun & Tues
	Daniel Anderson	A	7141	Nights Mon

COPY

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys	Thomas E. Keys	A2181
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: October 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
			CT Calculations							UV Dose				
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	5,076,000										1.6	
2	24	3,856,000										1.2	
3	24	4,134,000										1.6	Collected 12 Bac-T samples
4	24	4,536,000										1.6	Collected 12 Bac-T samples
5	24	4,262,000										1.7	
6	24	3,977,000										1.5	
7	24	4,663,000										2.0	
8	24	3,802,000										1.6	
9	24	3,828,000										0.8	Collected 8 Bac-T samples
10	24	4,638,000										1.5	
11	24	5,002,000										1.4	
12	24	4,877,000										1.1	
13	24	4,872,000										0.8	
14	24	6,019,000										1.6	
15	24	5,729,000										1.5	
16	24	4,655,000										1.4	
17	24	5,592,000										2.0	
18	24	6,330,000										1.6	
19	24	4,839,000										0.9	
20	24	4,700,000										2.0	
21	24	5,357,000										1.4	
22	24	4,516,000										1.5	
23	24	3,941,000										2.2	
24	24	4,976,000										0.6	
25	24	5,369,000										1.4	
26	24	4,407,000										2.0	
27	24	4,571,000										1.8	
28	24	4,928,000										1.4	
29	24	3,723,000										1.5	
30	24	3,312,000										2.0	
31	24	4,009,000										1.2	
Total		144,496,000											
Average		4,661,161											
Maximum		6,330,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: November 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Elisa Williams	C	14846	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
	Ted Levy	C	12911	Nights Sun & Tues
	Daniel Anderson	A	7141	Nights Mon

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E Keys 12-4-07	Thomas E. Keys	A2181
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: November 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	4,636,000										1.5	
2	24	3,235,000										1.4	
3	24	4,144,000										2.0	
4	24	5,201,000										1.4	
5	24	4,371,000										2.0	
6	24	3,989,000										2.2	Collected 12 Bac-T samples
7	24	5,053,000										1.5	Collected 12 Bac-T samples
8	24	5,274,000										1.7	Collected 7 Bac-T samples
9	24	4,763,000										1.5	Collected 2 repeat samples
10	24	4,989,000										1.8	
11	24	6,008,000										1.0	
12	24	5,556,000										1.8	
13	24	4,268,000										2.0	
14	24	5,555,000										1.2	
15	24	5,812,000										2.3	Crew changing electrical panel Well # 9 out of service
16	24	4,833,000										1.8	Repaired water broken line for the packing of Well # 9
17	24	5,267,000										1.6	
18	24	6,047,000										1.2	
19	24	5,320,000										1.4	Added oil to Well # 8 motor
20	24	4,332,000										1.2	Well # 9 back in service
21	24	5,762,000										1.5	Collected 1 Bac-T sample for Well # 9
22	24	5,724,000										1.0	
23	24	5,036,000										1.2	
24	24	5,268,000										2.0	
25	24	5,962,000										1.2	
26	24	5,236,000										1.4	
27	24	4,515,000										1.8	
28	24	5,079,000										1.6	
29	24	5,317,000										0.8	
30	24	4,507,000											
31	24												
Total		151,062,000	12-11-07 mor										
Average		5,035,400											
Maximum		6,047,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

Daily Finished-Water Production for the Month/Year November 2007

Community Water System (CWS) Name: Sanlando Utilities

Public Water System (PWS) Identification 3591121

Day of Month	Plant 1 Name: Wekiva	Plant 2 Name: Des Pinar	Plant 3 Name: Knollwood	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Permitted Maximum Day Operating Capacity of Each Plant, MGD										Total
	11.088	6.261	0.576								17.925
	Net Quantity of Finished Water Produced by Each Plant, MGD										Total
1	4.636	1.823	0.001								6.460
2	5.235	2.079	0.011								5.325
3	4.144	2.876	0.036								7.056
4	5.201	2.57	0								7.771
5	4.374	2.209	0.001								6.584
6	3.989	3.052	0.042								7.083
7	5.053	3.281	0.072								8.406
8	5.274	2.518	0								7.792
9	4.763	3.007	0.046								7.816
10	4.989	3.716	0.084								8.789
11	6.0818	3.076	0.060								9.144
12	5.556	2.791	0.009								8.356
13	4.268	3.302	0.103								7.673
14	5.555	3.718	0.110								9.383
15	5.812	3.002	0.002								8.816
16	4.833	3.132	0.094								8.359
17	5.267	3.719	0.094								9.080
18	6.047	3.266	0.067								9.380
19	5.320	3.172	0.062								8.554
20	4.332	3.178	0.085								7.595
21	5.762	3.907	0.099								9.768
22	5.724	2.827	0.003								8.554
23	5.036	3.578	0.073								8.687
24	5.268	3.473	0.080								8.821
25	5.962	3.308	0.004								9.274
26	5.236	2.658	0.027								7.921
27	4.515	3.122	0.067								7.704
28	5.079	2.883	0.078								8.040
29	5.317	2.212	0.000								7.529
30	4.507	2.570	0.042								7.119
31											0.000
Total											242.839
Avg											7.834
Max											9.768

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: December 2007

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club			Plant Telephone Number: 407 6825651
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Elisa Williams	C	14846	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
	Ted Levy	C	12911	Nights Sun & Tues
	Daniel Anderson	A	7141	Nights Mon

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E. Keys	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: December 2007

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	4,773,000										2.0	
2	24	5,683,000										0.8	
3	24	4,766,000										1.4	Crew changing electrical panel on Well # 6, well still in service
4	24	4,242,000										2.2	Collected 12 Bac-T samples
5	24	5,148,000										1.7	Collected 13 Bac-T samples
6	24	5,607,000										1.2	Collected 7 Bac-T samples
7	24	4,608,000										1.8	
8	24	5,241,000										1.5	
9	24	5,980,000										1.2	
10	24	5,260,000										1.5	
11	24	4,464,000										1.1	Worked on Well # 5 flowmeter.
12	24	5,356,000										1.4	
13	24	5,850,000										1.4	Added oil on Well # 6 motor.
14	24	4,788,000										2.0	
15	24	5,055,000										1.7	
16	24	5,482,000										1.6	
17	24	4,124,000										1.3	
18	24	3,808,000										1.4	
19	24	5,063,000										2.2	Replaced motor for high service pump # 2. Off for 2 hours.
20	24	5,266,000										0.6	
21	24	4,340,000										1.3	
22	24	4,397,000										1.4	
23	24	4,805,000										1.6	
24	24	4,158,000										2.0	
25	24	3,900,000										1.8	
26	24	4,564,000										1.4	
27	24	5,112,000										1.2	
28	24	4,111,000										1.4	
29	24	4,758,000										2.2	
30	24	5,259,000										1.0	
31	24	4,252,000										1.2	
Total		150,220,000											
Average		4,845,806											
Maximum		5,980,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year:

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? X☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm = NA | Acrylamide Level, %† = NA

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? X☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm = NA | Epichlorohydrin Level, %† = NA

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No X☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): Sodium Polyphosphate (Corrosion Inhibitor)

Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 – 0.98

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 = NA

* *Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.*

† *Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.*

2008 MORs

WEKIVA HUNT CLUB

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: January 2008

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
				Nights Sun & Tues
				Nights Mon

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E. Keys 2-4-06	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: January 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	3,792,000										2.7	
2	24	5,043,000										1.2	
3	24	3,532,000										2.5	
4	24	3,623,000										1.0	
5	24	4,638,000										1.5	
6	24	5,785,000										0.5	
7	24	4,876,000										2.2	
8	24	3,623,000										1.6	
9	24	4,850,000										1.2	
10	24	5,328,000										1.4	
11	24	4,422,000										2.0	
12	24	4,802,000										1.0	
13	24	4,907,000										0.9	
14	24	3,694,000										2.3	
15	24	3,355,000										1.7	
16	24	4,446,000										0.8	
17	24	4,626,000										1.4	
18	24	3,478,000										1.6	
19	24	3,994,000										1.2	
20	24	4,105,000										1.5	
21	24	3,449,000										2.2	
22	24	3,370,000										2.3	
23	24	4,260,000										1.2	
24	24	3,954,000										1.5	
25	24	3,426,000										2.0	
26	24	4,072,000										1.8	
27	24	4,148,000										1.5	
28	24	3,655,000										1.5	
29	24	3,225,000										1.6	
30	24	4,398,000										1.4	
31	24	4,706,000										1.5	
Total		129,580,000											
Average		4,180,000											
Maximum		5,783,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

DEP Form 62-555.900(3)
Effective August 28, 2003

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: February 2008

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club			Plant Telephone Number: 407 6825651
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): II		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
				Nights Sun & Tues
				Nights Mon

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 3-4-08	Thomas E. Keys	A2181
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: February 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	4,084,000										2.0	
2	24	4,262,000										1.6	
3	24	5,526,000										1.8	
4	24	4,666,000										2.3	
5	24	3,866,000										1.5	
6	24	4,820,000										0.8	
7	24	5,202,000										1.8	
8	24	3,892,000										2.0	
9	24	4,520,000										1.4	
10	24	5,592,000										1.9	
11	24	4,759,000										1.0	
12	24	3,882,000										1.4	
13	24	3,951,000										1.3	
14	24	4,324,000										1.4	
15	24	3,690,000										1.6	
16	24	4,404,000										1.2	
17	24	5,418,000										1.1	
18	24	4,402,000										2.8	
19	24	4,840,000										1.4	
20	24	4,696,000										1.2	
21	24	5,280,000										1.6	
22	24	3,922,000										1.4	
23	24	4,606,000										1.2	
24	24	4,204,000										1.4	
25	24	4,057,000										1.9	
26	24	3,191,000										1.8	
27	24	3,992,000										1.8	
28	24	4,108,000										1.5	
29	24	3,756,000										1.5	
30	24												
31	24												
Total		126,912,000											
Average		4,376,276											
Maximum		5,592,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: March 2008

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: FL	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
				Nights Sun & Tues
				Nights Mon

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 5-16-08	Thomas E. Keys	A2181
Signature and Date	Printed or Typed Name	License Number

REVIEWED 5-16-08

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: March 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	4,254,000										1.6	Due to an electrical installation on 3-25-08 we received
2	24	5,218,000										1.3	approximately 100,000 gal. from Orange County
3	24	4,496,000										1.8	
4	24	3,930,000										1.9	
5	24	4,096,000										2.5	
6	24	4,883,000										2.1	
7	24	3,599,000										1.5	
8	24	3,508,000										1.6	
9	24	4,026,000										1.7	
10	24	3,011,000										1.5	
11	24	3,371,000										1.8	
12	24	4,262,000										0.9	
13	24	4,720,000										2.0	
14	24	4,208,000										1.8	
15	24	4,024,000										1.6	
16	24	5,191,000										1.7	
17	24	4,906,000										1.0	
18	24	3,843,000										0.8	
19	24	4,784,000										1.6	
20	24	5,763,000										1.0	
21	24	3,990,000										2.2	
22	24	4,647,000										1.0	
23	24	5,727,000										1.2	
24	24	4,708,000										2.5	
25	24	4,111,000										2.0	
26	24	4,912,000										1.5	
27	24	5,184,000										1.8	Estimated flow due to west meter inaccuracy
28	24	5,184,000										1.2	Estimated flow due to west meter inaccuracy
29	24	5,104,000										0.8	Estimated flow due to west meter inaccuracy
30	24	6,438,000										1.1	Estimated flow due to west meter inaccuracy
31	24	5,493,000										1.4	Estimated flow and patched meter serving line
Total		142,591,000											
Average		4,599,709											
Maximum		6,438,000											

REVISED

** Refer to the instructions for this report to determine which plants must provide this information.*

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2008

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: FL	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
				Nights Sun & Tues
				Nights Mon

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 5-2-08	Thomas E. Keys	A2181
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: April 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	5,283,000										0.8	
2	24	5,646,000										1.0	
3	24	6,140,000										1.2	
4	24	5,658,000										0.8	
5	24	5,836,000										2.0	
6	24	5,901,000										1.4	
7	24	5,267,000										0.6	
8	24	4,096,000										1.2	
9	24	5,246,000										1.0	
10	24	6,568,000										1.2	
11	24	5,888,000										1.4	
12	24	6,218,000										1.6	
13	24	7,334,000										1.1	
14	24	6,169,000										1.2	
15	24	5,217,000										1.3	
16	24	6,374,000										1.3	
17	24	7,106,000										1.8	
18	24	5,386,000										0.6	
19	24	5,478,000										1.6	
20	24	7,058,000										1.2	
21	24	6,755,000										2.0	
22	24	4,597,000										1.0	
23	24	6,072,000										1.4	
24	24	6,650,000										1.6	
25	24	6,112,000										1.2	
26	24	5,994,000										1.0	
27	24	7,595,000										1.3	
28	24	7,224,000										1.4	
29	24	4,087,000										1.1	
30	24	5,732,000										1.2	
31	24												
Total		178,687,000											
Average		5,764,097											
Maximum		7,595,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: May 2008

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP | PWS Identification Number: 3591121-3

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 7,950 | Total Population Served at End of Month: 27,825

PWS Owner: Utilities Inc. of Fla.

Contact Person: Patrick Flynn | Contact Person's Title: Manager

Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: FL | Zip Code: 32714

Contact Person's Telephone Number: 407 869 1919 | Contact Person's Fax Number: 407 8696961

Contact Person's E-Mail Address: pcflynn@uiwater.com

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club | Plant Telephone Number: 407 6825651

Plant Address: 144 Ledbury Dr. | City: Longwood | State: FL | Zip Code: 32779

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000

Plant Category (per subsection 62-699.310(4), F.A.C.): IV | Plant Class (per subsection 62-699.310(4), F.A.C.): B

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
				Nights Sun & Tues
				Nights Mon

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 6-3-08 | Thomas E. Keys | A2181

Signature and Date | Printed or Typed Name | License Number

DEP Form 62-555.900(3)
Effective August 25, 2003

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: May 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	7,192,000										1.2	
2	24	6,690,000										1.6	
3	24	6,108,000										1.4	
4	24	8,329,000										1.2	
5	24	7,138,000										1.1	
6	24	5,663,000										0.8	
7	24	7,586,000										1.2	
8	24	6,900,000										1.4	
9	24	6,834,000										1.6	
10	24	6,888,000										1.1	
11	24	8,116,000										1.2	
12	24	7,101,000										2.0	
13	24	6,378,000										1.7	
14	24	7,178,000										1.5	
15	24	7,635,000										0.6	
16	24	7,462,000										1.4	
17	24	6,876,000										1.6	
18	24	8,613,000										1.3	
19	24	7,503,000										2.5	
20	24	5,582,000										1.2	
21	24	5,870,000										1.6	
22	24	7,176,000										0.8	
23	24	5,048,000										1.4	
24	24	5,092,000										1.8	
25	24	5,847,000										1.5	
26	24	4,823,000										1.4	
27	24	5,092,000										1.2	
28	24	6,054,000										1.0	
29	24	6,944,000										1.4	
30	24	6,202,000										1.2	
31	24	6,242,000										2.0	
Total		205,552,000											
Average		6,630,710											
Maximum		8,613,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JUNE 2008

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950		Total Population Served at End of Month: 27,825	
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn		Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919		Contact Person's Fax Number: 407 8696961	
Contact Person's E-Mail Address: pflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club			Plant Telephone Number: 407 6825651
Plant Address: 144 Ledbury Dr.		City: Longwood	State: Fl. Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): B	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
				Nights Sun & Tues
				Nights Mon

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 7-2-08

Signature and Date

Thomas E. Keys

Printed or Typed Name

A2181

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: JUNE 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Hour Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hour, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Hour, minutes	Lowest CT Provided Before or at First Customer During Peak Hour, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	7,991,000										1.5	
2	24	7,192,000										1.6	
3	24	5,217,000										2.2	
4	24	6,661,000										1.8	
5	24	7,988,000										1.4	
6	24	7,081,000										1.8	
7	24	6,790,000										1.7	
8	24	8,815,000										1.8	
9	24	7,717,000										1.6	
10	24	8,022,000										1.4	
11	24	8,190,000										1.0	
12	24	5,004,000										1.8	
13	24	4,134,000										1.2	
14	24	5,038,000										1.3	
15	24	6,610,000										1.5	
16	24	1,681,000										1.2	
17	24	3,971,000										1.6	
18	24	4,914,000										1.4	
19	24	5,240,000										1.2	
20	24	4,692,000										1.2	
21	24	5,152,000										1.3	
22	24	5,328,000										0.9	
23	24	4,282,000										1.1	
24	24	3,846,000										1.2	
25	24	5,018,000										1.1	
26	24	5,002,000										1.2	
27	24	4,058,000										1.4	
28	24	4,432,000										2.0	
29	24	5,481,000										2.1	
30	24	4,869,000										1.8	
31	24												
Total		166,044,000											
Average		5,553,367											
Maximum		8,815,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JULY 2008

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
				Nights Sun & Tues
				Nights Mon

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 8-4-08 | Thomas E. Keys | A2181

Signature and Date | Printed or Typed Name | License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: JULY 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	3,930,000										0.8	
2	24	5,208,000										2.2	
3	24	6,328,000										0.8	
4	24	5,016,000										1.0	
5	24	5,422,000										1.0	
6	24	6,414,000										1.6	
7	24	6,083,000										1.4	
8	24	4,906,000										1.2	
9	24	4,844,000										1.0	
10	24	6,361,000										1.5	
11	24	4,829,000										1.0	
12	24	5,560,000										1.6	
13	24	5,868,000										1.2	
14	24	4,466,000										1.4	
15	24	4,208,000										1.0	
16	24	4,557,000										1.2	
17	24	4,215,000										0.6	
18	24	4,026,000										1.8	
19	24	4,558,000										1.2	
20	24	5,310,000										1.3	
21	24	5,071,000										1.5	
22	24	4,631,000										1.0	300,000 gal was lost in a line break
23	24	5,118,000										1.2	
24	24	4,966,000										1.0	
25	24	4,268,000										1.6	
26	24	4,771,000										1.2	
27	24	5,429,000										1.0	
28	24	4,461,000										1.0	
29	24	4,878,000										1.6	
30	24	4,522,000										1.0	
31	24	4,793,000										1.5	
Total		154,052,000											
Average		4,969,419											
Maximum		6,414,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: AUGUST 2008

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): B	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
				Nights Sun & Tues
				Nights Mon

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E Keys 9-8-08	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: AUGUST 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	4,575,000										1.2	
2	24	4,230,000										1.1	
3	24	4,971,000										1.2	
4	24	5,086,000										1.4	
5	24	4,688,000										1.2	
6	24	5,463,000										1.1	
7	24	6,679,000										1.4	
8	24	5,676,000										1.3	
9	24	5,026,000										1.2	
10	24	5,547,000										1.3	
11	24	5,571,000										1.2	
12	24	5,155,000										1.1	
13	24	5,167,000										1.4	
14	24	5,324,000										1.6	
15	24	3,932,000										1.1	
16	24	4,928,000										1.2	
17	24	5,296,000										1.2	
18	24	4,348,000										1.0	
19	24	3,908,000										1.0	
20	24	4,194,000										1.2	
21	24	4,022,000										1.0	
22	24	3,674,000										0.8	
23	24	3,854,000										1.0	
24	24	3,644,000										1.0	
25	24	3,916,000										1.2	
26	24	2,734,000										1.0	
27	24	3,518,000										1.4	
28	24	3,864,000										1.2	
29	24	3,578,000										1.4	
30	24	4,246,000										1.5	
31	24	3,644,000										1.8	
Total		140,458,000											
Average		4,530,903											
Maximum		6,679,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

FILE COPY

I. General Information for the Month/Year of: September 2008

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: [illegible]3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
				Nights Sun & Tues
				Nights Mon

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 10-6-08	Thomas E. Keys	A2181
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: September 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	3,188,000										1.4	
2	24	4,100,000										1.2	
3	24	3,568,000										1.4	
4	24	4,246,000										1.2	
5	24	3,962,000										1.0	
6	24	3,669,000										1.0	
7	24	5,252,000										1.6	
8	24	4,992,000										1.0	
9	24	4,154,000										1.4	
10	24	5,061,000										0.8	
11	24	4,822,000										1.2	
12	24	3,778,000										0.8	
13	24	4,468,000										1.2	
14	24	5,209,000										1.0	
15	24	5,238,000										1.5	
16	24	3,616,000										1.0	
17	24	4,386,000										0.8	
18	24	4,810,000										1.4	
19	24	4,218,000										1.0	
20	24	4,800,000										1.2	
21	24	5,396,000										1.0	
22	24	5,372,000										1.4	
23	24	3,836,000										0.6	
24	24	3,960,000										1.4	
25	24	4,488,000										1.2	
26	24	4,226,000										1.4	
27	24	5,078,000										1.6	
28	24	5,978,000										1.1	
29	24	4,958,000										0.7	
30	24	3,530,000										1.0	
31	24												
Total		134,534,000											
Average		4,484,000											
Maximum		5,978,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: October 2008

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave	City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: FL	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
				Nights Sun & Tues
				Nights Mon

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E Keys	Thomas E. Keys	A2181
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: *October* 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose		
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	
1	24	4,324,000										1.4	
2	24	5,024,000										1.2	
3	24	4,446,000										0.8	
4	24	4,724,000										1.0	
5	24	5,918,000										1.2	
6	24	5,116,000										1.4	
7	24	3,768,000										1.2	
8	24	5,220,000										1.0	
9	24	4,372,000										1.4	
10	24	3,448,000										1.3	
11	24	3,976,000										1.2	
12	24	4,775,000										1.2	
13	24	4,309,000										1.3	
14	24	3,724,000										1.2	
15	24	4,656,000										1.4	
16	24	5,813,000										1.5	
17	24	4,404,000										1.3	
18	24	4,729,000										1.1	
19	24	5,605,000										1.1	
20	24	4,761,000										1.2	
21	24	4,366,000										1.2	
22	24	5,402,000										1.0	
23	24	5,626,000										1.6	
24	24	4,338,000										1.4	
25	24	4,152,000										1.2	
26	24	5,059,000										1.3	
27	24	4,475,000										1.2	
28	24	3,960,000										1.4	
29	24	4,740,000										1.0	
30	24	5,194,000										1.2	
31	24	4,802,000										1.5	
Total		145,222,000											
Average		4,685,000											
Maximum		5,918,000											

REVISED 11-14-08

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: November 2008

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP | PWS Identification Number: 3591121-3

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 7,950 | Total Population Served at End of Month: 27,825

PWS Owner: Utilities Inc. of Fla.

Contact Person: Patrick Flynn | Contact Person's Title: Manager

Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: FL | Zip Code: 32714

Contact Person's Telephone Number: 407 869 1919 | Contact Person's Fax Number: 407 8696961

Contact Person's E-Mail Address: pcflynn@uiwater.com

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club | Plant Telephone Number: 407 6825651

Plant Address: 144 Ledbury Dr. | City: Longwood | State: FL | Zip Code: 32779

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000

Plant Category (per subsection 62-699.310(4), F.A.C.): IV | Plant Class (per subsection 62-699.310(4), F.A.C.): B

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
				Nights Sun & Tues
				Nights Mon

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E Keys 12-1-08 | Thomas E. Keys | A2181

Signature and Date | Printed or Typed Name | License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: November 2008

Means of Achieving Four-Log Virus Inactivation Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	5,041,000										1.4	
2	24	6,057,000										1.6	
3	24	4,112,000										1.6	
4	24	3,721,000										0.8	
5	24	4,871,000										1.2	
6	24	5,102,000										1.0	
7	24	4,436,000										1.2	
8	24	4,962,000										1.6	
9	24	6,051,000										1.4	
10	24	5,052,000										1.1	
11	24	4,248,000										0.6	
12	24	5,336,000										1.2	
13	24	5,434,000										1.4	
14	24	4,450,000										1.2	
15	24	5,010,000										1.0	
16	24	5,382,000										0.9	
17	24	4,139,000										1.0	
18	24	5,947,000										1.4	
19	24	4,738,000										1.2	
20	24	5,338,000										1.0	
21	24	4,710,000										0.8	
22	24	5,152,000										2.0	
23	24	5,711,000										1.2	
24	24	4,660,000										1.0	
25	24	4,142,000										1.0	
26	24	5,188,000										1.2	
27	24	4,980,000										1.0	
28	24	5,580,000										0.8	
29	24	5,056,000										1.4	
30	24	5,626,000										1.0	
31	24												
Total		148,600,000											
Average		4,956,000											
Maximum		6,057,000											

* *Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: December 2008

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950		Total Population Served at End of Month: 27,825	
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn		Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919		Contact Person's Fax Number: 407 8696961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club			Plant Telephone Number: 407 6825651
Plant Address: 144 Ledbury Dr.		City: Longwood	State: Fl. Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): B	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Days Tues - Sat
	Ray Hogue	C	14256	Nights Wed - Sat
				Nights Sun & Tues
				Nights Mon

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 1-7-08
Signature and Date

Thomas E. Keys
Printed or Typed Name

A2181
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3	Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: December 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	4,152,000										1.0	
2	24	3,470,000										1.0	
3	24	4,378,000										1.2	
4	24	4,951,000										0.8	
5	24	3,900,000										1.1	
6	24	4,904,000										1.2	
7	24	5,527,000										1.1	
8	24	4,389,000										1.0	
9	24	3,962,000										1.2	
10	24	5,030,000										1.6	
11	24	5,316,000										1.2	
12	24	3,612,000										1.0	
13	24	4,106,000										1.8	
14	24	5,078,000										1.1	
15	24	3,981,000										1.4	
16	24	3,638,000										1.2	
17	24	4,682,000										0.7	
18	24	5,162,000										1.2	
19	24	4,060,000										1.1	
20	24	4,708,000										0.8	
21	24	5,607,000										1.2	
22	24	3,989,000										1.1	
23	24	4,124,000										1.7	
24	24	4,924,000										1.2	
25	24	5,224,000										1.0	
26	24	3,890,000										0.8	
27	24	4,692,000										1.2	
28	24	5,009,000										1.1	
29	24	3,939,000										0.7	
30	24	3,902,000										1.8	
31	24	4,852,000										1.0	
Total		139,164,000											
Average		4,489,161											
Maximum		5,607,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3	Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year:

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? X☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm = NA	Acrylamide Level, %* = NA

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? X☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm = NA	Epichlorohydrin Level, %* = NA

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No X☒ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): Sodium Polyphosphate (Corrosion Inhibitor)
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.06
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 = NA

* *Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.*

* *Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.*

2007 DMRs

WEKIVA HUNT CLUB

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY
680

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major
REPORT GROUP: Monthly Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2007 To January 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.110		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100Ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/02/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD: From: January 1, 2007 To: January 31, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100Ml		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.95		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.84	1.86	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				158.6			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				112.14			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				64			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-4000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2007 To January 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.173		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.164		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.69			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.75	4.73		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.03			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY MM DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/02/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Welaka Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From: January 1, 2007 To: January 31, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.28	7.98		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				2.03			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				10.6			mg/L	0	Every Two Weeks	16-hr FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2007 January 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.56		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.64		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.35			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.57	3.95		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.25			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				7.14	7.98		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/02/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				95%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Mon.Site No. EFA-1											
Coliform, Fecal	Sample Measurement				2.0			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Mon.Site No. EFA-1											
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Mon.Site No. EFA-1											
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
Mon.Site No. EFB-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-8000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity
Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2007 January 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code TBP3B P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TBP3B Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TBP6C Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/02/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From January 1, 2007 To: January 31, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.00		7.70	7.28	1.7	< 1.00	2.0	
2		< 1.00		7.98	7.28	1.7	1.50	1.5	
3	< 2.00		9.35	7.98	7.42	1.6		1.2	
4		< 1.00		7.89	7.28	1.6	< 1.00	0.8	
5		< 1.00		7.70	7.28	1.6	< 1.00	0.8	
6				7.42	7.14	1.15		1.4	
7				7.84	7.28	1.55		1.4	
8		< 1.00		7.98	7.42	1.4	< 1.00	0.8	
9	< 2.00	< 1.00		7.98	7.42	1.7	< 1.00	0.9	
10		< 1.00		7.70	7.42	1.7	< 1.00	0.9	
11		< 1.00		7.98	7.42	1.6	< 1.00	1.1	
12		< 1.00		7.56	7.28	1.3	1.13	1.4	
13				7.56	7.42	1.2		1.7	
14				7.56	7.42	1.2		2.0	
15		< 1.00		7.84	7.28	1.4	2.25	1.3	
16	4.73		10.6	7.98	7.42	1.6		0.8	
17	2.95	< 1.00		7.84	7.42	1.6	< 1.00	0.8	
18		< 1.00		7.84	7.42	1.4	< 1.00	0.8	
19		< 1.00		7.84	7.28	1.3	< 1.00	0.9	
20				7.84	7.42	1.65		1.6	
21				7.70	7.42	1.00		1.5	
22		< 1.00		7.70	7.42	1.4	1.25	0.9	
23		< 1.00		7.98	7.42	1.7	< 1.00	0.9	
24	2.37	2.00		7.98	7.56	2.3	< 1.00	1.0	
25		< 1.00		7.84	7.42	1.7	< 1.00	0.8	
26		< 1.00		7.98	7.42	1.9	< 1.00	0.9	
27				7.84	7.42	2.0		1.3	
28				7.84	7.42	1.3		2.0	
29		< 1.00		7.70	7.56	1.6	< 1.00	1.1	
30	2.53		10.6	7.70	7.42	1.6		1.3	
31	3.95	< 1.00		7.56	7.42	1.8	1.13	0.9	
Total	18.16	21.00	30.55				22.26		
Mo. Avg	2.59	1.05	10.18				1.11		

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518,13187,14141	Name:	Alex Lorenzo, Elsa Steger, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Mericle
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: January 1, 2007 to January 31, 2007

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3	< 1.00								< 1.00	
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16	< 1.00								< 1.00	
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30	< 1.00								< 1.00	
31										
Total										
Mo. Avg	< 1.00								< 1.00	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518,14187,14141	Name:	Alex Lorenzo, Elsa Steger, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Mericle
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

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

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.749	0	0.493	0.0			
2			2.056	1.527	0.734	0.0			
3			1.902	0.251	1.525	0.0	184	105	
4			1.855	0	2.164	0.0			
5			1.816	0	1.726	0.0			
6			1.948	0	1.754	0.0			
7			2.103	0	2.204	0.0			
8			1.845	0	1.920	0.0			
9			1.856	0	1.953	0.0	133	68.6	
10			1.802	0	1.934	0.0			
11			1.898	0	1.897	0.0			
12			1.670	0	0.692	0.0			
13			1.942	0.130	0.814	0.0			
14			2.012	0	0.814	0.0			
15			1.830	1.381	2.643	0.0			
16			1.807	0.367	2.137	0.0	158	130	
17			1.683	0	1.748	0.0			
18			1.819	0	1.851	0.0			
19			1.701	0	1.788	0.0			
20			1.898	0	1.921	0.0			
21			2.102	0	0.618	0.0			
22			1.845	0	2.621	0.0			
23			1.702	0	1.608	0.0			
24			1.828	0	2.366	0.0	262	200	
25			1.837	0	2.135	0.0			
26			1.618	0	2.111	0.0			
27			1.998	0	1.710	0.0			
28			1.814	0.137	0.425	0.0			
29			1.715	1.236	1.322	0.0			
30			1.640	0.034	1.788	0.0	56.0	57.1	
31			1.764	0	1.320	0.0			
Total			57.055	5.073	50.736	0.0	793	560.7	
Mo. Avg.			1.84	0.164	1.64	0.0	158.6	112.14	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518, 14187, 14141	Name:	Alex Lorenzo, Lisa Steger, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Mericle
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

Florida Department of Environmental Protection

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name [illegible]

Address 125 Western Fork

City Longwood Zip 32750

Telephone Number (407)260-5065

(2) The GMS Identification Number [illegible]

(3) DEP Permit Number FLA01[illegible]

(4) Authorized Representative Name James Swegheimer

Address 125 Western Fork

City Longwood Zip 32750

Telephone Number (407) 260-5065

(5) Type of Discharge Domestic Wastewater Treatment Facility

(6) Method of Discharge Rapid Infiltration Basins and Slow Rate Restricted Acces Land Application

Certification

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

Date: 4-17-07

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Enviromental Laboratories

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advanced Enviromental Laboratories

Address 5810 D Breckenridge Parkway

Phone Number (813)630-9616

GROUNDWATER MONITORING REPORT - PART D (Waste Soils Dry Piles)

Monitoring Location Site Number
Sample Year: January - March 2007
Date Sample(s) Obtained: 07/21/2007 11:46
Was the well purged before sampling: X Yes _ No

Well Type:
Ground Water Class: G-II
WAFR Number
Input WAFR Number
GMS Well #

Parameter	Parm Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	69.5	N/A
Nitrate (mg/L as N)	00620	Pump	N	Ice	SM4500NO3F	8.7 / mg/L	0.24 / mg/L
TDS (mg/L)	70296	Pump	N	Ice	E160.1	190 / mg/L	8 / mg/l
Chloride (mg/L)	00940	Pump	N	Ice	E300.0	59 / mg/L	2.1 / mg/L
Fecal Coliform (#/100ml)	74055	Pump	N	NaThio	SM9222D	1 U / cfu/100ml	1 / cfu/100ml
pH (standard units)	00400	Pump	N	N/A	Field	4.25	N/A
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	0.49 / NTU	0.13 / NTU

GROUNDWATER MONITORING REPORT - PART D (Wastelands Dry Cleaning - Statesville County)

Permit Number: [illegible]

Sample Year: January - March 2007

Date Sample(s) Started: 02/21/2007 10:30

Was the well purged before sampling? X Yes No

Monitoring Location Site Number: [illegible]

Well Type: [illegible]

Ground Water Class: GW

WAFR Number: [illegible]

Input WAFR Number: [illegible]

GMS Well #: [illegible]

Parameter	Parm Code	Sampling Methods	Samples Filtered in Field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	75.10	N/A
Nitrate (mg/L as N)	00620	Pump	N	Ice	SM4500NO3F	38 / mg/L	1.2 / mg/L
TDS (mg/L)	70296	Pump	N	Ice	E160.1	570 mg/L	8 / mg/L
Chloride (mg/L)	00940	Pump	N	Ice	E300.0	83 / mg/L	2.1 / mg/L
Fecal Coliform (per 100ML)	74055	Pump	N	NaThio	SM9222D	7 / cfu/100ml	1 / cfu/100ml
pH (standard units)	00400	Pump	N	N/A	Field	6.48	N/A
Turbidity (NTU) (qlty)	82079	Pump	N	Ice	E180.1	4.1 / NTU	0.13 / NTU

GROUNDWATER MONITORING REPORT - PART D

Monitoring Location Site Number

Month/Year: January - March 2007

Well Type

Date Sample Obtained: 02/21/2007 11:15

Ground Water Class: G-II

Was the well purged before sampling? X Yes No

WAFR Number

Input WAFR Number

GMS Well #

Parameter	Parm Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545	Pump	N	N/A	Field	67.72	N/A
Nitrate (mg/L as N)	00620	Pump	N	Ice	SM4500NO3F	17 / mg/L	0.24 / mg/L
TDS (mg/L)	70296	Pump	N	Ice	E160.1	360 / mg/L	8 / mg/L
Chloride, (mg/L)	00940	Pump	N	Ice	E300.0	52 / mg/L	2.1 / mg/L
Fecal Coliform (#/100ML)	74055	Pump	N	NaThio	SM9222D	1 U / cfu/100ml	1 / cfu/100ml
pH (standard units)	00400	Pump	N	N/A	Field	6.46	N/A
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	1.5 / NTU	0.13 / NTU

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

680

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

FILE COPY

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2007 To: February 28, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.037		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. OFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/03/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD: From: February 1, 2007 to

PERMIT NUMBER: FL0036251
February 28, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100ML	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr FPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr FPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr FPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit) PARM Code 01119 Q Mon Site No. EFD-1	Sample Measurement				NOD			mg/L	0	Monthly	Calculated
	Permit Requirement				0.00 (Max.)			mg/l		Monthly	Calculated
Hardness, Total (as CaCO3) PARM Code 00900 I Mon Site No. EFD-1	Sample Measurement				NOD			mg/l	0	Monthly	Grab
	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant) PARM Code 50050 P Mon Site No. FLW-1	Sample Measurement	1.92		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant) PARM Code 50050 Q Mon Site No. FLW-1	Sample Measurement	1.79	1.83	MGD					0	Continuous	Calculated
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				165.25			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				110.0			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. CAL-1	Sample Measurement				63			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2007 To February 28, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.187		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.340		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.60			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2.0	< 2.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.03			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/03/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From: February 1, 2007 To: February 28, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.7		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				2.03			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				11.8			mg/L	0	Every Two Weeks	16-hr. TPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. TPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: February 1, 2007 February 28, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.6		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.4		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.24			mg/l	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.33	3.68		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.75			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				7.0	8.26		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/03/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): The 34 cfu/100ml fecal coliform was probably caused by a leaky sample bag which was contaminated in the carrier's cooler. We discarded a batch during that time because of leaks. The chlorine residual at the time of sample was 3.3 mg/l and the turbidity was 1 ntu

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Weeki Wachee Hunt Club WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-1	Sample Measurement				82			Percent	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				34			#/100ML	1	4 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFH-1	Sample Measurement				2.0			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTP
Monitoring Period From February 1, 2007 To February 28, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.00		7.70	7.28	1.7	1.75	1.0	
2		< 1.00		7.56	7.28	1.6	< 1.00	0.9	
3				8.26	7.28	1.4		2.0	
4				7.70	7.28	1.00		1.3	
5		< 1.00		7.70	7.42	0.9	< 1.00	1.5	
6	2.19	2.00		7.70	7.28	1.6	< 1.00	1.3	
7		3.00		7.42	7.00	1.8	1.13	1.1	
8		< 1.00		7.56	7.42	1.7	1.13	1.3	
9		< 1.00		7.70	7.42	1.7	< 1.00	0.8	
10				7.84	7.42	1.7		1.6	
11				7.56	7.28	1.4		1.2	
12		< 1.00		7.70	7.28	1.8	< 1.00	0.9	
13	< 2.00		10.3	7.70	7.42	2.3		1.2	
14	2.44	34.0		7.84	7.28	1.7	< 1.00	1.3	
15		< 1.00		7.98	7.00	0.8	< 1.00	2.0	
16		< 1.00		7.90	7.42	1.2	< 1.00	1.0	
17				8.12	7.28	1.0		1.3	
18				7.84	7.28	1.0		1.1	
19		< 1.00		7.56	7.00	1.6	< 1.00	0.9	
20	3.68	< 1.00		7.56	7.28	0.7	< 1.00	1.1	
21		< 1.00		7.70	7.28	2.3	< 1.00	0.9	
22		< 1.00		7.56	7.42	2.2	< 1.00	0.9	
23				7.98	7.56	1.4		1.2	
24				7.70	7.42	1.8		1.1	
25				7.56	7.28	1.1		1.4	
26		< 1.00		7.70	7.28	2.7	< 1.00	0.9	
27	< 2.00	< 1.00		7.84	7.28	1.6	< 1.00	1.4	
28	< 2.00		11.8	7.70	7.28	1.1		1.3	
29									
30									
31									
Total			22.1						
Mo. Avg			11.05						

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518,14187,14141	Name:	Alex Lorenzo, Elsa Steger, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Mericle
Lead Operator	Class:	A	Certificate No:	3680	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: February 1, 2007 to February 28, 2007

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13	< 1.00								< 1.00	
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28	< 1.00								< 1.00	
29										
30										
31										
Total										
Mo. Avg										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518,14187,14141 Name: Alex Lorenzo, Elsa Stetzer, Paul Woodard

Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue

Evening Shift Operator Class: C Certificate No: 13792 Name: Roy Mericle

Lead Operator: Class: A Certificate No: 3090 Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251

Monitoring Period From: February 1 2007 To February 28, 2007

Facility: Wekiva Hunt Club WWTF

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.866	0	1.686	0.0			
2			1.690	0	1.754	0.0			
3			2.013	0	1.912	0.0			
4			1.936	0	1.798	0.0			
5			1.690	0.165	0.781	0.0			
6			1.733	0.101	1.925	0.0	169.0	86.0	
7			1.846	0	2.090	0.0			
8			1.782	0	1.668	0.0			
9			1.108	0.395	1.460	0.0			
10			2.503	0	2.084	0.0			
11			1.972	0	0.636	0.0			
12			1.888	1.353	1.375	0.0			
13			1.773	0.820	1.554	0.0	180	167	
14			1.807	0.149	1.436	0.0			
15			1.875	0.588	1.629	0.0			
16			1.767	0.174	0.248	0.0			
17			1.540	0.439	0.142	0.0			
18			1.157	0.167	1.542	0.0			
19			1.890	0.440	2.077	0.0			
20			1.727	1.328	1.299	0.0	183	113	
21			1.775	0.636	0.311	0.0			
22			1.781	1.353	0.300	0.0			
23			1.787	0.307	1.064	0.0			
24			1.833	0	1.909	0.0			
25			2.019	0	1.553	0.0			
26			1.784	0	1.548	0.0			
27			1.800	1.068	1.559	0.0	129.0	74.0	
28			1.783	0.034	1.735	0.0			
29									
30									
31									
Total			50.175	9.517	39.075	0.0	661	440	
Mo. Avg.			1.792	0.340	1.40	0.0	165.25	110	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518, 14187, 14141	Name:	Alex Lorenzo, Elsa Steger, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Mericle
Lead Operator	Class:	A	Certificate No:	3099	Name:	Tom Keys

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2

FILE COPY

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major
REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2007 To March 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.025		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/04/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: March 1, 2007 To March 31, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100Ml	0	Weekly	Grab
PARM Code 74055 1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Mon Site No. EFA-1											
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Mon Site No. EFA-1											
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Mon Site No. EFD-1											
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Mon Site No. EFA-1											
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Mon.Site No. EFD-1											
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Mon.Site No. EFD-1											
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Mon.Site No. EFD-1											
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Mon.Site No. EFD-1											
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Mon.Site No. EFD-1											
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated
Mon.Site No. EFD-1											

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit) PARM Code 01119 Q Mon.Site No. EFD-1	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
	Permit Requirement				0.00 (Max.)			mg/L		Monthly	Calculated
Hardness, Total (as CaCO3) PARM Code 00900 I Mon.Site No. EFD-1	Sample Measurement				NOD			ug/L	0	Monthly	Grab
	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant) PARM Code 50050 P Mon.Site No. FLW-1	Sample Measurement	1.89		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant) PARM Code 50050 Q Mon.Site No. FLW-1	Sample Measurement	1.76	1.80	MGD					0	Continuous	Calculated
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				167.75			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				132.67			mg/l	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. CAL-1	Sample Measurement				62			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly
Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2007 To March 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.179		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.089		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.32			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2.0	< 2.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/04/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: March 1, 2007 To March 31, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement					7.28	7.84		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement					6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement					< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement					200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement					< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement					Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement					.75			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement					0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement					10.8			mg/L	0	Every Two Weeks	16-hr. TPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement					12.0 (Max.)			mg/L		Every Two Weeks	16-hr. TPC
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2007 March 31, 2007

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.6			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)			MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.62			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)			MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.24				mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)				mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2.0	2.63			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				6.6				mg/L	1	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)				mg/L		4 Days/Week	Grab
pH	Sample Measurement				7.0	7.84			SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)			SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/04/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): The TSS was exceeded on 3-21-07. The Turbidity reading at the time of sample was 1.3 NTU. , and the chlorine reading was 1.3 ppm. There is a high probability of lab or sampling error.

FACILITY: Weeki wa Hunt Club WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FL0036251

MONITORING PERIOD From _March 1, 2007_ To March 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon Site No. EFA-1	Sample Measurement				90			Percent	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon Site No. EFA-1	Sample Measurement				3.0			#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon Site No. EFB-1	Sample Measurement				2.1			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: 0-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2007 March 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code TBP3B P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TBP3B Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TBP6C Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/04/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From : March 1, 2007_To: March 31, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.00		7.56	7.00	1.6	< 1.00	0.9	
2		< 1.00		7.70	7.28	1.2	< 1.00	1.0	
3				7.84	7.42	0.75		0.9	
4				7.70	7.42	1.2		1.3	
5		< 1.00		7.56	7.28	3.4	< 1.00	1.2	
6	< 2.00	3.00		7.56	7.28	2.6	< 1.00	1.4	
7		3.00		7.56	7.28	2.7	< 1.00	2.1	
8		< 1.00		7.42	7.28	2.7	< 1.00	1.9	
9		< 1.00		7.56	7.28	2.5	< 1.00	1.3	
10				7.42	7.28	1.35		1.9	
11				7.42	7.28	1.75		1.7	
12		< 1.00		7.42	7.28	1.7	< 1.00	1.8	
13	< 2.00	< 1.00		7.56	7.28	1.7	< 1.00	1.8	
14	< 2.00		10.8	7.42	7.28	1.7		0.8	
15		< 1.00		7.42	7.28	1.7	< 1.00	2.8	
16		< 1.00		7.42	7.28	1.2	< 1.00	2.0	
17				7.42	7.28	2.45		1.5	
18				7.70	7.28	1.5		2.0	
19		< 1.00		7.56	7.42	2.1	1.13	1.1	
20	2.63	< 1.00		7.56	7.42	2.7	< 1.00	1.3	
21		< 1.00		7.56	7.42	2.3	6.60	1.1	
22		< 1.00		7.70	7.42	2.6	1.13	1.3	
23		< 1.00		7.56	7.28	2.5	< 1.00	1.1	
24				7.56	7.42	2.35		1.3	
25				7.70	7.42	1.4		1.5	
26		< 1.00		7.56	7.42	2.3	< 1.00	1.0	
27	< 2.00	< 1.00		7.56	7.42	2.6	< 1.00	0.9	
28		< 1.00		7.70	7.42	2.4	< 1.00	1.2	
29		< 1.00		7.70	7.42	2.4	< 1.00	0.8	
30	2.09		9.31	7.56	7.42	2.3		1.3	
31				7.56	7.42	2.2		1.2	
Total	12.72	15.0	20.11	234.50	227.36	63.85	25.86	43.40	
Mo. Avg.	2.12	< 1.0	10.06	7.56	7.33	2.06	1.29	1.40	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518,14187,14141	Name:	Alex Lorenzo, Elsa Steger, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Metcle
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: March 1, 2007 to March 31, 2007

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14	< 1.00								< 1.00	
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30	< 1.00								1.38	
31										
Total	< 2.00								1.38	
Mo. Avg.	< 1.00								0.94	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518,14187,14141	Name:	Alex Lorenzo, Elsa Steger, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Ray Mericle
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

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

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.513	0	1.649	0.0			
2			1.720	0.133	1.619	0.0			
3			1.889	0.055	1.583	0.0			
4			2.097	0	1.469	0.0			
5			1.836	0	2.001	0.0			
6			1.725	0	1.961	0.0	143	69.7	
7			1.873	0	1.878	0.0			
8			1.771	0	1.684	0.0			
9			1.748	0	1.635	0.0			
10			1.770	0.002	1.872	0.0			
11			1.770	0	1.418	0.0			
12			1.752	0.010	1.781	0.0			
13			1.712	1.107	1.504	0.0	198	140	
14			1.670	0.175	0.199	0.0			
15			1.682	0	0.358	0.0			
16			1.489	0.172	0.174	0.0			
17			1.701	0	2.208	0.0			
18			1.900	0	2.688	0.0			
19			1.892	0.008	2.952	0.0			
20			1.645	0	2.324	0.0	163	151	
21			1.702	0	1.987	0.0			
22			1.752	0	2.108	0.0			
23			1.633	0	1.004	0.0			
24			1.778	0	1.697	0.0			
25			2.000	0	2.166	0.0			
26			1.653	0	1.579	0.0			
27			1.689	0	1.523	0.0	167	179	
28			1.712	0	1.631	0.0			
29			1.683	1.110	1.326	0.0			
30			1.667	0	1.106	0.0			
31			1.842	0	1.201	0.0			
Total			54.464	2.772	50.285	0.0	671	530.7	
Mo. Avg.			1.76	0.089	1.62	0.0	167.75	132.67	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518, 14187, 14141	Name:	Alex Lorenzo, Elsa Steger, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Metricle
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

FILE COPY

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2007 To: April 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.025		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
[illegible]	Sample Measurement				NOD	NOD		[illegible]	0	Weekly	16-hr. TPC
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. TPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 I Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/05/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD: From: April 1, 2007 To: April 30, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100ML	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%ile)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr FPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr FPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr FPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: D-001 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.86		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.74	1.76	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
UBOD, Carbonaceous 5 day, 20C	Sample Measurement				194.25			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				146.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				61			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2007 To: April 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.169		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.093		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.73			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.73	4.64		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/05/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Welaka Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: April 1, 2007 To: April 30, 2007

PERMIT NUMBER: FL0033625

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.28	7.98		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100Ml	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo Mean)	400 (90%)	800 (Max.)	#/100Ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.67			mg/l	0	Every Two Weeks	16-hr. TPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Every Two Weeks	16-hr. TPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6000

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2007 April 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.61		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.54		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.10			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.95	5.23		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/l	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				7.28	7.98		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/05/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Weeki Wachee Hunt Club WWTF | MONITORING GROUP NUMBER: R-492 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				100			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				< 1.0			#/100Ml.	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100Ml.		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.8			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL 0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2007 April 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code TBP3B P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TBP3B Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TBP6C Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY-MM-DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/05/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF
Monitoring Period From : April 1, 2007 To: April 30, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.70	7.42	1.1		1.0	
2		< 1.00		7.98	7.42	2.7	1.25	1.1	
3	5.73	< 1.00		7.56	7.28	1.7	< 1.00	1.1	
4		< 1.00		7.98	7.42	1.6	1.38	0.8	
5		< 1.00		7.56	7.42	1.4	< 1.00	1.0	
6		< 1.00		7.84	7.28	0.8	< 1.00	1.0	
7				7.84	7.42	1.35		1.0	
8				7.98	7.56	2.1		1.5	
9		< 1.00		7.98	7.56	2.7	< 1.00	1.1	
10	4.64		6.63	7.70	7.42	2.5		2.3	
11				7.70	7.42	2.2	2.00	2.8	
12	< 2.00	< 1.00		7.70	7.42	4.4	< 1.00	1.3	
13		< 1.00		7.98	7.56	4.2	< 1.00	0.9	
14				7.70	7.56	2.8		1.6	
15				7.70	7.42	2.1		0.9	
16		< 1.00		7.84	7.56	2.0	< 1.00	0.7	
17	2.53	< 1.00		7.70	7.42	2.0	< 1.00	0.8	
18		< 1.00		7.56	7.42	2.3	< 1.00	1.3	
19		< 1.00		7.70	7.42	1.4	< 1.00	1.1	
20		< 1.00		7.70	7.28	0.7	< 1.00	0.7	
21				7.84	7.28	1.0		0.8	
22				7.84	7.42	0.9		0.9	
23		< 1.00		7.70	7.42	1.5	< 1.00	0.8	
24	< 2.00	< 1.00		7.56	7.42	1.7	< 1.00	0.7	
25		< 1.00		7.56	7.28	1.3	1.25	1.1	
26	2.83		6.67	7.84	7.42	1.0		2.4	
27		< 1.00		7.70	7.42	1.5	< 1.00	0.9	
28				7.70	7.42	1.35		1.0	
29				7.84	7.42	1.0		0.9	
30		< 1.00		7.70	7.42	2.2	< 1.00	0.9	
31									
Total	17.73	9.00	13.3	232.68	222.6	55.30	13.38	34.40	
Mo. Avg.	2.95	< 1.00	6.65	7.76	7.42	1.84	0.70	1.15	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518,14187,14141	Name:	Alex Lorenzo, Elsa Williams, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class	C	Certificate No:	13292	Name:	Roy Mericle
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility: Weeki wa Hunt Club WWTF
Monitoring Period From: April 1, 2007 to April 30, 2007

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10	< 1.00								< 1.00	
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26	< 1.00								< 1.00	
27										
28										
29										
30										
31										
Total	< 2.00								< 2.00	
Mo. Avg.	< 1.00								< 1.00	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518,14187,14141	Name:	Alex Lorenzo, Elsa Williams, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Mericle
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: April 1, 2007 To April 30, 2007

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.990	0	1.828	0.0			
2			1.560	0	2.342	0.0			
3			1.674	0	1.294	0.0	191	77.6	
4			1.743	0	1.129	0.0			
5			1.683	0	1.443	0.0			
6			1.766	0.011	1.239	0.0			
7			1.804	0	1.357	0.0			
8			1.752	0	1.021	0.0			
9			1.831	1.124	0.757	0.0			
10			1.718	0	1.554	0.0	248	241	
11			1.779	0	1.753	0.0			
12			1.740	0	1.813	0.0			
13			1.710	0	1.969	0.0			
14			1.780	0	2.209	0.0			
15			1.932	0	1.606	0.0			
16			1.687	0	1.773	0.0			
17			1.758	0	2.079	0.0	174	191	
18			1.727	0	2.102	0.0			
19			1.690	0	2.006	0.0			
20			1.567	0.116	1.693	0.0			
21			1.718	0	1.684	0.0			
22			1.862	0.062	1.400	0.0			
23			1.737	0	1.669	0.0			
24			1.657	0	1.141	0.0	164	76.4	
25			1.762	1.132	1.230	0.0			
26			1.734	0.178	1.188	0.0			
27			1.644	0.031	1.195	0.0			
28			1.717	0	1.305	0.0			
29			1.834	0.149	1.172	0.0			
30			1.753	0	1.184	0.0			
31									
Total			52.309	2.803	46.135	0.0	777	586	
Mo. Avg.			1.744	0.093	1.538	0.0	194.25	146.5	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518, 14187, 14141	Name:	Alex Lorenzo, Elsa Williams, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Mericle
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue	LIMIT:	Final	REPORT:	Quarterly
	Altamonte Springs, FL 32714	CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059P03243	GMS TEST SITE NO.:	3059X17613
FACILITY	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	141 Ledbury Drive	PLANT SIZE/TREATMENT TYPE:	1B	Sweetwater Creek and	
	Longwood, FL 32750	NO DISCHARGE FROM SITE:	[ ]	Cove Lake Water	
				Quality-Station # 1	
COUNTY:	Seminole				

MONITORING PERIOD From: April 1, 2007 To: June 30,2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				39.1			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				11.0			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				11.5			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.274			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.72			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/07/21

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

FILE COPY 680

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Weeki a Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.17			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.0580			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				5.10			mg/m3	0	Quarterly	Grab
PARM Code 32211 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				34.7			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				3.41			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.83			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				22.6			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH3 Nitrogen, Total as N	Sample Measurement				0.0963			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club Wastewater Treatment Facility
LOCATION: 144 Ledbury Drive
Longwood, FL 32791

COUNTY: Seminole

PERMIT NUMBER: FL0036251
LIMIT: Final
CLASS SIZE: Major
GMS ID NO.: 3059P03243
DISCHARGE POINT NUMBER: N/A
PLANT SIZE/TREATMENT TYPE: IB
NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly
GROUP: Domestic
GMS TEST SITE NO.: 3059X17613

Sweetwater Creek and Cove Lake Water Quality-Station # 2

MONITORING PERIOD From: April 1, 2007 To: June 30, 2007

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
Chloride	Sample Measurement					43.8			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
CHOD,	Sample Measurement					< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement					3.00			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement					11.1			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon Site No SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
NO, Nitrogen, Total as N	Sample Measurement					0.442			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement					0.67			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.15			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.0800			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				4.90			mg/m3	0	Quarterly	Grab
PARM Code 32211 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				46.4			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				2.42			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.56			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				21.9			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH3 Nitrogen, Total as N	Sample Measurement				0.0555			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059P03243	GMS TEST SITE NO.	3059X17613
FACILITY LOCATION:	Wekiva Hunt Club Wastewater Treatment Facility 144 Fedbury Drive Longwood, FL 32791	DISCHARGE POINT NUMBER:	N/A		
		PLANT SIZE/TREATMENT TYPE:	IB	Sweetwater Creek and Cove Lake Water Quality-Station # 3	
		NO DISCHARGE FROM SITE:	[ ]		
COUNTY:	Seminole				

MONITORING PERIOD From: April 1, 2007 To: June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				39.7			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				2.00			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				7.96			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.350			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.52			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement					0.14			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No SWH-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement					0.0830			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWH-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement					3.10			mg/m3	0	Quarterly	Grab
PARM Code 32211 5 Mon.Site No. SWH-1	Permit Requirement					Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement					53.0			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No SWH-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement					3.74			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWH-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement					7.06			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWH-1	Permit Requirement					Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement					22.2			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWH-1	Permit Requirement					Report (Single Sample)			Degree C		Quarterly	Grab
NH3 Nitrogen, Total as N	Sample Measurement					0.0353			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWH-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME/ MAILING ADDRESS:	Sanlando Utilities Corporation 200 Weathersfield Avenue Altamonte Springs, FL 32714	PERMIT NUMBER: LIMIT: CLASS SIZE: GMS ID NO.: DISCHARGE POINT NUMBER PLANT SIZE/TREATMENT TYPE NO DISCHARGE FROM SITE:	FL0036251 Final Major 3059P03243 N/A IB [ ]	REPORT: GROUP: GMS TEST SITE NO.:	Monthly Domestic 3059X17613
FACILITY LOCATION:	Wekiva Hunt Club Wastewater Treatment Facility 144 Leathers Drive Longwood, FL 32791			Sweetwater Creek and Cove Lake Water Quality-Station # 4	
COUNTY:	Seminole				

MONITORING PERIOD From: April 1, 2007 To: June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				38.4			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD,	Sample Measurement				2.47			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				8.00			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				9.05			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO, Nitrogen, Total as N	Sample Measurement				0.0740			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.59			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Weeki Wachee Utility Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.22			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.0810			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				19.4			mg/m3	0	Quarterly	Grab
PARM Code 32258 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				56.4			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				1.31			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.02			S.U.	0	Quarterly	Grab
PARM Code 00100 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				23.5			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH3 Nitrogen, Total as N	Sample Measurement				0.0796			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059P03243	GMS TEST SITE NO.:	3059X17613
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	144 Ledbury Drive Longwood, FL 32791	PLANT SIZE/TREATMENT TYPE:	1B	Sweetwater Creek and Cove Lake Water Quality-Station # 5	
		NO DISCHARGE FROM SITE:	LI		
COUNTY:	Seminole				

MONITORING PERIOD From: April 1, 2007 To: June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				37.2			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				2.35			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				8.00			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				10.7			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				<0.00920			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.93			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys - Lead Operator	Tom Keys	407-682-5651	07/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Weleva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.14			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				<0.00240			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				17.3			mg/m3	0	Quarterly	Grab
PARM Code 32238 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				66.8			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				4.16			mg/L	0	Quarterly	Grab
PARM Code 00301 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				6.30			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				25.6			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH, Nitrogen, Total as N	Sample Measurement				0.0236			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs FL 32714	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Major	GROUP	Domestic
		GMS ID NO.:	3059P03243	GMS TEST SITE NO.:	3059X17613
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	144 Ledbury Drive Longwood, FL 32791	PLANT SIZE/TREATMENT TYPE:	1B	Sweetwater Creek and Cove Lake Water Quality-Station # 6	
		NO DISCHARGE FROM SITE:	[ ]		
COUNTY:	Seminole				

MONITORING PERIOD From: April 1, 2007 To: June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				43.1			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD-	Sample Measurement				< 2.0			mg/l	0	Quarterly	Grab
PARM Code 80082 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				8.00			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				13.3			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.175			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.94			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.16			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.0440			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				8.20			mg/m3	0	Quarterly	Grab
PARM Code 32211 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				103			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				4.95			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.08			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				23.1			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH_3 Nitrogen, Total as N	Sample Measurement				0.101			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059P03243	GMS TEST SITE NO.:	3059X17613
FACILITY LOCATION:	Wekiva Hunt Club Wastewater Treatment Facility 144 Fedbury Drive Longwood, FL 32791	DISCHARGE POINT NUMBER:	N/A		
		PLANT SIZE/TREATMENT TYPE:	IB	Sweetwater Creek and Cove Lake Water Quality-Station # 7	
		NO DISCHARGE FROM SITE:	[ ]		
COUNTY:	Seminole				

MONITORING PERIOD From: April 1, 2007 To: June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				11.0			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWH-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWH-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				5.00			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWH-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				2.02			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWH-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.719			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWH-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.17			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWH-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Weeki Wachee Utility Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.14			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.0860			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				7.10			mg/m3	0	Quarterly	Grab
PARM Code 32211 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				115			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				4.62			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				6.67			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				23.4			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH3 Nitrogen, Total as N	Sample Measurement				0.0200			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS	200 Weathersfield Avenue	LIMIT:	Final	REPORT:	Monthly
	Altamonte Springs, FL 32714	CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059P03243	GMS TEST SITE NO.:	3059X17613
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION	144 Ledbury Drive	PLANT SIZE/TREATMENT TYPE:	IB		
	Longwood, FL 32701	NO DISCHARGE FROM SITE	[ ]	Sweetwater Creek and Cove Lake Water Quality-Station # 8	
COUNTY	Seminole				

MONITORING PERIOD From: April 1, 2007 To: June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				11.4			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD-	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				2.00			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				1.68			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO. Nitrogen, Total as N	Sample Measurement				0.696			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.24			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.19			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon Site No SWH-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.0860			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon Site No SWH-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				6.10			mg/m3	0	Quarterly	Grab
PARM Code 32211 5 Mon Site No SWH-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				119			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon Site No SWH-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				4.52			mg/L	0	Quarterly	Grab
PARM Code 00301 5 Mon Site No SWH-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				6.48			S.U	0	Quarterly	Grab
PARM Code 00400 5 Mon Site No SWH-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				23.4			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon Site No SWH-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH3 Nitrogen, Total as N	Sample Measurement				0.0200			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon Site No SWH-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major
REPORT GROUP: Effluent Discharge

FILE COPY

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2007 To May 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.025		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/l		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/06/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Weeki wa Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: May 1, 2007 To May 31, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100Ml		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/l	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: D-901 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/l		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/l		Monthly	Grab
Flow (total through plant)	Sample Measurement	184		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.75	1.75	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				178.2			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				103.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				60			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2007 To May 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.168		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.137		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.10			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	3.40		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.06	1.63		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/05/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From May 1, 2007 to May 31, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.28	7.98		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.97			mg/L	0	Every Two Weeks	16-hr. HPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. HPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-9000

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2007 May 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.59		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.51		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.76			mg/L	0	Weekly	16-hr. FPC
PARM Code B0082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.08	5.07		mg/L	0	Weekly	16-hr. FPC
PARM Code B0082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.25			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				7.28	7.98		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/05/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: R-002 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				100			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.8			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6000

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2007 May 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code TBP3H P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TBP3B Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TBP6C Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/06/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: May 1, 2007 To: May 31, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.00		7.98	7.56	1.6	< 1.00	0.8	
2		< 1.00		7.70	7.56	1.6	< 1.00	1.1	
3		< 1.00		7.70	7.42	0.8	< 1.00	1.3	
4	< 2.00	< 1.00		7.56	7.28	3.4	< 1.00	1.1	
5				7.56	7.42	3.5		1.7	
6				7.56	7.42	2.5		1.8	
7		< 1.00		7.56	7.28	2.3	< 1.00	2.8	
8	< 2.00	< 1.00		7.56	7.42	3.3	< 1.00	1.7	
9	3.40		1.27	7.56	7.42	5.0		1.8	
10		< 1.00		7.56	7.42	5.0	< 1.00	1.9	
11		< 1.00		7.56	7.28	2.6	1.25	2.3	
12				7.56	7.42	1.6		2.0	
13				7.56	7.42	1.0		1.8	
14		< 1.00		7.56	7.42	2.3	1.38	0.9	
15	< 2.00	< 1.00		7.84	7.56	0.9	< 1.00	1.2	
16		< 1.00		7.56	7.28	1.0	< 1.00	1.2	
17		< 1.00		7.56	7.28	0.7	< 1.00	1.3	
18		< 1.00		7.70	7.28	0.8	< 1.00	1.3	
19				7.84	7.28	1.1		0.9	
20				7.56	7.28	0.5		1.0	
21		< 1.00		7.98	7.42	1.7	< 1.00	1.1	
22	< 2.00		2.97	7.70	7.42	1.7		1.0	
23	5.07	< 1.00		7.70	7.42	1.7	< 1.00	1.0	
24		< 1.00		7.70	7.42	1.7	< 1.00	0.8	
25		< 1.00		7.56	7.42	2.6	< 1.00	0.8	
26				7.84	7.42	1.1		0.8	
27				7.56	7.28	1.0		0.8	
28		< 1.00		7.98	7.28	0.8	< 1.00	0.8	
29		< 1.00		7.70	7.28	0.8	< 1.00	1.2	
30		< 1.00		7.56	7.28	0.7	2.25	1.3	
31		< 1.00		7.56	7.28	1.3	< 1.00	0.8	
Total	12.47	10.5	4.24	237.43	228.62	56.3	13.88	40.3	
Mo. Avg	2.08	< 1.00	2.12	7.66	7.37	1.82	< 1.00	1.3	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518,14187,14141	Name:	Alex Lorenzo, Elsa Williams, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Mericle
Lead Operator	Class:	A	Certificate No:	3069	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: May 1, 2007 to May 31, 2007_

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9	< 1.00								1.63	
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22	< 1.00								< 1.00	
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total	< 2.00								2.13	
Mo. Avg	< 1.00								1.06	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518,14187,14141	Name:	Alex Lorenzo, Elsa Williams, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Mericle
Lead Operator	Class:	A	Certificate No:	3690	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

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

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.687	0	1.307	0.0			
2			1.749	0	1.457	0.0			
3			1.756	0.099	1.407	0.0			
4			1.690	0	1.945	0.0	152	40	
5			1.785	0	1.786	0.0			
6			1.738	0	1.654	0.0			
7			1.918	0	1.444	0.0			
8			1.810	0.715	1.780	0.0	174	211	
9			1.777	0.566	1.882	0.0			
10			1.704	0	1.491	0.0			
11			1.464	0	1.651	0.0			
12			1.793	0.004	1.015	0.0			
13			1.884	0	1.754	0.0			
14			1.735	0	0.983	0.0			
15			1.728	0.182	1.389	0.0	221	140	
16			1.785	0.045	1.451	0.0			
17			1.782	0.387	1.193	0.0			
18			1.750	0.073	1.113	0.0			
19			1.811	0	1.439	0.0			
20			1.876	0.196	0.996	0.0			
21			1.850	1.372	1.410	0.0			
22			1.653	0.204	1.721	0.0	138	58	
23			1.746	0	1.509	0.0			
24			1.783	0	1.702	0.0			
25			1.666	0	1.567	0.0			
26			1.718	0	1.697	0.0			
27			1.662	0.008	1.606	0.0			
28			1.747	0.181	1.402	0.0			
29			1.692	0.094	1.555	0.0	206	68.6	
30			1.715	0.139	1.929	0.0			
31			1.644	0	1.680	0.0			
Total			54.098	4.265	46.918	0.0	891	517.6	
Mo. Avg.			1.745	0.137	1.513	0.0	178.2	103.5	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518, 14187, 14141	Name:	Alex Lopenzo, Elsa Williams, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Theune
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Mericle
Lead Operator	Class:	A	Certificate No:	5090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6966

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1, 2007 June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code THP3B P Mon Site No FED-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code THP3B Q Mon Site No FED-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code THP6C P Mon Site No FED-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code THP6C Q Mon Site No FED-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI-9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/07/21

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: D-0401 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow, (total through plant)	Sample Measurement	1.82		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow, (total through plant)	Sample Measurement	1.77	1.75	MGD					0	Continuous	Calculated
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				221.55			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				104.75			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 1 Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 04180 1 Mon Site No. CAL-1	Sample Measurement				60			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Weekiwachee Club WWTP
LOCATION: 144 Fedbury Drive
Longwood, FL 32779-8000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1, 2007 To June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.167		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.114		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.52			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.54	12.7		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: June 1, 2007 To June 30, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.00	8.12		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.02			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Tuskawilla Drive
Longwood, FL 32779-6000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1, 2007 June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.61		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.62		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.99			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.75	12.6		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.00			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/l		4 Days/Week	Grab
pH	Sample Measurement				7.14	7.84		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME AND OFFICIAL TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, * = less than detection	Sample Measurement				79			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.00			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.6			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Tedbury Drive
Longwood, FL 32779

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1, 2007 To: June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.609		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD: From: June 1, 2007 To: June 30, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo Mean)	400 (90%)	800 (Max.)	#/100Ml		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF
Monitoring Period From June 1, 2007 To June 30, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFD-1	
1		< 1.00		7.70	7.28	1.7	< 1.00	1.5	
2				7.56	7.28	0.7		0.9	
3				7.56	7.28	1.05		1.0	
4		< 1.00		7.56	7.28	1.0	< 1.00	0.8	
5	2.01	3.00		7.70	7.42	1.0	< 1.00	0.8	
6	2.39		5.02	7.56	7.28	1.6		0.8	
7		< 1.00		7.42	7.28	1.2	< 1.00	0.8	
8		< 1.00		7.42	7.28	2.3	< 1.00	0.8	
9				7.56	7.14	1.0		0.7	
10				7.70	7.28	1.1		0.7	
11		1.00		7.70	7.42	1.4	< 1.00	0.8	
12	12.6	< 1.00		7.56	7.28	2.6	< 1.00	0.8	
13		< 1.00		7.70	7.00	1.4	< 1.00	0.8	
14		1.00		7.70	7.00	1.4	< 1.00	2.6	
15		< 1.00		7.70	7.42	5.0	2.00	0.7	
16				7.84	7.56	5.0		0.5	
17				7.84	7.42	1.0		0.7	
18		< 1.00		7.70	7.42	1.6	< 1.00	0.7	
19	11.5	2.00		7.70	7.42	1.6	< 1.00	0.8	
20		< 1.00		7.70	7.56	3.2	< 1.00	1.7	
21	12.7		4.83	7.70	7.56	3.2		0.9	
22		< 1.00		7.70	7.42	2.5	< 1.00	0.7	
23				7.84	7.42	1.5		0.5	
24				8.12	7.42	1.0		0.7	
25		< 1.00		7.70	7.56	1.7	< 1.00	1.3	
26	8.9	< 1.00		7.60	7.42	2.9	< 1.00	1.4	
27		< 1.00		7.70	7.56	3.0	< 1.00	1.8	
28		< 1.00		7.70	7.56	1.6	< 1.00	1.4	
29		< 1.00		7.70	7.42	1.1	< 1.00	0.7	
30				7.84	7.42	1.0		1.1	
31									
Total	50.1	14.5	9.85	230.48	221.06	56.35	11.0	29.4	
Mo. Avg.	8.35	< 1.00	4.92	7.68	7.37	1.88	< 1.00	0.98	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518,14187,14141	Name:	Alex Lorenzo, Elsa Williams, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name	Roy Mericle
Lead Operator	Class	A	Certificate No	3090	Name	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF
Monitoring Period From June 1, 2007 to June 30, 2007

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Declor) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6	< 1.00								< 1.00	
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21	< 1.00								< 1.00	
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total	< 1.00								< 1.00	
Mo. Avg	< 1.00								< 1.00	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518,14187,14141	Name:	Alex Lorenzo, Elsa Williams, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Mericle
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: June 1, 2007 To June 30, 2007

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.862	0	1.659	0.0			
2			1.596	0.139	1.235	0.0			
3			1.850	0	1.319	0.0			
4			1.752	0.045	1.643	0.0			
5			1.849	1.120	1.888	0.0	211	157	
6			1.683	0	1.435	0.0			
7			1.791	0	1.471	0.0			
8			1.603	0	1.481	0.0			
9			1.747	0	1.726	0.0			
10			1.907	0	1.501	0.0			
11			1.805	0	1.687	0.0			
12			1.717	0	1.668	0.0	237.2	128	
13			1.904	0.006	2.051	0.0			
14			1.821	0.003	1.816	0.0			
15			1.847	0	2.369	0.0			
16			1.842	0.059	2.190	0.0			
17			1.844	0.011	2.022	0.0			
18			1.769	0.233	1.917	0.0			
19			1.797	0	0.826	0.0	226.7	90	
20			1.798	1.223	0.337	0.0			
21			1.750	0.047	0.642	0.0			
22			1.716	0	1.443	0.0			
23			1.840	0	1.683	0.0			
24			1.803	0.466	1.330	0.0			
25			1.755	0	1.666	0.0			
26			1.717	0.051	1.985	0.0	223.3	44	
27			1.702	0	2.059	0.0			
28			1.758	0	1.937	0.0			
29			1.648	0	1.719	0.0			
30			1.734	0	1.889	0.0			
31									
Total			53.204	3.413	48.556	0.0	898.20	419	
Mo. Avg.			1.77	0.114	1.62	0.0	224.55	104.75	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518, 14187, 14141	Name:	Alex Lorenzo, Elsa Williams, Paul Woodard	
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue	
Evening Shift Operator	Class:	C	Certificate No:	13792	Name:	Roy Mericle	
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys	

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT - PART D

GROUND WATER MONITORING REPORT
Rule 62-522.600(11)

DEP Form # 62-522.900(3)
Form Title Ground Water Monitoring Report
Effective Date 6/1/2004

PART I GENERAL INFORMATION

(1) Facility Name Wekiva Hunt Club / Seminole County

Address 144 Ledbury

City Longwood, Fl. Zip 32779

Telephone Number (407) 862-5651

(2) The GMS Identification Number 3059P03243

(3) DEP Permit Number FL0036251

(4) Authorized Representative Name Tom Keys

Address 144 Ledbury

City Longwood, Fl. Zip 32779

Telephone Number (407) 862-5651

(5) Type of Discharge Treated Domestic Wastewater

(6) Method of Discharge Surface discharge, reclaimed slow rate percolation, public access land application.

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

Date: 07/21/07 Tom Keys

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advanced Environmental Laboratories Inc.

Address 5810 D Breckenridge Parkway Tampa, Fl. 33610

Phone Number (813) 630-9616

Printed 6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: **MW1-1**
Well Type: **Intermediate**
Description: **Facility Well Name: W-1**
Pere Ponds
WAFR # 7090
GMS# 3059A13046

Monitoring Period: From April 2007 To June 2007
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 5/14/07
Time Sample Obtained: 1200

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/F/N)
Water Level Relative to Feet, NGVD	82545	--	53.41	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	0.79	mg/l	10	0.027 mg/L	SM 4500NO3F	Pump	N
Solids, Total Dissolved (TDS)	70295	070301	160	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	22	mg/l	250	1.3 mg/L	SM 4500ClB	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100ml	4	1CFU/100ml	SM 9222D	Pump	N
pH	00400	--	5.8	SU	6.0 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	0.75	NTU	Report	0.13 NTU	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION

6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder NW ID: MWB-2
Well Type: Background
Description: **Facility Well Name: W-2R**
Perc Ponds
WAFR # 7088
GMS# 3059A13048

Monitoring Period: From: April 2007 To: June 2007
Was the well purged before sampling? X Yes No

Date Sample Obtained: 5/14/07
Time Sample Obtained: 11: 25

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/F/N)
Water Level Relative to Ref. NGVD	82545	--	41.05	Feet	Report	N/A	Field	Pump	N
Nitrate, as N	00620	--	8.5	mg/l	10	0.027 mg/L	SM 4500NO3I	Pump	N
Solids, Total Dissolved (TDS)	70295	070304	320	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	93	mg/l	250	1.3 mg/L	SM 4500Cl E	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100/ml	4	1 CFU/ 100ml	SM 9222D	Pump	N
pH	00400	--	6.3	SU	6.0 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	1.6	NTU	Report	0.13 mg/L	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION: This well was replaced and then sampled in September.

6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWC-3
Well Type: Compliance
Description: **Facility Well Name: W-3**
Perc Ponds
WAFR # 7091
GMS# 3059A13045

Monitoring Period: From April 2007 To: June 2007
Was the well purged before sampling? X Yes No

Date Sample Obtained: 5/14/07
Time Sample Obtained: 10: 50

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Fed. NGVD	82545	--	39.63	Feet	Report	N/A	Field	Pump	N
Nitrate (as N)	00620	--	7.2	mg/l	10	0.027 mg/L	SM4500NO3F	Pump	N
Solids, Total Dissolved (TDS)	70295	070304	340	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	71	mg/l	250	1.3 mg/L	SM4500CLE	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100 ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	6.5	SU	6.5 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	1.1	NTU	Report	0.13 NTU	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION

6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: **MWC-4**
Well Type: **Compliance**
Description: **Facility Well Name: W-4**
Perc Ponds
WAFR # 7089
GMS# 3059A13047

Monitoring Period: From: April 2007 To: June 2007
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 5/14/07
Time Sample Obtained: 13:10

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	45.61	Feet	Report	N/A	Field	Pump	N
Nitrate (as N)	00620	--	0.12	mg/l	10	0.027 mg/L	SM 4500NO3F	Pump	N
Solids, Total Dissolved (TDS)	70295	020301	230	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	12	mg/l	250	1.3 mg/L	SM 4500CIE	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	6.6	SU	6.5 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	1.1	NTU	Report	0.13 mg/L	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION

6/1/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Welaka Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: July 1, 2007 To: July 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.181		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.297		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.3	9.3		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.75	5.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/08/21

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

FILE COPY
680

DEP Form 62-620.910(10), Effective November 29, 1994
Revised February 2006 (Revision 012)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Weeki a Hunt Club WWTF

MONITORING GROUP NUMBER: R-601
MONITORING PERIOD From: July 1, 2007 To July 31, 2007

PERMIT NUMBER FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.16	8.12		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.98			mg/L	0	Every Two Weeks	16-hr. EPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. EPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major
REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: July 1, 2007 to July 31, 2007

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.009			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)			MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)			MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement					NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement					5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement					NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement					5.0 (Mo. Avg.)	6.0 (Max.)		mg/l		Weekly	Grab
pH	Sample Measurement					NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement					6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement					NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement					200 (An. Avg.)			#/100ml		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/08/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD: From July 1, 2007 To July 31, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100ML	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (Effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0036251

MONITORING PERIOD From: July 1, 2007 to July 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			ug/L	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.81		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.81	1.77	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				166.10			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				125.60			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				61			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major
REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6060

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1, 2007 July 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.59		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.52		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.44			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.96	9.6		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				5.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.16	7.98		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/08/31

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: R-002 PERMIT NUMBER FL0036251

MONITORING PERIOD From July 1, 2007 To July 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				94			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.00			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/l		Continuous	Meter
Turbidity	Sample Measurement				1.4			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0090

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1, 2007 July 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code TBP3B P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TBP3B Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TBP6C Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/08/21

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

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF

Monitoring Period From July 1, 2007 To July 31, 2007

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.860	0.202	1.368	0.0			
2			1.771	1.186	1.455	0.0			
3			1.762	0.338	1.233	0.0			
4			1.759	0.212	1.464	0.0			
5			1.818	0	1.291	0.0			
6			1.759	0	0.769	0.0	145	108	
7			1.612	0.006	0.960	0.0			
8			1.822	0.317	2.184	0.0			
9			1.769	0	2.512	0.0			
10			1.788	0	2.328	0.0			
11			1.689	0	1.938	0.0	193.9	164.0	
12			1.663	0.720	1.398	0.0			
13			1.791	0.423	1.331	0.0			
14			1.846	0.164	1.515	0.0			
15			1.932	0.311	1.422	0.0			
16			1.724	0	1.876	0.0			
17			1.830	0	0.114	0.0	139.4	74.0	
18			1.852	1.568	0.740	0.0			
19			1.815	0	0.651	0.0			
20			1.927	0.004	0.993	0.0			
21			1.806	0.390	1.122	0.0			
22			1.988	0.725	1.472	0.0			
23			1.860	0.428	1.458	0.0			
24			1.803	0.117	2.689	0.0	215.6	92.0	
25			1.783	0	2.716	0.0			
26			1.837	0.145	2.372	0.0			
27			1.867	0.393	1.935	0.0			
28			1.869	0	1.936	0.0			
29			1.860	0	1.640	0.0			
30			1.854	0.004	1.641	0.0			
31			1.896	1.565	0.763	0.0	136.7	190.0	
Total			56.21	9.22	47.29	0.0	830.6	628.0	
Mo. Avg.			1.81	0.297	1.52	0.0	166.1	125.6	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518, 14187, 14141 Name: Alex Lorenzo, Elsa Williams, Paul Woodard

Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue

Evening Shift Operator Class: A, C, C Certificate No: 3090, 8518, 14187 Name: Tom Keys, Alex Lorenzo, Elsa Williams

Lead Operator Class: A Certificate No: 3090 Name: Tom Keys

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period: From July 1, 2007 To: July 31, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.84	7.42	0.8		1.1	
2		< 1.00		7.56	7.42	1.6	< 1.00	1.2	
3	7.3		4.34	8.12	7.42	2.80		1.0	
4		< 1.00		7.70	7.56	0.7	< 1.00	1.1	
5		< 1.00		7.98	7.28	2.7	< 1.00	1.0	
6	9.6	< 1.00		7.98	7.14	4.5	< 1.00	0.9	
7				7.14	6.86	1.95		0.8	
8				7.56	6.86	1.0		0.9	
9		< 1.00		7.70	7.28	2.6	2.00	0.9	
10	8.0	< 1.00		7.70	7.14	2.6	< 1.00	0.9	
11		< 1.00		6.86	6.44	2.75	< 1.00	1.2	
12		< 1.00		7.98	6.58	0.7	< 1.00	5.0	
13				7.70	6.58	0.7	< 1.00	1.3	
14				6.72	6.16	1.0		0.8	
15				7.56	6.16	1.0		0.9	
16		1.00		6.16	6.16	1.75	< 1.00	0.6	
17	8.6	< 1.00		7.50	7.28	1.70	< 1.00	0.8	
18		< 1.00		7.42	7.28	1.00	5.00	0.7	
19	9.3		4.98	7.42	7.28	1.40		0.8	
20		< 1.00		7.42	7.14	1.40	< 1.00	0.8	
21				7.56	7.00	1.00		0.8	
22				7.56	7.00	1.00		0.8	
23		< 1.00		7.28	7.00	1.00	1.00	1.0	
24		< 1.00		7.42	7.14	0.7	3.00	1.3	
25		< 1.00		7.42	7.14	0.7	< 1.00	1.2	
26	9.1	< 1.00		7.42	7.14	0.9	< 1.00	1.4	
27		< 1.00		7.56	7.00	0.8	< 1.00	1.0	
28				7.28	7.00	1.0		0.9	
29				7.14	7.00	1.0		1.2	
30		< 1.00		7.14	7.00	1.0	< 1.00	1.4	
31	9.5			7.28	7.14	3.2	1.00	1.1	
Total	61.40	16.00	9.32	231.08	217.00	49.95	19.5	34.8	
Mo. Avg.	8.77	< 1.00	4.66	7.45	7.00	1.61	< 1.00	1.12	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518,14187,14141	Name:	Alex Lorenzo, Elsa Williams, Paul Woodard
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	A, C, C	Certificate No:	3090, 8518, 14187	Name:	Tom Keys, Alex Lorenzo, Elsa Williams
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: July 1, 2007 to July 31, 2007

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3	< 1.00								5.0	
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19	< 1.00								< 1.00	
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total	< 1.00								5.50	
Mo. Avg.	< 1.00								2.75	

PLANT STAFFING

Day Shift Operator Class C Certificate No. 8518,14187,14141 Name: Alex Lorenzo, Elsa Williams, Paul Woodard

Evening Shift Operator Class C Certificate No. 8241 Name: Ray Hogue

Evening Shift Operator Class A, C, C Certificate No. 3090, 8518, 14187 Name Tom Keys, Alex Lorenzo, Elsa Williams

Lead Operator Class A Certificate No. 3090 Name Tom Keys

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Lelbuty Drive
Longwood, FL 32779

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1, 2007 To: August 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.0		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/l		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/l	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/l		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/09/21

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

Entered Avg Date
11-29-07 PS

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD: From August 1, 2007 To August 31, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 1 Mon Site No. EFA-1	Sample Measurement				NOD	NOD	NOD	#/100ML	0	Weekly	Grab
	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max)	# /100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon Site No. EFA-1	Sample Measurement				NOD			mg/L	0	Continuous	Meter
	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination) PARM Code 50060 1 Mon Site No. EFD-1	Sample Measurement				NOD			mg/L	0	Daily	Grab
	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N) PARM Code 00600 1 Mon Site No. EFA-1	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N) PARM Code 00610 1 Mon Site No. EFD-1	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon Site No. EFD-1	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P) PARM Code 00665 1 Mon Site No. EFD-1	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO) PARM Code 00300 1 Mon Site No. EFD-1	Sample Measurement				NOD			mg/L	0	Daily	Grab
	Permit Requirement				6.0 (Min.)			mg/l		Daily	Grab
Copper, Total Recoverable (effluent) PARM Code 01119 1 Mon Site No. EFD-1	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit) PARM Code 01119 P Mon Site No. EFD-1	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: D-001 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/l	0	Monthly	Grab
PARM Code 00900 I Mon Site No. EFD-1	Permit Requirement				Report (Max.)			mg/l		Monthly	Grab
Flow, (total through plant)	Sample Measurement	1.82		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow, (total through plant)	Sample Measurement	1.92	1.83	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				180.12			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				73.0			mg/l	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				63			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY LOCATION: Wekiva Hunt Club WWTF
144 Ledbury Drive
Longwood, FL 32779-0000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1, 2007 To August 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.190		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.252		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5			mg/l	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.6	9.6		mg/l	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/09/21

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

Date Entered 11-29-07

DEP Form 62-620.910(10), Effective November 29, 1994
Revised February 2006 (Revision 012)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-4001

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

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.00	7.70		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			# /100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			# /100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	# /100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	# /100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.42			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Welaka Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: August 1, 2007 August 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.60		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.60		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.09			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.82	10.5		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 R Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.86	7.70		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY MM DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER R-002 PERMIT NUMBER FL0036251

MONITORING PERIOD From August 1, 2007 To August 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-1	Sample Measurement				95%			Percent	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				1.0			#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (for Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement				2.7			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity Domestic

FACILITY LOCATION: Wekiva Hunt Club WWTF
144 Ledbury Drive
Longwood, FL 32779-6000

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1, 2007 August 31, 2007

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3H P Mon Site No. EFD-2	Sample Measurement					100			percent	0	Annually	24 hr. composite
	Permit Requirement					100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3H Q Mon Site No. EFD-2	Sample Measurement											
	Permit Requirement					100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon Site No. EFD-2	Sample Measurement					100			percent	0	annually	24 hr. composite
	Permit Requirement					100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon Site No. EFD-2	Sample Measurement											
	Permit Requirement					100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/09/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251
Monitoring Period: From August 1, 2007 To August 31, 2007
Facility: Wekiva Hunt Club WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1	7.2		6.42	7.14	7.00	3.45		1.1	
2		< 1.00		7.14	7.00	3.50	< 1.00	1.0	
3		< 1.00		7.42	7.00	1.20	< 1.00	1.0	
4				7.42	7.00	2.80		1.0	
5				7.28	6.86	1.10		1.0	
6		< 1.00		7.14	7.00	1.00	< 1.00	0.9	
7		< 1.00		7.14	7.00	1.00	< 1.00	0.8	
8	10.0	< 1.00		7.56	7.00	1.00	< 1.00	1.0	
9		< 1.00		7.56	7.28	1.00	< 1.00	0.7	
10		1.00		7.56	7.14	1.40	< 1.00	0.7	
11				7.42	7.00	1.00		0.8	
12				7.28	7.00	1.15		0.9	
13		< 1.00		7.42	7.00	1.00	2.00	1.9	
14	9.6		5.97	7.42	7.28	3.7		2.7	
15		< 1.00		7.42	7.28	5.00	< 1.00	1.7	
16	7.8	< 1.00		7.70	7.14	5.09	< 1.00	0.8	
17		< 1.00		7.70	7.42	2.00	< 1.00	0.7	
18				7.56	7.14	1.00		0.7	
19				7.42	7.14	0.70		0.7	
20		< 1.00		7.42	7.28	1.00	< 1.00	0.9	
21	10.5	< 1.00		7.42	7.28	2.40	< 1.00	1.7	
22		< 1.00		7.42	7.28	2.30	< 1.00	0.9	
23		< 1.00		7.56	7.28	3.50	< 1.00	0.7	
24		< 1.00		7.70	7.42	1.00	< 1.00	0.7	
25				7.56	7.00	1.00		0.8	
26				7.28	7.14	1.30		0.7	
27		< 1.00		7.42	7.28	3.50	< 1.00	0.7	
28	7.0	< 1.00		7.42	7.28	2.60	< 1.00	0.6	
29	9.0		6.27	7.56	7.28	3.00		0.7	
30		< 1.00		7.56	7.28	3.40	< 1.00	0.7	
31		< 1.00		7.70	7.28	4.40	< 1.00	0.6	
Total	61.1	10.5	18.66	230.72	221.76	67.40	11.5	29.80	
Mo. Avg.	8.73	< 1.00	6.22	7.44	7.15	2.17	< 1.00	0.96	

PLANT STAFFING

Day Shift Operator — Class: C — Certificate No: 8518,14187,3934 — Name: Alex Lorenzo, Elisa Williams, Douglas Goodwin

Evening Shift Operator — Class: C — Certificate No: 8241 — Name: Ray Hogue

Evening Shift Operator — Class: C — Certificate No: 12911 — Name: Ted Lexy

Lead Operator — Class: A — Certificate No: 3090 — Name: Tom Keys

DAILY SAMPLE RESULTS - PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF

Monitoring Period From August 1, 2007 to August 31, 2007

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (Total Residual Chlorine) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00403	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1	< 1.00								< 1.00	
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14	< 1.00								< 1.00	
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29	< 1.00								< 1.00	
30										
31										
Total	1.5								1.5	
Mo. Avg	< 1.00								< 1.00	

PLANT STAFFING

Day Shift Operator Class C Certificate No 8518,14187,3934 Name Alex Lorenzo, Elisa Williams, Douglas Goodwin

Evening Shift Operator Class C Certificate No 8241 Name Ray Hogue

Evening Shift Operator Class C Certificate No 12911 Name Ted Levy

Lead Operator Class A Certificate No 3080 Name Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

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

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD): Total through Plant	Flow (MGD): percolation ponds	Flow (MGD): Public access irrigation	Flow (MGD): Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.908	0	1.142	0.0			
2			2.031	0	0.670	0.0			
3			1.847	.008	0.927	0.0			
4			1.878	0	1.345	0.0			
5			1.942	0	2.346	0.0			
6			1.856	0	1.876	0.0			
7			1.820	0.110	1.304	0.0			
8			2.046	0	1.778	0.0	160.0	106.0	
9			1.934	0.162	2.002	0.0			
10			1.940	0.332	1.446	0.0			
11			1.762	0.388	1.490	0.0			
12			2.024	1.034	1.250	0.0			
13			1.912	1.594	1.220	0.0			
14			1.877	0	2.092	0.0	155.0	22.0	
15			1.853	0	1.543	0.0			
16			1.903	0.011	1.643	0.0			
17			1.788	0	0.477	0.0			
18			1.801	0.635	1.131	0.0			
19			2.101	2.273	0.993	0.0			
20			1.842	0	1.863	0.0			
21			1.834	0	2.322	0.0	237.2	52.0	
22			1.859	0.037	2.649	0.0			
23			1.811	0	1.464	0.0			
24			1.762	0	1.944	0.0			
25			2.250	0	1.441	0.0			
26			2.232	0.027	1.370	0.0			
27			2.044	0.003	2.689	0.0			
28			1.946	1.198	2.491	0.0			
29			1.986	0	2.475	0.0	168.3	112.0	
30			1.983	0	0.775	0.0			
31			1.823	0	1.396	0.0			
Total			59.575	7.812	49.604	0.0	720.5	292.0	
Mo. Avg			1.922	0.252	1.600	0.0	180.12	73.0	

PLANT STAFFING

Day Shift Operator Class C Certificate No 8518, 14187, 3934 Name Alex Lorenzo, Elisa Williams, Douglas Goodwin

Evening Shift Operator Class C Certificate No 8241 Name Ray Hogue

Evening Shift Operator Class C Certificate No 12911 Name Ted Levy

Lead Operator Class A Certificate No 3090 Name Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1, 2007 To: September 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 I Mon Site No. EFA-I	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 I Mon Site No. EFA-I	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 I Mon Site No. EFD-I	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-I	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/10/05

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

Entered Dept Date
11-05-07 PB

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD: From _September 1, 2007 To September 30, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100ML	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: D-001 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.82		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.96	1.90	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				200.8			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				91.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				66			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1, 2007 To: September 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.190		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.176		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.3			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.7	11.1		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/10/05

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

Entered by [illegible]

DEP Form 62-620.910(10), Effective November 29, 1994
Revised February 2006 (Revision 012)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R4901

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

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.14	8.12		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.82			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1441 Ledbury Drive
Longwood, FL 327794000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1, 2007 September 30, 2007

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.60			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	2.603 (An. Avg.)			MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.60			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1	Permit Requirement	Report (Mo. Avg.)			MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.79				mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y	Permit Requirement				20.0 (An. Avg.)				mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.0	10.4			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.0				mg/L	0	4 Days/Week	Grab
PARM Code 00530 B	Permit Requirement				5.0 (Max.)				mg/L		4 Days/Week	Grab
pH	Sample Measurement				7.14	7.56			SU	0	Continuous	Meter
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)			SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/10/05

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

Due to Effluent limits on PP

DEP Form 62-620.910(10), Effective November 29, 1994
Revised February 2006 (Revision 012)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Welaka Hunt Club WWTF MONITORING GROUP NUMBER: R-002 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-1	Sample Measurement				94%			Percent	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				1.0			#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement				1.8			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-4000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity
Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC.: Surface water discharge

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1, 2007 September 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon Site No. EFD-2	Sample Measurement				100			percent	0	Annually	24 hr. composite
	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon Site No. EFD-2	Sample Measurement										
	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon Site No. EFD-2	Sample Measurement				100			percent	0	annually	24 hr. composite
	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon Site No. EFD-2	Sample Measurement										
	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/10/05

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: September 1, 2007 To: September 30, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.56	7.14	3.0		0.8	
2				7.42	7.28	2.5		1.0	
3		< 1.00		7.28	7.14	1.7	< 1.00	1.0	
4		< 1.00		7.56	7.28	2.6	< 1.00	0.8	
5	10.4	1.00		7.56	7.28	2.7	< 1.00	0.9	
6		< 1.00		7.56	7.14	2.7	< 1.00	0.7	
7		< 1.00		7.70	7.28	3.6	< 1.00	0.9	
8				7.70	7.28	4.5		0.9	
9				7.28	7.14	2.4		0.8	
10		< 1.00		7.56	7.28	2.3	< 1.00	0.8	
11	10.3		5.33	7.56	7.14	2.3		1.3	
12		< 1.00		7.56	7.28	2.7	< 1.00	0.8	
13	10.4	< 1.00		7.56	7.14	2.9	1.00	1.3	
14		< 1.00		7.70	7.14	2.0	< 1.00	0.8	
15				7.56	7.14	3.5		0.9	
16				7.28	7.14	1.7		1.0	
17		< 1.00		7.42	7.28	2.1	< 1.00	1.1	
18		< 1.00		7.56	7.42	2.4	< 1.00	1.0	
19	9.5	< 1.00		7.56	7.28	2.6	< 1.00	0.8	
20		< 1.00		7.56	7.28	2.8	< 1.00	0.9	
21		< 1.00		7.84	7.28	2.6	< 1.00	1.8	
22				8.12	7.56	3.5		0.9	
23				7.84	7.42	0.9		0.7	
24		< 1.00		7.84	7.42	2.6	< 1.00	0.8	
25	9.7	< 1.00		7.98	7.42	3.3	< 1.00	1.4	
26		< 1.00		7.70	7.56	4.3	< 1.00	1.5	
27	11.1		7.82	7.98	7.42	0.7		0.9	
28		< 1.00		7.84	7.56	1.0	< 1.00	0.7	
29				7.70	7.28	1.0		0.9	
30				7.56	7.28	3.3		0.8	
Total	61.4	9.5	13.15	228.9	218.68	76.2	9.5	28.9	
Mo. Avg.	10.23	< 1.00	6.58	7.63	7.29	2.54	< 1.00	1.0	

PLANT STAFFING

Day Shift Operator	Class: C	Certificate No:	8518,14187,3934	Name:	Alex Lorenzo, Elisa Williams, Douglas Goodwin	
Evening Shift Operator	Class: C, A	Certificate No:	8241, 8122	Name:	Ray Hogue, Daniel Anderson	
Evening Shift Operator	Class: C	Certificate No:	12911	Name:	Ted Levy	
Lead Operator	Class: A	Certificate No:	3090	Name:	Tom Keys	

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility Weeki a Hunt Club WWTF

Monitoring Period From: September 1, 2007 to September 30, 2007

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11	1.00								< 1.00	
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27	< 1.00								< 1.00	
28										
29										
30										
31										
Total	1.5								< 1.00	
Mo. Avg.	< 1.00								< 1.00	

PLANT STAFFING

Day Shift Operator Class: C Certificate No: 8518,14187,3934 Name: Alex Lorenzo, Elisa Williams, Douglas Goodwin

Evening Shift Operator Class: C, A Certificate No: 8241, 8122 Name: Ray Hogue, Daniel Anderson

Evening Shift Operator Class: C Certificate No: 12911 Name: Ted Levy

Lead Operator Class: A Certificate No: 3090 Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period: From September 1, 2007 To September 30, 2007

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INT-1	INF-1	
1			1.823	0.001	1.904	0.0			
2			1.970	0	2.158	0.0			
3			1.856	0.004	2.150	0.0			
4			2.069	0.002	1.995	0.0			
5			1.984	0.001	4.016	0.0	153.9	68.0	
6			1.851	0.002	0.204	0.0			
7			1.872	0.002	2.104	0.0			
8			1.722	0.001	1.326	0.0			
9			1.930	0	1.039	0.0			
10			1.965	0.003	0.279	0.0			
11			1.887	1.250	1.444	0.0	207.8	106.0	
12			2.008	0.204	2.371	0.0			
13			1.764	0.001	1.933	0.0			
14			2.120	0.068	1.555	0.0			
15			1.953	0.131	1.983	0.0			
16			1.947	0.005	2.241	0.0			
17			2.161	0.001	2.084	0.0			
18			1.969	0.001	2.384	0.0			
19			1.868	0	2.157	0.0	190.9	60.0	
20			2.073	0.021	1.807	0.0			
21			2.000	0.014	1.710	0.0			
22			1.938	0.019	1.848	0.0			
23			2.099	0	1.948	0.0			
24			2.162	1.239	1.775	0.0			
25			2.070	0.011	1.785	0.0			
26			1.808	0	1.742	0.0			
27			1.992	1.212	1.352	0.0	250.6	132.0	
28			2.020	0.358	1.051	0.0			
29			1.885	0.432	1.113	0.0			
30			2.040	0.288	1.259	0.0			
31									
Total			58.776	5.269	52.717	0.0	803.2	366	
Mo. Avg.			1.959	0.176	1.757	0.0	200.8	91.5	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518, 14187, 3934 Name: Alex Lorenzo, Elisa Williams, Douglas Goodwin

Evening Shift Operator Class: C, A Certificate No: 8241, 8122 Name: Ray Hogue, Daniel Anderson

Evening Shift Operator Class: C Certificate No: 12911 Name: Ted Levi

Lead Operator Class: A Certificate No: 3680 Name: Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT - PART D

GROUND WATER MONITORING REPORT
Rule 62-522.600(11)

DEP Form # 62-522.900(2)
Form Title Ground Water Monitoring Report
Effective Date 6/1/2004

PART I GENERAL INFORMATION

(1) Facility Name Wekiva Hunt Club / Seminole County

Address 144 Ledbury

City Longwood, Fl. Zip 32779

Telephone Number (407) 862-5651

(2) The GMS Identification Number 3059P03243

(3) DEP Permit Number FL0036251

(4) Authorized Representative Name Tom Keys

Address 144 Ledbury

City Longwood, Fl. Zip 32779

Telephone Number (407) 862-5651

(5) Type of Discharge Treated Domestic Wastewater

(6) Method of Discharge Surface discharge, reclaimed slow rate percolation, public access land application.

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

Date: 10/09/07 Tom Keys

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advanced Environmental Laboratories Inc.

Address 5810 D Breckenridge Parkway Tampa, Fl. 33610

Phone Number (813) 630-9616

Printed 6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: **MWI-1**
Well Type: **Intermediate**
Description: **Facility Well Name: W-1**
Perc Ponds
WAFR # 7090
GMS# 3059A13046

Monitoring Period: From: July 2007 To: September 2007
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 7/31/07 / 9/6/07
Time Sample Obtained: 11:17 / 11:16

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (F/N)
Water Level Relative to Feet, NGVD	82545	--	54.27 / 54.97	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	11.0 / < 0.047	mg/l	10	0.027 mg/L	SM 4500NO3F	Pump	N
Solids, Total Dissolved (TDS)	70295	070303	350	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	88	mg/l	250	1.3 mg/L	SM 4500CIE	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100/ml	4	ICFU/100ml	SM 9222D	Pump	N
pH	00400	--	5.32 / 5.24	SU	6.0 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nepholometric	82079	--	12.0 / 0.351	NTU	Report	0.13 NTU	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION: The well was re-sampled on 9/6/07 and the Nitrate and Turbidity were much lower

6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWB-2
Well Type: Background
Description: **Facility Well Name: W-2R**
Pere Ponds
WAFR # 7088
GMS# 3059A13048

Monitoring Period: From ___July 2007 To: September 2007
Was the well purged before sampling? _X Yes ___ No

Date Sample Obtained: _7/31/07
Time Sample Obtained: __12:13

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (F/F/N)
Water Level Relative to Feet, NGVD	82545	--	47.52	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	1.6	mg/l	10	0.027 mg/L	SM 4500NO3F	Pump	N
Solids, Total Dissolved (TDS)	70295	070304	110	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	14	mg/l	250	1.3 mg/L	SM 4500CIE	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100ml	4	1 CFU/ 100ml	SM 9222D	Pump	N
pH	00400	--	5.77	SU	6.0 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	0.42	NTU	Report	0.13 mg/L	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION:

6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: **MWC-3**
Well Type: **Compliance**
Description: **Facility Well Name: W-3**
Pere Ponds
WAFR # 7091
GMS# 3059A13045

Monitoring Period From: July 2007 To: September 2007
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 7/31/07
Time Sample Obtained: 09: 48

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	41.23	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	8.4	mg/l	10	0.027 mg/L	SM 4500NO3F	Pump	N
Solids, Total Dissolved (TDS)	70295	070304	350	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	75	mg/l	250	1.3 mg/L	SM4500CIE	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	5.96	SU	6.5 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nepholometric	82079	--	3.0	NTU	Report	0.13 NTU	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION:

6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWC-4
Well Type: Compliance
Description: **Facility Well Name: W-4**
Perc Ponds
WAFR # 7089
GMS# 3059A13047

Monitoring Period: From: July 2007 To: September 2007
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 7/31/07
Time Sample Obtained: --

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	N/A	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	N/A	mg/l	10	0.027 mg/L	SM 4500NO3F	Pump	N
Solids, Total Dissolved (TDS)	70295	070301	N/A	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	N/A	mg/l	250	1.3 mg/L	SM 4500ClE	Pump	N
Coliform, Fecal	74055	031616	N/A	#/100/ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	N/A	SU	6.5 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	N/A	NTU	Report	0.13 mg/L	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION: The well was dry.

6/1/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club Wastewater Treatment Facility
LOCATION: 144 Ledbury Drive
Longwood, FL 32791

COUNTY: Seminole

PERMIT NUMBER: FL0036251
LIMIT: Final
CLASS SIZE: Major
GMS ID NO.: 3059803243
DISCHARGE POINT NUMBER: N/A
PLANT SIZE/TREATMENT TYPE: IB
NO DISCHARGE FROM SITE: [ ]

REPORT: Quarterly
GROUP: Domestic
GMS TEST SITE NO.: 3059X17613

Sweetwater Creek and Cove Lake Water Quality-Station # 1

MONITORING PERIOD From: July 1, 2007 To: September 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				40.3			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				31.0			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				12.3			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.449			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.77			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/10/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.19			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.0720			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				1.00			mg/m3	0	Quarterly	Grab
PARM Code 32211 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				40.5			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				2.77			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				6.95			S.U	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U		Quarterly	Grab
Temperature	Sample Measurement				26.0			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH3 Nitrogen, Total as N	Sample Measurement				0.0729			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059P04243	GMS TEST SITE NO.:	3059X17613
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	141 Ledbury Drive Longwood, FL 32791	PLANT SIZE/TREATMENT TYPE:	ID	Sweetwater Creek and Cove Lake Water Quality-Station # 2	
		NO DISCHARGE FROM SITE:	[ ]		
COUNTY:	Seminole				

MONITORING PERIOD From: July 1, 2007 To: September 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				45.2			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				17.0			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				11.4			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.758			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.83			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/10/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.16			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.0840			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				< 0.500			mg/m3	0	Quarterly	Grab
PARM Code 32230 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				48.5			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				2.80			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.10			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				25.4			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH_3 Nitrogen, Total as N	Sample Measurement				0.0425			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059P03243	GMS TEST SITE NO.:	3059X17613
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	144 Ledbury Drive Longwood, FL 32791	PLANT SIZE/TREATMENT TYPE:	IB	Sweetwater Creek and Cove Lake Water Quality-Station # 3	
		NO DISCHARGE FROM SITE:	[ ]		
COUNTY:	Seminole				

MONITORING PERIOD From: July 1, 2007 To: September 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				40.9			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD$_5$	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				1.00			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				11.7			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO$_3$ Nitrogen, Total as N	Sample Measurement				0.695			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.55			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/10/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.12			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.0700			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				< 0.500			mg/m3	0	Quarterly	Grab
PARM Code 32211 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				51.4			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				4.46			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.24			S.U	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				25.1			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH_3 Nitrogen, Total as N	Sample Measurement				< 0.0200			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue	LIMIT:	Final	REPORT:	Monthly
	Altamonte Springs, FL 32714	CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059P03243	GMS TEST SITE NO.:	3059X17613
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	144 Ledbury Drive	PLANT SIZE/TREATMENT TYPE:	BB		Sweetwater Creek and
	Longwood, FL 32791	NO DISCHARGE FROM SITE:	[ ]		Cove Lake Water
					Quality-Station # 4
COUNTY:	Seminole				

MONITORING PERIOD From: July 1, 2007 To: September 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No .E	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				39.8			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
$CBOD_5$	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				2.00			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				11.4			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO_3 Nitrogen, Total as N	Sample Measurement				0.604			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.66			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/10/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.13			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.0720			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				0.500			mg/m3	0	Quarterly	Grab
PARM Code 32230 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				54.4			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				2.99			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.16			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				25.8			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH3 Nitrogen, Total as N	Sample Measurement				0.0613			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059P03243	GMS TEST SITE NO.:	3059X17613
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	144 Ledbury Drive Longwood, FL 32791	PLANT SIZE/TREATMENT TYPE:	IB	Sweetwater Creek and Cove Lake Water Quality-Station # 5	
		NO DISCHARGE FROM SITE:	[ ]		
COUNTY:	Seminole				

MONITORING PERIOD From: July 1, 2007 To: September 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				29.0			mg/L	0	Quarterly	Grab
PARM Code 00940 S Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
$CBOD_5$	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 S Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				18.0			mg/L	0	Quarterly	Grab
PARM Code 00530 S Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				15.0			mg/L	0	Quarterly	Grab
PARM Code 00680 S Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO_3 Nitrogen, Total as N	Sample Measurement				< 0.023			mg/L	0	Quarterly	Grab
PARM Code 00630 S Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				1.1			mg/L	0	Quarterly	Grab
PARM Code 00625 S Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/10/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.14			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.00900			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				8.20			mg/m3	0	Quarterly	Grab
PARM Code 32230 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				41.3			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				4.30			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.55			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				29.9			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH3 Nitrogen, Total as N	Sample Measurement				0.0298			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club Wastewater Treatment Facility
LOCATION: 144 Ledbury Drive
Longwood, FL 32791

COUNTY: Seminole

PERMIT NUMBER: FL0036251
LIMIT: Final
CLASS SIZE: Major
GMS ID NO.: 3059P03243
DISCHARGE POINT NUMBER: N/A
PLANT SIZE/TREATMENT TYPE: ID
NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly
GROUP: Domestic
GMS TEST SITE NO.: 3059X17613

Sweetwater Creek and
Cove Lake Water
Quality-Station # 6

MONITORING PERIOD From: July 1, 2007 To: September 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No .E	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				26.3			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No: SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD,	Sample Measurement				8.19			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No: SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				9.00			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No: SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				16.0			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO, Nitrogen, Total as N	Sample Measurement				0.023			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No: SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				1.2			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/10/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.17			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**
Ortho Phosphorus, Total as P	Sample Measurement				0.0240			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**
Chlorophyll-a	Sample Measurement				59.7			mg/m3	0	Quarterly	Grab
PARM Code 32211 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/m3**		**Quarterly**	**Grab**
Alkalinity	Sample Measurement				55.0			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**
Oxygen, Dissolved	Sample Measurement				3.62			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No.SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**
pH	Sample Measurement				7.27			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**S.U.**		**Quarterly**	**Grab**
Temperature	Sample Measurement				28.6			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**Degree C**		**Quarterly**	**Grab**
NH_3 Nitrogen, Total as N	Sample Measurement				0.0517			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club Wastewater Treatment Facility
LOCATION: 144 Ledbury Drive
Longwood, FL 32791

COUNTY: Seminole

PERMIT NUMBER: FL0030651
LIMIT: Final
CLASS SIZE: Major
GMS ID NO.: 3059P03243
DISCHARGE POINT NUMBER: N/A
PLANT SIZE/TREATMENT TYPE: IB
NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly
GROUP: Domestic
GMS TEST SITE NO: 3059XT7613

Sweetwater Creek and Cove Lake Water Quality-Station # 7

MONITORING PERIOD From: July 1, 2007 To: September 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				10.9			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon. Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
$CBOD_5$	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon. Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				2.80			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon. Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				2.42			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon. Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO_3 Nitrogen, Total as N	Sample Measurement				0.726			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon. Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.22			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon. Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/10/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.13			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.0900			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				2.00			mg/m3	0	Quarterly	Grab
PARM Code 32211 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				113			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				4.45			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.63			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				24.9			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH3 Nitrogen, Total as N	Sample Measurement				< 0.0200			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue	LIMIT:	Final	REPORT:	Monthly
	Altamonte Springs, FL 32714	CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059803243	GMS TEST SITE NO.:	3059X17613
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	144 Ledbury Drive	PLANT SIZE/TREATMENT TYPE:	1B	Sweetwater Creek and	
	Longwood, FL 32701	NO DISCHARGE FROM SITE:	[ ]	Cove Lake Water	
				Quality-Station # 8	
COUNTY:	Seminole				

MONITORING PERIOD From: July 1, 2007 To: September 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. F.	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				11.0			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
$CBOD_5$	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				8.00			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				2.21			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO_3 Nitrogen, Total as N	Sample Measurement				0.700			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.22			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/10/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.13			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**
Ortho Phosphorus, Total as P	Sample Measurement				0.0870			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**
Chlorophyll-a	Sample Measurement				< 0.500			mg/m3	0	Quarterly	Grab
PARM Code 32230 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/m3**		**Quarterly**	**Grab**
Alkalinity	Sample Measurement				113			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**
Oxygen, Dissolved	Sample Measurement				4.24			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**
pH	Sample Measurement				6.58			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**S.U.**		**Quarterly**	**Grab**
Temperature	Sample Measurement				24.8			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**Degree C**		**Quarterly**	**Grab**
NH_3 Nitrogen, Total as N	Sample Measurement				< 0.0200			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME	Sanlando Utilities Corporation	PERMIT NUMBER	FL0036251
MAILING ADDRESS	200 Weathersfield Avenue Altamonte Springs, FL 32714		
		LIMIT	Final
		CLASS SIZE	Major
		REPORT	Monthly
		GROUP	Domestic
FACILITY	Wekiva Hunt Club WWTF		
LOCATION	144 Ledbury Drive Longwood, FL 32779	MONITORING GROUP NUMBER	D-001
		MONITORING GROUP DESC	Surface water discharge, including influent
COUNTY	Seminole	NO DISCHARGE FROM SITE	☐
		MONITORING PERIOD	From October 1, 2007 To October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			# 100/ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement				200 (An. Avg.)			# 100/ML		Weekly	Grab

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/11/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER D-001
MONITORING PERIOD From October 1, 2007 To October 31, 2007

PERMIT NUMBER FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100ML	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/l	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Run Club WWTF MONITORING GROUP NUMBER: D4001 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/l	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			ug/l	0	Monthly	Grab
PARM Code 00900 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow, total through plant	Sample Measurement	1.84 ✓		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow, total through plant	Sample Measurement	1.96	1.95	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				188.24			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 6 Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				105.6			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 6 Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				67			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 111 Ledbury Drive
Longwood, FL 32779-6000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

I.IMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: October 1, 2007 To: October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.190		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.176		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.8			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.9	9.2		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.25	2.0		mg/l	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/11/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLG036251
MONITORING PERIOD From: October 1, 2007 To October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.28	7.84		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate Total (as N)	Sample Measurement				5.01			mg/l	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Seminole Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major
REPORT GROUP: Monthly / Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Lefbury Drive
Longwood, FL 32779-4830

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: October 1, 2007 October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.62		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-1	Permit Requirement	2.693 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.86		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.26			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.14	10.4		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				5.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				7.14	7.70		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/11/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FL0036251

MONITORING PERIOD: From: October 1, 2007 To: October 31, 2012

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon Site No EFA-1	Sample Measurement				86 %			Percent	0	1 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		1 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon Site No EFA-1	Sample Measurement				4.0			#/100ML	0	1 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		1 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon Site No EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon Site No EFB-1	Sample Measurement				2.0			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

REVISED 1-29-08

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-(none)

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2007 October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code TBP3B P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TBP3B Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TBP6C Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI-9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/11/14

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period: From: October 1, 2007 To: October 31, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.00		7.70	7.42	0.6	< 1.00	0.8	
2		< 1.00		7.70	7.42	1.3	< 1.00	1.1	
3		< 1.00		7.84	7.56	1.5	< 1.00	0.7	
4	10.4	< 1.00		7.84	7.28	2.1	< 1.00	1.3	
5		< 1.00		7.84	7.42	3.9	< 1.00	0.8	
6				7.70	7.28	3.5		0.8	
7				7.56	7.14	1.7		1.0	
8	9.2		3.04	7.84	7.56	3.2		0.9	
9		< 1.00		7.70	7.42	2.6	< 1.00	1.7	
10		< 1.00		7.56	7.42	2.3	< 1.00	1.3	
11	10.1	< 1.00		7.56	7.28	3.0	2.00	1.9	
12		< 1.00		7.56	7.42	2.2	< 1.00	0.8	
13				7.56	7.28	2.3		1.1	
14				7.56	7.14	2.7		0.9	
15		< 1.00		7.56	7.28	2.6	< 1.00	2.1	
16		< 1.00		7.70	7.42	3.6	< 1.00	1.2	
17	7.2	4.00		7.56	7.42	4.5	< 1.00	0.8	
18		3.00		7.42	7.28	4.4	< 1.00	1.3	
19		< 1.00		7.70	7.56	3.5	< 1.00	0.7	
20				7.56	7.42	3.8		1.0	
21				7.56	7.28	2.3		0.9	
22		3.00		7.70	7.42	4.4	< 1.00	0.9	
23	8.7		5.01	7.56	7.42	2.5		1.6	
24	8.2	< 1.00		7.70	7.42	3.5	< 1.00	0.9	
25		< 1.00		7.56	7.42	1.8	< 1.00	0.7	
26		< 1.00		7.70	7.56	2.4	2.00	2.0	
27				7.56	7.42	2.5		0.8	
28				7.56	7.28	4.3		0.9	
29		< 1.00		7.56	7.28	4.2	5.00	0.9	
30		< 1.00		7.56	7.42	4.6	< 1.00	1.3	
31	9.8	< 1.00		7.56	7.28	2.5	< 1.00	1.0	
Total	63.6	19.00	8.05	236.60	228.62	90.3	15.00	34.1	
Mo. Ave.	9.08	< 1.00	4.02	7.63	7.37	2.91	< 1.00	1.1	

PLANT STAFFING

Day Shift Operator	Class	C	Certificate No:	8518,14187,3934	Name	Alex Lorenzo, Elisa Williams, Douglas Goodwin
Evening Shift Operator	Class	C, A	Certificate No:	8241, 8122	Name	Ray Hogue, Daniel Anderson
Evening Shift Operator	Class	A	Certificate No:	12913	Name:	Ted Levy
Lead Operator	Class	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF

Monitoring Period From October 1, 2007 To October 31, 2007

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8	< 1.00								< 1.00	
9										
10										
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14										
15										
16										
17										
18										
19										
20										
21										
22										
23	< 1.00								2.0	
24										
25										
26										
27										
28										
29										
30										
31										
Total	< 1.00								2.5	
Mo. Avg	< 1.00								1.25	

PLANT STAFFING

Day Shift Operator Class: C Certificate No: 8518,13187,3934 Name: Alex Lorenzo, Elisa Williams, Douglas Goodwin

Evening Shift Operator Class: C, A Certificate No: 8241, 8122 Name: Ray Hogue, Daniel Anderson

Evening Shift Operator Class: C Certificate No: 12911 Name: Ted Levy

Float Operator Class: A Certificate No: 3980 Name: Tom Keys

DEP Form 62-620.910(6)(a), Effective November 29, 1994

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF

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

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			2.106	0.051	1.279	0.0			
2			2.023	0.025	1.810	0.0			
3			2.236	0.118	1.781	0.0			
4			2.136	0.007	2.459	0.0	153.9	68.0	
5			2.096	0.381	2.136	0.0			
6			2.116	0	1.949	0.0			
7			2.049	0	2.091	0.0			
8			2.224	1.486	2.076	0.0			
9			2.128	0.106	1.784	0.0			
10			2.064	0.003	1.814	0.0			
11			1.940	0.001	1.939	0.0	200.6	156.0	
12			2.040	0.006	2.052	0.0			
13			1.808	0	2.045	0.0			
14			1.938	0	2.282	0.0			
15			2.050	0.001	2.034	0.0			
16			1.915	0	2.242	0.0			
17			1.903	0	2.114	0.0	214.4	58.0	
18			1.924	0.003	2.142	0.0			
19			1.860	0.001	2.043	0.0			
20			1.822	0	1.959	0.0			
21			1.854	0	1.840	0.0			
22			2.039	0	1.730	0.0			
23			1.952	1.2	0.268	0.0	176.7	200.0	
24			1.771	0.247	1.794	0.0			
25			1.875	0.008	1.791	0.0			
26			1.590	0	1.681	0.0			
27			1.535	0	1.553	0.0			
28			1.856	0	1.719	0.0			
29			1.936	0	1.373	0.0			
30			1.952	0	1.674	0.0			
31			1.937	0	2.181	0.0	195.6	46.0	
Total			60.675	3.644	57.635	0.0	941.2	528	
Mo. Avg.			1.957	0.118	1.859	0.0	188.24	105.6	

PLANT STAFFING

Day Shift Operator	Class	C	Certificate No	8518, 14187, 3934	Name	Alex Lorenzo, Elisa Williams, Douglas Goodwin
Evening Shift Operator	Class	C, A	Certificate No	8341, 8122	Name	Ray Hogue, Daniel Anderson
Evening Shift Operator	Class	C	Certificate No	12911	Name	Ted Levi
Lead Operator	Class	A	Certificate No	3090	Name	Tom Keys

E-680

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FILE COPY

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From November 1, 2007 To November 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/12/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: November 1, 2007 To: November 30, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100ML	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%ile)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: D-001 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 I Mon Site No EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow, total through plant	Sample Measurement	1.83		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon Site No FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow, total through plant	Sample Measurement	1.84	1.92	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon Site No FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				189.72			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon Site No INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				87.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon Site No INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF / Permitted Capacity) x 100	Sample Measurement				66			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon Site No CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue,
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6660

COUNTY: Seminole

PERMIT NUMBER: FLG036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2007 To: November 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.168		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No: FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.115		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No: FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.56			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No: EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.5	9.5		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No: EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No: EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.25	2.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No: EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/11/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Run Club WWTF

MONITORING GROUP NUMBER R-001

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

PERMIT NUMBER FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.28	7.84		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon Site No EFA-1	Sample Measurement				1.7			ug/L	0	5 Days/Week	Meter
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon Site No EFA-1	Sample Measurement				8.65			mg/L	0	Every Two Weeks	16-hr. FPC
	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly
Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 111 Cedbury Drive
Longwood, FL 32779-6600

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC.: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2007 To: November 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.64		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.73		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.76			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.6	10.5		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				5.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 R Mon Site No EFA-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				7.14	7.84		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/11/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: R-002 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal *=less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon Site No. EFA-1	Sample Measurement				< 1.00			#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon Site No. EFB-1	Sample Measurement				2.0			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity
Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1441 Lothbury Drive
Longwood, FL 32779-8800

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2007 November 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATIC Ceriodaphnia dubia(Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code TBP3B P Mon Site No. LFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATIC Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TBP3B Q Mon Site No. LFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATIC Pimephales promelas(Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon Site No. LFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATIC Pimephales promelas(Additional)	Sample Measurement										
PARM Code TBP6C Q Mon Site No. LFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI-9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	07/12/11

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Weeki a Hunt Club WWTF
Monitoring Period: From November 1, 2007 To: November 30, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00403	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.00		7.84	7.28	1.7	< 1.00	0.9	
2		< 1.00		7.84	7.28	1.35	< 1.00	1.1	
3				7.70	7.42	5.6		1.5	
4				7.42	7.28	2.8		2.0	
5		< 1.00		7.70	7.42	3.6	< 1.00	0.8	
6		< 1.00		7.56	7.42	1.6	< 1.00	0.9	
7	10.5	< 1.00		7.56	7.42	1.0	< 1.00	1.2	
8		< 1.00		7.84	7.28	2.3	< 1.00	2.0	
9	9.5		6.49	7.42	7.28	2.0		1.5	
10				7.42	7.28	2.0		1.0	
11				7.56	7.14	3.7		1.2	
12		< 1.00		7.70	7.56	4.4	< 1.00	0.9	
13		< 1.00		7.70	7.56	2.7	< 1.00	0.8	
14	8.5	< 1.00		7.56	7.42	2.3	< 1.00	0.8	
15		< 1.00		7.56	7.42	2.6	< 1.00	0.8	
16		< 1.00		7.56	7.42	2.15	< 1.00	0.8	
17				7.56	7.28	2.35		0.9	
18		< 1.00		7.56	7.28	1.8	< 1.00	0.8	
19		< 1.00		7.70	7.42	2.3	< 1.00	0.8	
20	9.6	< 1.00		7.70	7.56	2.15	< 1.00	1.0	
21	9.5		8.65	7.70	7.56	2.2		0.8	
22				7.70	7.28	1.0		1.0	
23		< 1.00		7.70	7.42	1.8	< 1.00	0.6	
24				7.56	7.28	2.1		0.6	
25				7.56	7.14	1.2		1.7	
26		< 1.00		7.56	7.28	1.7	< 1.00	0.8	
27	9.8	< 1.00		7.56	7.42	3.0	< 1.00	0.8	
28		< 1.00		7.56	7.42	1.7	< 1.00	0.6	
29		< 1.00		7.56	7.28	2.7	5.00	0.8	
30		< 1.00		7.56	7.42	2.2	< 1.00	0.6	
31									
Total	57.40	10.00	15.14	228.48	220.92	69.40	14.5	30.8	
No. Avg	9.57	< 1.00	7.57	7.61	7.36	2.3	< 1.00	1.0	

PLANT STAFFING

Day Shift Operator Class: C Certificate No: 8518,14187,3934 Name: Alex Lorenzo, Elva Williams, Douglas Goodwin

Evening Shift Operator Class: C, A Certificate No: 8241, 8122 Name: Ray Hogue, Daniel Anderson

Evening Shift Operator Class: C Certificate No: 12911 Name: Ted Levi

Lead Operator Class: A Certificate No: 3090 Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Weeki Wachee Utilities WWTF

Monitoring Period: From: November 1, 2007 To: November 30, 2007

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9	< 1.00								2.00	
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21	< 1.00								< 1.00	
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total	1.00								2.5	
Mo. Avg.	< 1.00								1.25	

PLANT STAFFING

Day Shift Operator — Class: C — Certificate No: 8518,14187,3934 — Name: Alex Lorenzo, Elisa Williams, Douglas Goodwin

Evening Shift Operator — Class: C, A — Certificate No: 8241, 8122 — Name: Ray Hogue, Daniel Anderson

Evening Shift Operator — Class: C — Certificate No: 12911 — Name: Ted Levi

Lead Operator — Class: A — Certificate No: 3090 — Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF

Monitoring Period From November 1, 2007 To November 30, 2007

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			2.106	0.0	2.261	0.0			
2			1.169	0.0	1.679	0.0			
3			2.326	0.0	1.940	0.0			
4			1.934	0.220	2.138	0.0			
5			2.064	0.0	2.136	0.0			
6			1.846	0.0	2.126	0.0			
7			1.912	0.0	1.933	0.0	206.7	54.0	
8			1.856	0.119	1.719	0.0			
9			2.128	1.236	1.591	0.0			
10			1.759	0.142	1.510	0.0			
11			1.860	0.0	1.691	0.0			
12			2.062	0.0	1.454	0.0			
13			1.770	0.0	1.378	0.0			
14			1.938	0.0	1.777	0.0	179.4	66.0	
15			1.776	0.0	1.727	0.0			
16			1.831	0.0	1.581	0.0			
17			1.699	0.0	1.570	0.0			
18			1.831	0.0	1.869	0.0			
19			1.912	0.0	1.652	0.0			
20			1.848	0.0	1.536	0.0			
21			1.845	1.218	1.978	0.0	194.4	166.0	
22			1.889	0.0	1.774	0.0			
23			1.882	0.0	1.638	0.0			
24			1.749	0.0	1.650	0.0			
25			1.751	0.0	1.802	0.0			
26			1.902	0.017	1.602	0.0			
27			1.824	0.208	1.487	0.0	178.4	64.0	
28			1.660	0	1.691	0.0			
29			1.794	0.230	1.602	0.0			
30			1.807	0	1.456	0.0			
31									
Total			55.067	3.440	51.998	0.0	758.90	350	
Mo. Avg			1.836	0.115	1.733	0.0	189.72	87.5	

PLANT STAFFING

Day Shift Operator Class C Certificate No 8518, 14187, 3934 Name Alex Lorenzo, Elisa Williams, Douglas Goodwin

Evening Shift Operator Class C, A Certificate No 8241, 8122 Name Ray Hogue, Daniel Anderson

Evening Shift Operator Class C Certificate No 12911 Name Ted Levi

Lead Operator Class A Certificate No 3090 Name Tom Kevs

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

FILE COP

GROUP:

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2007 To December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Freq. Ana
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Conti
PARM Code 50050 Y Mon Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Conti
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Conti
PARM Code 50050 I Mon.Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Conti
[BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	We
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		We
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	We
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		We
pH	Sample Measurement				NOD	NOD		SU	0	Contir
PARM Code 00400 I Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Contir
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	We
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		We

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO
Tom Keys, Lead Operator	Tom Keys	407-682-5651

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: D-001 | PERMIT NUMBER: FL0036251
MONITORING PERIOD: From December 1, 2007 To December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
oliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100Ml	0	Weekly	Grab
ARM Code 74055 1 ion Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100Ml		Weekly	Grab
otal Residual Chlorine (For isinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
ARM Code 50060 A ion Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
otal Residual Chlorine (For schlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
ARM Code 50060 1 ion Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
itrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
ARM Code 00600 1 ion Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr. FPC
itrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
ARM Code 00610 1 ion Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
itrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
ARM Code 00620 1 ion Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
osphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
ARM Code 00665 1 on Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
ygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
ARM Code 00300 1 on Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
pper, Total Recoverable fluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
ARM Code 01119 1 on Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
pper, Total Recoverable alculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
ARM Code 01119 P on Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Welaka Hunt Club WWTF | MONITORING GROUP NUMBER: D-001 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.83		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.78	1.86	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				197.66			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				219.2			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				64			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

hen Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1441 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC.: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From December 1, 2007 To December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
ow (percolation ponds)	Sample Measurement	0.193		MGD					0	5 Days/ Week	Flow meters and totalizers
RM Code 50050 Y on Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
ow (percolation ponds)	Sample Measurement	0.418		MGD					0	5 Days/Week	Flow meters and totalizers
RM Code 50050 I on Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
OD, Carbonaceous 5 day, 20C	Sample Measurement				6.01			mg/L	0	Every Two Weeks	16-hr. FPC
RM Code 80082 Y on Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
OD, Carbonaceous 5 day, 20C	Sample Measurement				7.8	11.7		mg/L	0	Every Two Weeks	16-hr. FPC
RM Code 80082 A on Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. FPC
lids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
RM Code 00530 Y on Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. FPC
lids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
RM Code 00530 A on Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
om Keys, Lead Operator	Tom Keys	407-682-5651	08/1/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From: December 1, 2003 To: December 31, 2007

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
t	Sample Measurement				7.0	7.7		SU	0	5 Days/Week	Meter
ARM Code 00400 A on Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
oliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
ARM Code 74055 Y on Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
oliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
ARM Code 74055 A on Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
ual Residual Chlorine (For sinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
ARM Code 50060 A on Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
trogen, Nitrate, Total (as N)	Sample Measurement				8.96			mg/L	0	Every Two Weeks	16-hr. FPC
ARM Code 00620 A on Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

hen Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2007 To December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
ow (Reclaimed)	Sample Measurement	1.55		MGD					0	Continuous	Flow meters and totalizers
ARM Code 50050 Y on Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
ow (Reclaimed)	Sample Measurement	1.34		MGD					0	Continuous	Flow meters and totalizers
ARM Code 50050 I on Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
OD, Carbonaceous 5 day, 20C	Sample Measurement				6.3			mg/L	0	Weekly	16-hr. FPC
ARM Code 80082 Y on Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
OD, Carbonaceous 5 day, 20C	Sample Measurement				9.4	12.5		mg/L	0	Weekly	16-hr. FPC
ARM Code 80082 A on Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
olids, Total Suspended	Sample Measurement				1.0			mg/L	0	4 Days/Week	Grab
ARM Code 00530 B on Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
d	Sample Measurement				7.0	7.98		SU	0	Continuous	Meter
ARM Code 00400 A on Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/1/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Inform. Fecal, % less than ection RM Code 51005 A m Site No. EFA-1	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Inform, Fecal RM Code 74055 A m Site No. EFA-1	Sample Measurement				< 1.00			#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
ial Residual Chlorine (For infection) RM Code 50060 A m Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
rbidity RM Code 00070 B m Site No. EFB-1	Sample Measurement				2.0			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Welaka Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

NO DISCHARGE FROM SITE ☐
MONITORING PERIOD From: December 1, 2007 December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
DAY CHRONIC STATRE riodaphnia dubia(Routine) RM Code TBP3B P n Site No. EFD-2	Sample Measurement				100			percent	0	Annually	24 hr. composite
	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
DAY CHRONIC STATRE riodaphnia dubia(Additional) RM Code TBP3B Q n Site No. EFD-2	Sample Measurement										
	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
DAY CHRONIC STATRE nephales promelas(Routine) RM Code TBP6C P n Site No. EFD-2	Sample Measurement				100			percent	0	annually	24 hr. composite
	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
DAY CHRONIC STATRE nephales promelas(Additional) RM Code TBP6C Q n Site No. EFD-2	Sample Measurement										
	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
om Keys, Lead Operator	Tom Keys	407-682-5651	08/1/11

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From : December 1, 2007 To: December 31, 2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.56	7.14	2.2		0.6	
2				7.56	7.14	1.1		0.7	
3		< 1.00		7.42	7.28	2.0	< 1.00	0.7	
4	11.7		7.65	7.42	7.28	3.7			
5		< 1.00		7.70	7.42	1.7	1.00	0.7	
6	7.5	< 1.00		7.56	7.28	2.3	< 1.00		
7		< 1.00		7.70	7.28	1.7	< 1.00	0.9	
8				7.42	7.00	1.0		1.4	
9				7.42	7.14	1.3		2.0	
10		< 1.00		7.56	7.14	2.0	< 1.00	1.4	
11		< 1.00		7.56	7.28	2.7	< 1.00	1.3	
12	12.5	< 1.00		7.42	7.28	2.3	< 1.00	1.0	
13		< 1.00		7.56	7.28	2.2	< 1.00	1.2	
14		< 1.00		7.84	7.28	1.6	< 1.00	1.0	
15				7.42	7.28	2.5		0.8	
16				7.42	7.14	2.5		1.2	
17		< 1.00		7.70	7.28	2.6	1.00	0.8	
18	8.8		8.96	7.56	7.28	2.3		0.6	
19		< 1.00		7.56	7.28	2.7	< 1.00	0.6	
20		< 1.00		7.42	7.14	2.9	< 1.00	0.7	
21		< 1.00		7.42	7.14	2.8	< 1.00	0.5	
22				7.28	7.00	3.0		0.6	
23				7.42	7.00	1.4		0.6	
24		< 1.00		7.98	7.00	1.2	< 1.00	0.5	
25				7.42	7.14	1.6		1.3	
26		< 1.00		7.56	7.14	2.0	< 1.00	0.7	
27	8.8	< 1.00		7.42	7.40	2.4	< 1.00	0.7	
28		< 1.00		7.28	7.00	2.5	< 1.00	0.5	
29				7.28	6.86	1.0		0.6	
30				7.19	7.00	1.7		0.6	
31	3.0		8.41	7.4	7.00	2.6		0.4	
Total			25.02						
Mo. Avg			8.34						

PLANT STAFFING

Day Shift Operator	Class: C	Certificate No:	8518,14187,3934	Name:	Alex Lorenzo, Elisa Williams, Douglas Goodwin
Evening Shift Operator	Class: C, A	Certificate No:	8241, 8122	Name:	Ray Hogue, Daniel Anderson
Evening Shift Operator	Class: C	Certificate No:	12911	Name:	Ted Levi
Lead Operator	Class: A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

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

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4	< 1.00								< 1.00	
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18	< 1.00								< 1.00	
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31	< 1.00								< 1.00	
Total	1.5								1.5	
Mo. Avg	< 1.00								< 1.0	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518 14187 3934 Name: Alex Lorenzo, Elisa Williams, Douglas Goodwin

Evening Shift Operator Class: C, A Certificate No: 8241, 5122 Name: Ray Hogue, Daniel Anderson

Evening Shift Operator Class: C Certificate No: 12911 Name: Ted Levi

Lead Operator Class: A Certificate No: 3090 Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

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

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.681	0.00	1.268	0.00			
2			1.802	0.00	1.592	0.00			
3			1.921	0.00	1.738	0.00			
4			1.881	1.302	0.661	0.00	193.9	318.0	
5			1.610	0.166	1.074	0.00			
6			1.750	0.099	1.799	0.00			
7			1.674	1.457	1.481	0.00			
8			1.674	0.150	1.530	0.00			
9			1.672	0.372	1.705	0.00			
10			1.650	0.00	1.615	0.00			
11			1.693	0.00	0.249	0.00			
12			1.585	0.00	1.518	0.00	196.1	138.0	
13			1.727	0.00	1.808	0.00			
14			1.801	0.00	1.650	0.00			
15			1.699	0.00	1.685	0.00			
16			1.906	0.00	1.650	0.00			
17			1.939	0.00	1.361	0.00			
18			1.864	1.305	0.680	0.00	144.4	134.0	
19			1.786	0.162	1.186	0.00			
20			1.833	0.00	2.048	0.00			
21			1.849	0.00	2.341	0.00			
22			1.789	0.00	0.828	0.00			
23			1.947	1.688	0.793	0.00			
24			1.722	0.00	1.324	0.00			
25			1.792	1.263	0.552	0.00			
26			1.885	1.107	0.659	0.00			
27			1.875	0.00	2.317	0.00	223.3	398.0	
28			1.750	0.334	1.60	0.00			
29			1.780	0.00	0.722	0.00			
30			1.788	1.535	0.812	0.00			
31			1.851	2.031	1.964	0.00	230.6	108.0	
Total			55.176	12.97	41.61	0.00	988.3	1096.0	
Mo. Avg.			1.78	0.418	1.34	0.00	197.66	219.2	

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No:	8518, 14187, 3934	Name:	Alex Lorenzo, Elisa Williams, Douglas Goodwin	
Evening Shift Operator	Class: C, A	Certificate No:	8241, 8122	Name:	Ray Hogue, Daniel Anderson	
Evening Shift Operator	Class: C	Certificate No:	12911	Name:	Ted Levi	
Lead Operator	Class: A	Certificate No:	3090	Name:	Tom Keys	

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT - PART D

GROUND WATER MONITORING REPORT
Rule 62-522.600(11)

DEP Form # 62-522.900(2)
Form Title Ground Water Monitoring Report
Effective Date 6/1/2004

PART I GENERAL INFORMATION

(1) Facility Name Wekiva Hunt Club / Seminole County

Address 144 Ledbury

City Longwood, Fl. Zip 32779

Telephone Number (407) 862-5651

(2) The GMS Identification Number 3059P03243

(3) DEP Permit Number FL0036251

(4) Authorized Representative Name Tom Keys

Address 144 Ledbury

City Longwood, Fl. Zip 32779

Telephone Number (407) 862-5651

(5) *Type of Discharge* Treated Domestic Wastewater

(6) Method of Discharge Surface discharge, reclaimed slow rate percolation, public access land application.

Certification

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

Date: 12/20/07 Tom Keys

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advanced Environmental Laboratories Inc.

Address 5810 D Breckenridge Parkway Tampa, Fl. 33610

Phone Number (813) 630-9616

Printed 6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

nty: **Seminole County**
ility Name: **Wekiva Hunt Club WWTF**
mit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MW1-I
Well Type: Intermediate
Description: **Facility Well Name: W-1**
Perc Ponds
WAFR # 7090
GMS# 3059A130 16

nitoring Period: From October 2007 To December 2007
s the well purged before sampling? X Yes No

Date Sample Obtained: 11/2/2007
Time Sample Obtained: 07:09

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/N)
ater Level Relative to Feet, NGVD	82545	--	54.69	Feet	Report	N/A	Field	Pump	N
trate, (as N)	00620	--	0.539	mg/l	10	0.027 mg/l	SM 4500NO3F	Pump	N
lids, Total Dissolved (TDS)	70295	070304	130	mg/l	500	10 mg/L	EPA 160.1	Pump	N
hloride (as Cl)	00940	--	5.8	mg/l	250	1.3 mg/l	SM 4500CIE	Pump	N
oliform, Fecal	74055	031616	1.0	#/100ml	4	1CFU/100ml	SM 9222D	Pump	N
H	00400	--	6.04	SU	6.0 to 8.5	N/A	Field	Pump	N
urbidity, Lab - Nephelometric	82079	--	5.2	NTU	Report	0.13 NTU	EPA 180.1	Pump	N

OMMENTS AND EXPLANATIONS:

/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

unty	**Seminole County**	Permit Builder MW ID	MWB-2
ility Name	**Wekiva Hunt Club WWTF**	Well Type	Background
mit Number	**FL0036251 GMS# 3059P03243**	Description	**Facility Well Name: W-2R**
			Perc Ponds
			WAFR # 7088
			GMS# 3059A13018
onitoring Period	From October 2007 To December 2007	Date Sample Obtained	11/9/2007
s the well *purged before sampling?*	X Yes No	Time Sample Obtained	08:30

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/N)
ater Level Relative to Feet, NGVD	82545	--	50.23	Feet	Report	N/A	Field	Pump	N
itrate, (as N)	00620	--	9.61	mg/l	10	0.027 mg/L	SM 4500NO3F	Pump	N
olids, Total Dissolved (TDS)	70295	070304	350	mg/l	500	10 mg/L	EPA 160.1	Pump	N
hloride (as Cl)	00940	--	75	mg/l	250	1.3 mg/L	SM 4500Cl E	Pump	N
oliform, Fecal	74055	031616	< 1.0	#/100ml	4	1 CFU/100ml	SM 9222D	Pump	N
H	00400	--	6.43	SU	6.0 to 8.5	N/A	Field	Pump	N
urbidity, Lab - Nephelometric	82079	--	5.2	NTU	Report	0.13 mg/l	EPA 180.1	Pump	N

OMMENTS AND EXPLANATION:

/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

ogy	Seminole County	Permit Builder MW ID:	MWC-3
ility Name	Wekiva Hunt Club WWTF	Well Type:	Compliance
mit Number	FL0036251 GMS# 3059P03243	Description:	**Facility Well Name: W-3 Pere Ponds** WAFR # 7091 GMS# 3059A13015
nitoring Period	From: October 2007 To: December 2007	Date Sample Obtained	11/9/2007 - 11/15/2007
the well purged before sampling*	X Yes ___ No	Time Sample Obtained:	07:43 - 13:46

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/N)
ater Level Relative to Feet, NGVD	82545	--	42.05 / 41.9	Feet	Report	N/A	Field	Pump	N
itrate, (as N)	00620	--	/ 10.0	mg/l	10	0.027 mg/L	SM 4500NO3E	Pump	N
olids, Total Dissolved (TDS)	70295	070304	350	mg/l	500	10 mg/L	EPA 160.1	Pump	N
hloride (as Cl)	00940	--	67	mg/l	250	1.3 mg/L	SM4500CLE	Pump	N
oliform, Fecal	74055	031616	< 1.0	#/100ml	1	1 CFU/100ml	SM 9222D	Pump	N
H	00400	--	6.62 / 6.64	SU	6.5 to 8.5	N/A	Field	Pump	N
urbidity, Lab - Nephelometric	82079	--	3.0	NTU	Report	0.13 NTU	EPA 180.1	Pump	N

OMMENTS AND EXPLANATION: The well was re-sampled on 11/15/07 since lab forgot to sample for Nitrate

/1/2001

GROUND WATER MONITORING WELL REPORT - PART D

unty: **Seminole County**
ility Name: **Wekiva Hunt Club WWTF**
mit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWC-4
Well Type: *Compliance*
Description: **Facility Well Name: W-4**
Perc Ponds
WAFR # 7089
GMS# 3059A13017

onitoring Period: From October 2007 To December 2007
s the well purged before sampling? _X_ Yes ___ No

Date Sample Obtained: 11/8/2007
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/N)
ater Level Relative to Feet, NGVD	82545	--	N/A	Feet	Report	N/A	Field	Pump	N
itrate, (as N)	00620	--	N/A	mg/l	10	0.027 mg/L	SM 4500NO3F	Pump	N
olids, Total Dissolved (TDS)	70295	070304	N/A	mg/l	500	10 mg/L	EPA 160.1	Pump	N
hloride (as Cl)	00940	--	N/A	mg/l	250	1.3 mg/L	SM 4500CIE	Pump	N
oliform, Fecal	74055	031616	N/A	#/100/ml	4	1 CFU/100ml	SM 9222D	Pump	N
H	00400	--	N/A	SU	6.5 to 8.5	N/A	Field	Pump	N
urbidity, Lab - Nephelometric	82079	--	N/A	NTU	Report	0.13 mg/L	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION: The well was dry

6/1/2004

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

ERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
AILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	REPORT GROUP:	Quarterly Domestic
		CLASS SIZE:	Major		
		GMS ID NO.:	3059P03243	GMS TEST SITE NO.:	3059X12613
ACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
OCATION:	1441 Lothbury Drive Longwood, FL 32791	PLANT SIZE/TREATMENT TYPE:	1B	Sweetwater Creek and Cove Lake Water Quality-Station # 1	
		NO DISCHARGE FROM SITE:	[ ]		
OUNTY:	Seminole				

MONITORING PERIOD From: October 1, 2007 To: December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
fluoride	Sample Measurement				27.9			mg/l	0	Quarterly	Grab
ARM Code 00940 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
BOD,	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
ARM Code 80082 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/l		Quarterly	Grab
otal Suspended Solids	Sample Measurement				31.0			mg/L	0	Quarterly	Grab
ARM Code 00530 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
otal Organic Carbon	Sample Measurement				12.3			mg/l	0	Quarterly	Grab
ARM Code 00680 5 ion Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/l		Quarterly	Grab
O2 Nitrogen, Total as N	Sample Measurement				0.449			mg/l	0	Quarterly	Grab
ARM Code 00620 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
jeldahl Nitrogen, Total as N	Sample Measurement				0.77			mg/L	0	Quarterly	Grab
ARM Code 00625 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

AME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-3651	07/12/20

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT - PART A (Continued)

ACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
osphorus, Total as P	Sample Measurement				0.19			mg/L	0	Quarterly	Grab
ARM Code 00665 5 on Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
tho Phosphorus, Total as P	Sample Measurement				0.0720			mg/L	0	Quarterly	Grab
ARM Code 70507 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
llorophyll-a	Sample Measurement				1.00			mg/m3	0	Quarterly	Grab
ARM Code 32238 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
kalinity	Sample Measurement				40.5			mg/L	0	Quarterly	Grab
ARM Code 00410 5 on Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
ygen, Dissolved	Sample Measurement				2.77			mg/L	0	Quarterly	Grab
ARM Code 00300 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
I	Sample Measurement				6.95			S.U	0	Quarterly	Grab
ARM Code 00400 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U		Quarterly	Grab
mperature	Sample Measurement				26.0			Degree C	0	Quarterly	Grab
ARM Code 00010 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
l Nitrogen, Total as N	Sample Measurement				0.0729			mg/L	0	Quarterly	Grab
ARM Code 00610 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club Wastewater Treatment Facility
LOCATION: 144 Ledbury Drive
Longwood, FL 32791

COUNTY: Seminole

PERMIT NUMBER: FL0036251
LIMIT: Final
CLASS SIZE: Major
GMS ID NO.: 3059P03243
DISCHARGE POINT NUMBER: N/A
PLANT SIZE/TREATMENT TYPE: IB
NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly
GROUP: Domestic
GMS TEST SITE NO.: 3059X12613

Sweetwater Creek and Cove Lake Water Quality-Station # 2

MONITORING PERIOD From October 1, 2007 To December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
Ilfonde	Sample Measurement				38.6			mg/L	0	Quarterly	Grab
ARM Code 00940 5 Ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
HOD,	Sample Measurement				3.12			mg/L	0	Quarterly	Grab
ARM Code 80082 5 Ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
otal Suspended Solids	Sample Measurement				38.0			mg/L	0	Quarterly	Grab
ARM Code 00530 5 Ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
otal Organic Carbon	Sample Measurement				25.8			mg/l	0	Quarterly	Grab
ARM Code 00680 5 Ion Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
O3 Nitrogen, Total as N	Sample Measurement				0.615			mg/L	0	Quarterly	Grab
ARM Code 00620 5 Ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
jeldahl Nitrogen, Total as N	Sample Measurement				1.9			mg/L	0	Quarterly	Grab
ARM Code 00625 5 Ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/12/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
osphorus, Total as P	Sample Measurement				0.26			mg/L	0	Quarterly	Grab
RM Code 00665 5 on Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
tho Phosphorus, Total as P	Sample Measurement				0.0610			mg/L	0	Quarterly	Grab
RM Code 70507 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
lorophyll-a	Sample Measurement				1.00			mg/m3	0	Quarterly	Grab
RM Code 32230 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Salinity	Sample Measurement				49.5			mg/L	0	Quarterly	Grab
RM Code 00010 5 on Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
ygen, Dissolved	Sample Measurement				3.48			mg/l	0	Quarterly	Grab
RM Code 00300 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
	Sample Measurement				6.67			S.U.	0	Quarterly	Grab
RM Code 00400 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
mperature	Sample Measurement				20.6			Degree C	0	Quarterly	Grab
RM Code 00010 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
l, Nitrogen, Total as N	Sample Measurement				< 0.0200			mg/L	0	Quarterly	Grab
RM Code 00610 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/l		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

RMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
IAILING ADDRESS:	200 Weathersfield Avenue	LIMIT:	Final	REPORT:	Monthly
	Altamonte Springs, FL 32714	CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059N83243	GMS FACILITY NO.:	3059X17613
ACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
OCATION:	144 Ledbury Drive	PLANT SIZE/TREATMENT TYPE:	BI		
	Longwood, FL 32791	NO DISCHARGE FROM SITE:	[ ]	Sweetwater Creek and Cove Lake Water Quality-Station # 3	
OUNTY:	Seminole				

MONITORING PERIOD From October 1, 2007 To December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
hloride	Sample Measurement				37.0			mg/L	0	Quarterly	Grab
ARM Code 00940 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
DOD:	Sample Measurement				< 2.00			mg/L	0	Quarterly	Grab
ARM Code 80082 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
otal Suspended Solids	Sample Measurement				2.00			mg/L	0	Quarterly	Grab
ARM Code 00530 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
otal Organic Carbon	Sample Measurement				11.0			mg/L	0	Quarterly	Grab
ARM Code 00680 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
O3 Nitrogen, Total as N	Sample Measurement				0.441			mg/L	0	Quarterly	Grab
ARM Code 00620 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
jeldahl Nitrogen, Total as N	Sample Measurement				0.71			mg/L	0	Quarterly	Grab
ARM Code 00625 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/l		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	08/12/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

ACILITY NAME Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
hosphorus, Total as P	Sample Measurement				0.12			mg/l	0	Quarterly	Grab
ARM Code 00665 5 tion Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
tho Phosphorus, Total as P	Sample Measurement				0.0670			mg/L	0	Quarterly	Grab
ARM Code 70507 5 tion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
hlorophyll-a	Sample Measurement				< 0.500			mg/m3	0	Quarterly	Grab
ARM Code 32238 5 tion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
lkalinity	Sample Measurement				49.0			mg/L	0	Quarterly	Grab
ARM Code 00410 5 tion Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/l		Quarterly	Grab
xygen, Dissolved	Sample Measurement				5.53			mg/L	0	Quarterly	Grab
ARM Code 00300 5 tion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
H	Sample Measurement				6.83			S.U.	0	Quarterly	Grab
ARM Code 00400 5 tion Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
emperature	Sample Measurement				20.3			Degree C	0	Quarterly	Grab
ARM Code 00010 5 tion Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
H, Nitrogen, Total as N	Sample Measurement				< 0.0200			mg/L	0	Quarterly	Grab
ARM Code 00610 5 tion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

RMIT EE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
AILING ADDRESS:	200 Weathersfield Avenue	LIMIT:	Final	REPORT:	Monthly
	Altamonte Springs, FL 32714	CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059P03243	GMS TEST SITE NO:	3059X17613
ACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
OCATION:	144 Ledbury Drive	PLANT SIZE/TREATMENT TYPE:	IB		
	Longwood, FL 32791	NO DISCHARGE FROM SITE:	[ ]	Sweetwater Creek and Cove Lake Water Quality-Station # 4	
OUNTY:	Seminole				

MONITORING PERIOD From: October 1, 2007 To: December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
oride	Sample Measurement				38.1			mg/L	0	Quarterly	Grab
ARM Code 00940 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
OD:	Sample Measurement				2.02			mg/L	0	Quarterly	Grab
ARM Code 80082 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
al Suspended Solids	Sample Measurement				32.0			mg/L	0	Quarterly	Grab
ARM Code 00530 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
al Organic Carbon	Sample Measurement				30.4			mg/L	0	Quarterly	Grab
ARM Code 00680 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
O. Nitrogen, Total as N	Sample Measurement				0.480			mg/L	0	Quarterly	Grab
ARM Code 00620 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
eldahl Nitrogen, Total as N	Sample Measurement				1.8			mg/l	0	Quarterly	Grab
ARM Code 00625 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/12/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
hosphorus, Total as P	Sample Measurement					0.27			mg/l	0	Quarterly	Grab
ARM Code 00665 5 ion Site No.SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
rtho Phosphorus, Total as P	Sample Measurement					0.0810			mg/L	0	Quarterly	Grab
ARM Code 70507 5 ion Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/l		Quarterly	Grab
filorophyll-a	Sample Measurement					25.9			mg/m3	0	Quarterly	Grab
ARM Code 32230 5 ion Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/m3		Quarterly	Grab
Salinity	Sample Measurement					56.7			mg/L	0	Quarterly	Grab
ARM Code 00410 5 ion Site No.SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
xygen, Dissolved	Sample Measurement					3.91			mg/L	0	Quarterly	Grab
ARM Code 00300 5 ion Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
H	Sample Measurement					6.83			S.U.	0	Quarterly	Grab
ARM Code 00400 5 ion Site No. SWB-1	Permit Requirement					Report (Single Sample)			S.U.		Quarterly	Grab
emperature	Sample Measurement					20.7			Degree C	0	Quarterly	Grab
ARM Code 00010 5 ion Site No. SWB-1	Permit Requirement					Report (Single Sample)			Degree C		Quarterly	Grab
H, Nitrogen, Total as N	Sample Measurement					0.0425			mg/L	0	Quarterly	Grab
ARM Code 00610 5 ion Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

RMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
AILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	REPORT GROUP:	Monthly Domestic
		CLASS SIZE:	Major		
		GMS ID NO.:	3059P03243	GMS TEST SITE NO:	3059X17613
CILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
CATION:	144 Ledbury Drive Longwood, FL 32750	PLANT SIZE/TREATMENT TYPE:	IB	Sweetwater Creek and Cove Lake Water Quality-Station # 6	
		NO DISCHARGE FROM SITE:	F1		
UNTY:	Seminole				

MONITORING PERIOD From: October 1, 2007 To: December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
loride	Sample Measurement				35.7			mg/l	0	Quarterly	Grab
RM Code 00940 5 m Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
OD,	Sample Measurement				< 2.00			mg/L	0	Quarterly	Grab
RM Code 80082 5 m Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
al Suspended Solids	Sample Measurement				4.00			mg/L	0	Quarterly	Grab
RM Code 00530 5 m Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
al Organic Carbon	Sample Measurement				12.7			mg/L	0	Quarterly	Grab
RM Code 00680 5 m Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
, Nitrogen, Total as N	Sample Measurement				0.0220			mg/L	0	Quarterly	Grab
RM Code 00620 5 m Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
eldahl Nitrogen, Total as N	Sample Measurement				0.82			mg/L	0	Quarterly	Grab
RM Code 00625 5 m Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

ME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/12/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Weleva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
osphorus, Total as P	Sample Measurement				0.075			mg/L	0	Quarterly	Grab
RM Code 00665 5 n Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
tho Phosphorus, Total as P	Sample Measurement				0.0260			mg/L	0	Quarterly	Grab
RM Code 70507 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
lorophyll-a	Sample Measurement				4.10			mg/m3	0	Quarterly	Grab
RM Code 32238 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
alinity	Sample Measurement				22.0			mg/L	0	Quarterly	Grab
RM Code 00410 5 n Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
ygen, Dissolved	Sample Measurement				5.11			mg/L	0	Quarterly	Grab
RM Code 00300 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
	Sample Measurement				7.02			S.U	0	Quarterly	Grab
RM Code 00400 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
nperature	Sample Measurement				20.1			Degree C	0	Quarterly	Grab
RM Code 00010 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
l, Nitrogen, Total as N	Sample Measurement				<0.0200			mg/l	0	Quarterly	Grab
RM Code 00610 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

RMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
ILING ADDRESS	200 Weathersfield Avenue	LIMIT:	Final	REPORT	Monthly
	Altamonte Springs, FL 32714	CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3050N04243	GMS TEST SITE NO.:	3050N17615
CILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
CATION:	144 Ledbury Drive	PLANT SIZE/TREATMENT TYPE:	1B	Sweetwater Creek and	
	Longwood, FL 32791	NO DISCHARGE FROM SITE:	[ ]	Cove Lake Water	
				Quality-Station # 5	
UNTY:	Seminole				

MONITORING PERIOD From: October 1, 2007 To: December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
oride	Sample Measurement				36.5			mg/L	0	Quarterly	Grab
RM Code 00940 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
OD5	Sample Measurement				< 2.00			mg/L	0	Quarterly	Grab
RM Code 80082 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
al Suspended Solids	Sample Measurement				33.0			mg/L	0	Quarterly	Grab
RM Code 00530 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
al Organic Carbon	Sample Measurement				11.1			mg/L	0	Quarterly	Grab
RM Code 00680 5 n Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Nitrogen, Total as N	Sample Measurement				< 0.00920			mg/L	0	Quarterly	Grab
RM Code 00620 5 n.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
jldahl Nitrogen, Total as N	Sample Measurement				3.8			mg/l	0	Quarterly	Grab
RM Code 00625 5 n.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

ME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/12/20

MMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT - PART A (Continued)

ACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
sphorus, Total as P	Sample Measurement				0.39			mg/L	0	Quarterly	Grab
ARM Code 00665 5 on Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
tho Phosphorus, Total as P	Sample Measurement				0.0160			mg/L	0	Quarterly	Grab
ARM Code 70507 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Morophyll-a	Sample Measurement				10.9			mg/m3	0	Quarterly	Grab
ARM Code 32238 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
kalinity	Sample Measurement				61.9			mg/L	0	Quarterly	Grab
ARM Code 00410 5 on Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
ygen, Dissolved	Sample Measurement				5.09			mg/l	0	Quarterly	Grab
ARM Code 00300 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
H	Sample Measurement				7.07			S.U.	0	Quarterly	Grab
ARM Code 00400 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
mperature	Sample Measurement				21.4			Degree C	0	Quarterly	Grab
ARM Code 00010 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
ll Nitrogen, Total as N	Sample Measurement				< 0.0200			mg/L	0	Quarterly	Grab
ARM Code 00610 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

RMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251	REPORT:	Monthly
AILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	GROUP:	Domestic
		CLASS SIZE:	Major	GMS TEST SITE NO.:	3050X12613
(CILITY:	Wekiva Hunt Club Wastewater Treatment Facility	GMS ID NO.:	3050P03243		
OCATION:	144 Ledbury Drive Longwood, FL 32791	DISCHARGE POINT NUMBER:	N/A	Sweetwater Creek and Cove Lake Water Quality-Station # 7	
		PLANT SIZE/TREATMENT TYPE:	IB		
		NO DISCHARGE FROM SITE:	[ ]		
OUNTY:	Seminole				

MONITORING PERIOD From: October 1, 2007 To: December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
floride	Sample Measurement				0.0 [illegible]			mg/L	0	Quarterly	Grab
(RM Code 00940 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
ROD,	Sample Measurement				< 2.00			mg/l	0	Quarterly	Grab
(RM Code 80082 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
tal Suspended Solids	Sample Measurement				4.00			mg/L	0	Quarterly	Grab
(RM Code 00530 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
tal Organic Carbon	Sample Measurement				2.39			mg/L	0	Quarterly	Grab
(RM Code 00680 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
), Nitrogen, Total as N	Sample Measurement				0.808			mg/L	0	Quarterly	Grab
(RM Code 00620 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
eldahl Nitrogen, Total as N	Sample Measurement				0.22			mg/L	0	Quarterly	Grab
(RM Code 00625 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/12/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
osphorus, Total as P	Sample Measurement				0.12			mg/L	0	Quarterly	Grab
RM Code 00665 5 on Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
ho Phosphorus, Total as P	Sample Measurement				0.0900			mg/L	0	Quarterly	Grab
RM Code 70507 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/l		Quarterly	Grab
lorophyll-a	Sample Measurement				< 0.500			mg/m3	0	Quarterly	Grab
RM Code 32238 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
kalinity	Sample Measurement				119			mg/L	0	Quarterly	Grab
RM Code 00410 5 on Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
ygen, Dissolved	Sample Measurement				4.85			mg/L	0	Quarterly	Grab
RM Code 00300 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
l	Sample Measurement				7.37			S.U.	0	Quarterly	Grab
RM Code 00400 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
mperature	Sample Measurement				22.6			Degree C	0	Quarterly	Grab
RM Code 00010 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
l, Nitrogen, Total as N	Sample Measurement				< 0.0200			mg/L	0	Quarterly	Grab
RM Code 00610 5 on Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

RMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
AILING ADDRESS:	200 Weathersfield Avenue	LIMIT:	Final	REPORT	Monthly
	Altamonte Springs, FL 32714	CLASS SIZE:	Major	GROUP	Domestic
		GMS ID NO.:	3059P03243	GMS TEST SITE NO.	3059X17613
CILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
CATION:	144 Ledbury Drive	PLANT SIZE/TREATMENT TYPE:	IB	Sweetwater Creek and	
	Longwood, FL 32791	NO DISCHARGE FROM SITE:	[ ]	Cove Lake Water	
				Quality Station # 8	
UNTY:	Seminole				

MONITORING PERIOD From: October 1, 2007 to: December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. E	Frequency of Analysis	Sample Type
loride	Sample Measurement				10.7			mg/L	0	Quarterly	Grab
RM Code 00940 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
OD,	Sample Measurement				< 2.00			mg/L	0	Quarterly	Grab
RM Code 80082 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
tal Suspended Solids	Sample Measurement				1.00			mg/L	0	Quarterly	Grab
RM Code 00530 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
tal Organic Carbon	Sample Measurement				2.04			mg/L	0	Quarterly	Grab
RM Code 00680 5 n Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
), Nitrogen, Total as N	Sample Measurement				0.772			mg/l	0	Quarterly	Grab
RM Code 00620 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
eldahl Nitrogen, Total as N	Sample Measurement				0.35			mg/L	0	Quarterly	Grab
RM Code 00625 5 n Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/l		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	07/12/20

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT - PART A (Continued)

ACILITY NAME: Wekiva Hunt Club Wastewater Treatment Facility PERMIT NUMBER: FL0036251 Surface Water Monitoring

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
hosphorus, Total as P	Sample Measurement				0.13			mg/L	0	Quarterly	Grab
ARM Code 00665 5 ion Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
rtho Phosphorus, Total as P	Sample Measurement				0.0060			mg/l	0	Quarterly	Grab
ARM Code 70507 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
hlorophyll-a	Sample Measurement				1.00			mg/m3	0	Quarterly	Grab
ARM Code 32238 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
lkalinity	Sample Measurement				123			mg/L	0	Quarterly	Grab
ARM Code 00410 5 ion Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
xygen, Dissolved	Sample Measurement				4.51			mg/L	0	Quarterly	Grab
ARM Code 00300 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
I	Sample Measurement				7.48			S U	0	Quarterly	Grab
ARM Code 00400 5 ion Site No SWB-1	Permit Requirement				Report (Single Sample)			S U		Quarterly	Grab
emperature	Sample Measurement				22.4			Degree C	0	Quarterly	Grab
ARM Code 00010 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
TL Nitrogen, Total as N	Sample Measurement				< 0.0200			mg/L	0	Quarterly	Grab
ARM Code 00610 5 ion Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

2008 DMRs

WEKIVA HUNT CLUB

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

680 Wekiva

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

FILE COPY

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

UNIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Tedbury Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From January 1, 2008 To January 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.00016		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	2.0 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.0019		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr TPC
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr TPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/l	0	Weekly	Grab
PARM Code 00530 I Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/l		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 I Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/2/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): 60,000 gallons was discharged unintentionally when a meter calibration technician decided to calibrate the outfall flow meter on the weekend. We notified the DEP of the incident and informed the staff and the calibration company to never allow a discharge to the stream without the permission of the Lead Operator.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

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

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ml		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/l	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/l	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/l	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/l		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: D-001 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/l	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/l		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow, (total through plant)	Sample Measurement	1.83		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow, (total through plant)	Sample Measurement	1.83	1.82	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				144.8			mg/L	0	Weekly	16-hr TPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr TPC
Solids, Total Suspended	Sample Measurement				170.0			mg/L	0	Weekly	16-hr TPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr TPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				63			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLG036251

LIMIT: Final
CLASS SIZE: Major
REPORT: Monthly
GROUP: Domestic

FACILITY: Weka a Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2008 To: January 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.227		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.576		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.34			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.5	7.2		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/2/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From: January 1, 2008 To: January 31, 2008

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement					6.86	7.56		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement					6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement					< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement					200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement					< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement					Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement					1.25			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement					0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement					7.98			mg/L	0	Every Two Weeks	16-hr. TPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement					12.0 (Max.)			mg/L		Every Two Weeks	16-hr. TPC
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY LOCATION: Wekiva Hunt Club WWTF
144 Ledbury Drive
Longwood, FL 32779-6900

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From January 1, 2008 To January 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.57		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.244		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.85			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.12	10.5		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.86	7.56		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/2/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon Site No. EFA-1	Sample Measurement				95 %			Percent	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon Site No. EFA-1	Sample Measurement				1.0			#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon Site No. EFB-1	Sample Measurement				2.0			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity
Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: January 1, 2008 to January 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code THP3B P	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
Mon Site No. EFD-2											
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code THP3B Q	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
Mon Site No. EFD-2											
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code THP9C P	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
Mon Site No. EFD-2											
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code THP9C Q	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
Mon Site No. EFD-2											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI-9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI-9 IN THE RESULTS COLUMNS IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/2/15

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From January 1, 2008 To January 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.56	7.14	2.25		0.6	
2	7.6	< 1.0		7.42	7.0	1.75	< 1.0	0.6	
3		< 1.0		7.56	7.28	2.1	< 1.0	0.8	
4		< 1.0		7.42	7.14	1.85	< 1.0	0.4	
5				7.14	7.0	1.65		0.4	
6				7.14	6.86	1.5		0.6	
7		< 1.0		7.28	7.14	3.2	< 1.0	0.6	
8		< 1.0		7.42	7.28	1.7	< 1.0	0.5	
9		< 1.0		7.28	7.14	2.05	< 1.0	0.6	
10		< 1.0		7.28	7.14	2.1	< 1.0	0.6	
11	10.5	< 1.0		7.42	7.14	1.45	< 1.0	0.6	
12				7.28	6.86	1.2		0.5	
13				7.0	6.86	1.25		0.5	
14	7.7		6.43	7.28	7.0	1.4		0.6	
15		< 1.0		7.56	7.28	1.8	< 1.0	0.7	
16	10.5	< 1.0		7.42	7.28	2.3	< 1.0	0.5	
17		< 1.0		7.42	7.28	2.05	< 1.0	0.5	
18		< 1.0		7.7	7.28	2.0	< 1.0	0.5	
19				7.7	7.14	2.35		0.5	
20				7.7	7.28	2.4		0.6	
21		< 1.0		7.56	7.42	2.0	< 1.0	0.6	
22		1.0		7.56	7.42	2.8	< 1.0	0.8	
23	5.9	< 1.0		7.42	7.28	2.1	< 1.0	1.4	
24		< 1.0		7.42	7.28	2.1	< 1.0	1.9	
25	10.0	< 1.0		7.28	7.14	1.65	< 1.0	0.6	
26				7.42	7.0	1.85		0.6	
27				7.42	7.14	2.25		0.6	
28		< 1.0		7.28	7.14	2.1	< 1.0	0.5	
29	10.2	< 1.0		7.42	7.14	2.6	< 1.0	0.5	
30	5.7		7.98	7.28	7.0	1.7		0.6	
31		< 1.0		7.56	7.0	2.0	< 1.0	0.8	
Total									
Mo. Avg									

PLANT STAFFING

Day Shift Operator	Class:	C, A	Certificate No:	8518,7056	Name:	Alex Lorenzo, Edward Roberts
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3980	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From January 1, 2008 To January 31, 2008

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Declor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14	< 1.0								1.0	
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30	< 1.0								< 1.0	
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class C, A Certificate No: 8518 7056 Name: Alex Lorenzo, Edward Roberts

Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hesse

Evening Shift Operator Class C Certificate No: 8003 Name: Matt Bailey

Lead Operator Class A Certificate No: 3990 Name Toni Keys

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

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF

Monitoring Period From January 1, 2008 To January 31, 2008

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.899	0.354	0.556	0.00			
2			1.759	0.0	0.983	0.00			
3			1.731	0.0	1.051	0.00			
4			1.722	0.333	0.816	0.00			
5			1.752	1.269	1.470	0.00			
6			1.871	1.554	1.383	0.00			
7			1.980	0.0	0.862	0.00			
8			1.731	0.606	0.752	0.00			
9			1.728	1.128	0.565	0.00			
10			1.526	0.148	2.168	0.00			
11			1.738	0.562	2.012	0.00	107.5	110.0	
12			1.648	0.0	0.916	0.00			
13			1.846	0.113	0.501	0.006			
14			1.984	1.568	0.313	0.00			
15			1.730	0.629	1.998	0.00			
16			1.782	0.0	2.372	0.00	107.5	110.0	
17			1.790	0.0	2.434	0.00			
18			1.758	1.278	0.760	0.00			
19			1.778	1.946	2.250	0.00			
20			1.933	0.0	0.404	0.00			
21			1.876	0.0	0.213	0.00			
22			1.861	1.348	2.177	0.00	165.9	204.0	
23			1.904	0.276	1.722	0.00			
24			1.910	0.0	0.334	0.00			
25			2.012	0.0	1.368	0.00			
26			1.822	1.286	0.802	0.00			
27			1.917	2.112	0.238	0.00			
28			2.113	0.058	1.678	0.00			
29			1.846	0.0	1.456	0.00			
30			1.830	1.242	1.752	0.00	198.3	256.0	
31			1.852	0.050	2.236	0.00			
Total			56.629	17.851	38.552	0.006	579.2	680	
Mo. Avg.			1.827	0.576	1.244	0.0002	144.8	170	

PLANT STAFFING

Day Shift Operator Class: C, A Certificate No: 8518, 7056 Name Alex Lorenzo, Edward Roberts

Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue

Evening Shift Operator Class: C Certificate No: 8003 Name Alan Bailey

Lead Operator Class: A Certificate No: 5090 Name Tom Keys

650

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

FILE COPY

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From February 1, 2008 To February 29, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.000013		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. TPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. TPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00100 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100Ml	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100Ml		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/2/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

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

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100ML	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/l		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: D-001 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/l	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 I Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.83		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.84	1.82	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				189.72			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				87.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				63			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-8080

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2008 To: February 29, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.218		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.236		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.11			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.3	11.2		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/l	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.75	3.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/2/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Welaka Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From: February 1, 2008 To: February 29, 2008

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.42	8.12		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	800 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.17			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-4000

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2008 To: February 29, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.57		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.43		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.33	11.1		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				3.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.86	7.98		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/2/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: R4902 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				95			Percent	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)			Percent		1 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.0			#/100Ml	0	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				25 (Max.)			#/100Ml		1 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				1.6			NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major
REPORT GROUP: Toxicity
Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6000

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2008 to February 29, 2008

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement					100			percent	0	Annually	24 hr. composite
PARM Code TBP3B P Mon.Site No. EFD-2	Permit Requirement					100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement											
PARM Code TBP3B Q Mon.Site No. EFD-2	Permit Requirement					100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement					100			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon.Site No. EFD-2	Permit Requirement					100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement											
PARM Code TBP6C Q Mon.Site No. EFD-2	Permit Requirement					100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY MM DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/2/18

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period: From: February 1, 2008 To: February 29, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100Ml.)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.0		7.84	7.42	1.6	1.0	0.6	
2				7.7	7.42	1.65		0.6	
3				7.84	7.42	1.5		0.6	
4		< 1.0		7.98	7.56	2.45	3.0	0.8	
5		< 1.0		7.7	7.56	1.5	< 1.0	0.8	
6		< 1.0		7.7	7.56	1.5	< 1.0	0.9	
7	10.7	< 1.0		7.7	7.56	1.7	< 1.0	0.9	
8		3.0		7.7	7.56	1.2	< 1.0	1.2	
9				7.7	7.42	1.6		0.7	
10				7.7	7.42	2.0		0.6	
11		< 1.0		7.7	7.56	1.9	< 1.0	0.6	
12	11.2		8.17	7.7	7.56	2.0		0.7	
13		< 1.0		7.7	7.56	1.95	< 1.0	0.7	
14		< 1.0		7.7	7.56	1.55	< 1.0	1.0	
15	9.1	< 1.0		7.7	7.42	1.35	1.0	1.0	
16				7.7	7.42	1.55		1.2	
17				7.7	7.42	1.4		1.3	
18		< 1.0		7.84	7.56	1.2	< 1.0	1.2	
19	10.4	< 1.0		7.98	7.84	1.4	1.0	1.4	
20		< 1.0		7.98	7.84	1.7	< 1.0	1.3	
21		< 1.0		7.98	7.7	1.5	2.0	1.6	
22		< 1.0		7.84	7.7	1.5	< 1.0	1.4	
23				7.7	7.56	1.9		1.5	
24				7.7	7.56	1.5		1.2	
25		< 1.0		7.84	7.7	1.35	< 1.0	1.2	
26	9.4		< 0.1	7.98	7.7	1.5		1.6	
27		< 1.0		8.12	7.84	1.7	< 1.0	1.4	
28	11.1	< 1.0		7.98	6.86	1.65	< 1.0	1.4	
29		< 1.0		7.7	7.28	1.7	< 1.0	1.3	
30									
31									
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator	Class: C	Certificate No:	8518,7056	Name:	Alex Lorenzo, Edward Roberts	
Evening Shift Operator	Class: C	Certificate No:	5241	Name:	Ray Hogue	
Evening Shift Operator	Class: C	Certificate No:	8603	Name:	Alan Bailey	
Lead Operator	Class: A	Certificate No:	3690	Name:	Tom Keys	

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Weeki Wachee Club WWTF

Monitoring Period From: February 1 2008 To: February 29, 2008

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12	< 1.0								< 1.0	
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26	< 1.0								3.0	
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518.7056 Name: Alex Lorenzo, Edward Roberts

Evening Shift Operator Class: C Certificate No: 8231 Name: Ray Hogue

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

Lead Operator Class: A Certificate No: 3060 Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From February 1, 2008 To: February 29, 2008

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.942	0.095	0.560	0.00			
2			1.794	0	1.648	0.00			
3			1.935	1.305	1.439	0.00			
4			2.109	1.243	0.923	0.00			
5			1.728	0.381	1.948	0.00			
6			1.798	0	1.878	0.00			
7			1.826	0	2.092	0.00	140.0	50.0	
8			1.770	0	1.590	0.00			
9			1.729	0	1.474	0.00			
10			1.861	0	1.223	0.00			
11			2.001	0	0.335	0.00			
12			1.788	1.241	0.530	0.00	195.6	70.0	
13			1.802	0.248	1.342	0.00			
14			1.836	0	1.354	0.00			
15			1.796	0.070	1.774	0.00			
16			1.774	0.109	1.902	0.480			
17			1.834	0	2.386	0.00			
18			1.900	0	1.700	0.00			
19			2.016	0	1.200	0.00	211.0	200.0	
20			1.752	0	1.418	0.00			
21			1.734	0	1.476	0.00			
22			1.796	0	1.146	0.00			
23			1.599	0	1.687	0.00			
24			2.100	0	1.316	0.00			
25			2.099	0	1.234	0.00			
26			1.684	1.218	1.451	0.00	201.1	60.0	
27			1.802	0.415	1.314	0.00			
28			1.770	0	1.242	0.00			
29			1.814	0.012	1.864	0.00			
30						0.00			
31						0.00			
Total			53.384	6.837	41.446	0.00	747.7	380	
Mo. Avg			1.841	0.236	1.429	0.00	186.9	95.0	

PLANT STAFFING:

Day Shift Operator Class C, A Certificate No. 8518, 7056 Name: Alex Lorenzo, Edward Roberts

Evening Shift Operator Class C Certificate No. 8241 Name: Ray Horne

Evening Shift Operator Class C Certificate No. 8003 Name: Don Bailey

Lead Operator Class A Certificate No. 3090 Name Tom Kess

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Eedburn Drive
Longwood, FL 32779

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, *including Influent*

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2008 To March 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.00016		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 I Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 I Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/04/21

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF — MONITORING GROUP NUMBER: D-001 — PERMIT NUMBER: FL0036251
MONITORING PERIOD: From March 1, 2008 to March 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (for Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Weeki a Hunt Club WWTF MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Mon Site No. EFD-1	Sample Measurement				NOD			ug/L	0	Monthly	Grab
Hardness, Total (as CaCO3)	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
PARM Code 00900 1	Sample Measurement	1.84		MGD					0	Continuous	Flow meters and totalizers
Mon Site No. EFD-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.87	1.85	MGD					0	Continuous	Calculated
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
Mon Site No. FLW-1	Sample Measurement				206.7			mg/L	0	Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
PARM Code 80082 G	Sample Measurement				103.5			mg/L	0	Weekly	16-hr. FPC
Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				64			Percent	0	Monthly	Calculated
PARM Code 00530 G	Permit Requirement				Report			Percent		Monthly	Calculated
Mon Site No. INF-1	Sample Measurement										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Permit Requirement										
PARM Code 00180 1	Sample Measurement										
Mon Site No. CAL-1	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Santaula Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1441 Estuary Drive
Longwood, FL 32779-0000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March, 2008 To: March 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.235		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.185		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.79			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.2	9.9		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/04/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Weber Basin Utah WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From: March 1, 2008 To: March 31, 2008

PERMIT NUMBER: UT0036251

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement					7.0	7.9		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement					6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement					< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement					200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement					< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement					Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement					1.6			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement					0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement					6.98			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement					12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major
REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC.: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2008 To: March 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.57		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.63		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.21			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.42	9.8		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.3	7.84		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/04/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, * = less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No: EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				< 1.00			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No: EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No: EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No: EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Run Club WWTF
LOCATION: 114 Ledbury Drive
Longwood, FL 32779-6000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2008 to March 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code TBP3B P Mon Site No EFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TBP3B Q Mon Site No EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon Site No EFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TBP6C Q Mon Site No EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/04/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: March 1, 2008 To: March 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				6.9	6.7	1.6		1.5	
2				7.3	6.9	1.6		1.6	
3		< 1.0		7.12	6.9	1.5	< 1.0	1.7	
4	9.8	< 1.0		7.2	6.5	1.55	< 1.0	1.4	
5		< 1.0		7.2	6.4	1.55	< 1.0	1.5	
6		< 1.0		7.2	6.5	1.45	< 1.0	1.5	
7		< 1.0		7.2	6.5	1.85	< 1.0	1.9	
8				7.0	6.3	1.85		1.5	
9				7.28	6.44	1.8		2.0	
10	9.9		6.25	7.56	7.0	1.6		1.5	
11		< 1.0		7.9	7.42	1.7	< 1.0	1.6	
12		< 1.0		7.56	7.42	1.5	< 1.0	1.4	
13		< 1.0		7.56	7.42	1.7	< 1.0	1.6	
14	9.3	< 1.0		7.56	7.42	1.5	< 1.0	1.7	
15				7.42	7.28	1.4		1.8	
16				7.56	7.28	1.4		2.0	
17		< 1.0		7.84	7.42	1.7	< 1.0	1.9	
18		< 1.0		7.70	7.42	2.4	< 1.0	1.8	
19	9.7	< 1.0		7.56	7.28	1.35	< 1.0	1.6	
20		< 1.0		7.56	7.42	2.15	< 1.0	1.7	
21		< 1.0		7.56	7.42	1.6	< 1.0	1.4	
22				7.56	7.14	1.55		1.4	
23				7.56	7.28	1.2		1.5	
24		< 1.0		7.7	7.42	1.5	< 1.0	1.4	
25		< 1.0		7.56	7.28	1.3	< 1.0	1.8	
26	8.5		6.98	7.56	7.28	2.2		1.5	
27	8.9	< 1.0		7.56	7.14	1.6	2	1.6	
28		< 1.0		7.56	7.28	1.95	< 1.0	1.6	
29				7.56	7.14	1.75		1.5	
30				7.84	7.28	1.75		1.5	
31		< 1.0		7.56	7.14	1.8	< 1.0	1.4	
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator	Class:	C, A	Certificate No:	8518,7056	Name:	Alex Lorenzo, Edward Roberts	
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue	
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey	
Lead Operator	Class:	A	Certificate No:	3299	Name:	Tom Keys	

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF

Monitoring Period From: March 1, 2008 To: March 31, 2008_

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10	< 1.0								< 1.0	
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26	< 1.0								< 1.0	
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING

Day Shift Operator	Class	C, A	Certificate No:	8518,7056	Name:	Alex Lorenzo, Edward Roberts
Evening Shift Operator	Class	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class	C	Certificate No:	8003	Name:	Max Bailey
Lead Operator	Class	A	Certificate No:	3090	Name:	Tom Keys

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From March 1, 2008 To March 31, 2008

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.714	0.0	1.348	0.00			
2			1.833	0.0	1.685	0.00			
3			1.971	0.0	1.835	0.00			
4			1.833	0.0	2.891	0.00	199.2	192.0	
5			1.785	0.0	1.417	0.00			
6			1.828	0.0	1.298	0.00			
7			1.789	0.0	1.309	0.00			
8			1.937	0.0	0.852	0.00			
9			2.035	0.0	1.048	0.00			
10			2.164	1.878	2.182	0.00	240.6	190.0	
11			1.949	2.139	2.087	0.00			
12			1.950	0.0	1.794	0.00			
13			1.900	0.0	1.384	0.00			
14			1.858	0.0	1.396	0.00			
15			1.854	0.0	1.594	0.00			
16			1.903	0.0	1.767	0.00			
17			2.110	0.0	2.230	0.00			
18			1.767	0.0	1.627	0.00			
19			1.838	0.0	1.674	0.00	201.1	58.0	
20			1.879	0.0	1.727	0.00			
21			1.770	0.0	1.479	0.00			
22			1.807	0.0	1.592	0.00			
23			1.939	0.0	1.553	0.00			
24			2.024	0.0	1.638	0.00			
25			1.831	0.0	1.353	0.00			
26			1.786	1.348	1.704	0.00	185.8	64.0	
27			1.846	0.256	1.556	0.00			
28			1.752	0.113	1.249	0.00			
29			1.722	0.0	1.541	0.00			
30			1.803	0.0	2.057	0.00			
31			1.865	0.0	1.696	0.00			
Total			58.042	5.734	50.563	0.00	826.7	414	
Mo. Avg.			1.872	0.185	1.631	0.00	206.7	103.5	

PLANT STAFFING:

Day Shift Operator	Class:	C, A	Certificate No:	8518, 7056	Name:	Alex Lorenzo, Edward Roberts
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT - PART D

DEP Form # 62-522.900(2)
Form Title Ground Water Monitoring Report
Effective Date 6/1/2004

GROUND WATER MONITORING REPORT
Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Wekiva Hunt Club / Seminole County

Address 144 Ledbury

City Longwood, Fl. Zip 32779

Telephone Number (407) 862-5651

(2) The GMS Identification Number 3059P03243

(3) DEP Permit Number FL0036251

(4) Authorized Representative Name Tom Keys

Address 144 Ledbury

City Longwood, Fl. Zip 32779

Telephone Number (407) 862-5651

(5) Type of Discharge Treated Domestic Wastewater

(6) Method of Discharge Surface discharge, reclaimed slow rate percolation, public access land application.

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

Date: 04/21/08 Tom Keys

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advanced Environmental Laboratories Inc

Address 5810 D Breckenridge Parkway Tampa, Fl. 33610

Phone Number (813) 630-9616

Printed 6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MW1-1
Well Type: Intermediate
Description: **Facility Well Name: W-1**
Pere Ponds
WAFR # 7090
GMS# 3059A13046

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

Date Sample Obtained: 3/5/2008
Time Sample Obtained: 14:37

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/N)
Water Level Relative to Feet, NGVD	82545	--	54.99	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	6.7	mg/l	10	0.027 mg/L	SM4500NO3F	Pump	N
Solids, Total Dissolved (TDS)	70295	070304	240	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	58	mg/l	250	1.3 mg/L	SM4500ClE	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100ml	4	1CFU/100ml	SM 9222D	Pump	N
pH	00400	--	5.38	SU	6.0 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	0.45	NTU	Report	0.13 NTU	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION:

6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWB-2
Well Type: Background
Description: **Facility Well Name: W-2R**
Pere Ponds
WAFR # 7088
GMS# 3059A13048

Monitoring Period: From January 2008 To: March 2008
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 3/5/2008
Time Sample Obtained: 14:56

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/F/N)
Water Level Relative to Feet, NGVD	82545	--	49.77	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	5.8	mg/l	10	0.027 mg/L	SM 4500NO3F	Pump	N
Solids, Total Dissolved (TDS)	70295	070304	340	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	76	mg/l	250	1.3 mg/L	SM 4500ClE	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100/ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	5.9	SU	6.0 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nepholometric	82079	--	3.6	NTU	Report	0.13 mg/L	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION:

6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWC-3
Well Type: Compliance
Description: **Facility Well Name: W-3**
Pere Ponds
WAFR # 7091
GMS# 3059A13045

Monitoring Period: From: January 2008 To: March 2008
Was the well purged before sampling? _X_ Yes ___ No

Date Sample Obtained: 3/5/2008
Time Sample Obtained: 15:14

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (F/N)
Water Level Relative to Fect. NGVD	82545	--	42.59	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	8.7	mg/l	10	0.027 mg/L	SM 4500NO3F	Pump	N
Solids, Total Dissolved (TDS)	70295	070304	380	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	67	mg/l	250	1.3 mg/L	SM4500CIF	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100/ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	5.87	SU	6.5 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	1.2	NTU	Report	0.13 NTU	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION: The well was re-sampled on 11/15/07 since lab forgot to sample for Nitrate.

6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWC-4
Well Type: Compliance
Description: **Facility Well Name: W-4**
Pere Ponds
WAFR # 7089
GMS# 3059A13047

Monitoring Period: From: January 2008 To: March 2008
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 3/5/2008
Time Sample Obtained: 14:17

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/F/N)
Water Level Relative to Feet, NGVD	82545	--	48.51	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	0.62	mg/l	10	0.027 mg/L	SM 4500NO3F	Pump	N
Solids, Total Dissolved (TDS)	70295	070304	210	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	18	mg/l	250	1.3 mg/L	SM 4500ClE	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100/ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	6.1	SU	6.5 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	3.1	NTU	Report	0.13 mg/L	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION: The well was dry.

6/1/2004

680

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY LOCATION: Wekiva Hunt Club WWTF
111 Ledbury Drive
Longwood, FL 32779

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly
Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

NO DISCHARGE FROM SITE: ☐

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

FILE COPY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.00016		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/05/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: D-001 | PERMIT NUMBER: FL0036251
MONITORING PERIOD: From April 1, 2008 To April 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF — MONITORING GROUP NUMBER: D-001 — PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			ug/L	0	Monthly	Grab
PARM Code 00900 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.84		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.78	1.83	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				191.26			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				87.2			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				63			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Lefbury Drive
Longwood, FL 32779-6900

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2008 To: April 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.238		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.231		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.22			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.9	9.1		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/05/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Weeki Wachee Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: April 1, 2008 To April 30, 2008

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.56		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.02			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 1551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2008 To April 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.56		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.11		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.77			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.56	11.4		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.72	7.84		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/05/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER R-002 PERMIT NUMBER FL0036251

MONITORING PERIOD From April 1, 2008 to April 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				95			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity
Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-4089

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2008 to April 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code TBP3B P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TBP3B Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code TBP4C P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TBP4C Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/05/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Weeki Wachee Hunt Club WWTF
Monitoring Period From: April 1, 2008 To: April 30, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.0		7.56	7.14	1.7	1.0	1.9	
2	8.4	< 1.0		7.42	7.14	2.0	< 1.0	1.8	
3		< 1.0		7.42	7.14	1.7	2.0	1.9	
4		< 1.0		7.7	7.14	1.0	1.0	2.0	
5				7.2	7.0	1.55		0.8	
6				7.84	7.0	1.1		0.7	
7		< 1.0		7.42	7.14	1.05	2.0	0.7	
8		< 1.0		7.28	7.14	1.2	< 1.0	1.6	
9	8.5	< 1.0		7.42	7.14	1.0	< 1.0	1.4	
10	9.1		8.02	7.42	7.14	1.0		1.6	
11		< 1.0		7.28	7.0	1.25	< 1.0	1.8	
12				7.56	7.14	1.0		1.5	
13				7.28	7.14	1.8		1.8	
14		1.0		7.42	7.23	1.15	< 1.0	1.8	
15		< 1.0		7.56	7.14	1.4	< 1.0	1.9	
16	11.4	< 1.0		7.42	7.14	1.5	< 1.0	2.0	
17		< 1.0		7.28	7.14	1.75	< 1.0	1.8	
18		< 1.0		7.56	7.0	1.2	< 1.0	1.6	
19				7.14	6.86	1.0		1.0	
20				7.42	7.14	1.0		0.9	
21		< 1.0		7.42	7.14	1.25	< 1.0	1.7	
22		< 1.0		7.42	7.14	1.4	< 1.0	1.2	
23	8.6		6.98	7.56	7.14	1.3		1.4	
24		< 1.0		7.42	7.0	1.5	< 1.0	1.2	
25	9.4	< 1.0		7.42	7.0	1.0	2.0	1.4	
26				7.14	6.86	1.0		1.5	
27				7.42	6.72	1.0		1.2	
28		< 1.0		7.28	7.0	1.0	1.0	1.2	
29		< 1.0		7.42	7.0	1.8	< 1.0	1.4	
30	10.1	< 1.0		7.56	7.14	1.2	< 1.0	1.2	
31									
Total									
Mo. Avg									

PLANT STAFFING

Day Shift Operator	Class:	C, A	Certificate No:	8518,7056	Name:	Alex Lorenzo, Edward Roberts
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Boyne
Evening Shift Operator	Class:	C	Certificate No:	8903	Name:	Alan Bailes
Lead Operator	Class:	A	Certificate No:	3990	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: April 1, 2008 To: April 30, 2008

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10	< 1.0								< 1.0	
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23	< 1.0								< 1.0	
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg										

PLANT STAFFING:

Day Shift Operator Class: C, A Certificate No: 8518,7056 Name: Alex Lorenzo, Edward Roberts

Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

Lead Operator Class: A Certificate No: 3090 Name: Tom Kevs

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: April1, 2008 To: April 30, 2008_

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.698	0.0	1.375	0.00			
2			1.712	0.0	1.608	0.00	195.0	90.0	
3			1.712	0.002	1.890	0.00			
4			1.692	0.281	1.384	0.00			
5			1.700	0.517	1.362	0.00			
6			1.834	0.009	1.265	0.00			
7			2.130	0.0	0.695	0.00			
8			1.850	0.0	0.956	0.00			
9			1.776	0.0	1.274	0.00			
10			1.944	1.366	1.784	0.00	165.8	58.0	
11			1.780	.546	1.254	0.00			
12			1.750	0.002	1.084	0.00			
13			1.762	0.016	1.636	0.00			
14			1.992	0.692	1.544	0.00			
15			1.682	0.0	1.476	0.00			
16			1.728	0.0	1.540	0.00	175.0	58.0	
17			1.748	0.236	1.836	0.00			
18			1.768	0.0	1.514	0.00			
19			1.712	0.0	1.654	0.00			
20			1.814	0.0	2.289	0.00			
21			1.937	0.932	1.567	0.00			
22			1.779	0.038	1.370	0.00			
23			1.724	1.126	1.446	0.00	209.4	58.0	
24			1.736	0.0	1.538	0.00			
25			1.780	0.163	1.746	0.00			
26			1.596	0.190	0.592	0.00			
27			1.774	0.636	0.886	0.00			
28			1.959	0.000	0.986	0.00			
29			1.739	0.105	1.780	0.00			
30			1.698	0.056	1.778	0.00	211.1	172.0	
31									
Total			53.506	6.922	43.109	0.00	956.3	436	
Mo. Avg.			1.784	0.231	1.437	0.00	191.26	87.2	

PLANT STAFFING:

Day Shift Operator Class: C, A Certificate No: 8518, 7056 Name: Alex Lorenzo, Edward Roberts

Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

Lead Operator Class: A Certificate No: 3090 Name: Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major
REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including influent

FILE COPY

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: May 1, 2008 To: May 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.00016		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20°	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator		407-682-5651	08/06/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER D-001 PERMIT NUMBER FL0036251
MONITORING PERIOD From May 1, 2008 To May 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon Site No EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 X Mon Site No EFA-1	Permit Requirement				0.5 (Min)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No EFD-1	Permit Requirement				0.01 (Max)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon Site No EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon Site No EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon Site No EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon Site No EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: WeKiva Hunt Club WWTF | MONITORING GROUP NUMBER: D4001 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit) PARM Code 01119 Q Mon Site No. EFF-1	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3) PARM Code 00900 1 Mon Site No. EFF-1	Sample Measurement				NOD			ug/L	0	Monthly	Grab
	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant) PARM Code 50050 P Mon Site No. FLW-1	Sample Measurement	1.84		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	2.9 (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant) PARM Code 50050 Q Mon Site No. FLW-1	Sample Measurement	1.68	1.78	MGD					0	Continuous	Calculated
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF-1	Sample Measurement				184.18			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF-1	Sample Measurement				76.0			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon Site No. CAL-1	Sample Measurement				61			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly
Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-4869

MONITORING GROUP NUMBER: R4001
MONITORING GROUP DESC: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: May 1, 2008 to May 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.244		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.206		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.03			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				11.9	12.3		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/06/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-6031

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

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.72	7.56		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%ile)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.34			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Welaka Host Club WWTF
LOCATION: 131 Lodbury Drive
Longwood, FL 32779-4000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: May 1, 2008 To: May 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.56		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.45		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.39			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.58	12.0		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.72	7.7		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/06/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				100			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No: EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No: EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				4.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No: EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No: EHB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1441 Ledbury Drive
Longwood, FL 32779-6800

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2008 to May 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code THPBB P Mon Site No. EFD-2	Sample Measurement				100			percent	0	Annually	24 hr. composite
	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code THPBB Q Mon Site No. EFD-2	Sample Measurement										
	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon Site No. EFD-2	Sample Measurement				100			percent	0	annually	24 hr. composite
	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon Site No. EFD-2	Sample Measurement										
	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI-9 IN THE RESULT COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator		407-682-5651	08/06/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period: From: May 1, 2008 To: May 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.0		7.7	7.0	1.0	< 1.0	1.4	
2	8.4	< 1.0		7.56	7.14	1.7	< 1.0	2.0	
3				7.42	6.86	1.25		1.8	
4				7.42	6.86	1.0		1.4	
5		< 1.0		7.42	7.0	1.7	< 1.0	1.9	
6		< 1.0		7.28	7.0	1.5	< 1.0	1.7	
7		< 1.0		7.14	6.86	1.0	< 1.0	1.9	
8	11.5		5.94	7.0	6.86	1.0		1.8	
9	12.0	< 1.0		7.0	6.72	1.0	< 1.0	1.9	
10				7.0	6.72	1.0		1.9	
11				7.14	6.72	1.0		2.0	
12		< 1.0		7.28	6.86	2.65	< 1.0	2.0	
13		< 1.0		7.42	6.86	1.0	< 1.0	2.0	
14		< 1.0		7.56	7.14	1.0	< 1.0	2.0	
15	9.3	< 1.0		7.56	7.14	1.8	< 1.0	2.0	
16		< 1.0		7.7	7.28	1.6	1.0	2.0	
17				7.7	7.14	2.1		2.0	
18				7.42	7.0	1.0		2.0	
19		< 1.0		7.56	7.28	1.0	< 1.0	2.0	
20	12.3		6.34	7.56	7.14	1.0		2.0	
21		< 1.0		7.56	7.28	1.0	< 1.0	2.0	
22	8.1	< 1.0		7.42	7.14	1.0	< 1.0	2.0	
23		< 1.0		7.42	7.14	1.0	< 1.0	2.0	
24				7.56	7.0	1.0		2.0	
25				7.42	7.14	1.0		2.0	
26		< 1.0		7.42	7.0	1.0	1.0	2.0	
27	10.1	< 1.0		7.56	7.28	1.0	< 1.0	2.0	
28		< 1.0		7.56	7.28	1.0	< 1.0	1.6	
29		< 1.0		7.56	7.28	1.0	< 1.0	1.8	
30		< 1.0		7.56	7.28	1.0	< 1.0	1.9	
31				7.42	7.14	1.0		1.7	
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator Class: C, A Certificate No: 8518,7056 Name: Alex Lorenzo, Edward Roberts

Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

Lead Operator Class: A Certificate No: 3090 Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility: Weki va Hunt Club WWTF
Monitoring Period From: May 1, 2008 To: May 31, 2008

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8	< 1.0								< 1.0	
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20	< 1.0								< 1.0	
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg										

PLANT STAFFING:

Day Shift Operator Class: C, A Certificate No: 8518,7056 Name: Alex Lorenzo, Edward Roberts

Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

Lead Operator Class: A Certificate No: 3090 Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251

Facility: Wekiva Hunt Club WWTF

Monitoring Period: From: May 1, 2008 To: May 31, 2008

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.672	0.0	1.806	0.00			
2			1.748	0.374	1.640	0.00			
3			1.602	0.0	1.710	0.00			
4			1.701	0.0	1.695	0.00			
5			1.963	0.0	1.536	0.00			
6			1.602	0.0	1.217	0.00			
7			1.792	0.259	0.750	0.00			
8			1.572	1.206	0.666	0.00	181.7	94.0	
9			1.702	0.607	0.748	0.00			
10			1.676	0.0	1.410	0.00			
11			1.738	0.379	2.198	0.00			
12			1.855	0.0	2.187	0.00			
13			1.663	0.036	1.664	0.00			
14			1.640	1.382	1.522	0.00	197.2	100.0	
15			1.692	0.072	0.719	0.00			
16			1.642	0.0	0.728	0.00			
17			1.560	0.0	1.250	0.00			
18			1.769	0.0	1.735	0.00			
19			1.749	0.0	1.620	0.00			
20			1.590	0.950	1.463	0.00	175.0	50.0	
21			1.618	0.617	1.506	0.00			
22			1.622	0.167	1.598	0.00			
23			1.657	0.0	1.091	0.00			
24			1.703	0.046	1.249	0.00			
25			1.741	0.001	1.480	0.00			
26			1.659	0.008	1.536	0.00			
27			1.736	0.024	1.542	0.00			
28			1.636	0.0	1.500	0.00			
29			1.626	0.020	1.676	0.00	182.8	60.0	
30			1.606	0.079	1.712	0.00			
31			1.608	0.156	1.716	0.00			
Total			52.050	6.393	44.920	0.00	736.7	304	
Mo. Avg.			1.679	0.206	1.449	0.00	184.18	76.0	

PLANT STAFFING:

Day Shift Operator Class C, A Certificate No 8518, 7056 Name Alex Lorenzo, Edward Roberts

Evening Shift Operator Class C Certificate No. 8241 Name Ray Hogue

Evening Shift Operator Class C Certificate No: 8003 Name Alan Bailey

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly
Domestic

FACILITY LOCATION: Wekiva Hunt Club WWTF
1441 Ledbury Drive
Longwood, FL 32779

FILE COPY

COUNTY: Seminole

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1, 2008 To June 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.00016		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 I Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 I Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			# /100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			# /100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: D-001 | PERMIT NUMBER: FL0036595

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.83		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.74	1.73	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				173.0			mg/L	0	Weekly	16-hr TPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr TPC
Solids, Total Suspended	Sample Measurement				96.5			mg/L	0	Weekly	16-hr TPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr TPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				60			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From: June 1, 2008 to June 30, 2008

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.56		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.64			mg/L	0	Every Two Weeks	16-hr TPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr TPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Welaka Fluat Club WWTF MONITORING GROUP NUMBER: R-802 PERMIT NUMBER: FL0038628

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				100			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: June1, 2008 To: June 30, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.28	7.14	1.5		1.9	
2		< 1.0		7.28	7.14	1.0	< 1.0	2.0	
3	10.9	< 1.0		7.42	7.14	1.0	5.0	2.0	
4	3.9		5.71	7.42	7.14	1.0		2.0	
5		< 1.0		7.42	7.14	1.0	1.0	3.0	
6		< 1.0		7.56	7.28	1.0	1.0	2.0	
7				7.42	7.14	1.0		2.0	
8				7.42	7.14	1.0		2.0	
9		< 1.0		7.42	7.14	1.0	< 1.0	2.0	
10		< 1.0		7.56	7.28	1.0	< 1.0	1.5	
11	11.7	< 1.0		7.42	7.14	1.0	4.0	1.8	
12		< 1.0		7.56	7.14	1.0	< 1.0	2.0	
13		< 1.0		7.56	7.14	1.0	< 1.0	2.0	
14				7.7	7.0	1.0		1.4	
15				7.42	7.0	1.25		1.7	
16		< 1.0		7.42	7.14	1.2	1.0	1.4	
17	8.7	< 1.0		7.42	7.14	1.4	< 1.0	1.6	
18	12.2		8.64	7.56	7.14	1.25		2.0	
19		< 1.0		7.42	7.14	1.75	< 1.0	2.0	
20		< 1.0		7.56	7.14	2.2	1.0	1.8	
21				7.56	7.14	1.55		1.5	
22				7.42	7.0	1.0		1.2	
23		< 1.0		7.56	7.28	3.0	1.0	1.9	
24		< 1.0		7.56	7.14	1.1	< 1.0	1.6	
25		< 1.0		7.56	7.14	1.0	< 1.0	2.0	
26	9.7	< 1.0		7.56	7.14	1.4	< 1.0	2.0	
27		< 1.0		7.56	7.14	1.0	1.0	1.8	
28				7.56	6.86	1.0		1.9	
29				7.28	6.86	1.1		1.8	
30		< 1.0		7.28	7.0	1.0	< 1.0	2.0	
31									
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator	Class: C_A	Certificate No: 8518.7056	Name:	Alex Iovenzo, Edward Roberts	
Evening Shift Operator	Class: C	Certificate No: 8231	Name:	Ray Hogue	
Evening Shift Operator	Class: C	Certificate No: 8805	Name:	Alan Bailey	
Lead Operator	Class: A	Certificate No: 2663	Name:	Tom Isley	

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTP

Monitoring Period From: June 1, 2008 To: June 30, 2008

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.763	0.074	1.758	0.00			
2			1.847	0.0	0.681	0.00			
3			1.620	0.004	0.699	0.00			
4			1.596	1.062	0.750	0.00	183.0	54.0	
5			1.628	0.335	0.670	0.00			
6			1.692	0.094	0.872	0.00			
7			1.654	0.0	1.964	0.00			
8			1.755	0.009	2.055	0.00			
9			1.816	0.0	1.955	0.00			
10			1.605	0.002	1.288	0.00			
11			1.794	0.01	0.804	0.00	129.4	176.0	
12			1.768	0.097	1.740	0.00			
13			1.778	0.041	2.170	0.00			
14			1.756	0.0	1.962	0.00			
15			1.577	0.004	1.946	0.00			
16			1.857	0.0	1.408	0.00			
17			1.674	0.002	0.486	0.00	186.7	74.0	
18			1.746	0.896	1.288	0.00			
19			1.804	0.268	1.704	0.00			
20			1.700	0.0	1.364	0.00			
21			1.724	0.001	2.112	0.00			
22			1.877	0.0	1.997	0.00			
23			1.836	0.450	1.494	0.00			
24			1.759	0.123	1.027	0.00			
25			1.732	0.0	1.888	0.00			
26			1.724	0.099	0.956	0.00	192.8	82.0	
27			1.792	0.001	0.590	0.00			
28			1.730	0.057	1.268	0.00			
29			1.764	0.134	1.980	0.00			
30			1.838	0.009	2.042	0.00			
31									
Total			52.206	3.772	42.898	0.00	691.9	386	
Mo. Avg.			1.740	0.126	1.430	0.00	173.0	96.5	

PLANT STAFFING

Day Shift Operator	Class: C, A	Certificate No:	8518, 7056	Name:	Alex Lorenzo, Edward Roberts
Evening Shift Operator	Class: A	Certificate No:	8241	Name:	Ray Hodge
Evening Shift Operator	Class: C	Certificate No:	8683	Name:	Alan Bailey
Lead Operator	Class: A	Certificate No:	5969	Name:	Tom Keys

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MW1-I
Well Type: Intermediate
Description: **Facility Well Name: W-I**
Pere Ponds
WAFR # 7090
GMS# 3059A13046

Monitoring Period: From April 2008 To June 2008
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 5/28/2008
Time Sample Obtained: 12:59

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/N)
Water Level Relative to Feet, NGVD	82545	--	54.29	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	0.92	mg/l	10	0.027 mg/L	SM4500NO3I	Pump	N
Solids, Total Dissolved (TDS)	70295	070304	98	mg/l	500	10 mg/l	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	12	mg/l	250	1.3 mg/L	SM4500CLE	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100/ml	4	1CFU/100ml	SM 9222D	Pump	N
pH	00400	--	5.87	SU	6.0 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	0.6	NTU	Report	0.13 NTU	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION:

6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWC-3
Well Type: Compliance
Description: **Facility Well Name: W-3**
Perc Ponds
WAFR # 7091
GMS# 3059A13045

Monitoring Period: From April 2008 To June 2008
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 5/28/2008
Time Sample Obtained: 13:45

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/N)
Water Level Relative to Feet, NGVD	82545	--	41.53	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	4.7	mg/l	10	0.027 mg/L	SM 4500NO3F	Pump	N
Solids, Total Dissolved (TDS)	70295	070301	250	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	42	mg/l	250	1.3 mg/L	SM4500CLE	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	6.42	SU	6.5 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	0.65	NTU	Report	0.13 NTU	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION: The well was re-sampled on 11/15/07 since lab forgot to sample for Nitrate.

6/1/2008

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	REPORT GROUP:	Quarterly Domestic
		CLASS SIZE:	Major		
		GMS ID NO.:	3059[03233	GMS UST SITE NO:	3059[37623
FACILITY LOCATION:	Wekiva Hunt Club Wastewater Treatment Facility 144 Ledbury Drive Longwood, FL 32791	DISCHARGE POINT NUMBER:	N/A		
		PLANT SIZE/TREATMENT TYPE:	BI		
		NO DISCHARGE FROM SITE:	FI		Sweetwater Creek and Cove Lake Water Quality Station # 4
COUNTY	Seminole				

MONITORING PERIOD From: April 1, 2008 To: June 30, 2008

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement					39.4			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon. Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement					11.9			mg/l	0	Quarterly	Grab
PARM Code 80082 5 Mon. Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement					2.0			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon. Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement					20.0			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon. Site No.SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement					0.531			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon. Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement					0.593			mg/l	0	Quarterly	Grab
PARM Code 00625 5 Mon. Site No. SWB-1	Permit Requirement					Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	08/07/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME	Sanlando Utilities Corporation	PERMIT NUMBER	FL0036251		
MAILING ADDRESS	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT	Final	REPORT GROUP	Monthly Domestic
		CLASS SIZE	Major	GMS TEST SITE NO.	3059X[illegible]
		GMS ID NO.	3059P03243		
FACILITY	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER	N/A		
LOCATION	144 Ledbury Drive Longwood, FL 32791	PLANT SIZE/TREATMENT TYPE	08	Sweetwater Creek and Cove Lake Water Quality Station # 2	
		NO DISCHARGE FROM SITE	[ ]		
COUNTY	Seminole				

MONITORING PERIOD From: April 1, 2008 to June 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				45.5			mg/l	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				2.88			mg/l	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/l		Quarterly	Grab
Total Suspended Solids	Sample Measurement				10.0			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/l		Quarterly	Grab
Total Organic Carbon	Sample Measurement				18.4			mg/l	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.997			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.588			mg/l	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-2651	08/07/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	REPORT	Monthly
		CLASS SIZE:	Major	GROUP	Domestic
		GMS ID NO.:	2059593243	GMS TEST SEL. NO.:	2059XT0615
FACILITY:	WeKiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	141 Ledbury Drive Longwood, FL 32791	PLANT SIZE/TREATMENT TYPE:	ID	Sweetwater Creek and Cove Lake Water Quality-Station # 3	
		NO DISCHARGE FROM SITE:	11		
COUNTY:	Seminole				

MONITORING PERIOD From April 1, 2008 To June 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				41.7			mg/l	0	Quarterly	Grab
PARM Code 00940 5 Mon. Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/l		Quarterly	Grab
CBOD5	Sample Measurement				2.27			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon. Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				7.0			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				16.0			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon. Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.904			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon. Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.658			mg/l	0	Quarterly	Grab
PARM Code 00625 5 Mon. Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	08/07/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue	LIMIT:	Final	REPORT	Monthly
	Altamonte Springs, FL 32714	CLASS SIZE:	Major	GROUP	Domestic
		GMS ID NO.:	3059N013243	GMS UNIT SITE NO:	3059N12613
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	1441 Ledbury Drive	PLANT SIZE/TREATMENT TYPE:	1B	Sweetwater Creek and	
	Longwood, FL 32291	NO DISCHARGE FROM SITE:	11	Cove Lake Water	
				Quality Status = 4	
COUNTY:	Seminole				

MONITORING PERIOD From: April 1, 2008 To: June 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				40			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				2.52			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				4.0			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				19.9			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.441			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.732			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-9651	08/07/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue	LIMIT:	Final	REPORT:	Monthly
	Altamonte Springs, FL 32714	CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059F03243	GMS TEST SITE NO.:	SWB-1
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	144 Ledbury Drive	PLANT SIZE/TREATMENT TYPE:	IB		Sweetwater Creek and
	Longwood, FL 32791	NO DISCHARGE FROM SITE:	[ ]		Cove Lake Water
					Quality Station # 5
COUNTY:	Seminole				

MONITORING PERIOD From April 1, 2008 To June 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				38.2			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				2.43			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				5.0			mg/l	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				19.6			mg/l	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/l		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.051			mg/l	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				1.12			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-862-5651	08/07/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club Wastewater Treatment Facility
LOCATION: 144 Ledbury Drive
Longwood, FL 32791

COUNTY: Seminole

PERMIT NUMBER: FL0036251
LIMIT: Final
CLASS SIZE: Major
GMS ID NO.: 30509503243
DISCHARGE POINT NUMBER: N/A
PLANT SIZE/TREATMENT TYPE: IB
NO DISCHARGE FROM SITE: [ ]

REPORT GROUP: Monthly Domestic
GMS TEST SITE NO.: 30509X17613

Sweetwater Creek and Cove Lake Water Quality-Station # 6

MONITORING PERIOD From: April 1, 2008 To: June 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				37.5			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD.	Sample Measurement				2.29			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				2.0			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				21.6			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.006			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				1.06			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	08/07/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	REVENUE GROUP:	Monthly Domestic
		CLASS SIZE:	Major		
		GMS ID NO.:	3059N03243	GMS TEST SITE NO.:	3059X17611
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	144 Ledbury Drive Longwood, FL 32791	*PLANT SIZE/TREATMENT TYPE:*	*III*	Spreenaker Creek and Cove Lake Water Quality Station # 7	
		NO DISCHARGE FROM SITE:	[ ]		
COUNTY:	Seminole				

MONITORING PERIOD From: April 1, 2008 To: June 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				10.4			mg/L	0	Quarterly	Grab
PARM Code 00940 5 **Mon.Site No. SWB-1**	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
$CBOD_5$	Sample Measurement				< 2.00			mg/l	0	Quarterly	Grab
PARM Code 80082 5 **Mon.Site No. SWB-1**	Permit Requirement				Report (Single Sample)			mg/l		Quarterly	Grab
Total Suspended Solids	Sample Measurement				2.8			mg/L	0	Quarterly	Grab
PARM Code 00530 5 **Mon.Site No. SWB-1**	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				7.21			mg/L	0	Quarterly	Grab
PARM Code 00680 5 **Mon.Site No.SWB-1**	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.746			mg/l	0	Quarterly	Grab
PARM Code 00620 5 **Mon.Site No. SWB-1**	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.206			mg/L	0	Quarterly	Grab
PARM Code 00625 5 **Mon.Site No. SWB-1**	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	08/07/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue	LIMIT:	Final	REPORT GROUP:	Monthly Domestic
	Altamonte Springs, FL 32714	CLASS SIZE:	Major		
		GMS ID NO.:	3059903233	GMS TEST SITE NO.:	3059NT7613
FACILITY LOCATION:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
	144 Ledbury Drive	PLANT SIZE/TREATMENT TYPE:	IB		
	Longwood, FL 32791	NO DISCHARGE FROM SITE:	11	Sweetwater Creek and Cove Lake Water Quality-Station # 8	
COUNTY:	Seminole				

MONITORING PERIOD From: April 1, 2008 To: June 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				10.8			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				< 2.00			mg/l	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				2.0			mg/l	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				14.7			mg/l	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.728			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.383			mg/l	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-3651	08/07/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: *Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400*

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

FILE COPY

Final / Major — REPORT GROUP: Monthly / Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From July 1, 2008 To July 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.00016		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	NOD		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/l	0	Weekly	16-hr. FP
PARM Code 80082 1 Mon Site No. ETA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/l		Weekly	16-hr. FP
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/l	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. ETA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/l		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. ETD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				NOD			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100Ml		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY MM DD)
Tom Keys, Lead Operator	Tom Keys	407-682-8651	08/08/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF — MONITORING GROUP NUMBER: D-001 — PERMIT NUMBER: FL0036251
MONITORING PERIOD: From July 1, 2008 To July 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	# /100ML	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%ile)	800 (Max)	# /100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/l	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/l	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/l		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/l	0	Weekly	16-hr EPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr EPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr EPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr EPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/l	0	Weekly	16-hr EPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr EPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr EPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr EPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr EPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr EPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTP | MONITORING GROUP NUMBER: D-0001 | PERMIT NUMBER: FL0036854

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.83		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.78	1.73	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				128.4			mg/L	0	Weekly	16-hr. TPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. TPC
Solids, Total Suspended	Sample Measurement				105.6			mg/L	0	Weekly	16-hr. TPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. TPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				60			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6080

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1, 2008 To: July 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.249		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.354		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0.18			mg/l	0	Every Two Weeks	16-hr. TPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.3	11.0		mg/L	0	Every Two Weeks	16 hr. TPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. TPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/l	0	Every Two Weeks	16-hr. TPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. TPC
Solids, Total Suspended	Sample Measurement				< 1.0	1.0		mg/l	0	Every Two Weeks	16-hr. TPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. TPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (DY MN YR)
Tom Keys, Lead Operator	Tom Keys	407-862-5651	08/08/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From July 1, 2008 To July 31, 2008

PERMIT NUMBER: FL0030252

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.7		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			# /100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			# /100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	1.0	# /100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	# /100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.98			mg/L	0	Every Two Weeks	In-Situ Ltd.
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	In-Situ Ltd.
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Tuskawilla Drive
Longwood, FL 32779-4908

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From July 1, 2008 To July 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed) PARM Code 50050 Y Mon Site No. FLW-3	Sample Measurement	1.51		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	2.693 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed) PARM Code 50050 1 Mon Site No. FLW-3	Sample Measurement	1.2		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon Site No. EFA-1	Sample Measurement				9.61			mg/l	0	Weekly	16-hr TP
	Permit Requirement				20.0 (An. Avg.)			mg/l		Weekly	16-hr TP
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon Site No. EFA-1	Sample Measurement				10.14	11.0		mg/L	0	Weekly	16-hr TP
	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Weekly	16-hr TP
Solids, Total Suspended PARM Code 00530 R Mon Site No. EFB-1	Sample Measurement				1.0			mg/l	0	1 Days/Week	Grab
	Permit Requirement				5.0 (Max.)			mg/l		1 Days/Week	Grab
pH PARM Code 00400 A Mon Site No. EFA-1	Sample Measurement				6.86	7.81		SU	0	Continuous	Meter
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTP MONITORING GROUP NUMBER: R4902 PERMIT NUMBER: FL0036781

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				90			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.0			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/l	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/l		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6000

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: July 1, 2008 to July 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code TBP3B P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TBP3B Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TBP6C Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/08/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF
Monitoring Period From July 1, 2008 To July 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.0		7.42	7.0	1.5	< 1.0	1.6	
2	10.7	< 1.0		7.42	7.0	1.0	< 1.0	1.8	
3	11.0		7.08	7.42	7.0	1.0		1.2	
4		< 1.0		7.42	6.86	1.0	< 1.0	1.8	
5				7.28	6.86	1.0		1.0	
6				7.28	7.0	1.0		1.4	
7		< 1.0		7.14	7.0	1.0	< 1.0	1.8	
8		< 1.0		7.14	7.0	1.0	< 1.0	2.0	
9		< 1.0		7.84	7.28	1.0	< 1.0	1.7	
10		< 1.0		7.28	7.14	1.0	< 1.0	1.6	
11	11.0	< 1.0		7.28	7.14	1.0	< 1.0	1.8	
12				7.28	7.14	1.35		2.0	
13				7.42	7.14	1.2		1.9	
14		< 1.0		7.42	7.14	1.0	< 1.0	2.0	
15	10.0	3.0		7.42	7.28	1.0	< 1.0	2.0	
16	9.0		< 0.1	7.42	7.14	1.8		1.9	
17		< 1.0		7.7	7.28	1.8	< 1.0	1.8	
18		< 1.0		7.56	7.14	1.30	< 1.0	1.6	
19				7.7	7.14	1.2		1.6	
20				7.42	7.0	1.0		1.1	
21		2		7.56	7.14	1.0	< 1.0	2.0	
22		< 1.0		7.42	7.0	1.0	1.0	2.0	
23	10.0	< 1.0		7.28	7.0	1.0	< 1.0	1.4	
24		< 1.0		7.28	7.0	1.0	< 1.0	1.8	
25		< 1.0		7.14	6.86	1.10	< 1.0	1.8	
26				7.14	6.86	2.75		1.7	
27				7.42	7.0	1.0		2.0	
28		< 1.0		7.42	7.0	1.0	< 1.0	1.8	
29		< 1.0		7.42	7.0	1.0	1.0	2.0	
30	8.0		6.03	7.56	7.14	1.5		2.0	
31	9.0	< 1.0		7.42	7.14	1.0	< 1.0	2.0	
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator	Class	C, A	Certificate No	8518,7856	Name	Alex Lorenzo, Edward Roberts
Evening Shift Operator	Class	C	Certificate No	8241	Name	Ray Hogue
Evening Shift Operator	Class	C	Certificate No	6993	Name	Matt Bailey
Lead Operator	Class	A	Certificate No	6661	Name	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From July 1, 2008 To July 31, 2008

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3	< 1.0								< 1.0	
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16	< 1.0								< 1.0	
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30	1.0								1.0	
31										
Total										
Mo. Avg										

PLANT STAFF (Day)

Day Shift Operator	Class C - A	Certificate No	8518, 7056	Name	Alex Lowman, John and Robert
Evening Shift Operator	Class A	Certificate No	8241	Name	Ray Reese
Evening Shift Operator	Class C	Certificate No	8023	Name	Matt Bailey
Lead Operator	Class A	Certificate No	4080	Name	Tom Kays

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: July 1, 2008 To: July 31, 2008

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.756	0.602	1.700	0.00			
2			1.740	0.0	1.364	0.00	105.0	24.0	
3			1.728	1.443	1.512	0.00			
4			1.698	0.255	1.516	0.00			
5			1.710	0.634	1.164	0.00			
6			1.672	0.244	1.428	0.00			
7			1.810	0.004	1.391	0.00			
8			1.710	0.08	0.953	0.00			
9			1.642	0.326	0.712	0.00			
10			1.343	0.130	1.468	0.00			
11			1.341	0.018	1.378	0.00	187.0	186.0	
12			1.716	0.106	1.264	0.00			
13			1.772	0.0	0.921	0.00			
14			1.758	0.002	1.221	0.00			
15			1.770	0.126	0.904	0.00			
16			1.875	1.334	0.566	0.00	209.0	100.0	
17			1.837	0.121	0.648	0.00			
18			1.894	0.001	0.506	0.00			
19			1.852	1.266	0.952	0.00			
20			1.939	0.001	1.371	0.00			
21			1.970	0.499	1.291	0.00			
22			1.735	0.128	1.410	0.00			
23			1.804	0.452	1.320	0.00	212.0	62.0	
24			1.820	0.140	1.262	0.00			
25			1.838	0.880	1.462	0.00			
26			1.834	0.005	1.366	0.00			
27			1.833	0.216	1.095	0.00			
28			1.938	0.855	0.935	0.00			
29			1.843	0.120	1.604	0.00			
30			1.950	1.596	0.776	0.00	179.0	156.0	
31			1.950	0.0	1.558	0.00			
Total			55.078	10.978	37.138	0.00	892.0	528	
Mo. Avg.			1.777	0.354	1.198	0.00	178.4	105.6	

PLANT STAFFING

Day Shift Operator	Class	C, A	Certificate No:	8518, 7056	Name:	Alex Lorenzo, Edward Roberts
Evening Shift Operator	Class	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3960	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2

PERMITTEE NAME: Seminole Utilities Corporation
MAILING ADDRESS: 700 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: MONTHLY
FILE I

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1111 Ordway Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From August 1, 2008 To August 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.
Flow (Surface water discharge)	Sample Measurement	0.026		MGD					0
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD					
Flow (Surface water discharge)	Sample Measurement	0.310		MGD	3				0
PARM Code 50050 1 Mon Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD					
BOD, Carbonaceous 5 day, 20C	Sample Measurement				OTH	OTH		mg/L	0
PARM Code 80082 1 Mon Site No. FLA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L	
Solids, Total Suspended	Sample Measurement				OTH	OTH		mg/L	0
PARM Code 00530 1 Mon Site No. FLA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L	
pH	Sample Measurement				6.86	7.14		SU	0
PARM Code 00400 1 Mon Site No. FLD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU	
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0
PARM Code 74055 Y Mon Site No. FLA-1	Permit Requirement				200 (An. Avg.)			#/100ML	

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

NAME AND OFFICIAL TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHO
Tom Keys, Lead Operator	Tom Keys	407-6

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) OTH designation is because weekly sample started on 9-1-08 and was completed on 9-2-

DEP Form 62-620.910(10), Effective November 20, 1994
Revised (Effective 2000) Revision (12)

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER TX0036781

MONITORING GROUP NUMBER D-001

MONITORING PERIOD From August 1, 2008 to August 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Weekly	Grab
PARM Code 74055 1 Mon Site No EEA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon Site No EEA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination) PARM Code 50060 1 Mon Site No EEB-1	Sample Measurement				0.0			mg/L	0	Daily	Grab
	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N) PARM Code 00600 1 Mon Site No EEA-1	Sample Measurement				OTH			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N) PARM Code 00610 1 Mon Site No EEB-1	Sample Measurement				OTH	OTH		mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon Site No EEB-1	Sample Measurement				OTH			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P) PARM Code 00665 1 Mon Site No EEB-1	Sample Measurement				OTH	OTH		mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO) PARM Code 00300 1 Mon Site No EEB-1	Sample Measurement				7.0			mg/L	0	Daily	Grab
	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent) PARM Code 01119 1 Mon Site No EEB-1	Sample Measurement				OTH			ug/L	0	Monthly	16-hr. FPC
	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit) PARM Code 01119 P Mon Site No EEB-1	Sample Measurement				OTH			ug/L	0	Monthly	Calculated
	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				OTH			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No EFF-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				OTH			ug/L	0	Monthly	Grab
PARM Code 00900 1 Mon Site No EFF-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.84		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon Site No EFF-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	2.05	1.86	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon Site No EFF-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				197.75			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon Site No INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				164.0			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon Site No INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity (TMADF/ Permitted Capacity x 100)	Sample Measurement				64			Percent	0	Monthly	Calculated
PARM Code 81580 1 Mon Site No CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection Wastewater Compliance Evaluation Section MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Seminole Utility Corporation
MAILING ADDRESS: 250 Weathersfield Avenue
Altamonte Springs FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Tuskawilla Drive
Longwood FL 32779-6008

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1, 2008 To: August 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.263		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.416		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.19			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	9.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME AND OFFICIAL TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FL0036251
MONITORING PERIOD From: August 1, 2008 To August 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.58	7.7		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				200 (Ann. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate Total (as N)	Sample Measurement				7.91			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Seminole Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs FL 32714

PERMIT NUMBER: FL0036251

TIME: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
FOR VIBOS: 144 Ledbury Drive
Longwood FL 32779-6000

COUNTY: Seminole

MONITORING GROUP NUMBER: B-002
MONITORING GROUP DESC: Public access irrigation

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: August 1, 2008 To: August 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.48		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-1	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.2		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.65			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No FLA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.25	11.0		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No FLA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No FLB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.58	7.7		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No FLA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, Presence/Absence	Sample Measurement				77			Percent	0	4 Days/Week	Grab
PARM Code 51040 A Mon Site No: EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				4.0			#/100Ml	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No: EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No: EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No: EFA-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sunbelt Utilities Corporation
MAILING ADDRESS: 250 Weathersfield Avenue
Altamonte Springs FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1441 Lathom Drive
Longwood FL 32779-8060

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From August 1, 2008 to August 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATIC (Ceriodaphnia dubia Survival)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code TBP9B P Mon Site No. EFF-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATIC (Ceriodaphnia dubia Additional)	Sample Measurement										
PARM Code TBP9B Q Mon Site No. EFF-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATIC (Pimephales promelas Survival)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon Site No. EFF-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATIC (Pimephales promelas Additional)	Sample Measurement										
PARM Code TBP6C Q Mon Site No. EFF-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI 9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI 9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/09/21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: August 1, 2008 To: August 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Stng	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.0		7.42	7.0	1.7	< 1.0	1.9	
2				7.42	6.86	1.9		1.0	
3				7.28	6.86	1.0		0.8	
4		< 1.0		7.14	6.86	1.5	< 1.0	1.0	
5		< 1.0		7.0	6.86	1.8	< 1.0	1.9	
6	11.0	< 1.0		7.28	7.0	1.75	< 1.0	1.4	
7		< 1.0		7.28	6.86	1.3	< 1.0	1.0	
8		< 1.0		7.14	7.0	1.35	< 1.0	1.5	
9				7.28	6.86	1.2		1.5	
10				7.14	7.0	1.5		1.3	
11		1.0		7.28	7.0	1.5	< 1.0	1.0	
12		< 1.0		7.28	7.0	1.6	< 1.0	1.1	
13	9.0		7.91	7.28	6.86	1.0		1.4	
14	8.0	< 1.0		7.14	6.86	1.0	< 1.0	2.0	
15		< 1.0		7.14	6.72	1.0	< 1.0	2.0	
16				7.42	6.72	1.0		1.9	
17				7.42	6.72	1.0		2.0	
18		1.0		7.14	6.72	1.0	1.4	1.4	
19		4.0		7.14	6.86	1.0	1.2	1.4	
20	8.0	< 1.0		7.14	6.86	1.0	< 1.0	1.2	
21		< 1.0		7.7	6.72	1.1	< 1.0	1.9	
22		< 1.0		7.0	6.72	1.5	2.0	1.6	
23				6.86	6.58	1.3		2.0	
24				6.86	6.72	1.05		2.0	
25		< 1.0		7.98	6.72	1.0	< 1.0	1.6	
26	10.0	< 1.0		7.0	6.72	1.1	< 1.0	1.8	
27	9.0		4.03	7.0	6.58	1.3		1.0	
28		2.0		6.86	6.72	4.0	< 1.0	1.2	
29				7.14	6.72	1.0		1.1	
30				7.14	6.86	1.1		1.2	
31				7.14	6.86	2.1		1.4	
Total									
Mo. Avg									

PLANT STAFFING

Day Shift Operator	Class	C	Certificate No	8518	Name Alex Crespo
Evening Shift Operator	Class	C	Certificate No	8281	Name Ray Hogue
Evening Shift Operator	Class	C	Certificate No	9865	Name Mark Dailey
Shift Operator	Class	A	Certificate No	6661	Name Josh Sikes

DEP Form 62-620.910(10) Effective November 29, 2001

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From August 1, 2008 To August 31, 2008

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13	< 1.0								< 1.0	
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27	1.0								< 1.0	
28										
29	1.0									
30										
31										
Total										
Mo. Avg										

PLANT STAFFING

Day Shift Operator Class C Certificate No. 8518 Name Alex Lorenzo

Evening Shift Operator Class C Certificate No. 8241 Name Ray Eagle

Evening Shift Operator Class C Certificate No. 9693 Name Max Bailey

Lead Operator Class A Certificate No. 0960 Name Don Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: August 1, 2008 To: August 31, 2008

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			2.026	0.901	0.619	0.00			
2			1.954	0.222	1.469	0.00			
3			1.986	1.507	0.955	0.00			
4			2.038	0.272	1.142	0.00			
5			1.858	1.128	0.830	0.00			
6			1.849	0.202	1.875	0.00	199.0	188.0	
7			1.832	0.005	1.497	0.00			
8			1.797	0.003	1.458	0.00			
9			1.874	0.844	0.771	0.00			
10			1.888	0.346	1.241	0.00			
11			1.742	0.003	1.103	0.00			
12			1.881	0.0	1.862	0.00			
13			1.843	1.491	1.436	0.00			
14			1.862	0.359	1.580	0.00			
15			1.852	0.223	0.444	0.00	183.0	228.0	
16			1.732	0.486	1.194	0.00			
17			2.026	0.882	1.284	0.00			
18			1.691	0.142	1.044	0.00			
19			1.479	0.718	1.038	0.00			
20			1.692	0.332	1.048	0.00	181.0	114.0	
21			1.716	0.114	0.570	0.00			
22			1.650	0.0	2.068	0.00			
23			2.022	0.0	2.472	0.00			
24			2.642	0.0	2.420	0.00			
25			2.340	0.403	2.153	0.00			
26			2.464	0.0	1.935	0.00			
27			2.850	2.267	1.080	0.00	228.0	126.0	
28			2.876	0.430	0.532	0.00			
29			2.790	0.0	0.400	3.265			
30			2.680	0.0	0.422	3.172			
31			2.734	0.604	0.414	3.188			
Total			63.67	12.804	38.466	9.625	791.0	656	
Mo. Avg.			2.054	0.416	1.241	0.310	197.75	164.0	

PLANT STAFFING

Day Shift Operator Class C Certificate No 8518 Name Alex Lorenzo

Evening Shift Operator Class C Certificate No 8241 Name Ray Boozer

Evening Shift Operator Class C Certificate No 8993 Name Nita Hanks

Lead Operator Class A Certificate No 3898 Name Josh Sikes

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sunbanks Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1333 Lebrun Drive,
Longwood FL 32779

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: FILE COPY

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From September 1, 2008 To September 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.148		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	1.463		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.33	9.0		mg/l	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No FLA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.5	3.0		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No FLA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				6.72	7.28		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No FLA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No FLA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/10/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): The total monthly limit for phosphorus of 40 LBS/MO was exceeded because of excessive monthly flows from tropical storm Faye. Since the customers did not want to use reuse, we had no choice but to go to the stream for the month of September.

DEP Form 62-620.910(10) Effective November 29, 1994
(Revised February 2000 (Revision 0.2))

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF — MONITORING GROUP NUMBER: D4001 — PERMIT NUMBER: FL0036251
MONITORING PERIOD: From September 1, 2008 To September 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.842	1.0	6	#/100ML	0	Weekly	Grab
PARM Code 74055 1 Mon Site No EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				0.95			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (for Dechlorination)	Sample Measurement				0.01			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				8.08			mg/L	0	Weekly	16-hr. FPC
PARM Code 00603 1 Mon Site No EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				<0.04	0.1		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon Site No EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.35			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon Site No EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				0.19	0.26		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				7.0			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				0.0155			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon Site No EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				15.3			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				0.0			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon. Site No. EFF-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				160			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon. Site No. EFF-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow, total through plant	Sample Measurement	1.876		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. EFF-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow, total through plant	Sample Measurement	2.362	2.064	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon. Site No. EFF-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				207.75			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				197.0			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site No. CAL-1	Sample Measurement				69			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Water ... completed and this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 5551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMIT NUMBER: FL0036251

REPORT: Final
CLASS SIZE: Major

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From September 1, 2007 To September 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement		2689.6	LB/MO					0	Monthly	Calculated
	Permit Requirement	Daily Total	Report (Mo. Total)	TRMO						Monthly	Calculated
	Sample Measurement		63.3	LB/MO					1	Monthly	Calculated
	Permit Requirement	30 Day Total	Report (Mo. Total)	TRMO						Monthly	Calculated

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

NAME AND OFFICIAL TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MO/DA)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/10/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sunland Utilities Corporation
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Welaka Hunt Club WWTF
LOCATION: 111 Ledbury Drive
Longwood, FL 32779-(1000)

MONITORING GROUP NUMBER: I-001
MONITORING GROUP DESC: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1, 2008 To: September 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.291		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.515		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon Site No FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.03			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No FLA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	9.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No FLA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No FLA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.25	2.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No FLA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/10/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-4001
MONITORING PERIOD From: September 1, 2008 To: September 30, 2008

PERMIT NUMBER: FL0035251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.42		SU	0	5 Days/Week	Meter
PARM Code 00100 A Mon Site No EEA-I	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No EEA-I	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No EEA-I	Permit Requirement				Report (Mo.Geo Mean)	400 (90%ile)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No EEA-I	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.85			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No EEA-I	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sunland Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Welaka Hunt Club WWTF
LOCATION: 144 Feltgen Drive
Longwood, FL 32779-4060

COUNTY: Seminole

PERMIT NUMBER: FL0030251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: September 1, 2008 To: September 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.36		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	0.359		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20°	Sample Measurement				9.48			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20°	Sample Measurement				8.0	10.0		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.86	7.56		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME AND OFFICIAL TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/10/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Welaka Limited Inf WWTF MONITORING GROUP NUMBER R-002 PERMIT NUMBER FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, *=less than detection	Sample Measurement				75			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				5.0			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				1.0			mg/l	0	Continuous	Meter
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Lebbay Drive
Longwood, FL 32779-4666

COUNTY: Seminole

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1, 2008 to September 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC NOEC (Ceriodaphnia dubia/Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARM Code TBP9B P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC NOEC (Ceriodaphnia dubia/Additional)	Sample Measurement										
PARM Code TBP9B Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC NOEC (Pimephales promelas/Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARM Code TBP9C P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC NOEC (Pimephales promelas/Additional)	Sample Measurement										
PARM Code TBP9C Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF AN ORGANISM DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI 9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD
ENTER NODI 9 IN THE RESULTS COLUMNS IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/10/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251
Monitoring Period: From September 1, 2008 To: September 30, 2008
Facility: Wekiva Hunt Club WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.0		7.28	6.72	2.4	< 1.0	2.0	
2	9.0			7.14	7.0	2.2		2.0	
3		< 1.0		7.14	7.0	1.6	< 1.0	1.0	
4	7.0	< 1.0		7.14	7.0	1.0	< 1.0	0.9	
5		< 1.0		7.28	7.0	1.0	< 1.0	1.2	
6				7.14	6.86	2.45		0.8	
7				7.14	6.86	1.0		1.0	
8				7.14	7.0	1.10		0.8	
9		< 1.0		7.14	7.0	1.5	< 1.0	1.1	
10	10.0	< 1.0		7.14	7.0	1.0	< 1.0	0.9	
11	9.0			7.56	7.0	1.0		1.5	
12		< 1.0		7.14	7.0	1.0	< 1.0	0.8	
13				7.14	7.0	1.10		0.8	
14				7.14	6.86	1.0	< 1.0	0.8	
15	9.0		6.32	7.0	6.86	1.0		1.4	
16		< 1.0		7.28	7.0	1.0	< 1.0	2.0	
17				7.14	7.0	1.0		1.2	
18				7.28	7.0	1.0		1.7	
19	9.0	5		7.42	7.14	1.0	1.0	2.0	
20				7.28	7.14	1.0		1.2	
21				7.28	7.14	0.95		1.0	
22				7.28	7.14	1.0		1.4	
23	9.0		6.85	7.42	7.28	1.3		1.5	
24	10.0	2		7.42	7.28	1.0	< 1.0	2.0	
25	< 2.0			7.28	7.14	1.0		1.5	
26		< 1.0		7.42	7.14	1.0	1.0	1.6	
27				7.42	7.14	1.9		1.2	
28				7.28	7.14	1.6		1.2	
29				7.28	7.14	1.5		1.3	
30	4.0	1.0		7.56	7.28	1.6	1.0	2.0	
31									
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator	Class: C	Certificate No: 8518	Name:	Alex Lorenzo	
Evening Shift Operator	Class: C	Certificate No: 8241	Name:	Rob Hagne	
Overnight Shift Operator	Class: C	Certificate No: 8003	Name:	Matt Bailey	
Lead Operator	Class: A	Certificate No: 3591	Name:	Jeff Sikes	

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: September 1, 2008 To: September 30, 2008

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1					7.45	7.28	6.72			0
2	<1.0	0.1	5.6	7.0	8.1	7.14	7.0	0.26	3.0	0
3					7.4	7.14	7.0			0
4					7.0	7.14	7.0			0
5					7.5	7.28	7.0			0
6					7.0	7.14	6.86			0
7					7.4	7.14	6.86			0
8	1				8.0	7.14	7.0			0
9					7.7	7.14	7.0			0
10					7.9	7.14	7.0			0
11	4	< 0.008	7.1	7.9	7.5	7.56	7.0	0.21	< 1.0	0
12					7.5	7.14	7.0			0
13					7.4	7.14	7.0			0
14					7.7	7.14	6.86			0
15	1.0				8.2	7.0	6.86		< 1.0	0
16										
17	6									
18					8.4	7.28	7.0			0.01
19	3				7.1	7.42	7.14			0.01
20					7.1	7.28	7.14			0
21					8.2	7.28	7.14			0
22					8.3	7.28	7.14			0
23	< 1.0				7.5	7.42	7.28		2.0	0
24										
25	1.0	< 0.01	0.35	0.36	7.8	7.28	7.14	< 0.1	1.0	0
26					7.4	7.42	7.14			0
27					7.4	7.42	7.14			0
28										
29	2.0									
30	1.0				7.3	7.56	7.28			0
31										
Total										
Mo. Avg										

PLANT STAFFING

Day Shift Operator Class: A Certificate No: 3518 Name: Mex Lobergo

Evening Shift Operator Class: A Certificate No: 8241 Name: Rex Horne

Evening Shift Operator Class: A Certificate No: 8018 Name: Matt Bailey

Lead Operator Class: A Certificate No: 8960 Name: Todd Kelly

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251

Monitoring Period: From September 1, 2008 To September 30, 2008

Facility: Weston Hollow WWTP

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Sta'n. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			2.698	0.0	0.376	3.184			
2	0.0044	160.0	2.844	0.844	0.522	2.1			
3			2.340	0.012	0.378	2.11			
4			2.502	0.0	0.452	1.754	204.0	234.0	
5			2.597	0.362	0.413	0.385			
6			2.323	0.0	0.067	2.259			
7			2.480	0.0	0.497	3.027			
8			2.566	0.002	0.467	3.023			
9			2.392	0.0	0.500	2.716			
10			2.234	0.0	0.460	0.545	214.0	118.0	
11	0.0024	140.0	2.352	0.0	0.110	2.433			
12			2.322	0.0	0.146	2.752			
13			2.252	0.131	0.380	2.138			
14			2.362	0.025	0.560	0.303			
15			2.476	1.920	0.372	0.335			
16			2.366	2.572	0.348	0.00			
17			2.444	2.086	0.132	0.00			
18			2.388	0.442	0.494	1.872			
19			2.256	0.06	0.426	0.922	201.0	358.0	
20			2.238	0.448	0.412	1.106			
21			2.268	0.428	0.488	1.400			
22			2.492	0.0	0.385	2.421			
23			2.332	1.074	0.103	1.326			
24			2.164	0.742	0.162	0.00	212.0	78.0	
25	0.0155	130	2.248	0.249	0.404	1.507			
26			2.212	0.0	0.400	2.174			
27			2.090	0.389	0.454	0.165			
28			2.202	2.413	0.471	0.00			
29			2.365	1.455	0.376	0.00			
30			2.107	0.100	0.218	1.919	206.0	154.0	
31									
Total			70.872	15.488	10.773	43.876	1037.0	942.0	
Mo. Avg.			2.362	0.515	0.359	1.463	207.4	188.4	

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 8518	Name:	Alex Lorenzo	
Evening Shift Operator	Class: C	Certificate No: 8241	Name:	Ray Hague	
Evening Shift Operator	Class: C	Certificate No: 8803	Name:	Alan Bailey	
Lead Operator	Class: A	Certificate No: 3090	Name:	Tom Keys	

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT - PART D

GROUND WATER MONITORING REPORT
Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Wekiva Hunt Club / Seminole County

Address 144 Ledbury

City Longwood, Fl. Zip 32779

Telephone Number (407) 862-5651

(2) The GMS Identification Number 3059P03243

(3) DEP Permit Number FL0036251

(4) Authorized Representative Name Tom Keys

Address 144 Ledbury

City Longwood, Fl. Zip 32779

Telephone Number (407) 862-5651

(5) Type of Discharge Treated Domestic Wastewater

(6) Method of Discharge Surface discharge, reclaimed slow rate percolation, public access land application

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

Date: 10/21/08 Tom Keys

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advanced Environmental Laboratories Inc.

Address 5810 D Breckenridge Parkway Tampa, Fl. 33610

Phone Number (813) 630-9616

Printed 6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

Owner/By	**Seminole County**	Permit Builder MW ID	**MWI-1**
Facility Name	**Wekiva Hunt Club WWTF**	Well Type	**Intermediate**
Permit Number	**FL0036251 GMS# 3059P03243**	Description	**Facility Well Name: W-1 Perc Ponds WAFR # 7090 GMS# 3059A13046**
Monitoring Period	From: July 2008 to: September 2008	Date Sample Obtained	9/03/2008
Was the well purged before sampling?	X Yes ___ No	Time Sample Obtained	12:57

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/F/N)
Water Level Relative to Last NGVD	82545	--	58.67	Feet	Report	N/A	Field	Pump	N
Nitrate (as N)	00620	--	3.5	mg/l	10	0.047 mg/L	SM 500NO3 -F	Pump	N
Solids, Total Dissolved (TDS)	70295	0703/04	130	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	34	mg/l	250	3.8 mg/L	EPA 325.2	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100/ml	4	1CFU/100ml	SM 9222D	Pump	N
pH	00400	--	5.83	SU	6.0 to 8.5	N/A	Field	Pump	N
Turbidity Lab - Nephelometric	82079	--	0.45	NTU	Report	0.065 NTU	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION:

c. f. 2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWB-2
Well Type: Background
Description: **Facility Well Name: W-2R**
Perc Ponds
WAFR # 7088
GMS# 3059A13048

Monitoring Period: From July 2008 To: September 2008
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 9/03/2008
Time Sample Obtained: 13:21

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/N)
Water Level Relative to Feet, NGVD	82545	--	53.01	Feet	Report	N/A	Field	Pump	N
Nitrate as N	00620	--	5.9	mg/l	10	0.047 mg/L	SM 500NO3 -I	Pump	N
Solids, Total Dissolved (TDS)	70295	070304	280	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride as Cl	00940	--	61	mg/l	250	3.8 mg/l	EPA 325.2	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100ml	4	1 CFU/ 100ml	SM 9222D	Pump	N
pH	00400	--	6.51	SU	6.0 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	6.6	NTU	Report	0.065 mg/L	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION

6-1-2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWC-3
Well Type: Compliance
Description: **Facility Well Name: W-3**
Perc Ponds
WAFR # 7091
GMS# 3059A13045

Monitoring Period: From: July 2008 To: September 2008
Was the well purged before sampling? X Yes __ No

Date Sample Obtained: 9/03/2008
Time Sample Obtained: 14:01

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/F/N)
Water Level Relative to Feet, NGVD	82545	--	44.33	Feet	Report	N/A	Field	Pump	N
Nitrate (as N)	00620	--	5.9	mg/l	10	0.047 mg/L	SM 500NO3 -F	Pump	N
Solids, Total Dissolved (TDS)	70295	070304	290	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	44	mg/l	250	3.8 mg/L	EPA 325.2	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	6.67	SU	6.5 to 8.5	N/A	Field	Pump	N
Turbidity, Lab, Nephelometric	82079	--	0.45	NTU	Report	0.065 NTU	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION: The well was re-sampled on 11/15/07 since lab forgot to sample for Nitrate

v 1.2004

GROUND WATER MONITORING WELL REPORT - PART D

County	**Seminole County**	Permit Builder MW ID	MWC-4
Facility Name	**Wekiva Hunt Club WWTF**	Well Type:	Compliance
Permit Number	**FL0036251** **GMS# 3059P03243**	Description:	**Facility Well Name: W-4** **Perc Ponds** WAFR # 7089 GMS# 3059A13047
Monitoring Period	From: July 2008 To: September 2008	Date Sample Obtained	9/03/2008
Was the well purged before sampling?	X Yes No	Time Sample Obtained:	12:30

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Ext. NGVD	72545	--	52.15	Feet	Report	N/A	Field	Pump	N
Nitrate as N	00620	--	< 0.047	mg/l	10	0.047 mg/L	SM 500NO3	Pump	N
Solids, Total Dissolved (TDS)	70295	070303	140	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chlorides as Cl	00940	--	11	mg/l	250	3.8 mg/l	EPA 325.2	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	6.38	SU	6.5 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	14	NTU	Report	0.065 mg/L	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION: The well was dry.

6/1/2004

SEPARATOR PAGE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Welsva Hunt Club WWTF
LOCATION: 144 Lodbury Drive
Longwood, FL 32779

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

FILE COPY

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2008 To October 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.156		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.092		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.0	4.0		mg/L	0	Weekly	In-situ, TP
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	In-situ, TP
Solids, Total Suspended	Sample Measurement				1.0	1.0		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				7.28	7.56		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EHD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				< 1.0			# /100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			# /100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/11/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

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

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.0	1.0	1.0	#/100ML	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0.0			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				8.41			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				< 0.01	< 0.01		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.15			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				< 0.1	< 0.1		mg/L	0	Weekly	16-hr. FPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				7.0			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				0.00304			ug/l	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				14.2			ug/l	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				0.0			ug/L	0	Monthly	Calculated
PARM Code 01119 Q	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Mon.Site No. EFD-1	Sample Measurement				150.2			mg/L	0	Monthly	Grab
Hardness, Total (as CaCO3)	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
PARM Code 00900 1	Sample Measurement	1.886		MGD					0	Continuous	Flow meters and totalizers
Mon Site No. EFD-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	2.085	2.166	MGD					0	Continuous	Calculated
PARM Code 50050 P	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
Mon Site No. FLW-1	Sample Measurement				185.6			mg/L	0	Weekly	16 hr. TPC
Flow (total through plant)	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. TPC
PARM Code 50050 Q	Sample Measurement				154.8			mg/L	0	Weekly	16-hr. TPC
Mon Site No. FLW-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				75			Percent	0	Monthly	Calculated
PARM Code 80082 G	Permit Requirement				Report			Percent		Monthly	Calculated
Mon Site No. INF-1	Sample Measurement										
Solids, Total Suspended	Permit Requirement										
PARM Code 00530 G	Sample Measurement										
Mon Site No. INF-1	Permit Requirement										
Percent Capacity, (FMADF/ Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 1	Permit Requirement										
Mon Site No. CAL-1	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major
REPORT GROUP: Monthly
Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including influent

COUNTY: Seminole

NO DISCHARGE FROM SITE ☐

OCTOBER 1, 2008 to OCTOBER 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N) Surface water discharge	Sample Measurement		6.25	LB/MO						MONTHLY	CALCULATED
ARM Code 00620 P	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total Surface water discharge	Sample Measurement		0.038	LB/MO						MONTHLY	CALCULATED
ARM Code 00665 P	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
TOM KEYS, LEAD OPERATOR	Tom Keys	407682-5659	08/11/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY LOCATION: Wekiva Hunt Club WWTF
141 Lefbury Drive
Longwood, FL 32779-4000

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2008 To: October 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.312		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/ Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.366		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.97			mg/l	0	Every Two Weeks	16-hr. TP
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. TP
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	10		mg/l	0	Every Two Weeks	16-hr. TP
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. TP
Solids, Total Suspended	Sample Measurement				< 1.0			mg/l	0	Every Two Weeks	16-hr. TP
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. TP
Solids, Total Suspended	Sample Measurement				< 1.0	1.0		mg/l	0	Every Two Weeks	16-hr. TP
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. TP

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/11/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity - Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 141 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2008 to October 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon.Site No. EFD-2	Sample Measurement				100			percent	0	Annually	24 hr composite
	Permit Requirement				100 (Min.)			Percent		Annually	24 hr composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon.Site No. EFD-2	Sample Measurement										
	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon.Site No. EFD-2	Sample Measurement				100			percent	0	annually	24 hr composite
	Permit Requirement				100 (Min.)			Percent		annually	24 hr composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon.Site No. EFD-2	Sample Measurement										
	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI-9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/11/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From October 1, 2008 To October 31, 2008

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.56		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%ile)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon Site No. EFA-1	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon Site No. EFA-1	Sample Measurement				8.74			mg/L	0	Every Two Weeks	16-hr. FPC
	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: *Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400*

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: *Final* REPORT: Monthly
CLASS SIZE: Major GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1441 Ledbury Drive
Longwood, FL 32779-9009

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2008 To October 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.32		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.36		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.10			mg/L	0	Weekly	16-hr. TPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.2	10.0		mg/L	0	Weekly	16-hr. TPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. TPC
Solids, Total Suspended	Sample Measurement				3.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		1 Days/Week	Grab
pH	Sample Measurement				6.86	7.56		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-3651	08/11/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). The percent non-detectible for fecal was exceeded because of sampling error by a new person who was working on the chlorine beds and then sampling the effluent without proper procedure. He has been briefed about contamination of samples

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: R-002 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, *=less than detection	Sample Measurement				65			Percent	1	4 Days/Week	Grab
PARM Code 51005 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				14			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/l	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/l		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Weeki Wachee Utility WWTF
Monitoring Period: From: October 1, 2008 To: October 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (# /100 mL)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFD-1	
1	9.0	1.0		7.56	7.42	1.6	< 1.0	1.5	
2		< 1.0		7.42	7.28	2.05	3.9	1.4	
3		< 1.0		7.42	7.28	1.75	< 1.0	1.3	
4				7.28	7.14	1.85		1.4	
5				7.28	7.0	1.85		1.1	
6		14		7.42	7.14	1.9	< 1.0	1.8	
7	10.0	5.0		7.28	7.0	1.5	< 1.0	1.8	
8	6.0		7.89	7.42	7.0	1.5		1.9	
9		1.0		7.56	7.14	3.25	< 1.0	1.5	
10		2		7.28	7.0	3.2	< 1.0	1.8	
11				7.28	7.0	2.6		1.6	
12				7.28	7.0	1.0		1.6	
13		1.0		7.42	7.14	1.1	< 1.0	1.9	
14		< 1.0		7.42	7.23	3.55	< 1.0	2.0	
15	8.0	< 1.0		7.42	7.0	3.0	< 1.0	1.5	
16				7.42	7.0	3.0		1.5	
17		< 1.0		7.14	6.86	2.45	2.0	2.0	
18				7.28	7.0	2.05		1.3	
19				7.14	7.0	1.55		2.0	
20		< 1.0		7.28	7.0	1.6	< 1.0	2.0	
21	7.0	< 1.0		7.14	7.0	1.0	< 1.0	1.8	
22	10.0		8.74	7.28	7.0	1.0		1.4	
23		< 1.0		7.14	7.0	1.6	< 1.0	1.6	
24		< 1.0		7.14	7.0	1.5	<1.0	1.9	
25				7.14	6.86	1.6		1.5	
26				7.14	6.86	1.0		1.9	
27		< 1.0		7.28	7.0	2.1	< 1.0	2.0	
28		< 1.0		7.28	7.14	1.5	< 1.0	2.0	
29	7.0	2.0		7.28	7.0	1.45	1.7	1.8	
30		< 1.0		7.28	7.0	1.75	< 1.0	2.0	
31		< 1.0		7.14	7.0	1.5	1.4	2.0	
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue

Evening Shift Operator Class: C Certificate No: 8083 Name: Alan Bailey

Lead Operator Class: A Certificate No: 3093 Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF

Monitoring Period From October 1, 2008 To October 31 2008

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Min)	pH (Max)	Phosphorus (mg/L)	TSS (mg/L)	TRC (Free Residual) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00403	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1					7.6					0
2					7.9					0
3										
4										
5										
6										
7										
8	< 1.0								1.0	
9										
10										
11										
12										
13										
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15										
16										
17										
18										
19										
20										
21										
22	< 1.0								< 1.0	
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Facility: Wekiva Hunt Club WWTF

Permit Number: FL0036251

Monitoring Period: From October 1, 2008 To: October 31, 2008

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD): Total through Plant	Flow (MGD): percolation ponds	Flow (MGD): Public access irrigation	Flow (MGD): Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
							80082	00530	
Code	01119	00900	50050	50050	50050	50050	INT-1	INT-1	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4			
1			2.234	0.102	0.080	0.994	206.0	154.0	
2			2.254	0.352	2.365	1.871			
3			2.068	0.0	2.274	0.0			
4			2.037	0.044	2.376	0.0			
5			2.108	0.0	1.604	0.0			
6			2.290	0.0	1.259	0.0			
7			2.086	0.0	1.633	0.0	202.0	84.0	
8			2.102	1.426	1.605	0.0			
9			2.030	0.729	1.073	0.0			
10			2.352	0.0	0.784	0.0			
11			2.294	0.0	1.072	0.0			
12			2.269	0.741	1.095	0.0			
13			2.350	2.563	0.963	0.0			
14			2.246	0.156	1.586	0.0			
15			2.076	0.0	1.424	0.0	166.0	90.0	
16			2.053	0.0	1.407	0.0			
17			1.999	0.0	1.297	0.0			
18			1.953	1.513	1.305	0.0			
19			2.047	0.344	1.426	0.0			
20			2.132	0.0	1.176	0.0			
21			1.969	0.0	1.675	0.0	162.0	136.0	
22			1.978	0.982	1.686	0.0			
23			1.848	0.302	1.464	0.0			
24			1.904	0.0	1.494	0.0			
25			2.024	0.0	0.978	0.0			
26			2.079	0.0	1.129	0.0			
27			2.195	2.015	0.934	0.0			
28			1.904	0.088	1.067	0.0			
29			1.886	0.0	1.028	0.0	192.0	310.0	
30			1.942	0.0	1.490	0.0			
31			1.914	0.0	1.406	0.0			
Total			64.62	11.357	42.165	2.865	928	774	
Mo. Avg			2.085	0.366	1.360	0.092	185.6	154.8	

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 8518	Name:	Alex Lorenzo	
Evening Shift Operator	Class: C	Certificate No: 8241	Name:	Ray Hogue	
Evening Shift Operator	Class: C	Certificate No: 8003	Name:	Alan Bailey	
Lead Operator	Class: A	Certificate No: 3090	Name:	Tom Keys	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 500 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Lefbury Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2008 To: November 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Surface water discharge	Sample Measurement	0.156		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-1	Permit Requirement	2.9 (Ann. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow, Surface water discharge	Sample Measurement	0.0		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/12/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER D-001 PERMIT NUMBER FL0036251
MONITORING PERIOD From November 1, 2008 To November 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100ML	0	Weekly	Grab
PARM Code 74055 1 Mon Site No EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%ile)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (for Disinfection) PARM Code 50060 A Mon Site No EFA-1	Sample Measurement				NOD			mg/L	0	Continuous	Meter
	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (for Dechlorination) PARM Code 50060 1 Mon Site No EFD-1	Sample Measurement				NOD			mg/L	0	Daily	Grab
	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N) PARM Code 00600 1 Mon Site No EFA-1	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N) PARM Code 00610 1 Mon Site No EFD-1	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon Site No EFD-1	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P) PARM Code 00665 1 Mon Site No EFD-1	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO) PARM Code 00300 1 Mon Site No EFD-1	Sample Measurement				NOD			mg/L	0	Daily	Grab
	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent) PARM Code 01119 1 Mon Site No EFD-1	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit) PARM Code 01119 P Mon Site No EFD-1	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No: EFF-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon Site No: EFF-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow, total through plant	Sample Measurement	1.89		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon Site No: FLW-1	Permit Requirement	2.9 (Ann. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow, total through plant	Sample Measurement	1.877	2.108	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon Site No: FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				180.3			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 6 Mon Site No: INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				67.3			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 6 Mon Site No: INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity (TMADF / Permitted Capacity) x 100	Sample Measurement				73			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No: CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Seminole Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Lidbury Drive
Longwood, FL 32779-4000

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: November 1, 2008 To: November 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.351		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No: FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.143		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon Site No: FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.89			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No: FLA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5	9.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No: FLA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No: FLA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No: FLA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/12/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Basin Cmty WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: November 1, 2008 To November 30, 2008

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.72	7.28		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%ile)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
PARM Code 50060 Y Mon Site No EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate Total (as N)	Sample Measurement				7.76			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1441 Tuskawilla Drive
Longwood FL 32779-6000

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2008 To: November 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (reclaimed)	Sample Measurement	1.31		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-1	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (reclaimed)	Sample Measurement	1.59		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.29			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.3	9.0		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				3.2			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.58	7.28		SU	0	Continuous	Meter
PARM Code 00400 Y Mon Site No EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/12/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). The percent non-detectible for fecal was exceeded because of sampling error by a new person who was working on the sludge beds and took sampling the effluent without proper procedure. He has been briefed about contamination of samples.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: R-002 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				94			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No FLA1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				4			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No FLA1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (In Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No FLA1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No FLB1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sunlands Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 327794800

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From November 1, 2008 to November 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE (Ceriodaphnia dubia/Routine)	Sample Measurement				100			percent	0	Annually	24 hr. composite
PARAM Code TBP6B P Mon Site No LTE-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE (Ceriodaphnia dubia/Additional)	Sample Measurement										
PARAM Code TBP6B Q Mon Site No LTE-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE (Pimephales promelas/Routine)	Sample Measurement				100			percent	0	annually	24 hr. composite
PARAM Code TBP6C P Mon Site No LTE-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE (Pimephales promelas/Additional)	Sample Measurement										
PARAM Code TBP6C Q Mon Site No LTE-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI-9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	08/12/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: November 1, 2008 To: November 30, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.0	6.72	1.85		1.2	
2				7.14	6.72	1.75		1.9	
3		< 1.0		7.0	6.86	1.4	< 1.0	1.6	
4		< 1.0		7.14	7.0	1.4	< 1.0	2.0	
5	9.0	< 1.0		7.28	6.86	1.0	< 1.0	1.5	
6	9.0		6.0	7.28	6.86	1.6		1.2	
7		< 1.0		7.0	6.72	1.0	< 1.0	1.2	
8				7.0	6.72	1.0		0.8	
9				7.14	6.72	1.0		1.6	
10		< 1.0		7.0	6.86	1.2	< 1.0	1.5	
11		< 1.0		7.0	6.86	1.2	< 1.0	2.0	
12	8.0	< 1.0		7.0	6.86	1.5	< 1.0	1.6	
13		< 1.0		7.0	6.86	1.2	1.1	1.0	
14		< 1.0		7.0	6.86	1.0	< 1.0	1.8	
15				7.14	6.72	1.4		1.1	
16				7.14	6.72	1.75		1.1	
17		< 1.0		7.14	6.86	1.0	< 1.0	1.2	
18	8.0	< 1.0	7.26	7.14	7.0	1.5	< 1.0	2.0	
19	8.0			7.14	6.86	1.45		1.2	
20		< 1.0		7.14	6.86	1.25	< 1.0	1.0	
21		< 1.0		7.0	6.72	1.0	< 1.0	1.0	
22				7.0	6.72	1.0		0.8	
23		< 1.0		7.28	6.58	1.1	< 1.0	0.9	
24		4		6.86	6.72	1.0	<1.0	0.9	
25	8.0	< 1.0		6.86	6.72	1.0	< 1.0	1.8	
26		< 1.0		7.14	6.86	1.0	3.2	1.4	
27				7.14	6.72	1.0		1.3	
28				6.86	6.72	1.15		1.4	
29				7.0	6.72	1.0		0.9	
30				7.14	6.72	1.0		1.5	
31									
Total									
Mo. Avg.									

PLANT STAFFING
Day Shift Operator Class: A Certificate No: 8518 Name: Alex Lorenzo
Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue
Overnight Shift Operator Class: C Certificate No: 8033 Name: Alan Bailey
Lead Operator Class: A Certificate No: 3690 Name: Dan Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: November 1, 2008 To: November 30, 2008

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6	< 1.0								< 1.0	
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18	< 1.0								< 1.0	
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg										

PLANT CERTIFICATION

Chief Shift Operator Class: C Certificate No: 8518 Name: Alex Lacenzo

Assistant Shift Operator Class: C Certificate No: 8241 Name: Ray Henne

Backup Shift Operator Class: C Certificate No: 8013 Name: Matt Bailey

Lead Operator Class: A Certificate No: 9000 Name: Jean Kays

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: November 1, 2008 To: November 31, 2008

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.840	0.049	1.964	0.0			
2			2.044	0.0	2.426	0.0			
3			2.141	0.0	1.897	0.0			
4			1.913	0.0	1.835	0.0	170	50	
5			1.874	0.0	2.012	0.0			
6			1.836	1.397	1.930	0.0			
7			1.914	0.0	1.780	0.0			
8			1.856	0.0	1.806	0.0			
9			1.889	0.293	1.528	0.0			
10			2.100	0.325	1.629	0.0			
11			1.859	0.007	0.477	0.0			
12			1.868	0.0	1.856	0.0			
13			1.850	0.0	1.968	0.0			
14			1.828	0.0	1.526	0.0	175.0		
15			1.798	0.074	1.234	0.0			
16			1.915	0.0	0.618	0.0			
17			1.917	0.0	0.100	0.0			
18			1.794	1.627	0.270	0.0	194.0	76.0	
19			1.826	0.0	0.324	0.0			
20			1.900	0.0	2.408	0.0			
21			1.862	0.0	2.368	0.0			
22			1.794	0.305	2.204	0.0			
23			1.872	0.0	2.378	0.0			
24			1.870	0.0	0.200	0.0			
25			1.888	0.042	0.236	0.0	182.0	76.0	
26			1.822	0.134	1.972	0.0			
27			1.910	0.0	2.316	0.0			
28			1.760	0.157	2.136	0.0			
29			1.780	0.0	2.094	0.0			
30			1.782	0.086	2.186	0.0			
31									
Total			56.302	4.296	47.688	0.0	721	202	
Mo. Avg			1.877	0.143	1.590	0.0	180.25	67.3	

PLANT STAFFING

Day Shift Operator: Class C Certificate No: 8518 Name: Alex Lorenzo

Evening Shift Operator: Class C Certificate No: 8241 Name: Ray Hogue

Evening Shift Operator: Class C Certificate No: 8003 Name: Matt Bailey

Lead Operator: Class A Certificate No: 6092 Name: Tom Ross

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: November 1, 2008 To: November 30, 2008

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6	< 1.0								< 1.0	
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18	< 1.0								< 1.0	
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING

Day Shift Operator: Class A Certificate No: 8518 Name: Alex Urrutia

Evening Shift Operator: Class A Certificate No: 8241 Name: Ray Hogue

Overnight Shift Operator: Class A Certificate No: 8915 Name: Alan Bailes

Lead Operator: Class A Certificate No: 8981 Name: Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

FILE COPY

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 500 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 111 Ledbury Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: December 1, 2008 To: December 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.156		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.0		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/1/21

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

DEP Form 62-620.910(10), Effective November 29, 1994
Revised February 2000 (Revision 01.2)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF — MONITORING GROUP NUMBER: D4001 — PERMIT NUMBER: FL0036251
MONITORING PERIOD From: December 1, 2008 To December 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				NOD	NOD	NOD	#/100ML	0	Weekly	Grab
PARM Code 74055 1 Mon Site No FLA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				NOD			mg/L	0	Continuous	Meter
PARM Code 50060 1 Mon Site No FLA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No FLD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon Site No FLA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon Site No FLD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NOD			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon Site No FLD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No FLD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				NOD			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No FLD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				NOD			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon Site No FLD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 1 Mon Site No FLD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Weeki Wachee Utils WWTF — MONITORING GROUP NUMBER: D3-001 — PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No EFF-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon Site No EFF-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.89		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon Site No FLW-1	Permit Requirement	2.9 (Ann. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.82	1.93	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon Site No FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				190.8			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon Site No INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				112.0			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon Site No INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				67			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sunlands Utilities Corporation
MAILING ADDRESS: 200 Wealthfield Avenue
Altamonte Springs, FL 32714

FACILITY: Weekaboo Hunt Club WWTF
LOCATION: 144 Fedbury Drive
Longwood, FL 32779-xxxx

COUNTY: Seminole

PERMIT NUMBER: FL0036251

TIME: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: December 1, 2008 To: December 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.3058		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.315		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.99			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No LEA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	9.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No LEA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No LEA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	1.1		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No LEA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME AND OFFICIAL TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5653	09/01/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: December 1, 2008 To December 31, 2008

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.58	7.84		SU	0	5 Days/Week	Meter
PARM Code 00400 X Mon Site No 1 EA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 X Mon Site No 1 EA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 X Mon Site No 1 EA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
PARM Code 50060 X Mon Site No 1 EA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				10.66			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 X Mon Site No 1 EA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6869

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2008 To: December 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.20		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (ReLimited)	Sample Measurement	1.17		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.23			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No FLA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.6	9.0		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No FLA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				4.3			mg/L	0	4 Days/Week	Grab
PARM Code 00530 H Mon Site No FLB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.58	7.84		SU	0	Continuous	Meter
PARM Code 00400 Y Mon Site No FLA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/1/21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): The percent non-detectible for fecal was exceeded because of sampling error by a new person who was working on the sludge beds and then sampling the effluent without proper procedure. He has been briefed about contamination of samples.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: R-002 PERMIT NUMBER: FL0036251

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal *a less than detection PARM Code 51005 A Mon Site No. EFA-1	Sample Measurement				90			Percent	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon Site No. EFA-1	Sample Measurement				1.0			#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (for Disinfection) PARM Code 50060 A Mon Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon Site No. EFA-1	Sample Measurement				2.0			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Santanda Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity
Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1111 Ledbury Drive
Longwood, FL 32779-6008

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC.: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2008 to December 31, 2008

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE (Ceriodaphnia dubia/Routine)	Sample Measurement					100			percent	0	Annually	24 hr. composite
PARM Code TBP3B P	Permit Requirement					100 (Min.)			Percent		Annually	24 hr. composite
Mon Site No LED-2												
7-DAY CHRONIC STATRE (Ceriodaphnia dubia/Additional)	Sample Measurement											
PARM Code TBP3B Q	Permit Requirement					100 (Min.)			Percent		As needed	As required by the permit
Mon Site No LED-2												
7-DAY CHRONIC STATRE (Pimephales promelas/Routine)	Sample Measurement					100			percent	0	annually	24 hr. composite
PARM Code TBP6C P	Permit Requirement					100 (Min.)			Percent		annually	24 hr. composite
Mon Site No LED-2												
7-DAY CHRONIC STATRE (Pimephales promelas/Additional)	Sample Measurement											
PARM Code TBP6C Q	Permit Requirement					100 (Min.)			Percent		As needed	As required by the permit
Mon Site No LED-2												
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI-9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/1/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: December 1, 2008 To: December 31, 2008

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.0		7.14	6.86	1.0	< 1.0	1.6	
2	9.0	< 1.0		7.14	6.86	1.0	< 1.0	2.0	
3	9.0		5.17	7.14	6.86	3.0		1.8	
4		< 1.0		7.28	7.0	1.0	< 1.0	1.6	
5		< 1.0		7.14	7.0	1.0	< 1.0	1.4	
6		< 1.0		7.0	6.86	1.15	< 1.0	1.4	
7				7.0	6.86	1.0		1.9	
8				7.28	6.72	1.0		2.0	
9	8.0	< 1.0		6.86	6.58	1.10	1.4	2.0	
10		< 1.0		6.72	6.58	2.45	1.0	2.0	
11				7.14	6.58	1.0		1.6	
12		< 1.0		7.28	7.0	1.10	1.0	1.8	
13				7.28	6.86	1.70		1.8	
14		< 1.0		7.28	6.86	1.0	< 1.0	2.0	
15	9.0		5.68	7.28	7.0	1.0		2.0	
16		1.0		7.28	7.0	1.10	< 1.0	2.0	
17	8.0	< 1.0		7.14	6.86	1.0	< 1.0	2.0	
18		1.0		7.56	7.0	1.0	2.5	2.0	
19		< 1.0		7.56	7.0	1.0	< 1.0	2.0	
20				7.28	6.86	1.0		1.5	
21		< 1.0		7.56	6.86	1.10	1.8	2.0	
22		< 1.0		7.84	7.0	1.0	4.3	1.5	
23		< 1.0		7.28	7.0	1.0	< 1.0	2.0	
24	9.0	< 1.0		7.42	6.86	1.0	< 1.0	2.0	
25				7.14	7.0	1.25		2.0	
26				7.14	7.0	2.60		2.0	
27				7.14	6.86	2.0		1.9	
28		< 1.0		7.14	6.86	2.9	< 1.0	0.6	
29	9.0		10.66	7.28	6.86	1.0		2.0	
30	9.0	< 1.0		7.28	7.0	1.2	1.7	1.6	
31		< 1.0		7.28	7.0	1.8	1.8	1.7	
Total									
Mo. Avg									

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8243	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8023	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3069	Name:	Bob Key

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: December 1, 2008 To: December 31, 2008

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			2.020	0.0	1.631	0.0			
2			1.852	0.032	0.211	0.0	191.0	86.0	
3			1.830	1.389	0.242	0.0			
4			1.770	0.546	1.718	0.0			
5			1.786	0.155	2.056	0.0			
6			1.734	0.098	1.782	0.0			
7			1.827	0.115	1.431	0.0			
8			1.914	0.441	0.190	0.0			
9			1.737	0.151	0.230	0.0			
10			1.774	0.162	0.214	0.0	208.0	212.0	
11			1.782	0.0	1.884	0.0			
12			1.896	0.477	0.092	0.0			
13			1.758	0.0	0.178	0.0			
14			1.899	0.093	2.412	0.0			
15			2.015	1.323	0.367	0.0			
16			1.844	1.218	1.437	0.0			
17			1.818	0.063	2.054	0.0			
18			1.866	0.983	2.340	0.0	178.0	96.0	
19			1.728	0.154	0.342	0.0			
20			1.696	0.113	0.248	0.0			
21			1.876	0.390	2.216	0.0			
22			1.766	0.011	2.076	0.0			
23			1.888	0.054	0.720	0.0			
24			1.830	0.399	0.286	0.0	174.0	94.0	
25			1.874	0.058	2.528	0.0			
26			1.852	0.0	1.982	0.0			
27			1.790	0.0	0.336	0.0			
28			1.821	0.0	2.324	0.0			
29			1.738	1.084	0.973	0.0	203.0	72.0	
30			1.789	0.255	0.191	0.0			
31			1.774	0.0	1.666	0.0			
Total			56.524	9.764	36.333	0.0	954	560	
Mo. Avg.			1.823	0.315	1.172	0.0	190.8	112.0	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

Lead Operator Class: A Certificate No: 3090 Name: Tom Keys

* Related flows estimated per K. Price

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: December 1, 2008 To: December 31, 2008

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3	< 1.0								< 1.0	
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15	< 1.0								< 1.0	
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29	< 1.0								1.1	
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING

Day Shift Operator	Class	C	Certificate No.	8518	Name	Alex Lozano	
Evening Shift Operator	Class	C	Certificate No.	8241	Name	Ray Hogue	
Evening Shift Operator	Class	C	Certificate No.	8203	Name	Alan Bailey	
Lead Operator	Class	A	Certificate No.	3090	Name	Tom Kess	

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT - PART D

GROUND WATER MONITORING REPORT
Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Wekiva Hunt Club / Seminole County

Address 144 Ledbury

City Longwood, Fl. Zip 32779

Telephone Number (407) 862-5651

(2) The GMS Identification Number 3059P03243

(3) DEP Permit Number FL0036251

(4) Authorized Representative Name Tom Keys

Address 144 Ledbury

City Longwood, Fl. Zip 32779

Telephone Number (407) 862-5651

(5) Type of Discharge Treated Domestic Wastewater

(6) Method of Discharge Surface discharge, reclaimed slow rate percolation, public access land application.

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

Date: 1/21/09 Tom Keys

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advanced Environmental Laboratories Inc.

Address 5810 D Breckenridge Parkway Tampa, Fl. 33610

Phone Number (813) 630-9616

Printed 6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: **MWI-1**
Well Type: **Intermediate**
Description: **Facility Well Name: W-1**
Pere Ponds
WAFR # 7090
GMS# 3059A13046

Monitoring Period: From: October 2008 to: December 2008
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 10/28/2008
Time Sample Obtained: 14:11

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/F/N)
Water Level Relative to Ref. NGVD	82545	--	56.47	Feet	Report	N/A	Field	Pump	N
Nitrate, as NO	00620	--	0.86	mg/l	10	0.047 mg/L	SM 500NO3 -F	Pump	N
Solids, Total Dissolved (TDS)	70295	070301	84	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	10	mg/l	250	3.8 mg/L	EPA 325.2	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100ml	4	1CFU/100ml	SM 9222D	Pump	N
pH	00400	--	5.53	SU	6.0 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	0.65	NTU	Report	0.065 NTU	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION:

6/1/2004

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWB-2
Well Type: Background
Description: **Facility Well Name: W-2R**
Pere Ponds
WAFR # 7088
GMS# 3059A13048

Monitoring Period: From: October 2008 To: December 2008
Was the well purged before sampling? X Yes ___ No

Date Sample Obtained: 10/28/2008
Time Sample Obtained: 14:30

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (Y/F/N)
Water Level Relative to Feet, NGVD	82545	--	51.51	Feet	Report	N/A	Field	Pump	N
Nitrate, as N	00620	--	4.0	mg/l	10	0.047 mg/L	SM 500NO3 -F	Pump	N
Solids, Total Dissolved (TDS)	70295	070301	230	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	50	mg/l	250	3.8 mg/L	EPA 325.2	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100/ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	6.20	SU	6.0 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	3.3	NTU	Report	0.065 mg/L	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION:

n 1 2003

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWC-3
Well Type: Compliance
Description: **Facility Well Name: W-3**
Perc Ponds
WAFR # 7091
GMS# 3059A13045

Monitoring Period: From: 1 October 2008 To: December 2008
Was the well purged before sampling? X Yes No

Date Sample Obtained: 10/28/2008
Time Sample Obtained: 14:49

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet NGVD	82545	--	43.33	Feet	Report	N/A	Field	Pump	N
Nitrate (as N)	00620	--	8.5	mg/l	10	0.047 mg/L	SM 500NO3 -F	Pump	N
Solids, Total Dissolved (TDS)	70295	070304	310	mg/l	500	10 mg/l	EPA 160.1	Pump	N
Chloride (as Cl)	00940	--	64	mg/l	250	3.8 mg/L	EPA 325.2	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100/ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	6.28	SU	6.5 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	1.1	NTU	Report	0.065 NTU	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION: The well was re-sampled on 11/15/07 since lab forgot to sample for Nitrate.

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole County**
Facility Name: **Wekiva Hunt Club WWTF**
Permit Number: **FL0036251** **GMS# 3059P03243**

Permit Builder MW ID: MWC-4
Well Type: Compliance
Description: **Facility Well Name: W-4**
Pere Ponds
WAFR # 7089
GMS# 3059A13047

Monitoring Period: From October 2008 To December 2008
Was the well purged before sampling? _X Yes ___ No

Date Sample Obtained: 10/28/08 / 11/17/08
Time Sample Obtained: _13:53 /15:09

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82515	--	50.7/39.75	Feet	Report	N/A	Field	Pump	N
Nitrate (as N)	00620	--	0.66	mg/l	10	0.047 mg/L	SM 500NO3E	Pump	N
Solids, Total Dissolved (TDS)	70295	070301	98	mg/l	500	10 mg/L	EPA 160.1	Pump	N
Chloride (as Cl)	16940	--	4.31	mg/l	250	3.8 mg/L	EPA 325.2	Pump	N
Coliform, Fecal	74055	031616	< 1.0	#/100ml	4	1 CFU/100ml	SM 9222D	Pump	N
pH	00400	--	6.22/6.63	SU	6.5 to 8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	10/9.0	NTU	Report	0.065 mg/L	EPA 180.1	Pump	N

COMMENTS AND EXPLANATION: The well was dry

6/12/2003