100127-WS

Tradewinds Utilities, Inc.
Engineering Data

Marion County, Florida

Docket No. 100126

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Tradewinds Utilities, Inc.

Engineering Data

Marion County, Florida

Docket No. 100126

Tradewinds Utilities, Inc. Docket No. 100127 Marion County

25.30.440(7) NOTICES

AGREEMENT FOR TRANSPORTATION. TREATMENT AND DISPOSAL OF DOMESTIC WASTEWATER RESIDUALS

This AGREEMENT by and between AMERICAN PIPE & TANK, INC. 4411 SE 53rd Ave, Ocala, FL 34480 D/B/A/ 412 BIOSOLIDS PROCESSING FACILITY (hereinafter 412 BPF) and

Tradewinds Utilities, Inc whose address is 1410 NE 8th Avenue, PO Box 5220, Ocala, FL 34478 (hereinafter referred to as CLIENT).

WITNESSTH THAT

WHEREAS, 412 BPF is the owner and operator of a Type II Residuals Management Facility, File #FLA356697-001-DW2S and Agricultural Use Site, and

WHEREAS, sufficient capacity shall be maintained and

WHEREAS, said treatment and disposal site has been approved and operating under Florida Department of Environmental Protection (FDEP) permit file in compliance with Chapter 62-640 FAC and

WHEREAS, the CLIENT owns and operates the domestic wastewater treatment plant permitted as <u>FLA010699</u>
hereinafter referred to as "SOURCE' and has the need to dispose of the waste residual generated by the "SOURCE' and WHEREAS, the CLIENT and 412 BPF both operate treatment facilities in compliance with Chapter 62-600 FAC, the degree of treatment at the plants determined according to said Chapter the true identity (treatment plant) referred to as "GENERATOR". For the ease of permitting 412 BPF will be referred to as "GENERATOR".

WHEREAS, as a condition precedent to the obtaining a valid operating permit for the SOURCE, FDEP requires the GENERATOR to file an Agricultural Use Plan whereby the SOURCE certifies that his residuals shall meet the chemical criteria for residuals suitable for land application.

NOW THEREFORE, for and in consideration of the mutual terms, covenants and conditions to be complied with on the part of the respective

parties hereto, it is agreed as follows:

- 1. Nothing in this Agreement shall supercede or take precedence over the obligations and responsibility of each party to operate and maintain his individual plant in compliance with the frequency and schedule stated in Chapter 62-640, FAC.
- 2. The CLIENT hereby covenants and agrees:
- A. If the CLIENT stabilizes the residuals to Class "B" or above, none of said residuals can be mixed with unstabilized materials. If mixing has occurred, the entire load will be required to be stabilized at the 412 BPF Plant.
- B. The CLIENT shall pay for the transportation, treatment and disposal as dictated in the AGREEMENT PAY SCHEDULE "A" attached to this contract..
- C. The CLIENT warrants that the residuals delivered to the GENERATOR shall not contain any hazardous, toxic or radioactive waste or substances as defined by applicable federal, state and local laws or restrictions.
- 3. 412 BPF hereby covenants and agrees:
- A. To maintain, monitor and operate the lime stabilization plant and residuals disposal site in compliance with Chapter 62-640, FAC.
- B. To accept all responsibility for the proper measurement, stabilization and land application for the proper disposal of the residuals as required by Chapter 62-640, FAC.

- C. To maintain a record of the total quantity of residuals land applied and file with FDEP an annual summary of the total quantity of residuals, heavy metals and nitrogen land applied, in which the CLIENT is a contributor thereof, to meet the GENERATOR'S certification requirements of the Agricultural Use Plan for this 412 BPF.
- 4. It is further understood by both parties that:
- A. Both parties understand that this Agreement is subject to the rules, regulations and directives of the regulatory agencies and agree that in the event such rules, regulations and directives require modification of the Agreement, they will negotiate in good faith to make such modification.
- B. Upon arrival onsite for treatment, residuals from the CLIENT'S plant, 412 BPF has the right to refuse treatment of said residuals, if it demonstrates properties that are not consistent with Land Application. The CLIENT will be responsible for the removal and proper disposal of material.
- It is specifically agreed and understood by all parties hereto, that the rate stated in the Agreement Pay Schedule "A" is for the proper treatment, transportation and disposal of residuals delivered by AMERICAN PIPE & TANK, INC. to the 412 BPF site and proper disposal of the same.
- 6. Payment shall be made by Customer within thirty (30) days after receipt of an Invoice from Contractor. In the event that any payment is not made when due, Contractor at its sole option, may, at any time, terminate this Agreement on notice to Customer and the Department of Environmental Protection. Contractor may impose and Customer agrees to pay a late fee not to exceed the maximum rate allowed by applicable law for all past due payments.
- Contractor shall not be responsible for damage to CLIENT'S pavement or other driving surface resulting from the weight of Contractor's
 vehicles servicing the wastewater treatment plant on routes designated by Customer.
- 8. Changes in the Schedule of Charges, capacity and type of equipment may be agreed to orally or in writing by the parties. Consent to oral changes shall be evidenced by the actions and practices of the parties.
- 9. Since disposal related charges and fuel costs are a significant portion of the cost of Contractor's services provided hereunder, Contractor may increase the unit price of the Schedule of Charges in an amount equal to any equivalent unit increase in disposal or fuel costs.
- 10. The term of this Agreement shall be for three (3) years from the effective date of service and shall be automatically renewed for like terms unless either party shall give written notice of termination (Certified Mail) to the other at least sixty (60) days prior to termination of the initial term or any renewal term. In the event the CLIENT terminates this Agreement other than as provided above, CLIENT shall pay to Contractor as liquidated damages, a sum calculated as follows: (a) if the remaining term under this Agreement is six months or more, CLIENT shall pay its most recent monthly charge multiplied by six (6); (b) if the remaining term under this Agreement is less than six months, CLIENT shall pay its most recent charge multiplied by the number of remaining months in the term.
- That 412 BPF shall assume responsibility for the proper transport and spill contingency for residuals from the CLIENT once loaded into Company owned tankers.
- 12. In the event of a breach of this Agreement by either party, the breaching party shall pay all reasonable attorney's fees, collection fees and costs of the other party incident to any action brought to enforce this Agreement.

This AGREEMENT shall be binding on the parties and their successors and assigns.

IN WITNESS WHEREOF, the parties have caused these present to be executed this 24th day of September , 2009.

Cina

A 1111C22

Witness

By:

Serge S. Conomos/President

412 BIOSOLIDS PROCESSING FACULT

Client Signature Title

Client Signature/Title

VIII-



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

Colleen M. Castille Secretary

SENT VIA E-MAIL TO: charles@alternativephone.com

December 6, 2004

TRADEWINDS UTILITIES INC PO BOX 5220 OCALA FL 34478 OCD-C-WW-04-1159

ATTENTION CHARLES DEMENZES CEO

Marion County - DW Tradewinds WWTF Wastewater Facility - Permit No. FLA010699 Noncompliance Letter

Dear Charles Demenzes:

On November 3, 2004, Department personnel conducted a Compliance Sampling Inspection (CSI) of your wastewater facility. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from records on file in this office, the following deficiencies were noted:

- 1. The Chlorine Contact Chamber (CCC) wall had a small leak.
- Screenings and floatable material removed form the sewage treatment plant were not being stored properly. Prior to disposal, floatables and screenings must be stored in a cover container.
- 3. The clarifier surface was covered with scum, grease, foam, and other floating solids.

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

Sincerely,

Kalina Warren Supervisor

Wastewater Compliance/Enforcement

KW/dh/ww

Enclosures: Inspection Report

Wastewater Compliance Information Flyer

cc: Marion County Health Department, thomas moore@doh.state.fl.us

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

	nd Physical Lo	cation o	f Facility		WAFR ID:	all the	1	County	Entry D	eate/Time
RADI	EWINDS UT				FLA010699			MARION	11/3/20	004 1130
	E 43RD PLA							Phone	@ Exi	t Date/Time
	A, FL 34478							(352) 622-4949	11/3/20	004 1210
) of Field Repr	esentati	ves(s)		Title				P	hone
	,									
ame a	nd Address of	Permitt	ee or Design	nated Rep	presentative Title			Phone	@	Operator Certification #
HAR	LES DEMEN	ZES			CEO			(904) 622-4949		
RAD	EWINDS UT	ILITIE	S INC							
о во	X 5220									
CAL	A, FL 34478									
aspec	tion Type	С	S	I	Samples Taken(Y/N): Y	@ San	ple ID#	t: 19711	Sam	ples Split (Y/N); N
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			Value of Table 1	73880H	ITY COMPLIANCE				Barrier II	
IC	1. ♦Permit			NE	3. Laboratory	NC	6. ♦	Facility Site Review	IC	9. ♦Effluent Quality
NA	2. +Compl	14/4	chedules	NE	4. Sampling	IC	18-19-5	low Measurement	IC	10. ♦Effluent Disposa
				IC	5.♦Records & Reports	IC		Operation & ntenance	IC	11. Residuals/Sludge
NE	13. Other:								NA	12. Groundwater
Facilit	y and/or Order	Compl	iance	Section 1	In-Compliance	X o	ut-Of-C	Compliance	Signific	cant-Out-Of-Compliance
Status	The state of the			NOT I	Three D					
Recom	imended Action		200	1197.10	TTER	- 1 1	L			
	(s) and Signatu		Inspector(s)					District Office/Phone No 407-893-3313	umber	Date 11/10/2004
	el K. Hall		Jens			Thomas Thomas				
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Signalin	Fill Out Tonsaction Code ection Type (ection Code	This S	L A 1) A=PA 2): S=Sta	NPDI 0	ES Number 1 0 6 9 9 ADDITIONAL NPD	0 ES COM	Y 4 IMEN /EPA-	R/MO/DA 1 1 0 3 TTS State Lead, L=Local	Insi Typ 1	e Inspector 2 S

INSPECTION FINDINGS

Facility Name: TRADEWINDS UTILITIES (DW)

Facility ID: FLA010699 Inspection Type: CSI Date: 11/3/2004

FACILITY BACKGROUND:

Address: 2800 NE 43RD PLACE, OCALA, FL 34478, MARION COUNTY

Permit Information: Wastewater Permit issued: 2/3/1999, and expires: 1/27/2004

Treatment Summary: PARALLEL E.A. STP"S W/SURGE CONTROL AND FILTRATION-REUSE TO

R/A SPRAYFIELD

Permitted Capacity: 0.065 MGD

1. Permit: IN COMPLIANCE

- 1.1 <u>Observation</u>: An application to renew the existing permit is currently being reviewed by the Department. Permit application was timely submitted.
- 2. Complinace Schedules: NOT APPLICABLE
- 3. Laboratory: NOT EVALUATED
- 4. Sampling: NOT EVALUATED
- 5. Records and Reports: IN COMPLIANCE
 - 5.1 Observation: General Laboratory results, submitted with the Discharge Monitoring Reports, appear satisfactory.

Additional Comments: DMRs reviewed for June 2003 – July 2004.

- 5.2 Observation: General Entries in the operator log were clear, concise, informative, and relevant.
- 5.3 Observation: General All required documents and reports were available at the plant.
- 6. Facility Site Review: OUT OF COMPLIANCE
 - 6.1 Observation: General The facility grounds were secured properly.
 - 6.2 Observation: General Please see specific comment

Additional Comments: The CCC wall had a small leak where a pipe enters the wall.

- 6.3 Observation: General Please see specific comment
 - Additional Comments: Screenings were on top of the plants even after drying, some had plants growing from the piles.
- 6.4 <u>Observation</u>: AerationBasins/Act.Sludge No problems or deficiencies were observed in the aeration basins.
- 6.5 Observation: Clarifiers Excessive (scum, grease, foam, or floating solids) was observed in the clarifier(s).
- 6.6 Observation: Digestors No problems or deficiencies were observed in the digestors.
- 6.7 Observation: Disinfection No problems or deficiencies were observed.

INSPECTION FINDINGS

Facility Name: TRADEWINDS UTILITIES (DW)

Facility ID: FLA010699 Inspection Type: CSI Date: 11/3/2004

7. Flow Measurement: IN COMPLIANCE

7.1 Observation: The copy of the flow calibration report is current and satisfactory.

Additional Comments: Calibrated 9/21/04

Additional Comments: Plant is operating at 81% of permitted capacity.

8. Op and Maint: IN COMPLIANCE

8.1 Observation: No problems or deficiencies were observed.

9. Effluent Quality: IN COMPLIANCE

9.1 <u>Observation</u>: Samples were collected at the time of the inspection. The results showed all tested parameters within permitted allowances.

9.2 Observation: DMR review period: June 2003 – July 2004.

10. Effluent Disposal: IN COMPLIANCE

10.1 Observation: No problems or deficiencies were observed.

11. Residuals/Sludge: IN COMPLIANCE

11.1 Observation: General - No problems or deficiencies were observed.

Additional Comments: Hauled by Central Process.

12. Groundwater Quality: NOT APPLICABLE



Jeb Bush Governor Central District 3319 Maguire Bouleyard, Suite 232 Orlando, Florida 32803-3767

Colleen M. Castille Secretary

CERTIFIED MAIL 7003 2260 0005 6067 7155

January 13, 2005

TRADEWINDS UTILITIES INC PO BOX 5220 OCALA FL 24478 OCD-C-WW-05-0040

ATTENTION CHARLES DEMENZES CEO

Marion County - DW
Tradewinds WWTF
Wastewater Facility - Permit No. FLA010699
Noncompliance Letter

Dear Mr. Demenzes:

On December 6, 2004, you were forwarded a noncompliance letter listing certain deficiencies that were found during a routine inspection on November 3, 2004. A copy of the noncompliance letter is enclosed.

You were requested to respond, in writing, within 14 days of the date of the letter with a schedule of action(s) to correct the deficiencies noted. As of this date, no reply has been received.

In order to avoid enforcement action, you are requested to respond within 7 days from receipt of this letter as to your intentions in correcting the deficiencies noted in the noncompliance letter.

Sincerely,

Kalina Warren Supervisor

Wastewater Compliance/Enforcement

KW/kw/ww

Enclosure: Noncompliance Letter No. OCD-C-WW-041159

cc: Marion County Health Department, thomas moore@doh.state.fl.us



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

Colleen M. Castille Secretary

SENT VIA E-MAIL TO: charles@alternativephone.com

December 6, 2004

TRADEWINDS UTILITIES INC PO BOX 5220 OCALA FL 34478 OCD-C-WW-04-1159

ATTENTION CHARLES DEMENZES CEO

Marion County - DW
Tradewinds WWTF
Wastewater Facility - Permit No. FLA010699
Noncompliance Letter

Dear Charles Demenzes:

On November 3, 2004, Department personnel conducted a Compliance Sampling Inspection (CSI) of your wastewater facility. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from records on file in this office, the following deficiencies were noted:

- 1. The Chlorine Contact Chamber (CCC) wall had a small leak.
- Screenings and floatable material removed form the sewage treatment plant were not being stored properly. Prior to disposal, floatables and screenings must be stored in a cover container.
- 3. The clarifier surface was covered with scum, grease, foam, and other floating solids.

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

Sincerely,

Kalina Warren Supervisor

Wastewater Compliance/Enforcement

6 Janen

KW/dh/ww

Enclosures: Inspection Report

Wastewater Compliance Information Flyer

cc: Marion County Health Department, thomas moore@doh.state.fl.us



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

Colleen M. Castille Secretary

SENT VIA E-MAIL TO: charles@alternativephone.com

December 16, 2005

TRADEWINDS UTILITIES INC PO BOX 5220 OCALA FL 34478

OCD-C-WW-05-1163

ATTENTION CHARLES DEMENZES

PRESIDENT

Marion County - DW Tradewinds WWTF Wastewater Facility - Permit No. FLA010699 Noncompliance Letter

Dear Mr. Demenzes:

On November 10, 2005, Department personnel conducted a routine inspection of your wastewater facility. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from records on file in this office, the following deficiencies were noted:

- 1. A copy of the permit was not available on-site.
- 2. A copy of the laboratory certification was not on-site.
- 3. Unapproved codes were used on the Discharge monitoring Reports. Please see inspection report for detail. For the full list of approved codes please see the enclosure, "instructions for Completing the Discharge Monitoring Report" or visit our website at:

http://www.deplstate.fl.us/central/Home/Wastewater/LabsandSampling/LabInfor/default.htm

- 4. The annual nitrate result was not reported for the last twelve (12) months.
- 5. Air leaks were noted in the aeration system.
- 6. The combined clarifier streams had very high suspended solids after passing through the tanks in the unused filter.
- 7. A large quantity of standing water was observed between the tanks of the eastern train.

Tradewinds WWTF OCD-C-WW-05-1163 Page 2

8. The holding pond contained excessive vegetation.

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

Sincerely,

Kalina Warren

Supervisor
Wastewater Compliance/Enforcement

KW/dh/ww

Enclosures: Inspection Report

Workshop Flyer for Certified WW Operators of Plants Less than 0.1 MGD

Instructions for Completing Discharge Monitoring Reports

cc: Marion County Health Department, thomas_moore@doh.state.fl.us ProTech Water & Wastewater Services, ProTechWW@earthlink.net



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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

April 19, 2007

TRADEWINDS UTILITIES, INC. POST OFFICE BOX 5220 OCALA FL 34478

OCD-C-WW-07-0328

ATTENTION CHARLES DEMENZES PRESIDENT

Maricn County - DW
Tradewinds WWTF
Wastewater Facility - Permit No. FLA010699
Noncompliance Letter

Dear Mr. Demenzes:

On March 29,2007, Department personnel conducted a routine inspection of your wastewater facility. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from records on file in this office, the following deficiencies were noted:

- According to Part VI, Schedules, of the wastewater permit, item 2 submittal of the mock drill and spill contingency plan should have been completed on June 1, 2005. The report has not been received by the Department.
- 2. A copy of the current laboratory certification was not on-site. This deficiency was also noted in the Noncompliance Letter Number OCD-C-WW-05-1163, dated December 16, 2005, which is enclosed.
- 3. A copy of the current license for each certified operator that services this facility was not on-site. Operator certification for operator B-8580 was not on-site.
- 4. The Fecal Coliform (FC) and/or Carbonaceous Biochemical Oxygen Demand (CBOD₅) results reported on the Discharge Monitoring Reports (DMRs) for October, November, and December 2005, November 2006, January and February 2007 were reported with the qualifier code "U". Sample results less than the laboratory method detection limit (MDL) must be reported as the number representing MDL preceded by a "<" sign. An example would be < 1 fcc/100mL. Please see the inspection report for additional comments.</p>

- 5. The Number of Exceedances (No. Ex.) were incorrectly reported on the DMRs for the review period (see inspection report for details). The No. Ex. Reported on Part A of the DMRs should be the number of times a particular parameter exceeds the permit limit for that month.
- 6. The CBOD₅ result was reported incorrectly on Part A of the DMR for November 2006. Please see the inspection report for details. It is important to report all data carefully and accurately as specified on the DMRs.
- 7. Multiple spills or discharge occurred between April 7, 2006 and January 29, 2007 and were reported to the Department of Environmental Protection (DEP); however, no written reports were submitted to the Department within five days. Any spill of 1000 gallons or less must be reported to the DEP within 24 hours of discovery, followed by the written report submitted to the DEP within five days.
- 8. Solids were present in the filter tank and in the chlorine contact chamber. This deficiency was also noted in the Noncompliance Letter Number OCD-C-WW-05-1163, dated December 16, 2005, which is enclosed.
- 9. There was evidence of a spill outside the aeration bay of the McNeil plant and on the ground between the aeration bays of the Marolf train which extended in front of the plant and beyond the fence to the storm water ditch.
- 10. The last calibration date on the flow meter was September 2, 2005. Flow measuring devices must be calibrated at least annually.
- 11. The portion of the line that carries plant recycled water showed severe corrosion at the surge tank. Also, the power supply to the pumps in the surge tank and final effluent were secured with electrical tape creating an electrical hazard. The pipe and the covers on the power supplies should be repaired or replaced.
- 12. The Total Suspended Solids (TSS) annual average results reported on the DMR for December 2006 through February 2007 were 21.4 milligrams per Liter (mg/L), 23.9 mg/L, and 22.6 mg/L respectively which exceeded the maximum limit of 20.0 mg/L. These exceedances were not reported to the Department. Any operational difficulty resulting in non-compliance with permit conditions or State regulations must be reported to the Department of Environmental Protection within twenty-four (24) hours of discovery.
- The holding pond contained excessive vegetation. This deficiency was also noted in the Noncompliance Letter Number OCD-C-WW-05-1163, dated December 16, 2005, which is enclosed.
- 14. The sprayfield had some inoperable and clogged heads which need to be repaired or replaced. The vegetation is not being harvested from the sprayfield as required by permit condition IV.4.

Tradewinds WWTF OCD-C-WW-07-0328 Page 3

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

Sincerely,

She anen

Kalina Warren Supervisor Wastewater Compliance/Enforcement

KW/nm/ar

Enclosures: Inspection Report

Noncompliance Letter OCD-C-WW-05-1163

cc: Marion County Health Department,thomas_moore@doh.state.fl.us,

ProTechWW@earthlink.net

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

	r i g their	, & 11 T	F	ACIL	ITY AND INSPECT	LION	IN	FORMATION	@ =	= Optional
Name a	nd Physical Lo	cation of	f Facility		WAFR ID:		inger State	County	Entry	Date/Time
Tradev	vinds WWTF				FLA010699			Marion	03/29/	2007 10:00:00 AM
2925 N	E 43rd Pl							Phone	@ Ex	it Date/Time
Ocala,	FL 34479 - 8	821			*			(904) 622-4949	03/29/	2007 12:25:00 PM
) of Field Repr		res(s)		Title				1	Phone
John	(ProTech)									
Name a	nd Address of	Permitte	e or Desig	gnated Re	presentative Title			Phone	@	Operator Certification #
Charle	s Demenzes				Chief I	Executive	Office	er -	Joh	n Anderson
Tradev	vinds Utilities	Inc							C-1	13890
РО Во	x 5220									
Ocala,	FL 34478 - 5	220								
Inspec	tion Type	С	Е	I	Samples Taken(Y/N): N	@ Sa	mple I	D#:	Sar	nples Split (Y/N): N
X De	mestic _	Industr	ial		Were Photos Taken(Y/N): Y		@	Log book Volume : I		@ Page 2
IC	PERMITS/C			NE	a Should be Reviewed when Ou SELF MONITORING PROGRAM 3. Laboratory	NC	FAC	ILITY OPERATIONS	NC	EFFLUENT/DISPOSAL
IC	1. ♦Permit			NE	3. Laboratory	NC	6. ♦	Facility Site Review	NC	9. ♦ Effluent Quality
NC	2. Compli	iance Sci	hedules	NE	4. Sampling	NC	7. F	low Measurement	NC	10. ♦ Effluent Disposal
				NC	5.♦Records & Reports	NC		Operation & ntenance	IC	11. Residuals/Sludge
NE	13. Other:	· · · · · · · · · · · · · · · · · · ·				2=1 = 1			NA	12. Groundwater
Facility Status:	and/or Order	Complia	ince	_	In-Compliance	<u>X</u> Ou	ıt-Of-C	Compliance _	Signific	ant-Out-Of-Compliance
Recom	mended Action	s: Non-ce	ompliance	Letter						
Name(s) and Signatur	e(s) of Ir	spector(s)				District Office/Phone Nu	mber	Date
				Mi	ose Millet CD			407-893-3313		4-11-07
Nico.	le Mitchell			- 19~		4				
@ Sig	nature of Revi							District Office/Phone Nu	mber	April 18, 2007
Volin	ia Warren	de	wa	uen						10,200
Kain	— Wallell									
F	ill Out Th	is Sec	tion F	or All	Surface Water Discharger	Inspec	tions	(CEI, CSI, CBI, P	AI, XS	I, RI, ASI, ANI)
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INSPECTION FINDINGS

Facility Name: Tradewinds WWTF

Facility ID: FLA010699 Inspection Type: CEI

Date: 03/29/2007 10:00:00 AM

FACILITY BACKGROUND:

Address: 2925 NE 43rd Pl, Ocala, FL 34479 - 8821, Marion COUNTY

Permit Information: Wastewater Permit issued: 1/12/2005, and expires: 1/10/2010

Treatment Summary: Parallel extended aeration domestic WWTP with flow equalization, aeration, secondary clarification,

chlorination, and aerobic digestion of residuals. Reuse to holding pond and restricted access sprayfield.

Permitted Capacity: 0.081 MGD

1. Permit: IN COMPLIANCE

1.1 Observation: A copy of the current permit was available to plant personnel at the time of the inspection.

2. Compliance Schedules: OUT OF COMPLIANCE

2.1 Observation:

The conditions in the compliance schedule 1 and 3 have been met. Item 2 has not been completed.

Additional Comments:

	Improvement Action	Completion Date
1	Provide on-site portable generator for lift stations	January 30, 2005
2	Start up and test generator(s) on lift stations ensuring all generator receptacles and control panel wiring is in good working order, provide the Department with a written summary of the "mock drill" and submit a contingency plan for overflow and spill prevention.	June 1, 2005
3	Repair leak in chlorine contact tank	February 28, 2005

- 3. Laboratory: NOT EVALUATED
 - 3.1 Observation: Not Evaluated.

Additional Comments: Samples are analyzed by Aqua Pure Water.

- 4. Sampling: NOT EVALUATED
- 5. Records and Reports: OUT OF COMPLIANCE
 - 5.1 Observation: General The operator log book was on-site, thorough, and up to date.
 - 5.2 Observation: General Please see specific comment

Additional Comments: The laboratory certification on-site was not current (expired on June 30, 2006), this was also noted in last inspection on November 10, 2005, and operator certification for operator B-8580 was not on-site.

5.3 Observation: General - Discharge Monitoring Reports were not completed properly.

Additional Comments: DMRs reviewed from October 2005 through February 2007

Additional Comments: DMRs for October and December 2005, November 2006, January and February 2007 used the code "U" for CBOD and fecal coliform instead of "<" symbol. November 2005 the qualifier "B" was used for fecal coliform; do not include qualifier "B" on DMRs. Number of exceedances was incorrectly reported in October and November 2005, November and December 2006, and January and February 2007. There is a transcription error

for CBOD from Part A (1) to Part B (2U) in November 2006. The TRC was reported as 2.2 in the log book and January and February 2007 DMRs but according to the operator the meter is flashing when sampled, therefore should be recorded as >2.2. This was brought to the attention of the operator and he will correct on future DMRs.

5.4 Observation: General-Please see specific comment

Additional Comments: Four malfunction reports resulting in spills were reported to the Department from April 7, 2006 to January 29, 2007 and a follow-up in writing was requested for each but not received.

- 6. Facility Site Review: OUT OF COMPLIANCE
 - 6.1 Observation: General The facility grounds were secured properly with adequate signage.
 - 6.2 Observation: AerationBasins/Act.Sludge The contents of the McNeil and Marolf aeration chambers appeared to be adequately mixed with light foam. The blowers appeared to be functioning well.
 - 6.3 Observation: Clarifiers Both trains were clear with no pop-ups but light ash. The weirs were clean with clear water going over them. Skimmers were on in the McNeil clarifier.
 - 6.4 Observation: Filter Please see specific comment

Additional Comments: The flow from both train's clarifiers came together and went to the unused filter tank where this water was cloudy with high suspended solids (also noted in November 10, 2005 inspection).

- 6.5 Observation: Disinfection The chlorine contact chamber was very cloudy and contained suspended solids.
- 6.6 Observation: General Please see specific comment

Additional Comments: A large quantity of solids was observed between the aeration bays of the Marolf train.

- 7. Flow Measurement: OUT OF COMPLIANCE
 - 7.1 Observation: The copy of the flow calibration report is not on-site, the tag on the flow meter is dated 9-2-05 (Barrett Supply).
 - 7.2 Observation: During the inspection the ultrasonic flow meter was obstructed by a concrete cover. The operator said he just placed it there prior to the inspection and removed it per our request.
- 8. Operation and Maintenance: OUT OF COMPLIANCE
 - 8.1 Observation: Please see specific comment

Additional Comments: Dried solids were observed outside the aeration bays of the McNeil train and was not limed or cleaned. A spill of approximately 200 gallons outside the Marolf aeration bays, extending in front of the plant and beyond the fence to the storm water ditch at street level was limed but not cleaned.

8.2 Observation: General-Please see specific comment

<u>Additional Comments</u>: The power supply to the pumps in the surge tank and final effluent were secured with electrical tape creating an electrical hazard. Corroded piping at the bar screens was observed.

- 9. Effluent Quality: OUT OF COMPLIANCE
 - 9.1 Observation: Discharge monitoring reports reviewed revealed effluent violations.

Additional Comments: DMR Review Period: October 2005 - February 2007

Additional Comments: TSS exceeded the permitted limit of 60.0 in January 2007 with 68, TSS An Avg exceeded the permitted limit of 20.0 in December 2006 with 21.4, January 2007 with 23.9, and February 2007 with 22.6. These exceedances were not reported to the Department.

- 10. Effluent Disposal: OUT OF COMPLIANCE
 - 10.1 Observation: Please see specific comment

Additional Comments: The holding pond contained excessive vegetation.

10.2 Observation: Please see specific comment

Additional Comments: The sprayfield had some inoperable and clogged heads. The two zones are switched once weekly and the clippings are not harvested per facility manager Steve.

11. Residuals/Sludge: IN COMPLIANCE

11.1 Observation: General - No problems or deficiencies were observed.

Additional Comments: Sludge is hauled by American Pipe & Tank and receipts are on-site.

12. Groundwater Quality: NOT APPLICABLE



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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

CERTIFIED MAIL 7006 3450 0002 8947 4719

April 30, 2008

TRADEWINDS UTILITIES INC POST OFFICE BOX 5220 OCALA FL 34478 WARNING LETTER No. OWL-WW-08-0015

ATTENTION CHARLES DEMENZES PRESIDENT

Marion County - DW
Tradewinds WWTF
Wastewater Facility - Permit No. FLA010699

Dear Mr. deMenzes:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. A routine field inspection conducted on March 27, 2008 and a complaint inspection conducted on April 15, 2008 of Tradewinds WWTF indicate that a violation of Florida Statutes and Rules may exist at the above described facility. Copies of the inspection reports are enclosed for your review. Department of Environmental Protection personnel noted the following at the above described facility:

- 1. A spill or discharge occurred in the collection/transmission system on April 12, 2008 and was not reported to the Department of Environmental Protection (DEP) or to the State Warning Point (SWP). Any unpermitted, unauthorized discharge in excess of 1000 gallons must be reported to the SWP within twenty-four (24) hours of discovery, followed by the written report submitted to the DEP within 5 days. Any spill of 1000 gallons or less must be reported to the DEP within 24-hours of discovery, followed by the written report submitted to the DEP within 5 days.
- 2. The south McNeil clarifier weir was not level.
- 3. Solids were present in the chlorine contact chamber (CCC) and in the final effluent.
- 4. The baffles located in the CCC were submerged below the effluent level, which was allowing short-circuiting.
- 5. Solids were visible on the ground between the aeration tanks of the Marolf plant.
- 6. The Total Suspended Solids (TSS) annual average results reported on the Discharge Monitoring Reports (DMRs) for July 2007 through February 2008 exceeded the maximum limit of 20 mg/L. Please see the inspection report for details.

Items #2, #3, #5 and #6, above, were also noted in Noncompliance Letter #OCD-C-WW-07-0792, dated August 27, 2007. Items #1, #3, #5 and #6, above, were also noted in Noncompliance Letter #OCD-C-WW-07-0328, dated April 19, 2007. Both noncompliance letters are enclosed for your review.

Section 403, Florida Statutes, provides that:

- A. Florida Statutes, Chapter 403.161 Prohibitions, violations, intent. (1) It shall be a violation of this chapter, and it shall be prohibited for any person: (b) To fail to obtain any permit required by this chapter or by rule or regulation, or to violate or fail to comply with any rule, regulation, order, permit, or certification adopted or issued by the Department pursuant to its lawful authority.
- B. Florida Administrative Code Rule 62-604.130 Prohibition. The following acts and the causing thereof are prohibited. (1) The release or disposal of excreta, sewage, or other wastewaters or residuals without providing proper treatment approved by the Department; construction or operation of a wastewater collection system not in compliance with this rule; or any act otherwise violating provisions of this rule or any other rules of the Department.
- C. Florida Administrative Code Rule 62-604.550 Abnormal Events. (1) The provisions of Rule 62-604.550, F.A.C., are applicable to both new and existing domestic wastewater collection/transmission systems. (2) The owner/operator of the collection/transmission system shall report to the Department all unauthorized releases or spills of wastewater to surface or ground waters from its collection/transmission system or any other abnormal events as described below:
 - (a) Unauthorized releases or spills in excess of 1,000 gallons per incident, or other abnormal events where information indicates that public health or the environment will be endangered, shall be reported orally to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519 as soon as practical, but no later than 24 hours from the time that the owner/operator becomes aware of the circumstances. The owner/operator, to the extent known, shall provide the following information to the State Warning Point:
 - 1. Name, address, and telephone number of person reporting; 2. Name, address, and telephone number of owner/operator of the collection /transmission system or responsible person for the discharge; 3. Date and time of the discharge and status of discharge (ongoing or ceased); 4. Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater); 5. Estimated amount of the discharge; 6. Location or address of the discharge; 7. Source and cause of the discharge; 8. Whether the discharge was contained on-site, and cleanup actions taken to date; 9. Description of area affected by the discharge, including name of water body affected, if any; and 10.Other persons or agencies contacted.
 - (b) Unauthorized releases or spills of 1000 gallons per incident or less shall be reported orally to the Department within 24 hours from the time that the owner/operator of the collection/transmission system becomes aware of the circumstances.
 - (c) The oral notification shall be followed by a written submission, which shall be provided within five days of the time that the owner/operator becomes aware of the circumstances. The written submission shall contain: a description of the spill, release or abnormal event and its cause; the duration including exact dates and time, and if it has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence.
- D. Florida Administrative Code Rule 62-600.410 Operation and Maintenance Requirements. (1) All domestic wastewater treatment plants shall be operated and maintained in accordance with the applicable provisions of this chapter and so as to

Tradewinds Utilities Inc Warning Letter No. OWL-WW-08-0015 Page 3

attain, at a minimum, the reclaimed water or effluent quality required by the operational criteria specified in this chapter, and to meet the appropriate domestic wastewater residuals management criteria specified in Chapters 62-2, 62-7, 62-640 and 62-701, F.A.C.

E. Florida Administrative Code Rule 62-600.740 Reporting, Compliance, and Enforcement. (1) Operational Criteria (b) Reclaimed Water or Effluent Compliance Concentrations. The applicability of the reclaimed water or effluent compliance concentrations contained below to all facilities shall depend on the treatment requirements referenced, pursuant to Rule 62-600.110, F.A.C.

1. In order to determine compliance of a domestic wastewater facility with the secondary treatment standards specified in Rule 62-600.420(1)(a). F.A.C., the following operational criteria shall be applicable.

a. The arithmetic mean of the CBOD5 or TSS values for the reclaimed water or effluent samples collected (whether grab or composite technique is used) during an annual period, as described in this section, shall not exceed 20 mg/L.

The activities noted during the Department's field inspections and any other activities at your facility that may be contributing to violations of the above described statutes or rules should be ceased. Operation of a facility in violation of state statutes or rules may result in the potential liability for damages and restoration, and the judicial imposition of civil penalties, pursuant to Sections 403.141 and 403.161, Florida Statutes.

You are requested to contact Clarence Anderson or Daniel Hall of this office at (407) 893-3313 within 15 days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter. The Department has tentatively calculated penalties for the violations addressed above and may discuss the penalties at the meeting.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(4), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

for Vivian F. Garfein

Director, Central District

Mishauxe C. Fenant

VFG/bv/kw

Enclosures: Noncompliance Letter OCD-C-WW-07-0792

Noncompliance Letter OCD-C-WW-07-0328

Inspection reports (2)

cc: Marion County Health Department, thomas moore@doh.state.fl.us

DW Permitting Section, Dennise.Judy@dep.state.fl.us

Pro Tech Water & Wastewater Services, ProtechWW@embarqmail.com

"More Protection, Less Process" www.dep.state.fl.us

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

						T AND INSPI	ECTIO	<i>-</i>	INF	ORMATION		@ = Optional
Name and Phy			of Fac	cility		WAFR ID:				County		Entry Date/Time
Tradewind						FLA01069	99			Marion		03/27/2008 @ 10:15 a.m.
2925 NE 4	3 rd Pla	ace				*				Phone		@ Exit Date/Time
Ocala, FL	34479	-882	1			·						03/27/2008 @ 11:15 a.m.
Name(s) of Fie	ld Repr	esenta	tives(s))		Title						Phone
Ray						Operator						
Wayne Bry	ant				_	Operator						
Name and Add	ress of l	Permit	tee or	Designat	ed Rep	presentative	Title			Phone	14	@ Operator Certification #
Charles De	menze	es					Chief	Exec	cutive O	fficer		
Tradewinds	s Utili	ties I	nc				Email			Fax		
PO Box 522	20											
Ocala, FL 3	34478	-522(0									
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IC 1. + Per IC 2. + Co	mplian	ce Sch	edules	s N	VE VE	Laboratory Sampling Necords & Reports	IC No		7. Flo	w Measurement eration & mance	SC NC IC NA	9. ◆Effluent Quality 10. ◆Effluent Disposal 11. Residuals/Sludge 12. Groundwater
Facility and/or C	order C	omplia	nce St	atus:	In-C	Compliance	Out-Of-Con	npliar	ice	Significant-O	ut-Of-Co	mpliance
Recommended A	ctions:	Warn	ing Le	tter								
Name(s) and Sign Jenny E. Far	,			r(s) Fauell			The Programmer S			District Office/Phone Central District (407 – 893-	Office	Date 04/21/2008
® Signature of Kalina Warre	,		e de	rne	u					District Office/Phone Central District (407 – 893-2	Office	Date April 28, 2008
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Inspection Comments for Tradewinds WWTF

Inspected 03/27/2008

An existing 0.081MGD AADF extended aeration domestic wastewater treatment plant (a 0.065MGD McNeil plant in parallel with a 0.050MGD Marolf plant) consisting of flow equalization, aeration, secondary clarification, chlorination, and aerobic digestion of residuals.

PERMIT: In Compliance

- There was a current permit (FLA010699) on-site.
- This permit will expire on January 10, 2010.

COMPLIANCE SCHEDULE: In Compliance

 A portable generator is stored at the water plant location and is tested weekly by Tradewinds Utilities, Inc.

LABORATORY: Not Evaluated

SAMPLING: Not Evaluated

RECORDS AND REPORTS: Out of Compliance

- There was a lab certification on-site. Samples are analyzed by Aqua Pure Laboratory.
- There was an Operations and Maintenance Manual on-site.
- There was a bound and numbered logbook on site. The operation and maintenance entries in the logbook were sufficient.
- There were operator certifications on-site that are current and met the permit requirements.
- DMR paperwork review (exceedances noted under EFFLUENT), July 2007 through February 2008 were all submitted in timely fashion.
- Annual influent CBOD, TSS, and effluent Nitrate results were reported in February 2007. On the day of inspection the operator stated that the Annual samples were just sampled in March 2008.
- On the July 2007 DMR the TRC was 2.2 for several days in a row on Part B.
- On the August 2007 DMR the pH maximum was 7.4 su on Part A and 7.5 su on Part B. The
 percent capacity was 84% this month.
- On the November 2007 DMR the Fecal Coliform Annual Average was not reported on Part A.

FACILITY SITE REVIEW: Out of Compliance

- ACCESS: Facility was fenced and locked.
- HEADWORKS: lift station, bar screen, and surge tank Two covered containers for screenings were
 onsite. One was located next to the bar screen area and the other was located next to the effluent
 pump station. A dry basket of screenings was observed next to the bar screen, please
 ensure that when allowing screenings to dry on top of tanks that the liquid drains back into
 the tank and not onto the ground.

MAROLF PLANT

- AERATION: aeration was good with no dead spots. Rags were observed drying on top of this
 plant. Some splashing was occurring in the first three aeration bays onto the surface of the
 tanks not onto the ground. These first three aeration bays levels were high. The operator
 said they would continue to monitor this situation.
- RETURN SLUDGE: working properly.

- MIXED LIQUOR: The color was good.
- CLARIFIER: The clarifier contained some pop-ups.
- WEIR: The weir appeared to be level. There were no solids in the weir.
- Cl2 TYPE; Liquid. Chlorine was added at the weir.
- DIGESTER: Was almost empty, not much wasting performed on this plant.

MCNEIL PLANT

- AERATION: aeration was good with no dead spots.
- RETURN SLUDGE: working properly.
- MIXED LIQUOR: The color was light.
- CLARIFIERS: The effluent was turbid, buildup of solids was observed in both stilling wells.
- WEIR: The weirs appeared to be unlevel (This deficiency was noted in the last inspection in August 7, 2007). There were no solids in the weir.
- Cl2 TYPE; Liquid. Chlorine was added at the weir.
- Other Treatment Steps: The flow from both train's clarifiers comes together in the chlorine injection well, goes to the filter tanks(this area would benefit from a drop T pipe to keep solids from leaving this area), flows through the CCC, then flows through the V-notch weir tank. All of the tanks on the day of inspection contained turbid effluent and solids on the bottom (The filter tanks solids problem was noted in November 10, 2005, March 29, 2007, and August 7, 2007 inspections). The operator stated that these tanks were scheduled to be pumped out next week.
- CHLORINE CONTACT CHAMBER (CCC): On the day of inspection it was discovered that the level of the effluent in the CCC was over the baffles.
- RPZ: was sufficient. No certification was located onsite to provide evidence of the last time the RPZ was checked.

FLOW MEASUREMENT: In Compliance

• The flow calibration was last performed on April 12, 2007.

OPERATION AND MAINTENANCE: Out of Compliance

- The facility grounds were well maintained.
- · An air leak was observed in the Marolf Plant at the south end.
- Solids were visible between the aeration tanks of the Marolf plant. These solids were observed in the same location on March 29, 2007 and August 07, 2007 inspections.

EFFLUENT: Significant Out of Compliance

- Review period March 2006 to February 2008,
- · Permit limit exceedances:

Month & Year	TSS Maximum (mg/L)	TSS Annual Average (mg/L)
March 2006	5.0	5.5
April 2006	12.0	6.4
May 2006	13.0	7.2
June 2006	10.0	7.8
July 2006	25.0	9.8
August 2006	37.0	12.6
September 2006	1.0	8.7
October 2006	58.0	17.0
November 2006	21.0	18.6
December 2006	35.0	21.4

Month & Year	TSS Maximum (mg/L)	TSS Annual Average (mg/L)
January 2007	68.0	23.9
February 2007	15.0	22.6
March 2007	8.0	22.9
April 2007	17.0	23.3
May 2007	16.0	26.0
June 2007	12.0	26.2
July 2007	12.0	25.1
August 2007	21.0	23.8
August 2007	DEP CSI result was 87.3	N/A
September 2007	20.0	25.4
October 2007	22.0	22.4
November 2007	18.0	22.1
December 2007	DMR in Tally	22.8
January 2008	DMR in tally	21.7
February 2008	4.0	20.8

EFFLUENT DISPOSAL: Out of Compliance

- The effluent disposal system consists of a sprayfield and holding pond. The holding pond is used to prevent the sprayfield from being overloaded. The effluent will enter the pond then be returned to the pump station to be pumped to the sprayfield.
- sprayfield. The sprayfield was well maintained. It was operating on the day of inspection.
- A holding pond is also onsite, excessive vegetation was located on the bottom of the clay lined pond. Vegetation around the berms of this pond have been removed.

RESIDUALS MANAGEMENT: In Compliance

• Sludge can be hauled to either Central Process or 412 Biosolids RMF. Sludge hauling receipts are kept onsite at this facility.

GROUNDWATER: Not Applicable

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

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Oca	ala, FL 34479-8821				: 171							04/15/	2008 @ 10:30):00 AM
Name(s) of Field Representatives(s) Title										Phone	:	4		
Cha	rles deMenzes				President							(352)	622-4949	
Nan	ne and Address of	Permittee o	or Designa	ated Rep	resentative	Ti	tle			Phone		@ O _I	erator Certif	ication #
Char	rles deMenzes					Pre	sident			(352) 622-4949				
Trad	lewinds Utilities In-	С												
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SC	13. Other: Spi	ill at 3150 l	NE 42 nd	Street							NE	12. G	roundwater	
Facili	ity and/or Order (Compliance	Status:	In-	Compliance	Out-	Of-Cor	npliance		Significant	-Out-Of-	-Compliar	ice	
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INSPECTION FINDINGS

Facility Name: Tradewinds WWTF

Facility ID: FLA010699
Inspection Type: CI

Date: 4/15/2008 9:45:00 AM

FACILITY BACKGROUND:

Address: 2925 NE 43rd Place, Ocala, FL 34479, MARION COUNTY

Permitted Capacity: 0.081 MGD

1. Permit: NOT EVALUATED

2. Compliance Schedules: NOT EVALUATED

3. Laboratory: NOT EVALUATED4. Sampling: NOT EVALUATED

5. Records and Reports: OUT OF COMPLIANCE

- 5.1 Complaint: April 14, 2008, the Department received a complaint from Elba Hernandez at 10:22 AM. The complaint stated that sewage had backed up into her house and yard on the morning of Saturday, April 12, 2008.
- 5.2 <u>Malfunction</u>: A spill malfunction was not reported to the Department or State Warning Point. Any unauthorized discharge must be reported to the Department within 24 hours, and a written notification must be received within five days. Any spill in excess of 1,000 gallons must be reported to State Warning Point within 24 hours.
- 5.3 <u>Malfunction</u>: According to Department records, multiple spills have occurred at the same resident. The Department has records of spills occurring on November 2, 2005, September 28, 2004, and May 31, 2000. Other documents written by Mrs. Hernandez claim spills have occurred at least seven times in the past ten years.
- 6. Facility Site Review: NOT EVALUATED
- 7. Flow Measurement: NOT EVALUATED
- 8. Operation and Maintenance: NOT EVALUATED
- 9. Effluent Quality: NOT EVALUATED
- 10. Effluent Disposal: NOT EVALUATED
- 11. Residuals/Sludge: NOT EVALUATED
- 12. Groundwater Quality: NOT EVALUATED
- 13. Other: Lift Station: OUT OF COMPLIANCE
 - 13.1 Observation: The yard of Mrs. Hernandez was heavily limed. It appeared a large spill occurred in the front yard of the residence. Based on the amount of lime used and the area covered, it appears that this spill was significantly over 1,000 gallons.
 - 13.2 Observation: Mrs. Hernandez stated that the spill occurred Saturday, April 12, morning around 10:00 AM. She stated the area was not limed until Monday, April 14th.
 - 13.3 Observation: Charles deMenzes arrived on-site, and stated the spill was caused by an inoperable motor on Lift Station #2. Station #1 pumps into Lift Station #2, which then pumps to the Master Lift Station at the facility. Mr. deMenzes stated that Lift Station #1 lost power Friday night. When power was turned back on, the two motors began pumping to Lift Station #2. One of Lift Station #2 motors was inoperable, and the one working motor could not keep up with the flow it was receiving from Lift Station #1, thus overflowing into the Hernandez residence and yard.
 - 13.4 Observation: Lift Station #2 has a visual alarm, and is also connected to ASI security alert company. When the float is raised to a certain level, the security calls to warn the maintenance staff. The process was demonstrated during the inspection, and the security company called within two minutes of raising the float.
 - 13.5 Observation: Steve of Tradewinds Utilities received an alert from ASI security early Saturday morning. He relayed the warning to Pro-Tech Water & Wastewater Services and to his maintenance crew. According to Mr. deMenzes, Wayne

Bryant of Pro-Tech came by and inspected Lift Station #2 on Saturday morning. Since one of the motors was running, it was dismissed as a false alarm, and the spill occurred shortly after at the Hernandez residence.



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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

May 7, 2008

Mr. Charles Demenzes Tradewinds Utilities PO Box 5220 Ocala, FL 34478 OCD-PW-SS-08-0598

Marion County – PW Tradewinds Village PWS ID Number 3424620

Dear Mr. Demenzes:

This confirms a visit to the subject public water system on May 2, 2008 by Nathan Hess to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than June 13, 2008**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Nathan Hess by e-mail at Nathan. Hess@dep.state.fl.us or by phone at (407) 894-7555, extension 2276.

Sincerely,

Reggie Phillips, Environmental Supervisor II Drinking Water Compliance and Enforcement

RFP/njh Enclosures

cc: Wayne Bryant, Pro-Tech Water and Wastewater Nathan Hess, DEP Drinking Water Compliance and Enforcement

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name TRADEWINDS VILLAGE	County Marion PWS ID #3424620
Plant Location NE 43 rd Place and NE 27 th Court, Ocala, FL Owner Name Tradewinds Utilities	34478 Phone 352-622-4949
Owner Address DO Poy 5220 Ocala EL 24479	Phone 352-622-4949
Owner Name Tradewinds Utilties Owner Address PO Box 5220, Ocala, FL 34478 Contact Person Charles Demenzes	Title Owner Phone 252 622 4040
This Survey Date 5/2/08 Last Survey Date 6/23/06	Title FIIOTIE 532-022-4949
	Last compliance inspection bate 4/12/01
PWS TYPE: Community	RAW WATER SOURCE
PLANT CATEGORY & CLASS: 5C	GROUND; Number of Wells3
MAX-DAY DESIGN CAPACITY: 950,000 gpd	Emergency Water Source
PWS STATUS: Approved	Emergency Water Capacity
	STANDBY POWER SOURCE: Yes
TREATMENT PROCESSES IN USE	Source MQ Diesel - MQP30IZ
Hypochlorination	Capacity of Standby (kW)30
Trypocinormation	Switchover: Automatic Manual
	Hrs Operated Under Load <u>Unknown</u>
SERVICE AREA CHARACTERISTICS	What equipment does it operate?
Subdivision	Well PumpsAll
Food Service: ☐ Yes ☐ No ☒ N/A	☐ High Service Pumps All
Number of Comics Connections 275	Satisfy avg. daily demand? Yes No Unknown
Number of Service Connections 375 Population Served 1,313 Basis Operator	Audio-visual alarm? ⊠Yes □No
opulation Served 1,313 Basis Operator	Comments No generator run log was available for
OPERATION & MAINTENANCE LOG: Yes	review.
Location Water treatment plant	
Comments	PLANS AND MAPS
	Coliform Sampling Plan Yes No N/A
CERTIFIED OPERATOR: V	D/DBP Monitoring Plan Yes No N/A
CERTIFIED OPERATOR: Yes	Lead and Copper Plan Yes No N/A
Operator(s) & Certification Class-Number: Amanda Hulon C-15214	Distribution System Map Yes No NA
Amanda maion C-13214	Emergency Response Plan X Yes No N/A Comments
Hrs/day: Required Visit Actual Visit	Comments
Days/wk: Required 5+1 Actual 5	
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A	PREVENTIVE MAINTENANCE/O&M
Comments Operator is not meeting staffing	Operation & Maintenance Manual 🗵 Yes 🔲 No
requirements. Visits must total 0.6 hrs/week.	Preventive Maintenance Program Yes No
	Flushing Program Yes No N/A
MONTHLY OPERATION REPORTS (MORs)	Records ☐ Yes ☒ No ☐ N/A Isolation Valve Exercise ☐ Yes ☒ No ☐ N/A
MORs submitted regularly? ☐ Yes ☐ No ☐ N/A Data missing from MORs? ☐ No ☐ Yes ☐ N/A	Records Yes No N/A
	Comments Operation and maintenance manual is
Average Day (from MORs) 130,739 gpd Maximum Day (from MORs) 970,000 gpd 4/07	inadequate.
Comments Design capacity exceeded in 4/07.	
Design capacity exceeded in 4707.	CROSS CONNECTION CONTROL
	#BFPAs None noted #Tested Unknown
Flow Measuring DeviceFlow Meter	WWTP RPZ Yes Date Tested Unknown
Meter Size & Type 8" Water Specialties	Written Plan Inadequate Date Unknown
Date Last Calibrated <u>Unknown</u>	Comments

PWS ID#_	3424620	
Date	5/2/08	

GROUND WATER SOURCE

Well Numb	oer (Florida Unique Well ID #)	1 (AAG9349)	2 (AAG9348)	3 (AAG9347)	-
Year Drille	ed	1983	1983	1991	
Depth Drill	led	285'	140'	164'	
Drilling Me	ethod	Rotary	Rotary	Rotary	-
Type of G	rout	Neat cement	Neat cement	Neat cement	
Static Wat	er Level	23'	23'	23'	
Pumping \	Nater Level	Unknown	Unknown	Unknown	
Design We	ell Yield	Unknown	Unknown	Unknown	
Test Yield		Unknown	Unknown	Unknown	
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown	Unknown	
Strainer	V - 45.9950.8 48 54	Unknown	Unknown	Unknown	
Length (or	utside casing)	105'	111'	88'	
Diameter	(outside casing)	6"	6"	10"	
Material (d	outside casing)	Black steel	Black steel	Black steel	
Well Cont	amination History	None	None	None	
Is inundation of well possible?		No	No	· No	.11
6' X 6' X 4	" Concrete Pad	Yes	Yes	Yes	
	Septic Tank	N/A	N/A	N/A	
SET	Reuse Water	N/A	N/A	N/A	(- a ·
BACKS	WW Plumbing	>100'	>100'	>100'	g 18
	Other Sanitary Hazard	None observed	None observed	None observed	
	Туре	Submersible	Submersible	Vertical turbine	
	Manufacturer Name	Sta-Rite	Sta-Rite	Goulds	
PUMP	Model Number	Unknown	Unknown	Unknown	
	Rated Capacity (gpm)	185	185	950	
	Motor Horsepower	aviay 10 ac	10	75	
Well casir	ng 12" above grade?	Yes	Yes	Yes	
Well Casi	ng Sanitary Seal	OK	OK	OK	
Raw Wate	er Sampling Tap	Yes	Yes	Yes	
Above Gr	ound Check Valve	Yes	Yes	Yes	
Security	A Company	Yes	Yes	Yes	The state of the s
Well Vent	Protection	Yes	Yes	N/A	

COMMENTS	Wells 1 and	2 are backup.		
			817 18 DEC.	

					PWS ID	PWS ID #3424620		
					Date	5/2/	08	
CHLORINATION (Disin Type: ☐ Gas ☒ Hyp Make <u>Chem-Tech</u> Chlorine Feed Rate _ 1	0 C	apacit		STORAGE FACIL (G) Ground (C) (B) Bladder (H)	Clearwell	(E) Elevate natic / flow-t		
Avg. Amount of Cl ₂ gas Chlorine Residuals: Pla	used		N/A	Tank	H1	H2	E	
Chlorine Residuals: Pla	ant _ 1	.12 F	Remote <u>0.84</u>	Type/Number	7.000	10.000	200.000	
Remote tap location:			Avenue h operator	Capacity (gal)	5,000	10,000	200,000	
None			Used Daily	Material	Steel	Steel	Steel	
Injection Points Prior to elevated storage tank.				Gravity Drain	Yes	Yes	Yes	
Booster Pump Info	a lulant			By-Pass Piping	Yes	Yes	Yes	
Comments The chlorin corroded.	e inject	lon poi	nt is neavily	Protected	Yes	Yes	Yes	
				Openings Sight Glass or	Yes	Yes	Yes	
Chlorine Gas Use	YES	NO	Comments	Level Indicator	1 68	1 68	res	
Requirements	IES	NO	Comments	PRV/ARV	PRV	PRV	None	
Dual System				Pressure Gauge	No	No	Yes	
Auto-switchover				On/Off Pressure	N/A	N/A	50'/60'	
Alarms:			1	Access Secured	Yes	Yes	Yes	
Loss of Cl ₂ capability Loss of Cl ₂ residual			. 1	Access Manhole	Yes	Yes	Yes	
Cl ₂ leak detection Scale				Tank Sample Tap Location	On tank	On tank	Discharge piping	
Chained Cylinders				Date of	Unknown	Unknown	Unknown	
Reserve Supply	D		1	Inspection Date of Cleaning	Unknown	Unknown	Unknown	
Adequate Air-pak								
Sign of Leaks								
Fresh Ammonia		D		Comments				
Ventilation								
Room Lighting					-			
Warning Signs								
Repair Kits				HIGH SERVICE P	UMPS			
Fitted Wrench				Pump Number				
Housing/Protection				Туре				
AFRATIONIO	0.11		D	Make				
AERATION (Gases, Fe, & Mn Removal)				Model				
Type Capacity Aerator Condition				Capacity (gpm)				
Visible Algae Growth				Motor HP				
Protective Screen Condition				Date Installed				
Frequency of Cleaning Date Last Inspected/Cleaned Comments				Comments		8		

PWS ID#_	3424620	
Date	5/2/08	

DEFICIENCIES:

1. Failure to maintain the chlorine injection point. The injection point is heavily corroded. Suppliers of water shall keep all necessary public components in good operating condition so the components function as intended. [Rule 62-555.350(2), F.A.C.]

2. Failure to maintain water system piping. Piping throughout the water treatment plant is rusting and corroded.

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. [Rule 62-555.350(2), F.A.C.]

Failure to operate the water treatment plant within the designated maximum-day operating capacity. A review of records indicates flows exceeded the maximum-day design capacity during 4/07.

No supplier of water shall operate any drinking water treatment plant at a capacity greater than the plant's permitted operating capacity except with the Department's prior approval, which shall be given when such operation will not cause a violation of a maximum contaminant level, a treatment technique requirement, or other operating requirements and is for no more than three months, or under circumstances that the supplier of water documents as highly unusual and nonrecurring. [Rule 62-555.350(4), F.A.C.]

The total capacity of all water source and treatment facilities connected to a water system shall at least equal the water system's design maximum-day water demand (including design fire-flow demand if fire protection is being provided). [Rule 62-555.320(6), F.A.C.]

Flushing activities, leaks, and/or breaks shall be recorded on monthly operation reports (MOR). For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions on the MOR (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance on the MOR (attach additional sheets as necessary). [Rule 62-555.900(3), F.A.C.]

Suppliers of water seeking to have the permitted operating capacity of a water treatment plant re-rated shall submit to the appropriate Department of Environmental Protection District Office a construction permit application using Form 62-555.900(1), Application for a Specific Permit to Construct PWS Components, as incorporated into subsection 62-555.520(2), F.A.C. [Rule 62-555.528(2), F.A.C.]

4. Failure to meet staffing requirements for a Category 5 Class C Water Treatment Plant.

According to the on-site operation & maintenance log, the operator was making only five visits per week. Based on the design capacity the operator is required to make five visits per week and one weekend visit. [Rule 62-699.310(2)(e)4, F.A.C.]

Failure to provide records of exercising of standby power.

Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [Rule 62-555.350(2), F.A.C.]

PWS ID#_	_3424620	
Date	5/2/08	_

DEFICIENCIES (continued):

6. Failure to maintain an up-to-date map of the drinking water distribution system.

Suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall have, and thereafter maintain, an up-to-date map of their drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems. [Rule 62-555.350(14), F.A.C.]

7. Failure to keep records documenting that isolation valves are being exercised.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

8. Failure to keep records documenting that dead-end water mains are being flushed.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

9. Failure to provide a complete operation and maintenance manual.

Suppliers of water shall provide an operation and maintenance manual for each of their drinking water treatment plants and shall update the manual as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection. [Rule 62-555.350(13), F.A.C.]

The Florida Rural Water Association (FRWA) document is intended to assist you in preparing a preventive maintenance program and an operation and maintenance manual. This document can be downloaded at www.frwa.net.

Contact FRWA at (850) 668-2746 to request technical assistance under the DEP grant agreement. This organization is under a grant agreement with the Department to provide technical assistance at no charge to water systems. The persons providing the technical assistance are certified drinking water operators. Financial and managerial advisement is also available.

10. Failure to establish and implement a cross-connection control program.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

The Florida Rural Water Association's website, <u>www.frwa.net</u>, has a cross-connection control manual for your reference.

PWS ID#_	3424620	
Date	5/2/08	

COMMENTS/REMINDERS:

- 1. The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2008, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2008.
- 2. Lead and copper tap sampling must be conducted during the June through September 2008 monitoring period.

For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

3. Provide documentation of last cleaning and inspection for finished water storage tanks.

Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

Ensure proper disinfection and bacteriological evaluation of public water system components in accordance with 62-555.340, F.A.C. Also, ensure proper disposal of heavily chlorinated water from the tank disinfection process.

4. Provide documentation that the finished-drinking-water meter has been calibrated.

Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [Rule 62-555.350(2), F.A.C.]

	MA	7_/					
Inspector	In ,		Title _	Env. Specialist I	Date	5/7/08	
-	2	1		-			
	BAuch						
Approved by _			Title	Environmental Supervisor II	Date	5/13/08	
			_				

RESPONSE

Please provide any changes to the following:

PWS ID Number: <u>3424620</u>	Business Name:
PWS Name: Tradewinds Village	
	Owner(s) Name:
Mailing Address:	
	Mailing Address:
Date:	Phone Number(s):
*	Fax #:
	E-Mail Address:
Florida Department of Environmental Protection Drinking Water Compliance/Enforcement Progra 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803 Attention: Nathan Hess, Environmental Specialist I	
In response to the Department's Sanitary Survey Report following actions were done to correct the listed deficience	t for the subject public water system dated May 2, 2008, the
3 -	
Item No. Corrective Act	on Done Date Done
(Attach additional sheet if necessary)	
I hereby certify to the correctness of the above information	n:
PWS Owner/Representative Signature:	
Name of PWS Owner/Representative:	(Please Type or Print)



Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

August 4, 2008

Mr. Charles DeMenzes Tradewinds Utilities Inc. P.O. Box 5220 Ocala, FL 34478 OCD-PW-CE-08-1113

Marion County – PW Tradewinds Village PWS ID # 3424620

Dear Mr. DeMenzes:

This confirms a visit to the subject public water system on July 31, 2008, by me to conduct a compliance inspection. This inspection was conducted to determine compliance with the last inspection, conducted on May 2, 2008. Results of the inspection are listed below:

1. The cross-connection control program is still inadequate.

Respond to the Department in writing <u>no later than August 22, 2008</u>. If you have any questions, please contact me by email at Nathan.Hess@dep.state.fl.us or by phone at (407) 894-7555, extension 2276.

Your cooperation in this matter is appreciated.

Sincerely,

Nathan Hess, Environmental Specialist Drinking Water Compliance and Enforcement

WA TIL

NJH

cc: Wayne Bryant, Pro-Tech Water and Wastewater Service

emailed Northan on 8/19/08 12:10pm

Sent: Tue 8/19/2008 1:51 PM

Debbie Dillon

From:

Hess, Nathan [Nathan.Hess@dep.state.fl.us]

To:

Debbie Dillon

Cc:

Cardona, Manuel

Attachments:

Subject: RE: PWS ID #3424620 Tradewinds Village

Steve,

I have forwarded your message to Manuel Cardona of our office. He is our main cross-connection control contact person. He is currently developing a cross-connection control program template for smaller systems. Once this has been completed, he will contact you and provide the template. Until then, no corrective action on your cross-connection control program needs to be taken. Please let me know if there are any problems with that. Thank you.

-Nathan Hess

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on this link to the DEP Customer Survey. Thank you in advance for completing the survey.

From: Debbie Dillon [mailto:debbie@alternativephone.com]

Sent: Tuesday, August 19, 2008 12:11 PM

To: Hess, Nathan

Subject: PWS ID #3424620 Tradewinds Village

Nathan,

This note is in response to your re-inspection of our water system, done on July 31st, 2008. I tried to contact you today, Aug, 19th, by phone but got your voice mail.

You referred to the Cross-Connection control program being inadequate. In speaking to Wayne Bryant at Pro-Tech Water & Wastewater services, he informed me that he has discussed this with you previously and told me your office was in the process of putting a summary together of just what it is that you require.

We presently do NOT have any re-claimed water system being used for irrigation, so that isn't the issue. Please

https://exchange.inet7.com/exchange/debbie/Inbox/RE:%20PWS%20ID%20%233424620... 8/19/2008

contact me at	352-208-4509 an	d let me know	what exactly	is needed to	resolve this issue.
contact the at	1 332-200-4303 an	a let lile kille	willat ondotty	10 1100000	1000110 1110 10000.

Thank you,

Steve Carroll

Plant Manager





WATER AND WASTEWATER SERVICES, INC.

October 12, 2009

Central District FL DEP Attention: Kathryn M. Williams Wastewater Compliance 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

Re: Tradewinds

Permit #FLA010699

Dear Ms. Williams:

On behalf of our client, Tradewinds, I wish to respond to your non-compliance letter dated August 27, 2009.

- 1. Floatables and rags are placed on the plant deck to dry out before being stored in covered trash cans for disposal.
- 2. A sight inspection on October 8, 2009 showed no pop-ups on any of the two plants clarifiers. The effluent at both plants was clear.
- 3. Attempts are again being made to level these weirs. It is very difficult because of the way the weir discharge piping is constructed.
- 4. Adjustments were made and the clarifier effluent is clear. The chlorine contact chambers were cleaned and the final effluent is clear.
- 5. The air leak in the east plant has been repaired.
- 6. A new CL2 pump was installed on the day of this inspection.
- 7. System maintenance is working on the pond.

Bryont

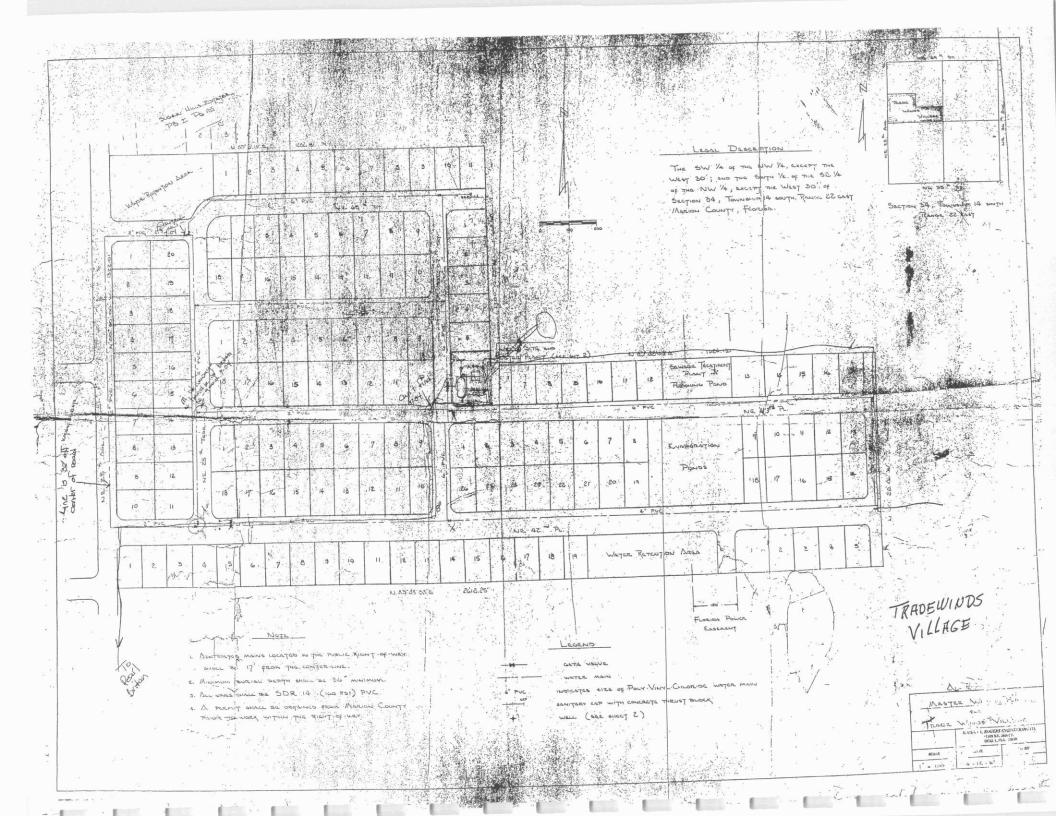
Should you have any questions or comments please call me at (352) 236-2444.

Sincerely,

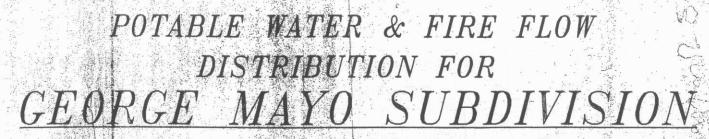
John W. Bryant, President

CC: Tradewinds Utilities

25.30.440(1) DETAILED MAP







BY TRADEWINDS UTILITIES

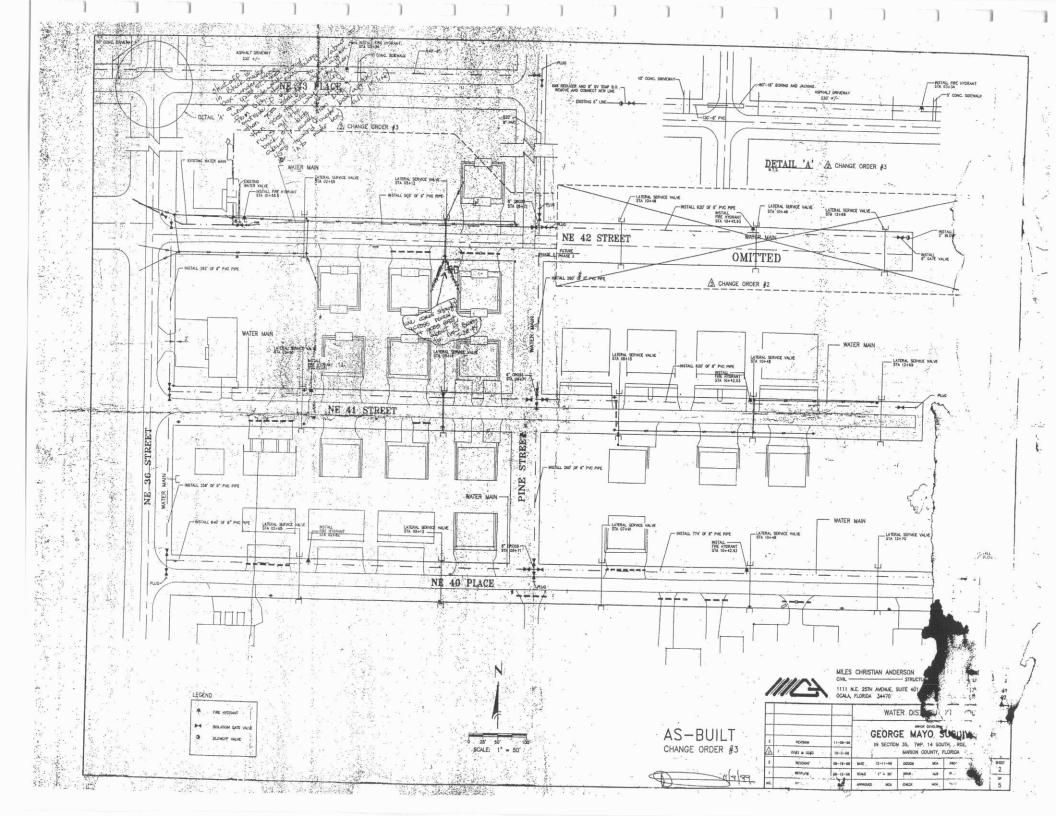
SECTIONS 35, TOWNSHIP 14 SOUTH, RANGE 22 EAST MARION COUNTY, FLORIDA

AS-BUILT SURVEY: OCTOBER 7, 1998



LOCATION MAP





25.30.440(10) CUSTOMER COMPLAINTS

CERTIFIED MAIL: 7005 1160 0000 2921 0628

BEFORE THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT) OF ENVIRONMENTAL PROTECTION,)		IN THE OFFICE OF THE CENTRAL DISTRICT
Complainant,)		OGC FILE NO. 08-2506
vs.		
TRADEWINDS UTILITIES, INC., FACILITY ID: FLA010699,		
Respondent.	AL COM	

CONSENT ORDER

This Consent Order is entered into between the State of Florida Department of Environmental Protection ("Department") and Tradewinds Utilities, Inc. ("Respondent") to reach settlement of certain matters at issue between the Department and Respondent.

The Department finds and the Respondent admits the following:

- 1. The Department is the administrative agency of the State of Florida having the power and duty to protect Florida's air and water resources and to administer and enforce the provisions of Chapter 403, Florida Statutes, and the rules promulgated thereunder, Title 62, Florida Administrative Code. The Department has jurisdiction over the matters addressed in this Consent Order.
 - 2. Respondent is a person within the meaning of Section 403.031(5), Florida Statutes.
- 3. Respondent is the owner and is responsible for the operation of Tradewinds WWTF, a 0.081 MGD annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment plant ("Facility") with chlorinated effluent to an existing 0.081 MGD AADF permitted capacity slow-rate restricted public access system (R-001) consists of a three day lined holding pond and irrigation on a 2.34 acre (total wetted area) sprayfield. The Facility is located at 2925 NE 43rd Place, Ocala, Marion County, Florida, 34479, Latitude: 29° 13' 54" North, Longitude: 82° 05' 48" West.

- 4. The Department finds that the Respondent operates the Facility under Department Permit No. FLA010699, which expires on January 10, 2010. On March 27, 2008, a field inspection and a subsequent file review were conducted and Department personnel noted that the south McNeil clarifier weir was not level; solids were present in the chlorine contact chamber (CCC) and in the final effluent; the baffles located in the CCC were submerged below the effluent level, which was allowing short-circuiting; solids were visible on the ground between the aeration tanks of the Marolf plant and that the Total Suspended Solids (TSS) annual average results reported on the Discharge Monitoring Reports (DMRs) for July 2007 through February 2008 exceeded the maximum limit of 20 mg/L.
- 5. On April 15, 2008, a complaint inspection was conducted at the Facility collection/transmission system. Department personnel noted that a spill or discharge occurred on April 12, 2008 at 3150 NE 42nd Street, Ocala, Florida. Respondent's maintenance crew responded in a timely manner and discovered that the breakers for Lift Station (L/S) #1 had tripped during an electrical storm. The crew reset the breakers for L/S #1 but didn't realize that one of the pumps at L/S #2 had also been damaged by the storm. L/S #2 could not handle the flow with only one (1) operational pump, resulting in the spill/discharge. Based on the amount of lime used and the area covered, Department personnel estimated the spill was significantly over 1,000 gallons. The malfunction (spill) was not reported to the Department of Environmental Protection (DEP) or to the State Warning Point (SWP) as required by Department rules and the permit.
- 6. On April 30, 2008, the Department issued a Warning Letter, enclosed as Exhibit 1, to the Respondent for an unauthorized discharge and failure to report to the malfunction to the Department or State Warning Point within 24 hours. The Warning Letter also addressed the noncompliance issues noted during the inspection on March 27, 2008.
- 7. On June 17, 2008, a meeting between the Department and the Respondent was held to discuss the issues addressed in the Warning Letter. The non-compliance issues addressed in the

Warning Letter from the inspection on March 27, 2008, were discussed and resolved at the meeting. In a letter dated June 19, 2008, Respondent addressed the alleged violations and stated that failure to notify the Department of the malfunction was an oversight and wouldn't happen again.

- 8. On June 23, 2008, Department personnel spoke with Respondent's representative and learned that several different "backflow type" devices for the sewer line had been received and planned to present them to the homeowner, where the spill had occurred, for trial use. Department personnel later learned that the homeowner rejected the trail use of the previously identified devices because the Respondent could not guarantee that the devices would prevent discharge of sewage to her house or yard.
- 9. On July 31, 2008, the Respondent sent a letter to the Marion County Health Department requesting that the homeowner be released from the Respondent's system so that an On Site Treatment System may be installed at the home. On August 12, 2008, the Department issued a No Objection letter.
- 10. On September 10, 2008, the Department issued a settlement letter reducing the penalties. In a letter dated September 16, 2008, Respondent agreed to the revised penalties and acknowledged a willingness to enter into a Consent Order.
- 11. Having reached a resolution of the matter the Department and the Respondent mutually agree and it is

ORDERED:

12. Upon the effective date of this Consent Order, Respondent shall comply with Rule 62-604.550(2), Florida Administrative Code, with regard to reporting abnormal events within 24 hours from the time that the owner/operator of the collection/transmission system becomes aware of the circumstances and provide a written submission describing the abnormal event within 5 days of the time that the owner/operator becomes aware of the circumstances.

- 13. Within 15 days after the effective date of this Consent Order, Respondent shall retain the services of a Florida professional engineer to evaluating the subject Facility including the effluent disposal system and associated sewage collection/transmission system, Lift Station #2, in particular, to discover the cause or causes of the noncompliance. Respondent shall submit written notification to the Department that an engineer has been retained.
- 14. Within 45 days after the effective date of this Consent Order, Respondent shall submit an engineering report including proposed corrective actions to prevent the discharge of any wastewater to the homeowner's home or yard to the Department for approval.
- 15. Within 90 days of Department approval of the engineering report submitted in Paragraph 14, above, Respondent shall implement and complete the corrective actions in the approved engineering report.
- 16. Within 30 days of the completion of the Department approved corrective actions in Paragraph 15, above, Respondent shall submit documentation of completion to the Department.
- 17. Every calendar quarter after the effective date of this Consent Order, Respondent shall submit in writing to the Department a report containing information concerning the status and progress of projects being completed under this Consent Order, information as to compliance or noncompliance with the applicable requirements of this Consent Order including construction requirements and effluent limitations, and any reasons for noncompliance. Such reports shall also include a projection of the work to be performed pursuant to this Consent Order during the following quarter. The reports shall be submitted to the Department within thirty (30) days following the end of the quarter.
- 18. Within 30 days of the effective date of this Consent Order, Respondent shall pay the Department \$2,800.00 in settlement of the matters addressed in this Consent Order. This amount includes \$1,000.00 for costs and expenses incurred by the Department during the investigation of this matter and the preparation and tracking of this Consent Order.

The civil penalties are apportioned as follows: \$600.00 for violation of 403.121(4)(e) and 403.161(1)(b), Florida Statutes (F.S.), and Rule 62-604.550(2)(a), Florida Administrative Code (F.A.C.); \$1,200.00 for violation of 403.121(3)(b) and 403.161(1)(b), F.S., and Rule 62-604.130(1), F.A.C. Payment shall be made by cashier's check or money order. The instrument shall be made payable to the "Department of Environmental Protection" and shall include thereon the OGC number assigned to this Consent Order and the notation "Ecosystem Management and Restoration Trust Fund".

- Respondent agrees to pay the Department stipulated penalties in the amount of 19. \$200.00 per day for each and every day Respondent fails to timely comply with any of the requirements of Paragraphs 12, 13, 14, 15, 16, 17 and 18 of this Consent Order. A separate stipulated penalty shall be assessed for each violation of this Consent Order. Within 30 days of written demand from the Department, Respondent shall make payment of the appropriate stipulated penalties to "The Department of Environmental Protection" by cashier's check or money order and shall include thereon the OGC number assigned to this Consent Order and the notation "Ecosystem Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, Central District Office, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803-3767. The Department may make demands for payment at any time after violations occur. Nothing in this Paragraph shall prevent the Department from filing suit to specifically enforce any terms of this Consent Order. Any penalties assessed under this Paragraph shall be in addition to the settlement sum agreed to in Paragraph 18 of this Consent Order. If the Department is required to file a lawsuit to recover stipulated penalties under this Paragraph, the Department will not be foreclosed from seeking civil penalties for violations of this Consent Order in an amount greater than the stipulated penalties due under this Paragraph.
- 20. If any event, including administrative or judicial challenges by third parties unrelated to the Respondent, occurs which causes delay or the reasonable likelihood of delay, in complying 5 of 10 OGC File No. 08-2506

with the requirements of this Consent Order, Respondent shall have the burden of proving the delay was or will be caused by circumstances beyond the reasonable control of the Respondent and could not have been or cannot be overcome by Respondent's due diligence. Economic circumstances shall not be considered circumstances beyond the control of Respondent, nor shall the failure of a contractor, subcontractor, materialman or other agent (collectively referred to as "contractor") to whom responsibility for performance is delegated to meet contractually imposed deadlines be a cause beyond the control of Respondent, unless the cause of the contractor's late performance was also beyond the contractor's control. Upon occurrence of an event causing delay, or upon becoming aware of a potential for delay, Respondent shall notify the Department orally within 24 hours or by the next working day and shall, within seven calendar days of oral notification to the Department, notify the Department in writing of the anticipated length and cause of the delay, the measures taken or to be taken to prevent or minimize the delay and the timetable by which Respondent intends to implement these measures. If the parties can agree that the delay or anticipated delay has been or will be caused by circumstances beyond the reasonable control of Respondent, the time for performance hereunder shall be extended for a period equal to the agreed delay resulting from such circumstances. Such agreement shall adopt all reasonable measures necessary to avoid or minimize delay. Failure of Respondent to comply with the notice requirements of this Paragraph in a timely manner shall constitute a waiver of Respondent's right to request an extension of time for compliance with the requirements of this Consent Order.

21. Persons who are not parties to this Consent Order, but whose substantial interests are affected by this Consent Order, have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS# 35, Tallahassee, Florida 32399-3000 within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information:

- (a) The Department's Consent Order identification number and the county in which the subject matter or activity is located;
- (b) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding;

- (c) An explanation of how the petitioner's substantial interests will be affected by the Consent Order;
 - (d) A statement of when and how the petitioner received notice of the Consent Order;
 - (e) A statement of all material facts disputed by petitioner, if any;
- (f) A statement of the specific facts the petitioner contends warrant reversal or modification of the Consent Order;
- (g) A statement of which rules or statutes the petitioner contends require reversal or modification of the Consent Order; and
- (h) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

A person whose substantial interests are affected by the Consent Order may file a timely petition for an administrative hearing under Sections 120.569 and 120.57, Florida Statutes, or may choose to pursue mediation as an alternative remedy under Section 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth below.

Mediation may only take place if the Department and all the parties to the proceeding agree that mediation is appropriate. A person may pursue mediation by reaching a mediation agreement with all parties to the proceeding (which include the Respondent, the Department, and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Consent Order. The agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, MS #35, Tallahassee, Florida 32399-3000, within 10 days after the deadline as set forth above for the filing of a petition.

The agreement to mediate must include the following:

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

identifying the petition for hearing that each party has already filed, and incorporating it by reference.

(h) The signatures of all parties or their authorized representatives.

As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within 21 days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

- 22. Respondent shall allow all authorized representatives of the Department access to the property and Facility at reasonable times for the purpose of determining compliance with the terms of this Consent Order and the rules and statutes of the Department.
- 23. All submittals and payments required by this Consent Order to be submitted to the Department shall be sent to the Florida Department of Environmental Protection, Program Manager, Wastewater Compliance/Enforcement Section, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803-3767.
- 24. This Consent Order is a settlement of the Department's civil and administrative authority arising under Florida law to resolve the matters addressed herein. This Consent Order is not a settlement of any criminal liabilities which may arise under Florida law, nor is it a settlement of any violation which may be prosecuted criminally or civilly under federal law.
- 25. The Department hereby expressly reserves the right to initiate appropriate legal action to prevent or prohibit any violations of applicable statutes, or the rules promulgated thereunder that are not specifically addressed by the terms of this Consent Order, including but not limited to undisclosed releases, contamination or polluting conditions.
 - 26. The terms and conditions set forth in this Consent Order may be enforced in a court of competent jurisdiction pursuant to Sections 120.69 and 403.121, Florida Statutes. Failure to comply with the terms of this Consent Order shall constitute a violation of Section 403.161(1)(b), Florida Statutes.

- 27. Respondent is fully aware that a violation of the terms of this Consent Order may subject Respondent to judicial imposition of damages, civil penalties up to \$10,000.00 per day per violation, and criminal penalties.
- 28. Entry of this Consent Order does not relieve Respondent of the need to comply with applicable federal, state or local laws, regulations or ordinances.
- 29. No modifications of the terms of this Consent Order shall be effective until reduced to writing and executed by both Respondent and the Department.
- 30. Respondent acknowledges and waives its right to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes, on the terms of this Consent Order. Respondent acknowledges its right to appeal the terms of this Consent Order pursuant to Section 120.68, Florida Statutes, and waives that right upon signing this Consent Order.
- 31. This Consent Order is a final order of the Department pursuant to Section 120.52(7), Florida Statutes, and it is final and effective on the date filed with the Clerk of the Department unless a Petition for Administrative Hearing is filed in accordance with Chapter 120, Florida Statutes. Upon the timely filing of a petition this Consent Order will not be effective until further order of the Department.

DATE 11/10/2008

Charles

President

Tradewinds Utilities, Inc.

FOR THE RESPONDENT

FOR DEPARTMENT USE ONLY

DONE AND ORDERED this 20th day of 2/2010/06, 2008, in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Vivian F. Garfein

Director, Central District

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

Copies furnished to:

Lea Crandall, Agency Clerk, Mail Station 35, lea.crandall@dep.state.fl.us

Tradewinds Utilities, Inc. P.O. Box 5220 Ocala, Fl 34478 352-622-4949

December 04, 2009

Mr. Clarence Anderson Dept of Environmental Protection 3319 Maguire Blvd, Suite 232 Orlando, Fl 32803-3767

RE: OCD-WW-08-0679

Dear Mr. Anderson,

Please accept my apologies for failure to report completion on septic tank installation and Marion County approval of same for Mr. & Mrs. Hernandez at 3150 NE 42nd Place. Attached are documents from Marion County showing installation and completion.

Sincerely,

Charles deMenzes

President



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM CONSTRUCTION INSPECTION AND FINAL APPROVAL

APPLICATION #: AP931260 FERMIT #: 42-SO-997519 DOCUMENT #:F1757858 DATE PAID: 07/31/2009 FEE PAID: 235.00 RECEIPE #:42-PID-1164422

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25.30.440(8) FIELD EMPLOYEES

NOT APPLICABLE

25.30.440(9) VEHICLES

NOT APPLICABLE

25.30.440(6) PERMITS



Department of Environmental Protection

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

Colleen Castille Secretary

NOTICE OF PERMIT ISSUANCE

CERTIFIED MAIL 7001 2510 0001 0820 2621

TRADEWIND UTILITIES INC POST OFFICE BOX 5220 OCALA FL 34478

ATTENTION CHARLES DEMENZES PRESIDENT

Marion County - DW Tradewinds WWTF

Enclosed is Permit Number FLA010699 to operate a domestic wastewater facility issued under Section(s) 403.087 and 403.0885 of the Florida Statutes.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under sections 120.569 and 120.57 of the Florida Statutes before the deadline for filing a petition. The procedures for petitioning for a hearing are set forth below.

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

Petitions by the applicant or any of the parties listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first.

Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

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

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

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

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

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

Mediation under section 120.573 of the Florida Statutes is not available for this proceeding.

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

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

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Dennise Judy

Program Manager Domestic Waste

3319 Maguire Boulevard, Suite 232

Orlando, FL 32803-3767

Phone: (407) 894-7555

Date: January 12, 2005

FILING AND ACKNOWLEDGMENT FILED, on this date, under Section 120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Theresafouldin

Clerk

Jan. 12, 05 Date

DJ/aet/cs/ply

Enclosures: Permit and DMR

Copies furnished to:
Compliance Section (via e-mail)
Groundwater Section (via e-mail)
Marion County Health Department (via e-mail: Thomas_Moore@doh.state.fl.us)
Miles Christian Anderson, P.E. (via e-mail: mcaeng@mindspring.com)

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before close of business on <u>January 12, 2005</u> to the listed persons, by _______.



Department of Environmental Protection

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

Colleen Castille Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Tradewinds Utilities, Inc.

PERMIT NUMBER:

FLA010699

PA FILE NUMBER:

FLA010699-002-DW3P

ISSUANCE DATE:

EXPIRATION DATE:

January 10, 2010

RESPONSIBLE AUTHORITY:

Mr. Charles Demenzes President Post Office Box 5220 Ocala, FL 34478

(352) 622-4949

FACILITY:

Tradewinds WWTF 2925 NE 43rd Place Ocala, FL 34479 Marion County

Latitude: 29° 13' 54" N

Longitude: 82° 05' 48" W

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

TREATMENT FACILITIES:

An existing 0.081 million gallon day (mgd) annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment plant (a 0.065 mgd McNeil plant in parallel with a 0.050 mgd Marolf plant) consisting of flow equalization, aeration, secondary clarification, chlorination (capacity increased to 15, 000 gallons), and aerobic digestion of residuals.

REUSE:

Land Application: An existing 0.081 mgd AADF permitted capacity slow-rate restricted public access system (R-001). R-001 consists of a three day lined holding pond and irrigation on a 2.34 acre (total wetted area) sprayfield located approximately at latitude 29° 13' 41" N, longitude 82° 05' 49" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 13 of this permit.

FACILITY:

Tradewinds WWTF

PERMITTEE:

Tradewinds Utilities, Inc.

PERMIT NUMBER:

FLA010699

EXPIRATION DATE:

January 10, 2010

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001 (Sprayfield). Such reclaimed water shall be limited and monitored by the permittee as specified below:

	Units Max/Min	Reclaimed Water Limitations				Monitoring Requirements				
Parameter		Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.081	70 68	-	-	5 Days/Week	Meter	FLW-1	See Cond. I.A.3.
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
pH	SU	Range			-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100 ML	Maximum		See Permit Co	ondition I.A.4.		Monthly	Grab	EFA-1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Total Residual Chlorine (For Disinfection)	MG/L	Minimum			-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.5.
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	= =	<u> </u>	-	12.0	Annually	Grab	EFA-1	See Cond. I.A.6.



Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Sent via email: charlie@alternativephone.com

TRADEWINDS UTILITIES INC P O BOX 4230 OCALA FL 34478 OCD-DW-10-0359

ATTENTION

CHARLES DEMENZES PRESIDENT

Marion County - DW Tradewinds WWTF Wastewater Permit Application File Number: FLA010699-003-DW3P

Dear Mr. Menzes:

This is to acknowledge receipt of your application and related material for the above project. The information has been reviewed and the following items require your attention and response in accordance with Rule 62-4.050, 62-4.055, 62-4.070, 62-600, 62-610, 62-620 and 62-640, Florida Administrative Code (F.A.C.):

- 1. As previously requested, revise Form 2A Section 2 item 2 (page 2A-6), Design Treatment Levels, to show "annual average" as the basis for the 20 mg/L effluent limit for CBOD₅ and TSS. The "basis" is not the frequency for sampling, but is the "basis" for the effluent limit. For instance, the basis for the 200 #/L limit for fecal coliform is the annual average, for chlorine it is a single sample minimum, nitrate is a single sample maximum, and flow is annual average. Please revise this information and resubmit.
- Since receiving the response to the non-compliance letter from Pro-Tech, there have been several fecal coliform and TSS violations. Please provide an explanation for the elevated concentrations in the effluent and clearly describe what corrective action steps are being taken to prevent future noncompliance.
- 3. The submitted site plans are not sealed or signed. Revise and resubmit.
- 4. The revised Operation and Maintenance Performance Report (OMPR) included a summary (pg 5A) of the past 24 months of effluent data for CBOD₅, TSS, Fecal Coliform, nitrate, chlorine residual, and pH, and influent data for CBOD₅ and TSS. However, the data in this table is not accurate. The values reported for CBOD, TSS and coliform are interchanged between monthly and annually. Revise the table for accuracy and include separate columns for annual rolling averages, where appropriate, and the percent removal for CBOD₅ and TSS on an annual average basis. If no samples for nitrate or influent were taken in the past twelve months, a current analysis is required with the response to this letter.

- 5. Your response to Department's RAI (OCD-DW-09-0433), item number 7 states that the holding pond is clay lined. However, Department personnel's last few inspections indicate that there is emergent vegetation, suggesting that the liner may be impaired. If the pond is not lined a ground water monitoring well shall be required. If a monitoring well is needed you should contact Anil Desai, P.G., to determine what information must be included with your response to this letter.
- 6. Flow projections provided on page 11 of the CAR discusses average daily flow per dwelling. Using the information provided for the years 2006-2009, the actual per unit flow appears to be higher than noted in the report. Please discuss.

Please respond, in writing, to the above items within ninety (90) days of the date of this letter. Pursuant to Section 120.60, Florida Statutes, the Department may deny a permit application if the applicant, after receiving timely notice, fails to correct errors, omissions or supply additional information within a reasonable period of time.

Upon receipt of your response to the above items, including two (2) copies each of appropriate documentation (revised application, drawings, specifications, etc.), processing of your application will continue. Please refer to this letter in your response. Should you wish to discuss the above comments, please feel free to contact Mala C. Choksi at (407) 893-3315.

Sincerely,

Dennise Judy

Program Manager

Domestic Waste Permitting

Date: June 24, 2010

DJ/mcc/cs/ply

cc: Wastewater C & E Section (via email)

Groundwater Section (via email)

Miles C. Anderson, P.E. (via email: miles.anderson@mca-engineers.com)

25.30.440(2) CHEMICALS USED

2009 Sodium Hypochlorite Tradewinds Utilities

Water Treatment Plant

Date	Quantity	Ra	te		Total	Dosage
4.10.10.00		•	4.50	•	05.40	
1/6/2009	60	\$	1.59	\$	95.40	
2/9/2009	90	\$	1.59	\$	143.10	0.11
3/24/2009	30	\$	1.54	\$	46.20	0.03
4/22/2009	60	\$	1.54	\$	92.40	0.09
5/26/2009	60	\$	1.54	\$	92.40	0.07
6/11/2009	52	\$	1.54	\$	80.08	0.14
6/23/2009	41	\$	1.54	\$	63.14	0.14
7/7/2009	40	\$	1.54	\$	61.60	0.12
7/27/2009	50	\$	1.54	\$	77.00	0.10
8/19/2009	60	\$	1.54	\$	92.40	0.11
9/1/2009	34	\$	1.54	\$	52.36	0.11
9/14/2009	31	\$	1.54	\$	47.74	0.10
10/1/2009	41	\$	1.54	\$	63.14	0.10
10/12/2009	27	\$	1.54	\$	41.58	0.10
10/27/2009	47	\$	1.54	\$	72.38	0.13
11/9/2009	34	\$	1.54	\$	52.36	0.11
12/7/2009	75	\$	1.54	\$	115.50	0.11
Total				\$	1,288.78	

WasteWater Treatment Plant

Date	Quantity	Rate	i.	Total	Dosage
12/29/2008	195	\$	1.78	\$ 347.10	
1/6/2009	155	\$	1.59	\$ 246.45	0.81
1/16/2009	125	\$	1.59	\$ 198.75	0.52
2/4/2009	135	\$	1.59	\$ 214.65	0.30
2/9/2009	235	\$	1.59	\$ 373.65	1.96
2/20/2009	175	\$	1.54	\$ 269.50	0.66
3/11/2009	280	\$	1.54	\$ 431.20	0.61
3/24/2009	180	\$	1.54	\$ 277.20	0.58
4/7/2009	190	\$	1.54	\$ 292.60	0.57
4/22/2009	230	\$	1.54	\$ 354.20	0.64
4/30/2009	120	\$	1.54	\$ 184.80	0.63
5/26/2009	290	\$	1.54	\$ 446.60	0.46
6/11/2009	203	\$	1.54	\$ 312.62	0.53
6/23/2009	89	\$	1.54	\$ 137.06	0.31
7/7/2009	116	\$	1.54	\$ 178.64	0.35
7/27/2009	133	\$	1.54	\$ 204.82	0.28
8/7/2009	60	\$	1.54	\$ 92.40	0.23
8/19/2009	105	\$	1.54	\$ 161.70	0.36
9/1/2009	100	\$	1.54	\$ 154.00	0.32
9/14/2009	97	\$	1.54	\$ 149.38	0.31
10/1/2009	149	\$	1.54	\$ 229.46	0.37
10/12/2009	82	\$	1.54	\$ 126.28	0.31
10/27/2009	92	\$	1.54	\$ 141.68	0.26
11/9/2009	110	\$	1.54	\$ 169.40	0.35
11/30/2009	158	\$	1.54	\$ 243.32	0.31
12/7/2009	61	\$ 1600	1.54	\$ 93.94	0.36
Total				\$ 6,031.40	

Tradewinds Utilities, Inc. Docket No. 100127 Marion County

25.30.440(3) CHEMICAL ANALYSIS



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

Tradewinds Village

On May 3,2010 we completed the report for the above referenced water system, identification number 3424620. You should maintain this original report for future reference and proof of compliance. This sample was analyzed under our submission number 104748 for the following parameters (or parameter groups): Inorganics, Partial

The	results of the analyses were:		
	Satisfactory (below allowable Maximum Contaminant Leve	els, or e	quivalent standard, for all parameters).
	Satisfactory . However, the parameters listed below excee equivalent standard, or regulatory detection limit. Additional test project engineer for instructions.		
	Unsatisfactory for the parameters listed below (exceeded and may represent a health risk to your consumers. Please con-		
	accordance with your request and applicable regulations we have uals (copies will not be provided to non-regulatory individuals with		
B	DEP Central District		DOH Marion County
	DEP Southwest District		DOH Lake County
	DEP Northeast District		DOH Sumter County
	DEP		DOH
	Other		Not Applicable

hank you for allowing us to meet your analytical and compliance needs. We appreciate your business and value the relationships we cultivate with our clients. Please contact us if you have any questions.

Sate Drinking Water Program Laboratory Reporting Format PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly) System Name: PWS I.D. #: System Type (check one): **M**Community Nontransient Noncommunity Transient Noncommunity State: ZIP Code: Fax #: E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Sample Number: Sample Date: Sample Time: Sample Location (be specific): Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids) Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Distribution Routine Compliance (with 62-550) Quarterly (Which Quarter? _ MEntry Point (to Distribution) ☐Confirmation of MCL Exceedance* Special (not for compliance with 62-550) Plant Tap (not for compliance with 62-550) ☐ Composite of Multiple Sites** ☐ Violation Resolution Raw (at well or intake) Clearance (permitting) Replacement (of Invalidated Sample) Max Residence Time Other: Ave Residence Time Sampling Procedure Used or Other Comments: Near First Customer *See 62-550.500(6) for requirements and restrictions. **See 62-550,550(4) for requirements and NOTE: See 62-550.512(3) for additional requirements attach a results page for each site. for nitrate or nitrite MCL exceedances. Sample's Name: Pro-Tech Water & Wastewater Services, Inc. Sampler's Phone #: (352) 236-2444 Sampler's Fax #: (352) 236-2118 Sampler's E-Mail Address Protechwwaembargmail.com CERTIFICATION (to be completed by sampler) do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

Page I of [insert number of pages]



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

Page 2 of 4; including Chain of Custody

ABORAT	ORY CERTIFICATION INFORMATION		
	ory Name: Aqua Pure Water & Sewage Service, Inc. Florida Cer	tification #: E83265 Certification Expiration Date: 6/30/201	0
Laborato	Address: 10865 E. State Road 40 Silver Springs FL 3		
	riddiodd, foddo 2. Stato (today to chick apringer 2		
NALYSIS	SINFORMATION		
PWS	ID: 3424620 System Name: Tradewinds Village	Sample Number: Not Provide	le
	e Location: POE		
Laborat	tory Assigned Submission Number: 104748	Date Sample(s) Received: 4/26/10	
Group	o(s) Analyzed & Results attached for compliance with Chapter 62-5	50 F A C	
Огоар	Inorganics, Partial		
	3		
200	The second of th		
Subc	ontracted Laboratory DOH Certification Number(s): Not Applicable	Analyte Sheet(s) Attached	1
-			
*			
	CERTIFICATI	ON	
I, Lisa	K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director		
cor	rrect and unless noted meet all requirements of the National Enviro	onmental Laboratory Accreditation Conference (NELAC).	
	tainty & validity of the reported data are based upon method specific calibr lits presented herein relate only to the samples submitted. If you have ques		2
The resu	the state of the s		
	Signature: Michael Man	Date: May 3, 2010	
		g at the grant of the state of	
	NCE DETERMINATION (to be completed by DEP or DOH)		
	ection Info Satisfactory: Yes No	Sample Analysis Info Satisfactory: Yes	
	nent Sample(s) Requested (circle or highlight group(s) above)	Revised Report Requested (circle or highlight group(s) about	VC
	al Monitoring Required (circle or highlight group(s) above)		
leason(s):	☐MCL(s) Exceeded ☐Detection(s)	☐Incomplete Report	
	☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory	☐ Analysis Unsatisfactory	
	Other:		
orson Notif	Find:	ind	
S NOUI	Tied:Date Notif	ied:	
(

DEP / DOH Reviewing Official:

Reporting Format 62-550.730 Effective January 1995, Revised January 2007

Date Reviewed:



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

System Name: Tradewinds Village

PWS ID: 3424620 Submission Number: 104748

> INORGANIC CONTAMINANTS 62-550.310(1)

Contam ID		Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)		10	mg/L	0.60		EPA353.2	0.05	4/27/10	1:29 PM	E83265
1041	Nitrite (as N)		1	mg/L	0.03	U	EPA353.2	0.03	4/27/10	1:29 PM	E83265

AQUA PURE WATER & SEWAGE SERVICE, INC. **Drinking Water** Time Received / Date Received 10865 East State Road 40 Chain of Custody Silver Springs, Florida 34488-2349 (352) 625-2822 • FAX (352) 625-6638 PRO-TECH WATER & MARGINA A FORE Submission Number:___ Report to: (Name & Mailing Address) Sample Number Parameter(s) Requested Inorganic Contaminants NO₃ NO₂ F P.O. Box 9 Silver Springs, FL 34489 9100 All Metals Sb As Ba Be Cd DEP Central DEP Southwest Copy to: DEP Northeast DEP Other:____ DOH Marion County DOH Other:___ Asbestos N/A (for information only) Secondary Contaminants CI SO₄ TDS F Color PO Number: Odor Contact Name:_ Foaming Agents Contact Phone: All Metals Al Cu Fe Mn Ag Zn System Information System Name: TRAde WINDS VIIIA Disinfection Byproducts System ID Number: 34/21/ 4/21 Total THM (All 4) THM Partial: HAA Partial: Sr __le Information HAA (All 5) Sample Location: POE Other: Sampler Name: Keny Esten Radionuclides Date Sample Collected: 1 - 26 - 10 Gross Alpha Ra²²⁶ Ra²²⁸ U Time Sample Collected: / 2/ C Other: Field Test Results (if applicable) Cl₂ Residual:_____ Volatile Organic Contaminants Temp: N/A pH: N/A DO:_____ All 21 Other: UN Partial: Sample Custody Synthetic Organic Contaminants Relinquished Signature: Kell (1866) All Except Dioxin Time:/226/16ondition: Relinquished Signature: Miscellaneous Turbidity Alkalinity Conductivity Date: Time: Condition: Received By: M. Mar Total Sulfide Dissolved Metals (Field Filtered): On Ice Not on Ice Pau Check or Receipt Number: Other: Comments:

Other:

Tradewinds Utilities, Inc. Docket No. 100127 Marion County

25.30.440(4) OPERATIONS REPORTS



See page 4 for instructions.

I. General Information	for the Month/Yes	JANUARY 2008						
	ter System (PWS) Information							
PWS Name:		EWINDS VILLAGE			PWS Identification No	umber: 34	424620	
PWS Type:	Community	Non-Transient Non-Communit	V	Tra	nsient Non-Community	T Consecutive		•
	onnections at End of Month:	375	,		pulation Served at End of			
PWS Owner:	TRADE WINDS UTILITIES							
Contact Person:				Contact	Person's Title:			
Contact Person's Mail	ing Address: % CHARI	ES DEMENZES; PO BX 5220	City:	OCALA		State: FL	Zip Code:	34478
Contact Person's Tele			O.t.y.		Person's Fax Number:			
Contact Person's E-M		10 10		00111001	order or an italiaer.			*:
COMMON CHOOMS E W				_				
B. Water Trea	atment Plant Information				576			
Plant Name:	TRADEWINDS VILLAGE			Plant To	lephone Number:	(352) 622-4949		
Plant Address:	NE 43 PL & 27TH CT		City			State: FL	Zip Code:	34478
Plant Address.	NE 43 PL & Z/TH CT		City.	OCALA		State. FL	zip code.	34470
T 610/atas T	d bu Diant		- Durch	and Cini	shed Water			
Type of Water Treated			Purcha	enements and Sign	A CONTRACTOR OF THE PROPERTY O			
	ay Operating Capacity of Pla			95000			E A C V	С
Plant Category (per si	ubsection 62-699.310(4), F.A.	C.): 5		_	Plant Class (per subs	ection 62-699.310(4)	, F.A.C.):	<u>C</u>
Japanesia de la composição de la composi	overent de la Constantina del Constantina de la Constantina de la Constantina de la Constantina del Constantina de la Co		e posavenja pometevo	SE CHETTY OF SMES	t garangagrassa e ja oraz ojente sasjongu utmere rei 1990.		CONTRACTOR	The Contract of
Licensed Operators	Name			se Class	License Number		hift(s) Worker	J. St. Think
Lead/Chief Operator.				С	14185	DAY		
Other Operators:	RAY MCVEY		The second secon	С	8623	WEEKEND	7	
	MICHAEL HAMMER			С	8519	WEEKEND		
	TIM FISH			В	7477	WE	EEKEND	
					- Anne			
II. Certification by Lea	d/Chief Operator				 			
		ensed in Florida, am the lead/c	hiof onor	ator of the	water treatment plant id	entified in Part Lofthi	s report I cer	tify that the
i, the undersigned wa	ter treatment plant operator in	terised in Florida, and the lead/C	and bolic	of Looptif	that all deinking water to	contined in Fart For the	sad at this als	ant conform to
information provided if	n this report is true and accur	ate to the best of my knowledge	and belle	er. 100101	y triat all driffking water to	the following addition	seu at triis pie	a records for this
NSF International Sta	ndard 60 or other applicable s	tandards referenced in subsect	10n 62-55	5.320(3),	F.A.C. I also certify tha	t the following addition	nai operation	d chamical food
plant were prepared e	ach day that a licensed opera	tor staffed or visited this plant d	uring the	month in	dicated above: (1) record	s of amounts of chem	iicais used ar	a chemical reed
rates; and (2) if applic	able, appropriate treatment pr	ocess performance records. Fu	urthermor	e, I agree	to provide these addition	nal operations records	s to the PWS	owner so the PV
owner can retain them	with copies of this report, at	a convenient location for at leas	t ten year	rs.**				
(*Our clients furnish the chlor	ine and have been advised of the proper	type to purchase) (**Our clients are pro-	vided with co	ppies of all re	ports and are responsible for retain	ning them)		
7	1 11				}			
	V (.11 /							
1/1/	in VX //m	Olater 7/1/1/05		JOHN A	NDERSON		C-1	14185
Signature	and Date	27010			or Typed Name		License N	
Signature	and Date	/ /)		1 mileu	a Typed Hallie		LIGSTIOUTY	
Subs 3/Alternate		=	ì					
DEP 62-555.9)					Sec. Sec.
Effective August 28			Page	1				
Lifective August 20	, 2000		90					

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER PWS Identification Number: Plant Name: TRADEWINDS VILLAGE 3424620 III. Daily Data for the Month/Year of: JANUARY 2008 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide ☐ Ozone Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Combined Chorine (Chloramines) Free Chlorine Clorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dose Days Lowest Plant Lowest Residual Disinfectant Residual Staffed or Disinfectanct Contact Time Disinfectant Visited Concentration (T) at C Lowest Minimum Concentration. Lowest CT by (C) Before or at Measurement Provided Before or Temp Minimum Operating. UV Dose at Remote Hours at First Customer pH of CT UV Dose. Point in Day of Operator Net Quantity of Required, First Customer Point During Emergency or Abnormal Operating Conditions, Repair or Finished Water Plant in During Peak Flow, mW-(Place Peak Flow During Peak Flow, Peak Flow, Water. Water, if Required mW-Distribution Maintenance Work that Involves Taking Water System Produced, gal Month "X") Operation Rate, gpd mg/L minutes mg-min/L oC -Applicable mg-min/L sec/cm2 sec/cm2 System, mg/L Components Out of Operation Х 24 88000 I 0.6 2 X 24 138000 0.7 3 X 24 200000 0.7 172000 4 X 24 0.7 5 24 256000 X WEEKEND CHECK 6 24 256000 7 24 256000 0.7 8 X 24 132000 0.7 9 X 24 150000 0.7 24 112000 10 0.7 11 X 24 119000 0.7 12 X 24 132000 WEEKEND CHECK 13 24 132000 132000 14 24 0.7 SAMPLE - 3 WELLS, 2 LINES 15 X 24 98000 0.7 133000 16 X 24 0.8 17 24 138000 0.8 24 131000 18 19 24 190333 X WEEKEND CHECK 20 24 190333 21 24 190333 X 0.8 22 X 24 0.8 23 24 173000 X 0.7 24 164000 24 X 0.8 25 X 24 140000 0.8 26 X 24 159000 WEEKEND CHECK 24 159000 27 28 24 159000 0.7 24 218000 0.8 29 X 30 24 172000 0.2 X 24 135000 31 1.1 X Total 4977999 160581 Average 256000 *Refer to the instructions for this report to determine which plants muxt provide this information Page 2 Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this	s report to:	Department of	f Environmental F	rotection,	Central D	istrict, 3319	Maguire Boulevard	Suite 232, Orlando	o, FL, 32803-3767				
PERMITTEE NAME: T	radewinds U	Itilities, Inc.				PERMIT N		FLA010699)				
MAILING ADDRESS: P	ost Office B ocala, FL 34	ox 5220 478				LIMIT: CLASS SIZ	ZE:	Final N/A		REPORT: GROUP:		Monthly Domest	
LOCATION: 25	radewinds V 925 NE 43r Ocala, FL 34	d Place				MONITOR	ING GROUP NUM ING GROUP DES	MBER: R-001 C: Sprayfield,	including Influent				
COUNTY: N	1arion						IARGE FROM SIT LING PERIOD	E: Jan 1	12005 TO	Jun	31,	2008	
Parameter			Quantity	or Loadi	ng	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	10.50.00	mple easurement	0.054			MED					0	5days/uK	flounder
PARM Code 50050 Y Mon Site No. FLW-1	100	rmit quirement	0.081 (An Avg.)			MGD						5 Days/Week	Meter
Flow	Sa	mple easurement	0.056			MED					0	5 days/w/L	Howmels.
PARM Code 50050 1 Mon Site No. FLW-1	Pe	rmit quirement	Report (Mo.Avg.)			MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day	, 20C Sa	mple easurement					8.4			mg/L	0	monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Pe	rmit quirement					20.0 (An Avg.)			MG/L		Monthly	, Grab
BOD, Carbonaceous 5 day.		mple easurement					11.5	11.5		mg/L	0	monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Pe	rmit quirement		4.00			Report (Mo.Avg.)	*60 _i 0 (Max.):		MG/L		Monthly!	Grab
Solids, Total Suspended		mple easurement					21.7			mgL		monthly	Grab
PARM Code 00530 Y Mon;Site No. EFA-1		rmit quirement		Taria de California	44 14		20.0 (An Avg.)			MG/L:		Monthly	Grab.
Solids, Total Suspended		mple easurement					26	26		mgL	0	monthly	Grab
PARM Code 00530 A Mon Site No. EFA-1		rmit quirement		-5%	in de de		Report (Mo:Avg.)	(Max.)		MG/L		Monthly/	Grab
I certify under penalty of lar information submitted. Bas and belief, true, accurate, an	sed on my ir	aguiry of the r	erson or persons v	vho manag	e the syste	em, or those	persons directly res	ponsible for gather	ing the information, th	e information	on subr	nitted is, to the bes	ther and evaluate that of my knowledge
NAME/TITLE OF PRINCIPAL	EXECUTIV	E OFFICER OF	AUTHORIZED AG	ENT	SIG	NATUREOF	PRINCIPAL EXECU	TIVE OFFICER OR	AUTHORIZED AGENT		TELEP	HONE NO DAT	E (YY/MM/DD)
John HAn	derin	n-Pro	Tech W.	twu	, _	John	1 H an	desa			252	1236-2444 0	8/20
COMMENT AND EXPLA					U	re):							
Street Control of the													

DISCHARGE MONITORING REPORT - PART A (Continued)

FACÍLITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: Jan 1, 2006 To

PERMIT NUMBER: FLA010699

Parameter				Units				Ja Dijaco			
		Quantity or Loading			Qua	ation	Units	No. Ex.	Frequency of Analysis	Sample Typ	
pH	Sample Measurement				7.3	7.6		su	0	5daydwk	Grain
PARM Code 00400 A Mon, Site: No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				52	(ritual)		LOOML	()	.40 //	0 1
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement	ing the second			200			##100ML	0	Monthly	Grab
Coliform, Fecal	Sample Measurement	Experience of the control of the con	217		(An Avg.)	<u> </u>			1	100 - 41	
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement	Add Control of the Co			Report (Mo Geo Mean)	800 (Max.)		100ML	0	Monthly Monthly	Grab Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.13	(IVIAX.)		mall	$\overline{\bigcirc}$	5 days/wK	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0,5 (Min,)	te sik		MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				69			0/0	0	monthly.	Cakulate
ARM Code 00180 1: Aon Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NMR					Nme	NMB
ARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Annually	Grab
3OD, Carbonaceous 5 day, 20C	Sample Meæurement				NMR			Man Called and		NMP	Nme
PARM Code 80082 Y Mon Site No. INF-1	Permit Requirement				Report (An.Avg.)			МG/L		Annually	Grab
folids, Total Suspended	Sample Measurement				NMR					NMP	Nme
ARM Code 00530 Y Non:Site No. INF-1	Permit Requirement			40	Report (An Avg.)			MG/L		Annually	Grab
	Sample Measurement										
	Permit Requirement									1. d	
	Sample Measurement			1911 J.T	2 186 SI 120 S						
4	Permit: Requirement	SE.									

FLA010699
From: Jan 1, 2008
To: Jan 31, 2008
Tradewinds WWTF Permit Number: Monitoring Period

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)		
Code	80082	74055	00400	00530	50060	50050		
Mon. Site	EFA-I	EFA-I	EFA-1	EFA-I	EFA-I	FLW-I	İ	
2			3.4		7220	0.048		
3			7.3		2.20	0.048		
4			7.4		2.17	0.062		
5			1,5		72.20	0.053		
		-				6.655		-
6						0.655		
7			7.6			0.055		
8	-1		7.5	7	72-20	0.645		
9	115	41	7.5	26	2.17	0.054		
10			7.4	7		0.052		
11			7.3		2.17	0.053		
12		1				0.054		
13						0.065		
14			7.5	-	2.20	0.065		
15			7.4		7220	BOUT BOUL		
16			7.6		7220	0.065		
17			7.5		72-20	0.061		
18	* 1		7.6		7220	0.054		
19			7.4			12-068		
20						0.068		
21			7.4	ļ .	>2.20	2068		1
22			7.5	<u> </u>	72.20	2.049		
23			7.6	-	72.20	0.055	1	
24			7.5	-	7220		-	
25			7.4					
26			1.4		72.20	0.051		
27						0.056		
28			21		2.20	1.05 D	-	
29			7.6	1	12,20	0.056		
			1.4	7	4.20	0.054		-
30			7.6		2.13	0.049	-	
31			7.5		12.20	0.665		4
Total	11.5	41		26		1729		
Mo. Avg.	11.5	41	14	26				

PLANT STAFFING: Day Shift Operator	Class:	B	Certificate No:	WW0013890	Name:	John	H	Andorson
Evening Shift Operator	Class:		Certificate No:		Name:	-		
Night Shift Operator	Class:		Certificate No:		Name:			
1 Operator	Class:	B	Certificate No:	WW 0013890	Name:	John	H	Anderson



See page 4 for instructions.

I. General Informatio	n for the Month/Yea FEBRUARY 2008				
A. Public Wa	ater System (PWS) Information				
PWS Name:	TRADEWINDS VILLAGE		PWS Identification N		3424620
PWS Type:	□ Community	unity	Transient Non-Community	□ Consecutive	
	onnections at End of Month: 375		Total Population Served at End	of Month: 1313	
PWS Owner:	TRADE WINDS UTILITIES			,	
Contact Person:			Contact Person's Title:		
Contact Person's Mai		20 City:	OCALA	State: FL	Zip Code: 34478
Contact Person's Tele			Contact Person's Fax Number:		
Contact Person's E-M	fail Address:		<u>-</u> ,		
B. Water Tre	eatment Plant Information				
Plant Name:	TRADEWINDS VILLAGE		Plant Telephone Number:	(352) 622-4949	
Plant Address:	NE 43 PL & 27TH CT	- City	OCALA	State: FL	Zip Code: 34478
riant riadiooc.	THE HOTE CLEATING	— Oity.	OUALA	_ State. FL	Zip Code. 34478
Type of Water Treate		☐ Purcha	ased Finished Water		
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:		950000		
Plant Category (per s	ubsection 62-699.310(4), F.A.C.): 5		Plant Class (per sub	section 62-699.310	(4), F.A.C.): <u>C</u>
Licensed Operators	Name	. Liana		.	
Lead/Chief Operator			c License Number 8623	DAY AND WEEK	
Other Operators:	JOHN ANDERSON		C 14185	WEEKEND	KEND
Outor Operators	MICHEAL HAMMER		C 8519	WEEKEND	
A Disconsisted for	TIM FISH		B 7477		WEEKEND
March Colleges - Transport - 19 Carlot School	THEFT		7477		VEEKEIND
Andrew Property		1			
randonia de la respectació de la la composició de la comp					
II. Certification by Lea					
, the undersigned wa	ter treatment plant operator licensed in Florida, am the lead	d/chief opera	itor of the water treatment plant ic	lentified in Part I of t	his report. I certify that the
nformation provided i	n this report is true and accurate to the best of my knowled	lge and belie	f. I certify that all drinking water t	reatment chemicals	used at this plant conform to
NSF International Sta	ndard 60 or other applicable standards referenced in subse	ection 62-55	5.320(3), F.A.C.* I also certify the	at the following addit	ional operations records for this
plant were prepared e	each day that a licensed operator staffed or visited this plan	nt during the i	month indicated above: (1) record	is of amounts of che	emicals used and chemical feed
ates; and (2) if applic	able, appropriate treatment process performance records.	Furthermore	e, I agree to provide these addition	nal operations recor	ds to the PWS owner so the PV
	with copies of this report, at a convenient location for at le				
*Our clients furnish the chlor	rine and have been advised of the proper type to purchase) (**Our clients are	provided with cor	pies of all reports and are responsible for retain	ning them)	
R	mc1/ 2,000		DAYMOVEY		0.0000
Signature	m CU 3-5-08	_	Printed or Typed Name		C-8623 License Number
3			· ·······		2,30100 110111001
Subs* Alternate DEP 1 62-555.9					dime.
		Paga	1		
Effective August 28	, 2003	Page	1		

PWS	Identific	ation Nu	nber:		3424620		Plant Name:		TRADEWI	NDS VILL	AGE			_
III. D	aily Data	for the Me	onth/Year of:		FEBRUARY 200									
			og Virus Inacti			Free Chl	orine	□ Ch	lorine Dioxi	de	C Ozon	e	Combine	ed Chlorine (Chloramines)
		Radiation		Other (Describe):						. 101	1011		Fall
Type	of Disinfed	tant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		☐ Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
1,400 600	Market and	(計畫)		Profession Co.	CT Calculations	or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, at Ap	plicable			
All the seal	Days		A A Dayley	dalaman 20		CLC	alculations			The second second	ar incar (U.V.	Dose	Control of the Contro	
100	Plant.	推荐等			Lowest Residual	Disinfectant					The South Street	TO THE BUILDING THE TANK	Residual	The second of th
	Staffed or	THE RESIDENCE	A PARTY IS		Disinfectanct	Contact Time	Lowest CT			Minimum			Disinfectant	
100	Visited	Service Co.			Concentration	(T) at C	Lowest CT 1				Lowest	Minimum	Concentration	
	by		1		(C) Before or at	Measurement	Provided Before or	1emp		OT CT	Operating	EUV-Dose	at Remote	
Day of	and the second second second	Hours	Net Quantity of	Deal II	First Customer	Point During	at First Customer, During Peak Flow,	10	Water	Required	mW	Required, mW-	Distribution	
Month	(Place	Plant in Operation	Produced, gal		During Peak Flow, mg/L	reak riow,	During Peak Flow	Water	Annlieshle	me-min/I	sec/cm?	sectom2	System mg/ I	Components Our of Operation
1/100000	X	24	79000	· Nate, gpu	ang Light	Himides &	IIIR-HIHR LESSAN	BACOCER.	ETAPPHEADIO	emp inno 2	- Sed Ciliza	Jan Section College	1.1	
2	X	24	112000	Santa Dan Carl			I was a series of the series o				C		and and an income	WEEKEND CHECK
3	1	24	147500											
4	X	24	147500										1.1	
5	X	24	109000										1.0	
6	X	24	130000										0.9	
7	Х	24	105000										0.9	and the second s
8	X	24	108000										0.8	
9		24	117000			- Mari I				the second	(ph		La Company Co	WEEKEND CHECK
10		24	117000								Name of Street or the			
11	X	24	117000	The second second				- Captor or					1.0	E2424
12	X	24	114000	Mar direct					0			45 3	1.1	MARKELL
13	X	24	100000		ula (c. 1854)				PACTOR		MET THE S	BE WILL	1.3	
14.	X	24	109000										1.2	
15	X	24	91000	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		territorio (1966) succesi traditivas y a territorio (1966) de la companio (1966) de la c				1,021,000	decident	1,3	Linnard (Nich Laws)
16		24	120000									-		WEEKEND CHECK
17	11110	24	120000											
18	X	24	120000							7 2			1.3	
19	X	24	107000									-	1.3	SAMPLED 2 WELLS, 2 LINES
20	X	24	151000										1.3	
21	X	24	78000						-		-		1.4	
22	X	24	115000				ļ					-	1.3	WEEKEND CHECK
23		24	124000		 				-			-		WEEKEND CHECK
24		-	124000	-							 		0.9	
25	X	24	124000					-		Mark Light	 	2 57 10.2	0.9	
26	X	24	184000					-		7 117			1.0	
28	X	24	111000		 					671			1.0	
29	X	24	191000		 								0.8	
30	1-^-	24	191000					-			err e			
31		24			1									
_			3514000					-						
-			121172											
			191000											

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003 Page 2



^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Tradewinds Utilities, Inc.

MAILING ADDRESS: Post Office Box 5220

PERMIT NUMBER

FLA-010699

Ocala, FL 34478

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Tradewinds WWTF 2925 NE 43rd Place Ocala, FL 34479

MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC:

Sprayfield, including Influent

COUNTY:

Marion

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: Feb. 1

To:

Feb. 29,2008

Parameter	meter Quantity or Loading				Units Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.054		MGD				0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.081 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	.054		MGD			25 0 120 0	0	5 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.2		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4	2.4	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				20.8		MG/L	1	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L	-	Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.0	4.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	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 AUTHORIZE	ED AGENT TELEPHONE NO	DATE (YY/MM/DD)
Pro-Tech Water & Wastewater Services Inc. Ray Mcvey C 9084	Ray mc Vey C-90861	352-236-2444	2008/03/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: Feb. 1 PERMIT NUMBER: FLA010699

To: Feb. 29,2008

Parameter		Quantity or	Loading	Units	Quality o	or Concentration	n	Units	No. Ex.	Frequency of Analysis	Sample Type	
рН	Sample Measurement		: I		7.3	7.7		SU	0	5 Days/Week	Grab	
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement		t i karagan		6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab	
Coliform, Fecal	Sample Measurement		1991 V_12.	2	52	ART BUILDING		#/100ML	0	Monthly	Grab	
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		The state was the ex-		200 (An.Avg.)		iye be ak abanyin b	#/100ML		Monthly	Grab	1
Coliform, Fecal	Sample Measurement				<1	<1	to the point of the con-	#/100ML	0	Monthly	Grab	
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement		1		Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab	
Total Residual Chlorine (For Disinfection)	Sample Measurement		- 70		2.0			MG/L	0	5 Days/Week	Grab	
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement		·		0.5 (Min.)			MG/L		5 Days/Week	Grab	
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				69		1 18. 	PER- CENT	0	Monthly	Calculated	
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement			1	Report (Mo.Total)			PER- CENT		Monthly	Calculated	
Nitrogen, Nitrate, Total (as N)	Sample Measurement				*******	d 	711	MG/L		Annually	Grab	
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Annually	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement						- 1	MG/L		Annually	Grab	
PARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab	
Solids, Total Suspended	Sample Measurement				and the state of t			MG/L		Annually	Grab	
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement		17(4)		Report (An.Avg.)			MG/L		Annually	Grab	
~ - 1	Sample Measurement	7									Jr.1	
	Permit Requirement								1			
	Sample Measurement											
	Permit Requirement											

DAILY SAMPLE RESULTS - PART B Facility:

Permit Number: Monitoring Period

FLA010699 From: Feb. 1

To: Feb. 29,2008

Tradewinds WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	
Code	80082	74055	00400	00530	50060	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	
1			7.5		2.2	.042	
2						.058	
3						.058	
4			7.7		2.2	.058	
5			7.6		2.2	.047	
6			7.6		2.1	.049	
7			7.6		2.1	.050	
8			7.6		2.2	.057	
9						.051	
10						.051	
11			7.5		2.0	.051	
12	2.4	0.5	7.5	4	2.0	.051	
13			7.4		2.2	.055	
14			7.3		2.2	.063	
15			7.3		2.2	.043	
16						.054	
17						.054	
18			7.3		2.2	.054	
19			7.4		2.2	.059	
20			7.5		2.0	.053	
21			7.5		2.0	.053	
22			7.4		2.0	.065	
23						.062	
24						.062	
25	-		7.5		2.2	.062	
26		 	7.5		2.2	.062	
27			7.4		2.1	.045	
28		 	7.4		2.0	.058	
29			7.4		2.0	.053	
30		 					
31							
Total		 	-			1.575	
Mo. Avg.		 	-	1		.054	
PLANT S'		Class:	C	Certificate No:	9084	Name:	Ray Movey
Evening S	hift Operator	Class:	В	Certificate No:	13890	Name:	John Anderson
Week/End		Class:	В	Certificate No:	8580	Name:	Tim Fish

		L		Contract to the second second					
PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	9084	Name:		Ray	Movey	
Evening Shift Operator	Class:	B	Certificate No:	13890	Name:	***************************************	John A	Inderson	
Week/End	Class:	В	Certificate No:	8580_	Name:		Tin	Fish	
Lead Operator	Class:	С	Certificate No:	9084	Name:		Ry In	edy	
Week/End		С		8958			Mike	Hammer	



See page 4 for instructions.

I. General Information for the Month/Yea MARCH 2008	
A. Public Water System (PWS) Information	***
PWS Name: TRADEWINDS VILLAGE PWS Identification Number: 3424620	
PWS Type: ☐ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive	
Number of Service Connections at End of Month: 375 Total Population Served at End of Month: 1313	
PWS Owner: TRADE WINDS UTILITIES	
Contact Person's Title:	n. 24479
Contact resorts maining rearese.	e: <u>34478</u> :
Contact Person's Telephone Number: (352) 622-4949 Contact Person's Fax Number:	_
Contact Person's E-Mail Address:	
B. Water Treatment Plant Information Plant Name: TRADEWINDS VILLAGE Plant Telephone Number: (352) 622-4949	
01 00414	e: 34478
Plant Address: NE 43 PL & 27TH CT City: OCALA State: FL Zip Code	,. 34410
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 950000	
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Plant Gategory (per subsection of society), Fig. 1.	
Licensed Operators Name License Class License Number Day(s)/Shift(s) Work	ed
Lead/Chief Operator: RAY MCVEY C 8623 DAY	
Other Operators: TIM FISH C 7477 WEEKENDS	
MICHAEL HAMMER C 8519 WEEKENDS	*
	3.00
II. Certification by Lead/Chief Operator	No.
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 of	ertify 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 provided in this report is true and accurate to the best of my knowledge and belief.	lant 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 operation	ns 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 provide these additional operations records to the PW	5 owner so the PVVS
owner can retain them with copies of this report, at a convenient location for at least ten years.**	
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)	
	0000
Rey Mc Un 4.2.08 RAY MCVEY	C-8623
Signature and Date RAY MCVEY Printed or Typed Name License	
Substitution liternate DEP Fc. 32-555.900(3) RAY MCVEY Printed or Typed Name License	

	450	cation Nu			3424620			Name:		TRADEW					-
			Ionth/Year of: Log Virus Inacti	vation/Pemo	MARCH 2008	▼ Free Chl	orina		T Ch	nlorine Diox	ida	C Ozon	•	Combin	ed Chlorine (Chloramines)
T III	traviolet	Radiation	Log virus macii	Other (Describal:	riee Chi	orme) Ci	norme Diox	iue) Ozon	е	Combin	ed Chiorine (Chioramines)
Type o	f Disinfe	ctant Resi	dual Maintaine	1 ! D! . !!			V	Free Chlor	ine		「 Comb	nined Chori	ne (Chlorar	nines)	Clorine Dioxide
	Q *	600	S VALUE CONTRACTOR	mass may 150	- CT Calculations	or IIV Dosest	o Dente	instrate Fo	ur-Log	Virus Inacti	ration if Ar	nlicable*			The state of the s
	The second			MA STATE	Color of Horselle	CTC	alculati	ons		and the second		H BUY	Dose	F-18624	Complete and Complete Complete
	Days Plant	11			Lowest Residual	41	300 E	A 17	7 1		100	3.0		Lowest	LESS CHETHER DELIVERS
4	Staffed or				Disinfectanct	Disinfectant Contact Time (T) at C	2.4					2.1	44.0	- Residual Disinfectant	Coording ployage
4.4	Visited				Concentration	(T) at C	Toy	Vest CT				Lowest	Milmium	Concentration	
	by -		108.5 (8).00%		(C) Before or at	Measurement	Provide	d Before or	Temp.		Minimum			at Remote	
2000 C T 10 C T		· Hours			First Customer	Point During	at Firs	t Customer	of	pH of	CT.	UV Dose.	Required.	Point in	Finergency or Abrognal Operating Conditions
the i	(Place	· Plant in	Finished Water	A STATE OF THE PARTY OF THE PAR		Peak Flow,								Distribution	Maintenance Work that Involves Taking Wat
Month	* ("X")	-	Produced, gal	Rate, gpd	mg/L	minutes	a mg	-min/L	oC*	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:I	Components Out of Operation
-1	X	24	136000	-	-							-			WEEKEND CHECK
21	X	24	136000 136000									-		1.2	
3	X	24	136000				-					-		1.2	
5	X	24	108000	-										1.2	
6	X	24	109000		-		-					-		1.0	
7	X	. 24	117000				-			-	-			0.7	
8	X	24	62000				-					 	-	0.7	WEEKEND CHECK
9'		- 24	62000				-					1		 	WEEKEND CHECK
10	. X	24	62000											0.6	
11.	X	: 24	125000											0.7	
12.	X	24	139000											0.8	
J-13	. X .	-24	146000											1.0	
5.14° 4	X	- : 24	112000											1.0	
15 +	X	. 24	144000												WEEKEND CHECK
, 16	pai.	24	144000												
17	. X .	24	144000											1.1	
18	. X	· 24	141000											1.1	
20	X	24	174000	<u> </u>								-		1.0	
21	X	24	119000		-									1.1	
22	X	24	128000											1.0	WEEKEND CHECK
23	- A	24	128000												WEEKEND CHECK
24	X	24	128000											0.8	
25	X	24	109000											0.8	
26	Χ :	24	115000			-								0.7	
27	X	24	145000											0.8	
_{3.28}	· . x	1. 24	133000											0.8	
29_	· X	. 24	153000												WEEKEND CHECK
30	. 9.0	. 24	153000												
31	X	24	153000											0.8	
otal	EMPT.		3915000					70.75							

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

174000

DEPForm 62-Substitute/Alternate 12 555-900(3) Effective August 28, 2003

Page 2

1-1-1-1-1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Tradewinds Utilities, Inc.

MAILING ADDRESS: Post Office Box 5220

Ocala, FL 34478

PERMIT NUMBER

FLA-010699

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Tradewinds WWTF

2925 NE 43rd Place Ocala, FL 34479

MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC:

Sprayfield, including Influent

COUNTY:

Marion

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: Mar. I Mar. 31, 2008

Parameter		Quantity or Loading		Units	Quality	y or Concentration	n	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.054		MGD					0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.081 (An.Avg.)		MGD) 1		5 Days/Week	Meter
Flow	Sample Measurement	.053		MGD					0	5 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD				1.		5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.2			MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	- 2.0		MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-I	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L	M	Monthly	Grab
Solids, Total Suspended	Sample Measurement				20.3			MG/L	101	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.0	3.0		MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	1	MG/L		Monthly	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)
Pro-Tech Water & Wastewater Services Inc. Ray Movey C 9084	Raymaka	352-236-2444	2008/04/06

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

FACILI1Y:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: Mar. 1 PERMIT NUMBER: FLA010699

To Mar. 31,2008

Parameter		Quantity or Loading	Units	Quality	or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement			7.2	7.5	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			51.5		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			< 1	<1	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.7		MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)		MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			67		PER- CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement			Report (Mo.Total)		PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.86	P	MG/L	-0-	Annually	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)	age of	MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			215		MG/L	0-	Annually	Grab
PARM Code 80082 Y Mon. Site No. INF-1	Permit Requirement			Report (An.Avg.)	em	MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			190	P	MG/L		Annually	Grab
PARM Code 00530 Y Mon. Site No. INF-1	Permit Requirement			Report (An.Avg.)		MG/L		Annually	Grab
	Sample Measurement							1	
	Permit Requirement								-
	Sample Measurement								
	Permit Requirement				*				

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA010699 From: Mar. 1

Mar. 1 To: Mar. 31, 2008

Facility:

Tradewinds WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1		-	
1	1					.054			
2						.054			
3			7.2		0.7	.054			
4			7.3		1.8	.053			
5	1.		7.3		1.9	.054			
6			7.3	2	2.0	.052			
7			7.4		2.1	.054			
8						.057			
9						.057			
10			7.4		2.0	.057			
11			7.4		2.1	.056			
12			7.4		2.0	.055			
13			7.5	1	2.0	.059)		
14			7.5		2.2	.042			
15						.058	13		
16			19723			.058			
17			7.5	-	2.2	.058			
18	2.0	1	7.5	3	2.2	.052			
19	2.0	1	7.5		2.2	.057			
20			7.5		2.2	.052			
21		-	7.5		2.2	.051			
22		-	7.5		2.2	.054			
23					-	.054	-		
24	8		7.5		1 22		-		
25			7.5		2.2	.054			
26			7.5		2.2	.056			
27			7.5		2.0	.051			
			7.5		2.1	.054			
28			7.5		2.2	.052		_	
29					-	.038	-		
30						.038			
31			7.5		2.2	.038	-	_	
Total						1.633			
Mo. Avg.						.053			

PLANT STAFFING: Day Shift Operator	Class:	С	Certificate No:	9084	Name:	Ray Movey	
Wk.end check	Class:	С	Certificate No:	8958	Name:	Mike Hammer	
Wk. end check	Class:	В	Certificate No:	8580	Name:	Tim Fish	
Lead Operator	Class:	C	Certificate No:	9084	Name:	Ray Mevey	



See page 4 for instructions.

I. General Information	n for the Month/Ye	a APRIL 2008							
	iter System (PWS)	Information	•						
PWS Name:		TRADEWINDS VILLAGE			PWS Identification N			424620	
PWS Type:	Community	Non-Transient Non-Commun	ity		ient Non-Community	T Consec			
Number of Service Co				Total Popu	ulation Served at End	of Month:	1313	<u> </u>	
PWS Owner: Contact Person:	TRADE WINDS	UTILITIES		Contact D					
Contact Person's Mai	ling Address:	% CHARLES DEMENZES; PO BX 5220	Ciba		erson's Title:	Ctata		7: 0 !	0.1.00
Contact Person's Tele		(352) 622-4949	City.	OCALA Contact Pa	erson's Fax Number:	_ State:	FL	Zip Code:	34478
Contact Person's E-M	The first of the second of the	(332) 622-4949		Contact F	erson's rax number.				
Contact Cicono E II	ian / laaress.			-					
B. Water Tre	atment Plant Infor	mation							
Plant Name:	TRADEWINDS	/ILLAGE		Plant Tele	phone Number:	(352) 622-	4949		
Plant Address:	NE 43 PL & 27TI	H CT	City:	OCALA	**************************************	State:		Zip Code:	34478
								1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
Type of Water Treate		Raw Ground Water	T Purcha	ased Finishe	ed Water				
		acity of Plant, gallons per day:		950000					
Plant Category (per s	ubsection 62-699.	310(4), F.A.C.): 5		-	Plant Class (per subs	section 62-69	99.310(4)	, F.A.C.):	С
production of the second of the second	En Proposition of the Control		enterment i energe i en	right with the Land Company of		Arganization and a section of		Man making to hear or to hear own or or	CONTRACTOR OF THE PARTY OF THE
Licensed Operators	IDAY HOVEY	Name - Company of the		e Class	License Number		Day(s)/S	hift(s) Worked	ing a second second
Lead/Chief Operator:		XI		<u>C</u>	8623	DAY			
Other Operators:	AMANDA HULO	N .		C B	15214	4/14 THRO		30	
	TIM FISH			В	7477	WEEKEND)		
	1								
						-			
						-			
and Mary Mark									
II. Certification by Lea	ad/Chief Operator								
I the undersigned wa	ter treatment plant	e operator licensed in Florida, am the lead/	chief opera	tor of the w	ater treatment plant ide	entified in Pa	rt Lof this	report I cert	ify that the
information provided i	in this report is true	and accurate to the best of my knowledg	e and belie	f. I certify the	hat all drinking water tr	eatment che	micals us	sed at this plan	at conform to
NSF International Sta	ndard 60 or other	applicable standards referenced in subsec	ction 62-55	5.320(3). F.	A.C.* I also certify tha	t the followin	a addition	nal operations	records for this
plant were prepared e	each day that a lice	ensed operator staffed or visited this plant	during the	month indic	ated above: (1) record	s of amounts	of chem	icals used and	chemical feed
rates; and (2) if applic	able, appropriate f	reatment process performance records. F	urthermore	e, I agree to	provide these addition	nal operation	s records	to the PWS of	wner so the PV
owner can retain then	n with copies of thi	s report, at a convenient location for at lea	st ten year	s.**	ingen in de same de sa La companya de same de				
(*Our clients furnish the chlor	rine and have been advise	ed of the proper type to purchase) (**Our clients are pro	ovided with co	pies of all report	ts and are responsible for retain	ning them)			
	01								
	1///	r. 16/x6							
Vim	nda / the	0 7/X///		AMANDA	HULON			C-15	214
Signature	and Date	70/0			Typed Name			License Nu	The second secon
Subs s/Altonosts									
Subr ∋/Alternate DEP m 62-555.9			• • • • •						4505-654
Effective August 28			Page	1					7
Lifective August 20	, 2000		raye	1					

III. Daily Data for the Month/Vere of Memoria Orderone Policy Intervals Proceedings Procedure PWS I	dentifica	ation Nur	nber:		3424620		Plant Name:		TRADEWI	NDS VILL	AGE				
Creation Continued Conti	Means	of Achiev	ing Four-L	og Virus Inactiv	vation/Remo	val: *		orine	┌ Ch	lorine Dioxi	de	T: Ozone		☐ Combine	
Visited Visi	Type o	f Disinfec	tant Resid	lual Maintaine	d in Distrib	ution System:									☐ Clorine Dioxide
Visited Visi							CT C	alculations	1.0		ation, if Ap	· · · · · UV	Dose	Lowest	
19	Day of the	Staffed or Visited by Operator (Place	Hours Plant in	Net Quantity of Finished Water	Peak Flow	Disinfectanct Concentration (C) Before or at First Customer During Peak Flow,	Contact Time (T) at C> Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow,	Temp of Water	pH of Water, if	CT. Required	Lowest Operating UV Dose mW-	Minimum UV Dose Required, mW-	Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
33	1	X	24	116000				adayam me .c	DOTE	PLIDER		Sharing S	mentele		SAMPLED 3 WELLS, 2 LINES
						T									
1															
14		X												0.7	REPLACED CL2 PUMP HEAD
1	-			THE RESERVE THE PERSON NAMED IN COLUMN 2 I											
1	-													0.6	
9 X 24 111000															
10									-						
11		-							-				-		
12		-							-						
13	7,000,000		-											1.0	WEEKEND CHECK
14	The state of the s														The state of the s
15	-	X												0.6	
16	-	-													
17		-											927 16.	1.0	
19 X 24 163000 WEEKEND CHECK 20 24 163000 1.0 21 X 24 163000 1.0 22 X 24 161000 1.0 23 X 24 197000 1.0 24 X 24 145000 1.0 25 X 24 145000 1.0 26 X 24 168000 1.0 27 24 168000 1.0 28 X 24 168000 1.0 29 X 24 157000 1.0 30.3 20 0.3 21 0.3 22 0.3 23 X 24 168000 1.0 30 0.3 24 X 25 168000 1.0 30 0.3 25 X 26 168000 1.0 30 0.3 30 0.3 30 0.3 31 0.4 31 0.4 31 0.9 31 0.9	_	-				7.5.4		114.4						0.6	
20 24 163000 1.0	18	X	24	119000						1 1 1		5 77 E		0.7	
21 X 24 163000 1.0 22 X 24 161000 0.4 CL2 PUMP AIRLOCKED 23 X 24 197000 0.7 24 X 24 145000 0.8 25 X 24 204000 0.3 26 X 24 168000 WEEKEND CHECK 27 24 168000 0.3 28 X 24 168000 0.3 29 X 24 157000 0.4 30 X 24 200000 0.9 31 24 24 24 Total 4392000 0.9	19	Х	24	163000											WEEKEND CHECK
22	- 20		24	163000			_								A A A AL
23	21			163000											District Colonia Colonia Colonia
24 X 24 145000 0.8 25 X 24 204000 0.3 26 X 24 168000 WEEKEND CHECK 27 24 168000 0.3 28 X 24 168000 0.3 29 X 24 157000 0.4 30 X 24 200000 0.9 31 24 24 24 Total 4392000	-														CL2 PUMP AIRLOCKED
25 X 24 204000 26 X 24 168000 27 24 168000 28 X 24 168000 29 X 24 157000 30 X 24 200000 31 24 Total 4392000															
26 X 24 168000 WEEKEND CHECK 27 24 168000 0.3 28 X 24 168000 0.3 29 X 24 157000 0.4 30 X 24 200000 0.9 31 24 Total 4392000	-		-												
27	110000-1000-1000									-				0.3	IMPERENT OFFICE
28 X 24 168000 0.3 29 X 24 157000 0.4 30 X 24 200000 0.9 31 24 Total 4392000	processing with an electrical	X													WEEKEND CHECK
29 X 24 157000 0.4 30 X 24 200000 0.9 31 24 Total 4392000	-					171								0.2	
30 X 24 200000 31 24 Total 4392000										-		-	-1		
31 24 Total 4392000		-										-			
Total 4392000		X	_	200000										0.9	
		Design to Addition		4392000											
			and the second												

204000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Maximum

Page 2

Same?

^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Tradewinds Utilities, Inc.

PERMIT NUMBER

FLA-010699

MAILING ADDRESS: Post Office Box 5220

Ocala, FL 34478

LIMIT: CLASS SIZE: Final N/A

From: Apr. 1

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION:

Tradewinds WWTF 2925 NE 43rd Place

Ocala, FL 34479

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Sprayfield, including Influent

COUNTY:

Marion

NO DISCHARGE FROM SITE:

MONITORING PERIOD

To Apr. 30,2008

Parameter		Quantity	or Loading	Units	Quality	y or Concentration	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.053		MGD					0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FI.W-1	Permit Requirement	0.081 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	.048		MGD					0	5 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8			MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L	34	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.4	8.4		MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement	, Y &			Report (Mo.Avg.)	60.0 (Max.)	10 V	MG/L	- 92	Monthly	Grab
Solids, Total Suspended	Sample Measurement				21			MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An,Avg.)		20 14.12 3	MG/L	e ter	Monthly	Grab
Solids, Total Suspended	Sample Measurement				25	25		MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	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)
Pro-Tech Water & Wastewater Services Inc. Ray Movey C 9084	Ray mile 6-9084	352-236-2444	08/05/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA010699 MONITORING PERIOD From: Apr. 1 To Apr. 30,2008

Parameter		Quantity or Lo	oading	Units	Quality	or Concentratio	n	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.3	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU	ign is	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				52			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An,Avg.)	00. 1.4		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1	1		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement		· ·		0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				64			PER- CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement	,	_ = =		Report (Mo.Total)			PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.1			MG/L		Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement							MG/L		Annually	Grab
PARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement							MG/L		Annually	Grab
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement										
	Permit Requirement				(skelfer	garan egye e					
	Sample Measurement					11					
C pater	Permit Requirement		Ÿ								

DAILY SAMPLE RESULTS - PART B Facility:

Permit Number:

FLA010699

Monitoring Period From: Apr. 1 To: Apr. 30,2008

Tradewinds WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				*
Code	80082	74055	00400	00530	50060	50050		1		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.4		2.0	.053				
2			7:4		2.1	.056				
3 .			7.4		2.2	.054				
4			7.4		2.1	.054				
5						.055				
6						.055				
7			7.4		2.1	.055				
8			7.4		2.0	.036	***************************************			
9			7.5		2.0	.036		1		
10			7.5		2.1	.034				
11			7.5		2.1	.046			1	
12			,			.027				
13			***************************************			.027				
14			7.5		2.2	.027		1	1	1
15			7.4		>2.2	.048				1
16			7.4		>2.2	.050			 	1
17	,		7.3		>2.2	.051	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
18			7.3		>2.2	.057				
19						.054				
20			1			.054		1	1	1
21			7.5		>2.2	.054		-	-	1
22			7.5		>2.2	.039		-		
23			7.4		1.6	.063		1	-	-
24			7.5		0.7	.040		1		-
25			7.4		1.2	.045		-		-
26						.056		1		+
27						.056		-		-
28			7.5		1.4	.056		-		
29	8.4	1	7.4	25	1.1	.051				-
30	V. T	4	7.4	10	1.6	.056		-		-
31			1.3		1.0	.030		-		-
Total						1.440		+	-	+
Mo. Avg.				-		1.449		 		+
IVIO. AVg.						0.048		<u></u>		

PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	9084	Name:	Ray Movey	
Wk. End	Class:	B	Certificate No:	8580	Name:	Tim Fish	
Wk. end	Class:		Certificate No:		Name:		
Lead Operator	Class:	C	Certificate No:	9084	Name:	Ray Movey	



See page 4 for instructions.

n 62-555.900(3)

Effective August 28, 2003

DEP

PWS Name:	ater System (PWS) Information		*	Lines vee as i	
MAIC TURE	TRADEWINDS VILLAGE			cation Number:	3424620
PWS Type:	∇ Community	ity	Transient Non-Com		
Jumber of Service C	Connections at End of Month: 375		Total Population Served	at End of Month: 13	13
PWS Owner:	TRADE WINDS UTILITIES				
Contact Person:			Contact Person's Title:_		
Contact Person's Ma	ailing Address: % CHARLES DEMENZES; PO BX 5220	City:	OCALA	State: FL	Zip Code: <u>34478</u>
Contact Person's Te	lephone Number: (352) 622-4949		Contact Person's Fax N	umber:	de la
Contact Person's E-l	Mail Address:				
3. Water Tr	eatment Plant Information				
Plant Name:	TRADEWINDS VILLAGE		Plant Telephone Number	er: (352) 622-494	9
Plant Address:	NE 43 PL & 27TH CT	City:	OCALA	State: FL	
Idil Address.	11L 43 F L & 27 111 CT	. Oity.	30/121		
ype of Water Treat	ed by Plant: Raw Ground Water	C Purch	ased Finished Water		
	Day Operating Capacity of Plant, gallons per day:	1 Turon	950000		
				(per subsection 62-699.3	310(4) F.A.C.): C
lant Category (per	subsection 62-699.310(4), F.A.C.): 5		_ I lant Class	(per subsection of occ.)	.10(1), 1.1.101).
icensed Operators	Name	Licen	se Class License N	lumber Da	y(s)/Shift(s) Worked
ead/Chief Operator			C 152		
Other Operators:	RAY MCVEY	The state of the s	C 862		
Affici Operators.	MICHAEL HAMMER		C 851		
	TIM FISH		B 747		WEEKEND
				·	
	(基本) では、 では、 では、 では、 では、 では、 では、 では、				
. Certification by L	ead/Chief Operator			t stant identified in Bort I	of this report. I certify that the
, the undersigned w	rater treatment plant operator licensed in Florida, am the lead/	chief opera	ator of the water treatmen	t plant identilied in Part i	coloused at this plant conform to
nformation provided	in this report is true and accurate to the best of my knowledg	e and belle	er. I certify that all drinkin	g water treatment chemic	additional apprations records for the
- O	andard 60 or other applicable standards referenced in subsec	ction 62-55	55.320(3), F.A.C.* Talso	certify that the following a	set and all used and chemical fe
ISE International St	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 le
ISF International St	Caon day that a noonlood operator others	Eurthormor	re, I agree to provide thes	e additional operations re	ecords to the PVVS owner so the
ISF International St lant were prepared ates; and (2) if appl	icable, appropriate treatment process performance records. I	runnennoi			
ISF International St lant were prepared ates; and (2) if appl wher can retain the	icable, appropriate treatment process performance records. If	ast ten year	rs.**		
NSF International St plant were prepared rates; and (2) if appl pwner can retain the	icable, appropriate treatment process performance records. I	ast ten year	rs.**		
NSF International St plant were prepared rates; and (2) if appl pwner can retain the	icable, appropriate treatment process performance records. If	ast ten year	rs.**		
NSF International St plant were prepared rates; and (2) if appl pwner can retain the	icable, appropriate treatment process performance records. If am with copies of this report, at a convenient location for at least torine and have been advised of the proper type to purchase) (**Our clients are property to purchase)	ast ten year	rs.**		
NSF International St plant were prepared rates; and (2) if appl pwner can retain the	icable, appropriate treatment process performance records. If	ast ten year	rs.**		C-15214

Page 1

PWS	Identific:	ation Nu	mber:		3424620		Plant Name:		TRADEW	NDS VILL	AGE			_
III. D	aily Data	for the M	onth/Year of:		MAY 2008									-
			Log Virus Inacti			Free Chl	orine	□ Ch	lorine Dioxi	de	☐ Ozon	e	Combine	d Chlorine (Chloramines)
T U	ltraviolet I	Radiation		Γ Other (Describe):									a chieffine (chieffallimics)
Type o	f Disinfec	ctant Resi	dual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Г Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
				14 L 4 L 4 S No.	CT Calculations	or UV Dose t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	phcable*			ANALYSIS TO SEE TO SHARE THE
3-8509	Days	25-45	100	AL VOLUME	icalia especia			*****	de la filia de la companya de la co	Contracts.	War UV		Lowest	
	Plant	20 (Sa) 15.4			Lowest Residual	Disinfectant	SETTING TO SE	4524762			100	\$408A	Residual	
	Staffed or	中报	la salabah		Disinfectanct	Contact Time							Disinfectant	建于一种产生的
Val.	Visited	\$ 100 Inc.			Concentration	(T) at C	Lowest CT	Sec.	19 19 19			Minimum	Concentration	
	by	304200	in a deal		(C) Before or at		Provided Before or			Minimum,	Operating	UV Dose	# at Remote	ASSOCIATION OF THE PARTY OF THE PARTY.
Day of the	Operator (Place	Plant in	Net Quantity of Finished Water		First Customer	Point During			pH of	CT	UV Dose,	Required		Emergency or Abnormal Operating Conditions, Repair or
Month	"X")	Operation			During Peak Flow, mg/L	Peak Flow,	During Peak Flow, mg-min/L	Water	Water, if Applicable	Required mg-min/L	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
1	X	24	191000	тано, бро	mgr	innuces	- Ing-limar	, OC	Applicable	ing-itting C	sec/cm2	sec/cm2,	System, mg/:L	Components Out of Operation
2	X	24	156000								1		0.5	
3	X	24	215000										0.5	WEEKEND CHECK
4		24	215000											WEEKEND CHECK
5	X	24	215000										0.6	
6	X	24	187000										0.4	
7	X	24	325000										0.7	
8	X	24	174000										0.6	
9	X	24	147000										0.6	
10	X	24	197000						27.2					WEEKEND CHECK
11		24	168000											
12	X	24	168000										0,5	
13	X	24	207000					-					0.6	
14	X	24	190000					-					0.6	
16	X	24	118000					-		` _			0.6	
17	X	24	187000										0.7	WEDVE OF SV
18		24	187000											WEEKEND CHECK
19	X	24	187000										0.7	
20 :	X	24	200000										0.7	
21	Х	24	230000										0.7	
22	X	24	204000										0.7	
23	X	24	106000										0.6	
24	X	24	187000											WEEKEND CHECK
25		24	187000											
26	X	24	187000										0.6	SAMPLE - 3 WELLS, 2 LINES
27	X	24	229000										0.9	
28	X	24	174000										0.5	
. 29	X	24	174000										0.9	
30	X	24	171000										0.9	
31	X	24	171000											WEEKEND CHECK
Total		10000	5895000											

325000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003 Page 2

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^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail thi	is report	to: Department of	of Environmental I	Protection, Central	District, 3319	Maguire Boulevard	Suite 232, Orlando,	FL, 32803-3767				
PERMITTEE NAME: T MAILING ADDRESS: P		,			PERMIT 1	NUMBER	FLA010699					
	Ocala, FL				LIMIT: CLASS SI	ZE:	Final N/A		REPORT GROUP:		Monthly Domesti	
LOCATION: 2		ds WWTF 43rd Place 34479				RING GROUP NUM RING GROUP DESC		ncluding Influent				
COUNTY:	Marion					HARGE FROM SITE RING PERIOD I	From: MAY /	2008 To	MA	4 31,	2008	
Parameter	V~ - 1		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Typ
low		Sample Measurement	-054		meo					0	5 ONYS/WK	METER
PARM Code 50050 Y Mon Site No. FLW-1		Permit Requirement	0.081 (An.Avg.)		MGD						5 Days/Week	Meter
Flow		Sample Measurement	. 054		M6.0					Ø	5 DAYS/WK	METER
PARM Code 50050 1 Mon Site No. FLW-1		Permit Requirement	Report (Mo.Avg.)		MGD:						5 Days/Week	Meter
BOD, Carbonaceous 5 day	, 20C	Sample Measurement	9.7			7			MG/L	0	MONTHLY	GRAB
PARM Code 80082 Y. Mon.Site No. EFA-1		Permit Requirement				20.0 (An:Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day	, 20C	Sample Measurement				(2.0	< 2.D		MB/L	10	MONTHLY	GRAB
ARM Code 80082 A Mon.Site No. EFA-1		Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
olids, Total Suspended		Sample Measurement	-			1800		11	MG/L	0	MONTHLY	GRAB
ARM Code 00530 Y fon.Site No. EFA-1		Permit Requirement				20.0 (An.Avg.)			MG/L	1	Monthly	Grab
olids, Total Suspended		Sample Measurement				8	8		MG/L	Ø	MONTHLY	GRAB
ARM Code 00530 A Mon.Site No. EFA-1		Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
certify under penalty of law formation submitted. Bas and belief, true, accurate, an	ed on my	inquiry of the p	erson or persons w	ho manage the syst	tem, or those	persons directly response	onsible for gathering	g the information, th	e informati	on subm	itted is, to the best	ner and evaluat of my knowle
AME/TITLE OF PRINCIPAL	EXECUT	IVE OFFICER OR	AUTHORIZED AG	ENT SI	GNATURE OF	PRINCIPAL EXECUT	IVE OFFICER OR A	JTHORIZED AGENT		TELEPH	HONE NO DATE	(YY/MM/DD)
MARLIN RICH	AIE O	300 / L	PRO-TECH		Harle	- Filed x.	zel_		(352	1236	20/08
MITALIAN RICH.		,	,	e all attachments h	THERELL ere):	Tildre	The American			24	144 tot	3/6/

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: MAY 1008 To

PERMIT NUMBER: FLA010699

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.3	7.6		54	Ø	5 DAYS/WK	GRAB
PARM Code 00400 A. Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				52			# 100 ML	0	MONTHLY	GRAB
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An:Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				10	6		#100 ML	0	MONTHLY	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100MIL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			MGK	0	5 DAYS/WK	GRAB
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			- Kaller - 102	0,5 (Min.)			MĞ/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				10 kg 64	Ĺ		%	0	MONTHLY	CAKULATE
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			MGK		Annually	GRAB
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Annually /	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MAR			MEL		Annually	GRAB
PARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement				Report (An Avg.)	Philipping St. St. St.	And	MĠ/L		Annually '	Grab
Solids, Total Suspended	Sample Measurement				MNR			MG/L		Annualla	GRAB
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement				Report (An Avg.)			MG/L		Annually /	Grab
	Sample Measurement										
	Permit Requirement	Mark Lands of Follows			,455v		34%				
	Sample Measurement										
	Permit Requirement						F (AF				

DAILY SAMPLE RESULTS - PART B

Tradewinds WWTF

Facility:

Permit Number: FLA010699

Monitoring Period From: MAY 1 2008

To: MAY 31, 2008

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Ion. Site	EFA-1	EFA-I	EFA-1	EFA-I	EFA-1	FLW-I		-	-	
1			7.5		0.9	-071				
2			7.4		1.1	-041				
3						.060				-
4						.059				
5			7.5		1.0	.059				
6			7.6		2.3	-060				
7			7.6		8.0	.058				
8			7.6		1.4	.059				
9			7.5		1.6	.043				
10						.060				
11						-057				
12			7.5		1.4	.057				
13			7.4		1.8	.050				
14			7.5		2.7	.067	<u>.</u>			
15			7.5		177	.042				
16			75			-040				
17			10		1.1	.060				
18						-060				-
19			7.6	1	1.0			1		
20			7.5		1.2	-060			-	-
21			7 (.036				
22	100	,	1.6	0	0.6			-		-
23	(2.0	6	7.6	8	1.4	.060		-		
24			1.5		1.6	.050			_	
25		-		-	-	.053	3	-		_
					1 1 1	053				
26			7.5		1.4	053				-
27			7.5		1.	.060				
28			7.5		a.b 1.8	056				
29			7.3		1.8	.034				
30			7.4		1.10	10571				
31						.054				
Total	22.0	6		U		1.688				
Mo. Avg.	42.0	6	1	B		10 054		3 140		

PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	15174	Name:	MARLIN Richardson
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
ad Operator	Class:		Certificate No:		Name:	



See page 4 for instructions.

Effective August 28, 2003

General Informatio Public Wa	on for the Month/Yes JUNE 2008 ater System (PWS) Information						
PWS Name:	TRADEWINDS VILLAGE			PWS Identification N	umber:	3424620	
PWS Type: Number of Service Co	Community Non-Transient Non-Communionnections at End of Month: 375	ity	Transie	ent Non-Community lation Served at End	☐ Consecutive		
PWS Owner:	TRADE WINDS UTILITIES		rotarr opai	duoir ocrea at Eng	1010		
Contact Person:	The second secon		Contact Per	rson's Title:			
Contact Person's Ma	iling Address: % CHARLES DEMENZES; PO BX 5220	City	: OCALA		State: FL	Zip Code:	34478
Contact Person's Tel			Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner,	rson's Fax Number:		2ip oode.	01470
Contact Person's E-N			_	i de la composition de la comp			
B. Water Tre	eatment Plant Information						
Plant Name:	TRADEWINDS VILLAGE			hone Number:	(352) 622-4949		
Plant Address:	NE 43 PL & 27TH CT	City:	OCALA		State: FL	Zip Code:	34478
Type of Water Treate	ed by Plant: Raw Ground Water Day Operating Capacity of Plant, gallons per day:	F Purch	ased Finished	d Water			
	subsection 62-699.310(4), F.A.C.): 5			Plant Class (per subs	section 62-699 310)(4) FAC):	С
			_	· iain oldos (poi odo)	0000011 02 000.010	(4), 1 .74.0.).	
Licensed Operators	Name	Licens	se Class	License Number	Day(s)/Shift(s) Worker	
Lead/Chief Operator.	AMANDA HULON		C	15214	DAY		
Other Operators:	MICHAEL HAMMER		C	8519	WEEKEND		
	RAY MCVEY		C	8623	WEEKEND		
	TIM FISH		В	7477		WEEKEND	
 Certification by Le. 							
, the undersigned wa	ater treatment plant operator licensed in Florida, am the lead/o	chief opera	ator of the wa	ter treatment plant id	entified in Part I of	this report. I cert	ify that the
information provided i	in this report is true and accurate to the best of my knowledge	e and belie	ef. I certify that	at all drinking water to	eatment chemicals	s used at this plan	nt conform to
NSF International Sta	andard 60 or other applicable standards referenced in subsec	tion 62-55	55.320(3), F.A	.C.* I also certify that	t the following add	itional operations	records for
plant were prepared e	each day that a licensed operator staffed or visited this plant of	during the	month indica	ted above: (1) record	s of amounts of ch	emicals used and	d chemical fe
	cable, appropriate treatment process performance records. F			provide these addition	nal operations reco	rds to the PWS of	wner so the
	m with copies of this report, at a convenient location for at least						
*Our clients furnish the chlo	rine and have been advised of the proper type to purchase) (**Our clients are pro	ovided with co	opies of all reports	and are responsible for retain	ning them)		
	$\bigcap A = \emptyset$						
Xha	1.1.4/1 7718						
1/mm	mar. There 1-1-00		AMANDA H			C-15	5214
Signature	and Date		Printed or T	yped Name		License Nu	mber
Substitute/Alternate							
DEP 62-555.)				2500
102-000.	300(0)	/	,				

Page 1

III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Removal: Ultraviolet Radiation Other (Description)				3424620 Plant Name: TRADEWINDS VILLAGE													
				Describe):	Free Chlorine Chlorine Dioxide Combine							ed Chlorine (Chloramines)					
Type of Disinfectant Residual Maintained in Distribution System:						Free Chlori		Comb	ined Chorin	ne (Chloram	Clorine Dioxide						
	Days	11/2		at A supreme Lie of Rafe	CT Galculations,	s, or UV Dose, to Demonstrate Four-Log CT Calculations			g'Virus Inactivation, if Applicable* UV Dose Towest								
	Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow	Lowest Residual Disinfectanct Concentration (C) Before or at First Customer During Peak Flow, mg/L	Point During Peak Flow	Lowest CT Provided Before or at First Customer During Peak Flow,	Temp of Water	pHof	Minimum CT Required mg-min/L	Lowest Departing UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW- sec/cm2	Residual Disinfectant Concentration af Remote Point in Distribution System, mg/L	Emergency of Abnormal Operating Conditions, Repair of Maintenance Work that Involves Taking Water System Components Out of Operation			
1	(A)	24	159000	Rate, gpu	- myL	minutes and	м шқ-ішілг	THE OCK	- Applicable	mig-innio Li	* SOC/CITIZ	**SCWCIIIZ	System, mg.12	Components Out of Operation			
2	X	24	159000										1.7				
3	X	24	123000										1.6				
4	X	24	150000										1.6				
5	Х	24	145000										1.6				
6	X	24	140000				E EE C. A. C.						1.7				
7	X	24	189000											WEEKEND CHECK			
8		24	171000				- 1 - TT Alagara						4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				
9	X	24	171000		<u> </u>								1.6				
10	X	24	150000								10		1.7				
11	X	24	112000	ELECTION OF THE PROPERTY OF TH					(2)			34	1.6				
12	X	24	127000	NE BOLL									1.6				
13	X	24	99000					1 7	Dais - Fre			0	1.5				
14.	X	24	103000											WEEKEND CHECK			
15		24	103000											and the second s			
16	X	24	103000										1.5	SAMPLE - 3 WELLS, 2 LINES			
17	X	24	102000										1.5				
18	X	24	102000										1.5				
20	X	24	114000										1.5				
21	^	24	110000										1.5				
22	X	24	110000											WEEKEND CHECK			
23	Х	24	110000										1.4				
24	X	24	83000										1.3				
25	X	24	110000	ST.									1.4				
26	X	24	101000	di i							3.		1.4				
27	X	= (24)	109000				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						1,5	to a stage year			
28	X	24	104000							1.00				WEEKEND CHECK			
29		24	104000														
30	X	24	104000										1.4				
31		24															
Total	elidata.el	100000000000000000000000000000000000000	3669000														

189000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

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^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

	Tradewinds Utilities, Inc. Post Office Box 5220 Ocala, FL 34478				UMBER	FLA010699	FLA010699 Final N/A					
					Œ:						Monthly Domestic	
LOCATION: 29	adewinds WWTF 25 NE 43rd Place cala, FL 34479				ING GROUP NUM ING GROUP DESC							
COUNTY: M			NO DISCHARGE FROM SITE: MONITORING PERIOD From: Super 1 2000 To Super 30 2008									
Parameter		Quantity or Loading		Units	Qua	lity or Concentr	Concentration		No. Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement	054		m60					do	5 DAYS/WK	METER	
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.081 (An.Avg.)	4	MGD					/	5 Days/Week	Meter	
Flow	Sample Measurement	.054		MGD					6	Sonry wie	METER	
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter	
BOD, Carbonaceous 5 day,	Measurement				8			MG/L	\$	MONTHLY	CORPR	
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20,0 (An Avg.)			MG/L		Monthly	Grab	
BOD, Carbonaceous 5 day,	20C Sample Measurement				5-9	5.9		me/L	6	MONTHLY	GRAB	
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60;0 (Max.)		MG/L		Monthly	Grab	
Solids, Total Suspended	Sample Measurement				21			MG/L		MONTHLY	GRAG	
PARM Code 00530 Y. Mon.Site No. EFA-1	Permit Requirement				20,0 (An Avg.)			MG/L		Monthly	Grab	
Solids, Total Suspended	Sample Measurement				17	17		MG/L	\$	MONTHLY	GRAB	
PARM Code 00530 A Mon-Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab	
I certify under penalty of law information submitted. Base and belief, true, accurate, and	d on my inquiry of the	person or persons who ma	nage the syste	m, or those p	ersons directly resp	onsible for gatherin	ng the information, th	e information	n subm	itted is, to the best		
NAME/TITLE OF PRINCIPAL	EXECUTIVE OFFICER OF	R AUTHORIZED AGENT	NATURE OF	PRINCIPAL EXECU		TELEPHONE NO DATE (YY/MM/DD)						
MARIN PH	CHARRON	PRO-TECH		4/1	Kishony	h		4	352 226	2444 08	17/21	

DEP Form 02-020.910(10), Effective November 29, 1994

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: Sume 2005 To

PERMIT NUMBER: FLA010699 5000 30,2008

Parameter	Quantity or Loading		Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type			
Н	Sample		150		7.4	7.9		34	IX	50A15/WK	COLAR
PARM Code 00400 A	Measurement Permit Requirement				6.0 (Min.)	8.5 (Max.)		, SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		100 100 100 100 100	a de la Robert	443	ning the pass		100 ML	1	MONTHLY	GRAG
ARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An.Avg.)		100	#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			Y	4700	4700		#JOOM L		MONTHLY	GRAR
ARM Code 74055 A Aon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100MIL	de la companya da la	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		110	Mel-	\$	50AYS/WIL	GRAG
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0,5 (Min.)			MG/L		5 Days/Week	Grab
ercent Capacity, (TMADF/ ermitted Capacity) x 100	Sample Measurement				64		%	P	MONTHLY	CALCURA	
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)		1	PER- CENT		Monthly.	Calculated
Vitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			M6/L	ϕ	Aprivers/1	CRA3
ARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement		i i		12.0 (Max.)	3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		MG/L	1	Annually /	Grab
3OD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MGL	Ø	Annualle	GRAB
ARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L		Annually /	Grab
Solids, Total Suspended	Sample Measurement				MNR			MG/L	\$	Anvunly	6R.73
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement				Report (An.Avg.)			MĠ/L		Annually /	Grab
	Sample Measurement									11	
	Permit Requirement			海 指							
	Sample Measurement				91: V						90
	Permit Requirement										N Y

DAILY SAMPLE RESULTS - PART B

Tradewinds WWTF 20050 To: JUNE 20, 2000 Monitoring Period From: CBOD5 Fecal pH (SU) TSS (MG/L) TRC (For Flow (MGD) (MG/L) Coliform Disinfect.) Bacteria (MG/L) (#/100ML) Code 80082 74055 00400 00530 50060 50050 Mon. Site EFA-1 EFA-I EFA-1 EFA-I EFA-1 FLW-1 1 053 2 1.6 553 3 7.5 -0 62 4 2.0 041 5 21 067 6 7.5 2.0 052 7 052 8 0.50 9 7.4 .050 10 7.5 0 17 11 23 7.4 -037 12 7.6 067 13 7.5 030 14 0.55 15 .0.55 16 2.0 7.4 .055 17 C53 18 063 19 7.4 c 39 20 063 21 060 22 060 23 7.8 1.0 060 24 1.1 1051 25 7.9 1.0 053 26 5.9 1.1 4700 044 27 1.6 10.59 28 1052 29 0.52 30 76 .5 151 31 Total 1.617 Mo. Avg. 0.054 PLANT STAFFING: MARLIN RICHARDSON 15174 Day Shift Operator Class: Certificate No: Name: **Evening Shift Operator** Class: Certificate No: Name: Night Shift Operator Class: Certificate No: Name

Class:

ad Operator

Permit Number:

FLA010699

Name

Certificate No:



See page 4 for instructions.

Effective August 28, 2003

I. General Informati	on for the Month/Ye	ea JULY 2008				
	later System (PWS) Information		<u> </u>	2	0.10.1000
PWS Name:		TRADEWINDS VILLAGE		PWS Identification		3424620
PWS Type:				Transient Non-Community		
Number of Service (Total Population Served at End	d of Month: 1313	
PWS Owner:	TRADE WINDS	UTILITIES				
Contact Person:			1	Contact Person's Title:		7:- 0-4 24470
Contact Person's M		% CHARLES DEMENZES; PO BX 5220	City:	OCALA	State: FL	Zip Code: <u>34478</u>
Contact Person's Te		(352) 622-4949		Contact Person's Fax Number		
Contact Person's E-	-Mail Address:					
	reatment Plant Info			4	(050) 000 1010	
Plant Name:	TRADEWINDS			Plant Telephone Number:	(352) 622-4949	
Plant Address:	NE 43 PL & 27T	H CT	City:	OCALA	State: FL	Zip Code: <u>34478</u>
		14 교실 1938 - 1912년 - 18 18 18 18 18 2		alone and the same		
Type of Water Trea			Purch	ased Finished Water		
		pacity of Plant, gallons per day:		950000		(4) 5 4 6 %
Plant Category (per	subsection 62-699	.310(4), F.A.C.): 5		Plant Class (per su	bsection 62-699.310	(4), F.A.C.): <u>C</u>
The annual Control of the Control of	Total Conference (Conference of the Conference o		0			VCFWey Westerd
icensed Operators		Name of the second of the seco	Licens		Day(s	//Stilit(s) vvoikeu
ead/Chief Operato		3		C 14369	DAY	
Other Operators.	TIM FISH			B 7477	WEEKEND	
	MICHAEL HAMI	MER		C 8519	WEEKEND	WEEKEND
	RAY MCVEY			C 8623		WEEKEND
			1 7			
 Certification by L 	ead/Chief Operator	40.2 20.2			: 1 - 00 - 1 : - D - 4 ! - 6	this seemt I cortify that the
, the undersigned v	vater treatment plar	nt operator licensed in Florida, am the lead/ch	net oper	ator of the water treatment plant	identified in Part I of	this report. I certify that the
nformation provide	d in this report is tru	e and accurate to the best of my knowledge	and belie	ef. I certify that all drinking wate	r treatment chemicals	s used at this plant comorn
NSF International S	tandard 60 or other	applicable standards referenced in subsection	on 62-55	55.320(3), F.A.C.* I also certify t	hat the following add	itional operations records to
plant were prepared	d each day that a lic	ensed operator staffed or visited this plant du	uring the	month indicated above: (1) reco	ords of amounts of ch	emicals used and chemical
ates; and (2) if app	licable, appropriate	treatment process performance records. Fu	irthermor	re, I agree to provide these addit	tional operations reco	ords to the PVVS owner so the
owner can retain the	em with copies of th	nis report, at a convenient location for at least	t ten yea	rs.**		
*Our clients furnish the cl	hlorine and have been advi	sed of the proper type to purchase) (**Our clients are prov	rided with co	opies of all reports and are responsible for re	etaining them)	
	11	1 6 11-05				
Alla	Men a	hours x-y-ur		QUINCY JONES		C-14369
Signatu	re and Date			Printed or Typed Name		License Number
Olgitata	1			A CONTRACTOR OF THE PARTY OF TH		
Subs' /Alterna	ate		3			1:0000004
DEP n 62-55	5.900(3)					

PWS I	dentific	ation Nur	nber:		3424620		Plant Name:		TRADEWI	NDS VILL	AGE			_
			onth/Year of:		JULY 2008									
Means	of Achiev	ing Four-L	og Virus Inactiv	vation/Remo	val: *	Free Chl	orine	☐ Ch	lorine Dioxi	de	Ozon	e	Combine	d Chlorine (Chloramines)
			lual Maintaine				▼ Free Chlor			Comb	inad Chari	na (Chloren	ainas)	Clorine Dioxide
Type o	TIMSIIITet	Tant Resi	luai wantaine	O ID DISTRIB					View Langtin			ne (Chioran		Clorine Dioxide
		1			C r Carculations.		o Demonstrate Fo	ur-Log		ation, if Ap		Dose	15 No. 158	The state of the s
	Days					CIC	l	1.29.800	1.5.7 1.3E + 35E		U V	Dose	Lowest	
	Plant				Lowest Residual	Disinfectant	A THE REST	1364			and the state of t		Residual	
	Staffed or			fig.	Disinfectanct	Contact Time					Services		Disinfectant	
	Visited				Concentration	(T) at C	Lowest CT				Lowest		Concentration	
E ander	- by			West and the second	(C) Before or at	Measurement	Provided Before or			Minimum			at Remote	
Day of	Operator		Net Quantity of		First Customer	Point During	at First Customer	* of .	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,		During Peak Flow,			Required	mW-	mW-	Distribution !	Maintenance Work that Involves Taking Water System
Month	"X")	Operation	Produced, gal	Rate, gpd	mg/L	minutes	mg-min/L	~ oC	Applicable	*mg-min/L	≢sec/cm2	sec/cm2	System, mg/:L	-Components Out of Operation
A 1.	X	24	302000							71		10 A	1.1	
2.	X	24	60000									1 17	1.1	
3 -	X	24	70000										1.0	
4 -		24	12000											
5	X	24	12000		-									WEEKEND CHECK
H 6		24	12000											
7	X	24	12000										1.1	
8	X	24	11000										1.0	
9	X	24	84000										1.0	
10.	X	24	98000										0.9	
-11	Х	24	103000										0.8	
12	X	24	95333											WEEKEND CHECK
* 13		24	95333											The state of the s
s. 14 · *	X	24	95333										0.8	
15	X	24	88000					 					1.0	
16	X	24	92000					1					0.5	
17	X	24	77000					<u> </u>					1.0	
18-	X	24	84000										0.9	
19	X	24	99333					-					0.5	WEEKEND CHECK
20		24	99333											WEEKEND CHECK
21	X	24	99333					-					0.8	
22.5	X	24	96000										0.7	
23	X	24	113000					-					0.6	
24	X	24	42000					-					0.7	
25	X	24	43000										0.8	
		24	99333					-					0.8	WEEKEND CHECK
26 27	X													WEEKEND CHECK
		24	99333					-					0.6	CALCUE 2 WELL 2 LDES
+ 28 >	X	24	99333											SAMPLE - 2 WELL, 2 LINES
29	Х	24	91000					-					0.9	
× 30	X	24	118000					-					0.9	
31.	X	24	50000							-			0.9	
Lotal	\$65.1-y21.5	Surties	2551997											

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

302000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail thi	s report to: Departme	ent of Environmental P	rotection, Central D	istrict, 3319	Maguire Boulevard	Suite 232, Orlando,	FL, 32803-3767				
	radewinds Utilities, Ir	nc.		PERMIT N	IUMBER	FLA010699					
	ost Office Box 5220 Ocala, FL 34478			LIMIT: CLASS SE	ZE:	Final N/A		REPORT:		Monthly Domest	
LOCATION: 2	radewinds WWTF 925 NE 43rd Place Ocala, FL 34479				ING GROUP NUM ING GROUP DESC		ncluding Influent				
COUNTY: N	Aarion .				IARGE FROM SITE ING PERIOD F	From: 7-1-	To	7-3	7-0	8	
Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measuremen	1,054		MGD					0	SDAULUK	METER
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.081 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measuremen	1 .051		m6)				The same of the sa	0	5DAY/WK	NETER
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day	, 20C Sample Measuremen	t			7.3		07	m6/L	Ö	MOHTHUY	GNAS
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20,0 (An:Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day,	, 20C Sample Measuremen	1	1-2		10.4	10:4		M6/L	0	MONTHLY	GRAD

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.

Report (Mo.Avg.)

20.4

20.0

(An Avg.)

38

Report

(Mo.Avg.)

60.0

(Max.)

37

60.0

(Max.)

MG/L

Mb/L

Mb/L

MG/L

MG/L

Monthly

KITHOM

Monthly

MONTHI

Monthly

Grab

Grab

Grab

620

GRAD

NAME/TITLE OF PRINCIPAL EXECUT	IVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE O	FFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
PROTECH HAW/W	QUINCH A JOHET	Burey U. proc	214087	354-276-244	108/08/16
COMMENT AND EXPLANATION	OF ANY VIOLATIONS (Reference all attachme	ents here).			

Measurement

Requirement

Measurement

Requirement

Measurement

Requirement

Permit

Sample

Permit

Sample

Permit

PARM Code 80082 A

Solids, Total Suspended

PARM Code 00530 Y

Solids, Total Suspended

PARM Code 00530 A

Mon.Site No. EFA-1

Mon, Site No. EFA-1

Mon. Site No. EFA-1

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001 7-1-08 To PERMIT NUMBER: FLA010699

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.4	7.8		5U	٥	50AS/WK	GRAD
PARM Code 00400 A Mon,Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		"SU.		5 Days/Week	: Grab
Coliform, Fecal	Sample Measurement				447			7/W. L	1	MONTHLY	6NAIJ
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An:Avg.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				49	44		#/wal	0	MINJHY	GRANZ
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)	- 24	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.20			M6/L	0	SUAUJUK	6143
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.5 (Min.)			:MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement							0/0		MULTINOM	CARCUATICE
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement			124 15	Report (Mo.Total)	e para estre	10.00 A. 10.00	PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MAR			MAR		MAR	MILE
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement	ASS grade - Mark			12.0 (Max.)		- 44 	MG/L	iav Estaja Kosilo	Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MAR			MHR		MHN	MHR
PARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				MAR			MAR		MAR	MAK
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement				Report (An Avg.)			MG/L		Annually	Grab
	Sample Measurement							200000-0010-000-000		THE REPORT OF THE PARTY OF THE	
4	Permit Requirement										422.70
	Sample Measurement										
	Permit Requirement			Table Services							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010699 ,
Monitoring Period From: ____

FLA010699 7-1-07

To 7.31-07

Facility: Tradewinds WWTF

	CBODS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	15			
Code	80082	74055	00400	00530	50060	50050				
Ion. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-I	FLW-1				
1			7.4		72.7	1051		2		
2			7.5		72.2	.040			-	
3		1	7.6		72.2	.057				
4					2.2	1046				
5						510.	7 (1	· · · · · ·		
6						520.				
7			7.7	i a me	2.2	.057 720.			and an area	
8			7,6		2.10	.057				
9			7.7		2.70	1054				
10			7.6		2.10	145				
11			7:7 7:6 7.5		2.73	.050		3		
12				8. 1		.055				
13						.055				
14			7.6		2.10	7501				
15	10.4	49	7.7	38	2.20	800.				
16			7.7		2.23	,164				
17			7,6	141, 124	2.20	.050				
18			7.7		223	1047				
19			1-1		0.7	.UT4				
20						1054				
21			7.8		2.10	1054				
22			717		213	840,				
23			7.6		2.70	7.70.				
24			7.7		213	,044				
25			7.6		2,15	,044				
26			10		Life	1054			1	
27		ļ		11		LOSY				
28			7.8		2.30	,054			-	
29			7,6		2.10	-05)			-	
30			7.8	-	2.20	.050			1	
31			7.7		13	770				
Total			1 1		1.10	070,			1	-
		L K V				1,411			1	
Ло. Avg.				LE LA LA LA LA		. 657				

PLANT STAFFING: Day Shift Operator	Class:	<u> </u>	_ Certificate No:	14077	Name:	QUINCY A JOHES	
Evening Shift Operator	Class:		_ Certificate No:		Name:		_
Night Shift Operator	Class:		Certificate No:		Name:		
ad Operator	Class:	C	Certificate No:	14087	Name:	QUINCY A JOHE	
		خ		9084		RAY MCVEY	
		3		8580		MIKE HAMMER	
DEP Form 62-620.910	(10), Effective	Novembe	r 29, 1994	3		IM FISH	



See page 4 for instructions.

A. Public Water System (PWS) Information PWS Name: TRADEWINDS VILLAGE PWS Type: PWS Type: PWS Type: Total Population Served at End of Month: 375 Total Population Served at End of Month: 375 Total Population Served at End of Month: 1313 Water Trace Winds Utilities Contact Person's Telephone Number: (352) 622-4949 Contact Person's Telephone Number: (352) 622-4949 Contact Person's E-Mail Address: Contact Person's Fax Number: Contact Person's Fax Number: (352) 622-4949 EB. Water Treatment Plant Information Plant Name: TRADEWINDS VILLAGE Plant Address: NE 43 PL 8 27TH CT City: OCALA Type of Water Treated by Plant: Person's Gazagity of Plant, gallons per day: 950000 Plant Category (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Licensed Operators Cother Operators: C City: OCALA Time Fish B Tax Fax Fix Size Fix Size Size Size Size Size Size Size Size	[General Information							
PWS Owner: TRADE WINDS UTILITIES Contact Person's Mailing Address: % CHARLES DEMENZES; PO BX 5220 Contact Person's Mailing Address: % CHARLES DEMENZES; PO BX 5220 Contact Person's Telephone Number: (352) 622-4949 B. Water Treatment Plant Information Plant Name: TRADE WINDS VILLAGE Plant Address: NE 43 PL 8 27TH CT Type of Water Treated by Plant: F Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Licensed Operators Cheard Chief Operator: Other Operators: TIM FISH RAY MCVEY Cherrology and Capacity of Plant, and the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that this higher to reform to my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to fing from the micromation of the water treatment plant identified in Part I of this report. I certify that this information operator incorrection. In certify that all drinking water treatment chemicals used at this plant conform to fing many that the information operator incorrection. In certify that all drinking water treatment chemicals used at this plant conform to fing many 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 fing many 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					DIME Identification N	ımhor:	2424620	
Number of Service Connections at End of Month: 375 Was Owner: TRADE WINDS UTILITIES Contact Person's Mailing Address: (352) 622-4949 Contact Person's Telephone Number: (352) 622-4949 Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: TRADEWINDS VILLAGE Plant Address: NE 43 PL & 27TH CT Coty OCALA Type of Water Treated by Plant: F Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallions per day: Plant Clasgory (per subsection 62-699.310(4), F.A.C.): 5 Elicensed Operators Licensed Operators Contact Person's Title: Contact Person's Fax Number: Dip Code: 34478 Plant Telephone Number: (352) 622-4949 Plant Telephone Number: (352) 622-4949 Type of Water Treated by Plant: F Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallions per day: Plant Clasgory (per subsection 62-699.310(4), F.A.C.): C Elicensed Operators License Operators TIM FISH B 7477 WEEKEND HIM FISH B 7477 WEEKEND MICHAEL HAMMER C 8523 WEEKEND JOHN W. BYRANT C 7566 8/19/2008 11. Certification by Lead/Chief Operator: JOHN W. BYRANT C 7566 8/19/2008 11. Certification by Lead/Chief Operator: License 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			tv	T Tran				4
PWS Owner: TRADE WINDS UTILITIES Contact Person's Mailing Address:			Ly					
Contact Person's Mailing Address: Contact Person's Fax Number: Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Plant Name: Plant Address: TRADEWINDS VILLAGE Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Lead/Chief Operator: TIM FISH B 7447 WEEKEND WEEKEND WEEKEND TIM FISH B 7477 WEEKEND WEEKEND WEEKEND To Contact Person's Title: City: OCALA Contact Person's Fax Number: Contact Person's Fax Number: Contact Person's Fax Number: City: OCALA State: FL Zip Code: 34478 City: OCALA State: FL Zip Code: 34478 Plant Telephone Number: City: OCALA Type of Water Treated by Plant: F Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): City: OCALA State: FL Zip Code: 34478 Plant Telephone Number: City: OCALA State: FL Zip Code: 34478 Plant Telephone Number: City: OCALA Type of Water Treated by Plant: F Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): City: OCALA Type of Water Treated by Plant: F Raw Ground Water Plant Telephone Number: City: OCALA State: FL Zip Code: 34478 Tip					raidion convocate Line c			
Contact Person's Mailing Address:				Contact F	Person's Title:			
Contact Person's Telephone Number: Contact Person's Fax Number: Contact Person's Fax Number: B. Water Treatment Plant Information Plant Name: TRADEWINDS VILLAGE Plant Telephone Number: (352) 622-4949 Plant Address: NE 43 PL & 27TH CT City: OCALA State: FL Zip Code: 34478 Type of Water Treated by Plant: F Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 950000 Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators	Contact Person's Mai	iling Address: % CHARLES DEMENZES; PO BX 5220	City:			State: FL	Zip Code:	34478
B. Water Treatment Plant Information Plant Name: TRADEWINDS VILLAGE Plant Address: NE 43 PL & 27TH CT Type of Water Treated by Plant: Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators Licensed Operators Lead/Chief Operators Other Operators: Name License Class License Number: Day(s)/Shift(s) Worked License Class License Number: Day(s)/Shift(s) Worked C 14369 DAY Other Operators: Name License Class License Number: Day(s)/Shift(s) Worked C 14369 DAY Other Operators: Name License Class License Number: Day(s)/Shift(s) Worked C 14369 DAY Other Operators: Other O	Contact Person's Tele	ephone Number: (352) 622-4949		Contact I	Person's Fax Number:		•	
Plant Name: NE 43 PL & 27TH CT Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Elicensed Operators Lead/Chief Operators Character of Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators License Class License Number: Day(s)/Shift(s) Worked License Operators Character of License Number: Day(s)/Shift(s) Worked License Operators Character of License Number: Day(s)/Shift(s) Worked License Number: Day(s)/Shift(s) Worked Character of License Number: Day(s)/Shift(s) Worked	Contact Person's E-M	Mail Address:						
Plant Name: NE 43 PL & 27TH CT Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Elicensed Operators Lead/Chief Operators Character of Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators License Class License Number: Day(s)/Shift(s) Worked License Operators Character of License Number: Day(s)/Shift(s) Worked License Operators Character of License Number: Day(s)/Shift(s) Worked License Number: Day(s)/Shift(s) Worked Character of License Number: Day(s)/Shift(s) Worked								
Plant Address: NE 43 PL & 27TH CT City: OCALA State: FL Zip Code: 34478 Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Licensed Operators License Class Name License Class License Number Day(s)/Shift(s) Worked License Class License Number Day(s)/Shift(s		Paradi Data da No. Lista da la caractera de la caractera de la composición de la composición de la composición			na an a	9212424 941447 447 37		
Type of Water Treated by Plant:					ephone Number:			2.7.22
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Workeds Licensed Operators Lead/Chief Operator: Other Operators: Name License Class License Number Day(s)/Shift(s) Workeds License Num	Plant Address:	NE 43 PL & 27TH CT	City:	OCALA		_ State: FL_	Zip Code:	34478
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Workeds Licensed Operators Lead/Chief Operator: Other Operators: Name License Class License Number Day(s)/Shift(s) Workeds License Num	Tuna af Matar Tracta	d by Blants	Durche	and Finial	and Mator			
Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Lead/Chief Operator: Other Operators: Name License Class License Number: Day(s)/Shift(s) Worked C 14369 DAY Other Operators: TIM FISH B 7477 WEEKEND RAY MCVEY C 8623 WEEKEND MICHAEL HAMMER C 8519 WEEKEND JOHN W. BYRANT C 7566 8/19/2008 11. 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			1 Purcha					
Licensed Operators Lead/Chief Operators Other Operators Other Operators Other Operators Other Operators Other Operators Image: Class				950000	The state of the s	action 62 600 21	0(4) = 4 C):	C
C 14369 DAY Other Operators. Other Operators. Other Operators. Other Operators. Other Operators. Other Operators. IM FISH RAY MCVEY C 8623 WEEKEND MICHAEL HAMMER C 8519 WEEKEND JOHN W. BYRANT C 7566 8/19/2008 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	Flant Category (per s	ubsection 02-099.5 10(4), F.A.C.).		-	riant class (per subs	60001102-099.31	U(4), F.A.C.).	<u></u>
C 14369 DAY Other Operators. Other Operators. Other Operators. Other Operators. Other Operators. Other Operators. IM FISH RAY MCVEY C 8623 WEEKEND MICHAEL HAMMER C 8519 WEEKEND JOHN W. BYRANT C 7566 8/19/2008 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	Licensed Operators	Name	Licens	e Class	License Number	Dav(s)/Shift(s) Worker	1200
Other Operators: TIM FISH RAY MCVEY C 8623 WEEKEND MICHAEL HAMMER C 8519 WEEKEND JOHN W. BYRANT C 7566 8/19/2008 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							Sportific Spring	1-0,2
RAY MCVEY MICHAEL HAMMER C 8519 WEEKEND JOHN W. BYRANT C 7566 8/19/2008 I] 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				- The same of the				
MICHAEL HAMMER C 8519 WEEKEND JOHN W. BYRANT C 7566 8/19/2008 I) 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								
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	I, the undersigned wa	ater treatment plant operator licensed in Florida, am the lead/o						
NOT leterational Otandard CO or other applicable standards referenced in subscation CO EEE 200/2\ E.A.O. * Lalar applicable that the faller that the faller than the faller th								
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 the standard of the standard o								
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 fee								
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the					o provide these addition	al operations rec	ords to the PWS of	wner so the Pl
owner can retain them with copies of this report, at a convenient location for at least ten years.**						104		
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)	(*Our clients furnish the chlor	rine and have been advised of the proper type to purchase) (**Our clients are pro	vided with coj	pies of all repo	orts and are responsible for retain	ing them)		
	0							
guncy a forest 9-5-08 QUINCY JONES C-14369	Lu	1-1-11 / Jana / 9-5-08						
QUINCY JONES C-14369	gu	my a proof						
Signature and Date Printed or Typed Name License Number	Signature	and date		Printed o	Typed Name	4.3	License Nu	mber
Substitute /Alternate	Substitute/Alternation		. 1368					
DEP 6-62-555.900(3)	1							
Effective August 28, 2003 Page 1			Page	1				F #6

PWS	Identific	ation Nu	mber:		3424620		Plant Name:		TRADEWI	NDS VILL	AGE			_
III. D	aily Data	for the M	onth/Year of:		AUGUST 2008									
Means	of Achiev	ving Four-I	og Virus Inacti	vation/Remo	val: *	Free Chl	orine	□ Ch	lorine Dioxi	de	C Ozon	е	Combine	d Chlorine (Chloramines)
	Iltraviolet			Other (Describe):									
Type	of Disinfe	ctant Resid	dual Maintaine	d in Distrib	ution System:	9500 7 day 20 11 day 20 11 day	Free Chlor	ine		☐ Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
					CT Calculations,	or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	with the		I Clorine Dioxide
	Days					CTC	alculations	Section 1			- Was UV	Dose	Lowest	
77.14	Plant				Lowest Residual	Disinfectant	Lowest CT . Provided Before or	25		V 49 444			Residual	
	Staffed or				Disinfectanct	Contact Time					10.00		* Disinfectant	
	Visited		11.5		Concentration	(T) at C	Lowest CT.				Lowest	Nunman	Concentration	
David	by.		N. 0		(C) Before or at	Measurement	Provided Before or	Temp	2	Minimum	Operating			
the	Operator (Place	Hours Plant in	Net Quantity of Finished Water		First Customer During Peak Flow,		at First Customer During Peak Flow,	ot	pH of	CT Required	mW-	Required	- Point in	Emergency or Abnormal Operating Conditions, Repair or
Month		Operation	Substitution of the Petrological			minutes			Applicable			mW- sec/cm2	Distribution System, mg/:L	Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24	75000	Trutte, Spa	mg L	inniutes	ing-minus.	00	*** ipplicable	ing-nmvD:	SCC CIIIZ N	SCO CITIZ	0.8	- Components Out of Operations
22	X	24	10067	125									0,6	WEEKEND CHECK
3		24	10067											WELKEND CILCK
4:	X	24	10067										1.0	Page and to the second of the
5	X	24	108000										0.9	The same of the Company of the Compa
- 6	X	24	117000										0.9	
7	X	24	118000									EG!	0.8	
8	X	24	120000	ey Care and Tables									0.7	7220-770
9	X	24	115000									0.4		WEEKEND CHECK
_ 10		24	115000	han -							AND THE PERSON NAMED AND		A A COMPANY	1:(1)
-11	X	24	115000									RG-212	0.4	
- × 12 1	X	24	112000								eren a		0.5	
-13	X	24	125000								-0		0.4	
14	X	24	70000										0.5	
15	X	24	108000								1.67.0 0	37 (Ost, 37	0.6	
16	X	24	51250				253							WEEKEND CHECK
17	N N	24	51250							12, 12, 21, 63	<u> </u>			
18	X	24	51250 51250										2.0	CLUMEN A HIMMER A LINES
20	X	24	54000										0.8	SAMPLE - 2 WELLS, 2 LINES
21	X	24	150000										0.9	
22	X	24	91000										1.0	
23	X	24	101667								-		1.0	WEEKEND CHECK
. 24		24	101667					-						" EBILLIA CILLOR
25	X	24	101667										0.8	
26	X	24	93000							- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			0.8	
- 27	X	24	133000										0.7	
28	X	24	108000		u v v v v v v v v v v v v v v v v v v v								0.9	
29	X	24	80000										0.8	
30%	X	24	87835										- 18, 70%	WEEKEND CHECK
31		24	87835									tt		
Total		all pristancials	2722872								1,400	-, ⁻⁾	April 114	
Average	Afrika (1911)		87835										£	
Maximu	m .		150000											

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Page 2

Section 1

^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: MAILING ADDRESS:	Tradewinds				PERMIT N	UMBER	FLA010699					
	Ocala, FL 34				LIMIT: CLASS SIZ	Œ:	Final N/A		REPORT GROUP:		Month Domes	
LOCATION:	Tradewinds 2925 NE 43 Ocala, FL 34	rd Place				ING GROUP NUM ING GROUP DES		ncluding Influent				
COUNTY:	Marion					ARGE FROM SIT	E: \$-1-0	У то	8-	31-0	8	
Parameter	T		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		ample leasurement	.053		MbD					0	501/MIL	METER
PARM Code 50050 Y Mon Site No. FLW-1	R	ermit equirement	0.081 (An.Avg.)		MGD						5 Days/Week	∴s≀ Meter
Flow	M	ample leasurement	.051		200					0	SDY/MK	METER
PARM Code 50050 1 Mon Site No. FLW-1	R	ermit equirement	Report (Mo.Avg.)	de la companya de la	MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 da	M	ample leasurement				6.8			noll	0	MUNTAU	GRAD
PARM Code 80082 Y Mon:Site No. EFA-1	R	ermit equirement				20.0 (An: Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 da	М	ample leasurement				< 2.0	220		nble	0	MUHTHY	6NAD
PARM Code 80082 A Mon.Site No. EFA-1	R	ermit equirement				Report (Mo.Avg.)	60:0 (Máx.)		- MG/L		Monthly	Grab
Solids, Total Suspended		ample easurement				19			noll	0	MONTHLY	GRAD
PARM Code 00530 Y Mon Site No. EFA-1	R	ermit ****** equirement				20,0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	М	ample easurement				4	4		noll	0	MONTHY	GRAD
PARM Code 00530 A Mon.Site No. EFA-I	Control of Community of Control of Control	ermit equirement	7.5 (6.04-44);			Report (Mo.Avg.)	60,0 (Max)		MG/L		Monthly	Grab
I certify under penalty of la information submitted. Ba and belief, true, accurate, a	ased on my in	nquiry of the p	erson or persons v	who manage the s	ystem, or those p	ersons directly resp	onsible for gatherin	g the information, th	e informatio	n subn	nitted is, to the best	ner and evaluate the of my knowledge
NAME/TITLE OF PRINCIPA	AL EXECUTIV	E OFFICER OF	R AUTHORIZED AG	ENT	SIGNATURE OF	PRINCIPAL EXECU	TIVE OFFICER OR A	UTHORIZED AGENT		TELEPI	HONE NO DATE	E (YY/MM/DD)
PROTECH W	w/w	Qui	HUY A	JONES	Zume	e a form	or cly	1087		352-2	D6-2444 09	125/08

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

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

Here's

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001 8-1-0 8

Parameter		Quantity of	r Loading	Units	Qual	ity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.4	7.8		SU	0	5 DY MIK	GRAD
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 -(Min.)			SU		5 Days/Week	Grab.
Coliform, Fecal	Sample Measurement	14 1 2 day 2 1 2 day 2 d		<u>jankale</u>	447			#/10val	1	MATTHE	GRAIS
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement		(1. 13): 37 _{2.)}		(An:Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				41	<1		Plount	U	nonThy	GRAD
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.10			mb/L	0	5 DY/WK	GRAD
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Mins)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				63			0/0	0	MONTHY	CALCULATED
PARM Code 00180 1 Mon Site No. FLW-1	Permit Requirement	enderine er ten 1970 e. Martinisk finle Grade		a Superarrange	Report (Mo.Total)			PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MMIL			mun	in marini	nul	MAR
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Annually	. □ CGrab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				much			MHR		MM	MAR
PARM Code 80082 Y Mon Site No. INF-1	Permit Requirement				Report (An Avg.)	145-15-114	4 - 6 52304	MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				MHK			MHK		MAR	mrin
PARM Code 00530 Y Mon Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement										
	Permit Requirement							25 No.			
	Sample Measurement	300000000000000000000000000000000000000	2002000 0 2000	We	LA 13 1 1 1 2 7 0 10	great 19		3		La contraction of the contractio	
	Permit Requirement				Statistics of County States				10 (13) 1 (4)		

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010699 From: S-1-08 To: S-31-08 Facility: Tradewinds WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-I	EFA-1	EFA-1	EFA-I	EFA-1	FLW-1			_	
2		-	7.6		2.10	640			_	
3						,050		-		
4						1050				
5			7.6		2.20	.050		-		
6		-	7.7		2,00	-05)				
7			7.6		2.20	1054		-		
8		-	7.7		2,10	,054				
9			7.8		2.70	.055				
						-051				
10						,051				
11			7.7		2,20	.051				
12			7.6		220	.057				
13			7,7		2,20	4558				
14			7.8		220	,05Y				
15			766		220	.054				
16						.053	,			
17						.065				
18						.065				
19			7.0		fil	.065				
20	-		7.4		1,10	.076				
21			7,4	**	lur	.019		1		
22			7.6		1.21	.060		1		
23			100		1101	.0)3				
24					***************************************	.603		1		
25			7.5		1.89	.037		1		
26	42.0	41.0	7.5	4	1.89	.050		1		
27	7.0	7 110	716	-1	1.88	.064		1		
28			7.5		1.88	.055		1		
29			7.4		7) 4		************	-		
30			114		2.20	.045		-		
31						1051		-		
Total						1.1.00		-		
						1.600			-	
Mo. Avg.						.051				

PLANT STAFFING: Day Shift Operator	Class:	Ċ	_ Certificate No:	14087	_ Name:	QUINCY A JONES
Evening Shift Operator	Class:		_ Certificate No:		Name:	
Night Shift Operator	Class:	P1	Certificate No:		Name:	
d Operator	Class:	2	Certificate No:	14087	Name:	QUINIY A JONES
		6		4084		RAY MCVEY
		B		8488		MIKE HAMMEN TIM FISH



See page 4 for instructions.

VS Owner: TRADE WINDS UTILITIES Intact Person: Intact Person's Mailing Address: Mailing Add	WS Name: WS Type:	ter System (PWS) In	TRADEWINDS VILLAGE Non-Transient Non-Community		PWS Identification I Transient Non-Community	T Consecutive	3424620	
Intact Person: Intact Person's Mailing Address:			Parameter Committee Commit		Total Population Served at End	of Month: 1313		
Antact Person's Telephone Number: (352) 622-4949 Water Treatment Plant Information ant Name: TRADEWINDS VILLAGE NE 43 PL & 27TH CT City: OCALA State: FL Zip Code: 34478 Per of Water Treated by Plant: Raw Ground Water remitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Telephone Number: (352) 622-4949 City: OCALA State: FL Zip Code: 34478 Purchased Finished Water 950000 Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Class (per subsection 62-699.310(4), F.A.C.):	ontact Person:							
Water Treatment Plant Information ant Name: TRADEWINDS VILLAGE ant Address: NE 43 PL & 27TH CT Plant Telephone Number: (352) 622-4949 City: OCALA Pe of Water Treated by Plant: Raw Ground Water remitted Maximum Day Operating Capacity of Plant, gallons per day: 950000 ant Category (per subsection 62-699.310(4), F.A.C.): C Plant Class (p				City:		State: FL	Zip Code:	34478
ant Name: ant Name: NE 43 PL & 27TH CT Plant Telephone Number: Q352) 622-4949 City: OCALA Treated by Plant: Raw Ground Water remitted Maximum Day Operating Capacity of Plant, gallons per day: 950000 ant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Class (per subsection 62-699.310(4), F.A.C.): C Censed Operators: Ange License Class: License Number Day(s)/Shift(s) Worked DAY RAY MCVEY RAY MCVEY C 8623 WEEKEND MICHAEL HAMMER C 8519 WEEKEND TIM FISH B 7477 WEEKEND		The same of the sa	002) 022 1010		-		i i	•
ant Name: ant Name: NE 43 PL & 27TH CT Plant Telephone Number: Q352) 622-4949 City: OCALA Treated by Plant: Raw Ground Water remitted Maximum Day Operating Capacity of Plant, gallons per day: 950000 ant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C Plant Class (per subsection 62-699.310(4), F.A.C.): C Censed Operators: Ange License Class: License Number Day(s)/Shift(s) Worked DAY RAY MCVEY RAY MCVEY C 8623 WEEKEND MICHAEL HAMMER C 8519 WEEKEND TIM FISH B 7477 WEEKEND	. Water Tre	atment Plant Informa	ation					
pe of Water Treated by Plant:	Plant Name:				Plant Telephone Number:	(352) 622-4949		
rmitted Maximum Day Operating Capacity of Plant, gallons per day: ant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): Category (p	lant Address:	NE 43 PL & 27TH (CT	City:	OCALA	State: FL	Zip Code:	34478
MICHAEL HAMMER TIM FISH B 7477 WEEKEND WEEKEND	ead/Chief Operator:	QUINCY JONES	vame		C 14369	DAY	Shirt(s) vvorket	
MICHAEL HAMMER TIM FISH B 7477 WEEKEND WEEKEND						DAY		
TIM FISH B 7477 WEEKEND	ther Operators:							
			R				VEEKEND	
Certification by Lead/Chief Operator		TIM FISH			B 7477	V	VEEKEND	
Certification by Lead/Chief Operator								
Certification by Lead/Chief Operator								
Certification by Lead/Chief Operator						100000000000000000000000000000000000000		
	the undersigned war	ter treatment plant of	perator licensed in Florida, am the lead/chi	ef opera	ator of the water treatment plant	dentified in Part I of the	his report. I cer	tify that the
ormation 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 the 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 the 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 the 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 the 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 the 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 the provided in the provide	the undersigned war formation provided in	ter treatment plant op n this report is true a	nd accurate to the best of my knowledge a	ind belie	ef. I certify that all drinking water	treatment chemicals	used at this pla	int conform t
FInternational 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	the undersigned war formation provided in SF International Star	ter treatment plant op n this report is true a ndard 60 or other ap	nd accurate to the best of my knowledge a plicable standards referenced in subsection	nd belie n 62-55	ef. I certify that all drinking water 5.320(3), F.A.C.* I also certify the	treatment chemicals nat the following addit	used at this pla ional operations	int conform to s records for
SF 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 the twere 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	the undersigned wat formation provided in SF International State ant were prepared e	ter treatment plant on this report is true a ndard 60 or other ap each day that a licens	nd accurate to the best of my knowledge a plicable standards referenced in subsection sed operator staffed or visited this plant du	and belie on 62-55 ring the	ef. I certify that all drinking water 5.320(3), F.A.C.* I also certify the month indicated above: (1) reco	treatment chemicals nat the following addit rds of amounts of che	used at this pla ional operations emicals used an	int conform to s records for ind chemical
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SF 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 the twere 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	the undersigned war formation provided in SF International Stant ant were prepared e ates; and (2) if applic wher can retain them	ter treatment plant op n this report is true a ndard 60 or other ap each day that a licens able, appropriate tree n with copies of this r	nd accurate to the best of my knowledge a plicable standards referenced in subsection sed operator staffed or visited this plant dula atment process performance records. Fur report, at a convenient location for at least	and belied on 62-55 ring the thermore ten year	ef. I certify that all drinking water 5.320(3), F.A.C.* I also certify the month indicated above: (1) recoe, I agree to provide these additions.**	treatment chemicals nat the following addit rds of amounts of che onal operations recor	used at this pla ional operations emicals used an	int conform to s records for ind chemical
SF 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 the 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 es; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the can retain them with copies of this report, at a convenient location for at least ten years.**	the undersigned war formation provided in SF International Stant ant were prepared e ates; and (2) if applic wner can retain them	ter treatment plant op n this report is true a ndard 60 or other ap each day that a licens able, appropriate tree n with copies of this r	nd accurate to the best of my knowledge a plicable standards referenced in subsection sed operator staffed or visited this plant dula atment process performance records. Fur report, at a convenient location for at least	and belied on 62-55 ring the thermore ten year	ef. I certify that all drinking water 5.320(3), F.A.C.* I also certify the month indicated above: (1) recoe, I agree to provide these additions.**	treatment chemicals nat the following addit rds of amounts of che onal operations recor	used at this pla ional operations emicals used an	int conform to s records for ind chemical
SF 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 the 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 es; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the can retain them with copies of this report, at a convenient location for at least ten years.**	the undersigned war formation provided in SF International Stant ant were prepared e ates; and (2) if applic wner can retain them	ter treatment plant of n this report is true a ndard 60 or other ap each day that a licens able, appropriate trea n with copies of this r rine and have been advised of	nd accurate to the best of my knowledge a plicable standards referenced in subsections of the plant dust atment process performance records. Fur eport, at a convenient location for at least of the proper type to purchase) (**Our clients are provided)	and belied on 62-55 ring the thermore ten year	ef. I certify that all drinking water 5.320(3), F.A.C.* I also certify the month indicated above: (1) recole, I agree to provide these additions.** "s.** "pies of all reports and are responsible for retoric process."	treatment chemicals nat the following addit rds of amounts of che onal operations recor	used at this pla ional operations emicals used an ds to the PWS	ant conform to seconds for the chemical owner so the

Substitute (Alternate DEP F. 32-555.900(3) Effective August 28, 2003

PWS I	dentifica	ation Nur	nber:		3424620		Plant Name:		TRADEWI	NDS VILL	AGE			•
III. Da	ilv Data f	for the Mo	onth/Year of:		SEPTEMBER 20	008								
			og Virus Inactiv	vation/Remo		Free Chl	orine	Ch Ch	lorine Dioxi	de	C Ozone		Combined	d Chlorine (Chloramines)
	traviolet R			Cother (1				,			, , , ,			- Cinotino (Cinotalinito)
			lual Maintaine				Free Chlori	ine		「 Comb	ined Choris	ne (Chloran	nines)	Clorine Dioxide
11111		A CLASS	CHARLES	of the same	CT Calculations	or UV Dose, t	o Demonstrate For	ur-Log	Virus Inactiv	ation, if Ap	plicable*	e Salata de	D. Santary	
	Days_			100 No. 100 No.	CEPTEL CONTRACT	CT C	alculations -	Market	Carrie III	14.4. 23	- LUV	Dose	Lowest	
	Plant			45000000	Lowest Residual	Disinfectant	40000000000000000000000000000000000000	10次20			5.00 mg		Residual	
	Staffed or		3,000,000,000		Disinfectanct	Contact Time							Disinfectant	
	Visited				Concentration	(T) at C	Lowest CT				Lowest	Minimum	Concentration	A THE SECOND PROPERTY OF THE PARTY OF
A WOOD W.	by		1.00		(C) Before or at	Measurement	Provided Before or	Temp		Minimum	Operating		at Remote	
Day of	Operator	Hours	Net Quantity of		First Customer	Point During	at First Customer	of	pH of	CT	UV Dose,	Required,	Point in	Emergency of Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water		During Peak Flow,	Earl Copy was 1800 and the State of the Stat	During Peak Flow,			Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation	Produced, gal	Rate, gpd	mg/L	minutes	mg-min/L	oC .	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	Components Out of Operation
1	X	24	109517								-		0.8	
3	X	24	303000 78000								-		1.0	
4	X	24	98000										1.1	
5	X	24	91000										0.7	
6	X	24	116667										0.7	WEEKEND CHECK
7		24	116667											WESTERD CILLOIS
8	X	24	116667				7, 2, 2, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,						0.6	
9	X	24	121000										0.4	
10	X	24	111000										0.5	
11	X	24	98000							1			0.4	
12	X	24	80000										0.3	
13	X	24	122000											WEEKEND CHECK
14		24	122000											
15	X	24	122000						-	-			0.4	
16	X	24	100000						-	-			0.4	
17	X	24	112000					-	-	1			0.5	
18	X	24	141000						-	-			0.8	
20	X	24	107333						 				0.0	WEEKEND CHECK
20		24	107333					-						SAMPLE - 1 WELL, 2 LINES
22	X	24	107333										0.7	OTHER THEEL SHIELD
23	X	24	103000										0.6	
24	X	24	111000										0.7	
25	X	24	115000										0.9	
26	X	24	152000										0.9	
27	X	24	131333											WEEKEND CHECK
. 28		24	131333			<u> </u>								
29	Х	24	131333										1.0	
30	X	24	138000										0.9	
31		24												
Total	North Control	erieksiya Kal	3600516											
Average	Section Assess	in compressions	120017											

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

303000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Trad				PERMIT N	IUMBER	FLA010699					
MAILING ADDRESS: Post Ocal	Office Box 5220 a, FL 34478			LIMIT: CLASS SIZ	ZE:	Final N/A		REPORT GROUP:		Monthly Domest	
LOCATION: 2925	ewinds WWTF NE 43rd Place a, FL 34479	e e e e e e e e e e e e e e e e e e e			LING GROUP NU!		ncluding Influent	(4)			-
COUNTY: Mari	on				IARGE FROM SIT	E: 9-1-0	γ To	9-	70-	08	
Parameter		Quantity or L	oading	Units	Qu	ality or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Typ
Flow	Sample Measurement	.053		MbD					0	504/WK	METER
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.0815; (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	.055		MGD			0		0	504/41K	METER
PARM Code 50050 1	Permit Requirement	Report (Mo,Avg,)		MGD					1.3	5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20	C Sample Measurement				6.3			Mole	0	MOHTHY	6NAD
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Monthly	- Grab
BOD, Carbonaceous 5 day, 20					< 2.0	< 2.0		mb/c	0	MONTHLY	6NAD
PARM Code 80082 A Won Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60,0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				17.7		Į.	nele	0	MONTHY	62513
PARM Code 00530 Y	Permit Requirement				20.0 (An.Avg.)	2.10		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4	4		m6/6	0	MOHTHLY	624D
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (0. (Max.)		MG/L		Monthly	Grab
certify under penalty of law the information submitted. Based and belief, true, accurate, and of	on my inquiry of the po	erson or persons who i	nanage the sy	stem, or those	persons directly res	ponsible for gathering	ng the information, the	ne information	on subi	nitted is, to the bes	her and evaluat t of my knowle
NAME/TITLE OF PRINCIPAL EX	ECUTIVE OFFICER OR	AUTHORIZED AGENT	[5	SIGNATURE OF	PRINCIPAL EXEC	JTIVE OFFICER OR A	UTHORIZED AGENT		TELEP	HONE NO DAT	E (YY/MM/DD)
PROTECH MYY	1 QUILLY	A JOHES		Zuncz	e a force	U C1408	7		312-	126-244 08	110/19
COMMENT AND EXPLANA	TION OF ANY VIOLA	ATIONS (Reference al	l attachments	here):	/						, ,

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 9-1-08
To 9-20-08

Parameter		Quantity	or Loading	Units	Qu	ality or Concent	tration	Units	No.	Frequency of	Can I T
рН	Commit	-						Onits		Analysis	Sample Type
• • • • • • • • • • • • • • • • • • • •	Sample Measurement				7.4	1 2	T	-	Ex.	7 11111/313	
PARM Code 00400 A	Permit	Trackette set medasaini	The second is to read that the Rolling is	AND APPENDING MARKETONIA		7.7		150	0	5DY IWK	GRAIJ
Mon.Site No. EFA-1	Requirement				6.0	8,5	为于1286年71年6月5日	: SU:	BOSTATON.	5 Days/Week	
Coliform, Fecal	Sample	A STATE OF THE STA	The state of the s	S-Francisco (1804)	(Min.) -	(Max.)		1 2 2 2		D Days, WEEK	Grab
LANGEL CONTROL CONTROL CONTROL CONTROL	Measurement			1	147			Tount	1	Company of the party	A STORY OF THE STORY
PARM Code 74055 Y	Permit	All parts and a	NEW STREET		7 200 E 200	a filler state to be seened to the		1042	1	MITTHOM	GRAD
Mon.Site No. EFA-1	Requirement				(An.Avg.)			/ #/100ML		Monthly	Grab
Coliform, Fecal	Sample					A CASTALLAR IT	H 1 - 1878				
ADM C I See	Measurement		**		< 1.0	< 1.0	1	14/	12		
ARM Code 74055 A	Permit	Consulations.	A PART TOR	CAPTER AT SE	Report			100 ml	0	MONTHY	6RAIJ
Mon.Site No. EFA-1	Requirement		1 - 13642 775	TOTAL LAND	(Mo.Geo.Mean)	800		#/100ML		Monthly	Grab
Total Residual Chlorine (For	Sample					(Max.)			Market		0.00
Disinfection) ARM Code 50060 A	Measurement				1.81			MOLL	^	10.11	17 -
ARM Code 50060 A Aon.Site No. EFA-1	Permit-		AND AND SEED	391. THE	0.5	NO Application and a second			0	504/WK	6NAD
ercent Capacity, (TMADF/	Requirement	阿拉克尼岛 罗克			(Min.)			MG/L	THE I	5 Days/Week	Grab
ermitted Capacity) x 100	Sample					2000年中华400年——	11 字 15 5 7 5 5 6	Plant of the	Walter .		J. T. C. C.
ARM Code 00180	Measurement				68			0/0	0	- Dud	
Mon.Site No. FLW-1	Permit	ANTENNA SERVICE		CHILDRE	Report	Colored Property Colored		-	U	MOHTHUM	CALCULAR-
itrogen, Nitrate, Total (as N)	Requirement				(Mo Total)		A ANTA	PER-		Monthly	Calculated
rangen, rittate, Total (as IV)	Sample Measurement					Harris and the state of the sta		CENT	数がなり		
ARM Code 00620 A	Permit	Cod or policies or many too m			MHR			mun	- 1		
Ion Site No. EFA-1	Requirement			Olympia selection	12.0	554402566	and the second second			WHIL	MILL
OD, Carbonaceous 5 day, 20C	Sample	Electrical particular	Mar to reid	2.500 (11.2)	(Max.)		100	MG/L	Mary 1	Annually	Grab
, 20C	Measurement						And a substitute	· 阿拉克·曼巴尔利。	124	-1-754-02-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
ARM Code 80082 Y	Permit	Carried St. De Go.			MHR			min	- 1	MHR	
on Site No. INF-1	Requirement	AV-VAL TECHN			Report :			MG/L	V 1 4 4 1		MHR
lids, Total Suspended	Sample	15 BH (2010年) 至 57年2月1日 日日		A Section Comments	(An.Avg.)	STEEL STEEL STEEL		1,000		Annually	Grab
	Measurement				- (4		TEST TEST TEST TEST TEST TEST TEST TEST	Mark Control of the C	parent in the	《三种种种种类》	
RM Code 00530 Y	Permit	Table of the Algebra	17 (2 15) 1 (100) 17 (100 AU		MAR			MHR	1.	MHR	-111
on.Site No. INF-1	Requirement				Report		THE THE PARTY	14 MG/L	Let'ry		MHR
	Sample	THE PARTY CONTROL	to the state of the state of the	A COMPANY	(Aл.Avg.)	PANSON AND				Annually	Grab
	Measurement		1	1			Arra Andrews	Princeton Control No. 174	ABRUS IS	and the months of the second	Market Control
	D			Estate Control			*			2 2	
	Requirement				Stephen W. A. C.	AND THE THE PARTY	TO ALTERNATION	Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición de la composición dela	1000	a 1 Company of the control of the co	
	Sample	A Committee of	Street State of the State of S	10 TO 10 TO 10 TO	MARY WASTER			The same of			
	Measurement							A STATE OF THE STA	Weller Feb	The state of the s	
	Permit*		terito e se espera astrolas	1.500 Newholast 12	129F9R - 014 - 100 - 1						
4.27 m. 16.27 m. 16.2	Requirement						1000	1987	Chi in		Nation 1 to 1
		1 (6.5)=1 (7.	the part of the pa	AND MAINTAINED THE	Activities of the Control of the Con	只是我们的时候,只要这个人的。————————————————————————————————————				等自己的。 第二章	THE PARTY OF THE P

DAILY SAMPLE RESULTS - PART B Permit Number: FLA010699 9-1-0 Y To: 9-30-0 Y Facility: Tradewinds WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Ion. Site	EFA-1	EFA-I	EFA-I	EFA-I	EFA-1	FLW-1		 		1
1			7.4	-	1,4)	,050		-		
2			7.4		1.81	.073		-		
3		10.75	7.4		2.01	.050				
4			7.5		1.88	.046				
5	- 1	156	7.6		2.01	(10,				
6						,046				
7						.046				
8			7.5		2.01	.046			1	
9			7.4		2.00	1066				
10			7.6		2.01	.049				
11	-il-		7.4		2.)0	.056				
12			7.4	186	2,20	.040		9 20		1
13						.055				
14						1055				
15			7.5		2.10	,055	ingle to			
16			7.4		2,30	,062				
17			7.5		2,73	.068				
18			7.0		2.30	.068			12.00	
19			7.7		2.30	.055				
20					7.0	.05-7				
21					7.4	.057				
22			7.5		2.30	.057				
23	< 2.0	< 1.0	7.4	4	2.20	.061				
24	7.0	110	7.5	+1-	2.10			1	1	
25			7.7			.057				
26					3,30	.057			1	
27			7,4		2.23	.054	1			-
28						.054			1	-
29					2 -					
30			7.6		2.20	1054				-
31			7.5		2.20	1067			-	-
	-			-		1 2 - 2			-	-
Total						1.657				-
Mo. Avg.						1055				

PLANT STAFFING: Day Shift Operator	Class:	Ċ,	Certificate No:	14087	Name:	QUILLY A JOHES
Evening Shift Operator	Class:	1	Certificate No:		_ Name: _	
Night Shift Operator	Class:		Certificate No:	:	Name:	
ad Operator	Class:	<u> </u>	Certificate No:	14087	Name:	GUINCH A JOHES
		٠ ن		9084		RAY MCVEY
#		13		8580		Tim FISH
		_		8958		MIKE HATMER



See page 4 for instructions.

DEP F . 62-555.900(3)

Effective August 28, 2003

I. General Informatio		_			
A. Public Wa PWS Name:	ater System (PWS) Information TRADEWINDS VILLAGE		DIA/C Identification N	li imala am	0.40.4000
PWS Type:	Community	nitr.	PWS Identification N Transient Non-Community	Consecutive	3424620
	onnections at End of Month: 375	iity	Total Population Served at End		
PWS Owner:	TRADE WINDS UTILITIES		Total Topalation octived at End	01 W01101	
Contact Person:	THE THIRD STILLING	-	Contact Person's Title:		
Contact Person's Mai	iling Address: % CHARLES DEMENZES; PO BX 5220	City:	OCALA	State: FL	Zip Code: 34478
Contact Person's Tele		•	Contact Person's Fax Number:		
Contact Person's E-M			-		and the state of t
B. Water Tre	eatment Plant Information				
Plant Name:	TRADEWINDS VILLAGE	_	Plant Telephone Number:	(352) 622-4949	
Plant Address:	NE 43 PL & 27TH CT	City:	OCALA	State: FL	Zip Code: 34478
	Day Operating Capacity of Plant, gallons per day: ubsection 62-699.310(4), F.A.C.): 5		950000 Plant Class (per subs	section 62-699.310((4), F.A.C.): <u>C</u>
Licensed Operators	Name	Licens	e Class License Number	Day(s)	/Shift(s) Worked
Lead/Chief Operator.			C 14369	DAY	
Other Operators:	RAY MCVEY		C 8623	WEEKEND	
	MICHAEL HAMMER		C 8519	WEEKEND	
	TIM FISH		B 7477	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	WEEKEND
II. Certification by Le	ad/Chief Operator				
	ater treatment plant operator licensed in Florida, am the lead/	chief opera	tor of the water treatment plant id	entified in Part I of t	his report. I certify that the
nformation provided i	in this report is true and accurate to the best of my knowledg	e and belie	f. I certify that all drinking water to	reatment chemicals	used at this plant conform to
NSF International Sta	andard 60 or other applicable standards referenced in subsection	ction 62-55	5.320(3), F.A.C.* I also certify tha	t the following addit	tional operations records for th
plant were prepared e	each day that a licensed operator staffed or visited this plant	during the	month indicated above: (1) record	is of amounts of che	emicals used and chemical fee
ates; and (2) if applic	cable, appropriate treatment process performance records. I	Furthermore	e, I agree to provide these addition	nal operations recor	ds to the PWS owner so the F
	n with copies of this report, at a convenient location for at lea				
*Our clients furnish the chlo	rine and have been advised of the proper type to purchase) (**Our clients are pr	ovided with co	pies of all reports and are responsible for retain	ning them)	
n	1. 1				
de	W(1 / / 100/ 11-5-18		2 Carried and a second of		
yw.	my a force 11 3 00		QUINCY JONES		C-14369
Signature	and vate		Printed or Typed Name		License Number
Substit 'Alternate	9	esech.			

rw5	dentifica	ation Nui	mber:		3424620		Plant Name:		IKADEWI	NDS VILLA	AGE			
III. Da	aily Data	for the M	onth/Year of:		OCTOBER 2008									
			og Virus Inacti	vation/Remo	val· *	Free Chl	orine	Ch Ch	lorine Dioxi	de	Ozone		Combine	d Chlorine (Chloramines)
T U	traviolet F	Radiation				, 1.00 0		,			, , , ,			
			dual Maintaine				Free Chlor	ine		Г Comb	ined Chori	ne (Chloram	nines)	□ Clorine Dioxide
The state of	Avarya i	NO SALEMA	SERVICE HAR	Philipping Cal	CT Calculations	or UV Dose t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	San Armera	September 2	CHARLES OF THE STATE OF THE STA
				SUZAN SESSION	ulyer 6 will se in virtuge i	CTC	alaulatione	only All charge	and the second second	North Confidence Sea	TIV.	Dose	Lowest	entire to the second of the se
	Days Plant		3-6.05746		Lowest Residual	D. C. S.	Lowest CT Provided Before or	A.D. 40	SALESTANCES.		Service of	100m/196/43a	Lowest	TO THE SECOND SHOP TO SECOND S
	Staffed or				Disinfectanct	Disinfectant	化医光光 化电池	100		On the	for the special		Disinfectant	TELEPHONORS OF LINE ASSESSMENT OF THE ASSESSMENT
	Visited	4			Concentration	CONTACT TIME	Lowest CT				Lowest	Minimum	Concentration	
Taranta S	by	40.00	Alteriation in		(C) Before or at	Measurement	Provided Before or	Temp	4-05.5	Minimum	Operating			是1000000000000000000000000000000000000
Day of	Operator	Hours	Net Quantity of	The second of the second	First Customer	Point During	at First Customer	of	pH of	CT:		Required	Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow,	During Peak Flow,	Water	Water, if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation	Produced, gal	Rate, gpd	mg/L	minutes	mg-min/L	⊸oC −	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	Components Out of Operation
學19	X	24	154000	STATE THE STATE OF	a what are the stand	STANTON FOR	in and fine lait		200 putation	M. Prop. and	(BLITTE STOP	一种的	1.0	는 보는 문제 11년 1년
2	X	24	154000										1.1	
3 -	X	24	144000										1.0	
.4	X	24	119333											WEEKEND CHECK
5		24	119333								Sign or Street			to any assumption of the state
6	X	24	119333									F	1.1	
7	X	24	89000								-		1.1	
- 8	X	24	159000		the state of the state of								1.0	
9	X	24	78000									41.5	0.8	7. 2500 (d),
10	X	24	104000	FEC HITT								V 15	1.0	
- 11	X	24	98333									250	BACCA =	WEEKEND CHECK
12		24	98333											
13	X	24	98333		L. IATA								0.9	
14	X	24	112000										1.0	
15	X	24	115000										0.7	
16	X	24	114000								1,1011111111111111111111111111111111111		1.1	
17	X	24	114000									-	0.8	MEEKEND CHECK
18	X	24	116000							Dell. Lav.	LALEDS.			WEEKEND CHECK
19	V	24	116000										0.4	
20	X	24	116000 31000					-			-		0.5	
21	X	24	30000					-		-	-		0.7	SAMPLE - I WELL, 2 LINES
23	X	24	21000										0.9	SAIVII EL - I WELL, 2 LINES
24	X	24	107000					-					0.7	
25	X	24	94667										0.7	WEEKEND CHECK
26	- A	24	94667								0.000		-	The state of the s
27	X	24	94667	25									0.8	
- 28	X	24	104000										0.7	
29	X	24	98000										0.8	
30	X	24	101000										0.7	
31	X	24	115000											
			3228999		1		- 10 E							Total Control of the
			1041/1											

159000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Maximum

^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMIT NUMBER

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

MAILING ADDRESS:	Post Office Box 5220 Ocala, FL 34478			LIMIT: CLASS SI	ZE:	Fina N/A			REPORT:		Monthly Domest	•
FACILITY: LOCATION:	Tradewinds WWTF 2925 NE 43rd Place Ocala, FL 34479				RING GROUP NUN RING GROUP DES			ding Influent				
COUNTY:	Marion				HARGE FROM SIT RING PERIOD	E:/	0-1-08	To	10-	71-	08	
Parameter		Quantity	or Loading	Units	Qua	ality or Co	oncentratio	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement			MbD						0	504/WK	METER
PARM Code 50050 Mon:Site No. FLW-1	Y Permit Requirement	0.081 (An.Avg.)		MGD							5 Days/Week	Meter
Flow	Sample Measurement	10-1		MPD						D	5DY /MK	MITED
PARM Code 50050 Mon Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD				ren del			5 Days/Week	Meter
BOD, Carbonaceous 5 de					6.6			7. 2. 100	mb/L	0	northy	GRAD
PARM Code 80082 Mon.Site No. EFA-1	Y Permit Requirement	25.0 kg (25.6 1	Gentler in Allenda		20.0 (An.Avg.)				MG/L		Monthly	Grab
BOD, Carbonaceous 5 da					7.7	7.7	7	110000	mb/L	ð	MATHUM	GNAB
PARM Code 80082 Mon.Site No. EFA-1					Report (Mo,Avg.)	60. (Ma			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				15.9	\(\frac{1}{2}\)	A Company of the Comp		noll	0	MONTHU	CIENO
PARM Code 00530 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An Avg.)				MG/L		Monthly	∰ Grab
Solids, Total Suspended	Sample Measurement				1	1			mb/L	D	MONTHY	GRAIZ
PARM Code 00530 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60, (Ma			_MG/L		Monthly -	Grab
I certify under penalty of information submitted. B and belief, true, accurate,	Based on my inquiry of the and complete. I am awai	e person or persons we re that there are signif	who manage the systematic for second penalties for second	em, or those ubmitting fa	persons directly resp	oonsible for luding the p	gathering the ossibility of	e information, the fine and imprisor	e information nment for kn	owing	nitted is, to the best violations.	er and evaluate the of my knowledge
PROTECH 1	NW/W	QUINLY	A Janes	Zun	my a	former	, ci	4087			236244 08	· · · · · · · · · · · · · · · · · · ·
COMMENT AND EXPL		DLATIONS (Reference	e all attachments he	ere):								

PERMITTEE NAME: Tradewinds Utilities, Inc.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001 /0-1-07 MONITORING PERIOD From:

PERMIT NUMBER: FLA010699

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement		7		7.4	7.8		SU	0	5DY INK	GRAD
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				= 6.0 · · · · · · · · · · · · · · · · · · ·	8.5 (Max.)		SU *	9 (8 %) 10 (8 %)	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1 PS 1 4 - 51 4 - 51		448			1/100ml	1	MONTHLY	GRAD
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An:Avg.)			#/100MIL		Monthly	Grab
Coliform, Fecal	Sample Measurement				12	12		Flount	0	HITHOM	6NAD
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.00			mull	0	504/WK	
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			::MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement)		65	(T (V (X))		0/0	0	MONTHLY	CALCULATE
PARM Code 00180 1 Mon, Site No. FLW-1	Permit. Requirement				Report (Mo.Total)			PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MHR			MAR		MAR	MHR
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement							MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MHN			MHR		MHR	MHR
PARM Code 80082 Y Mon Site No. INF-1	Permit Requirement				Report (An.Avg.)		11.4	MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	MMR			MHR		MAR	MHR
PARM Code 00530 Y, Mon.Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L	į.	Annually	Grab
	Sample Measurement										
	Permit Requirement						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1000	
	Sample Measurement										
	Permit Requirement						y 12-90:		2	11/2/	

DAILY SAMPLE RESULTS - PART B To: 10-31-08 Facility:

Permit Number: Monitoring Period

Facility: Tradewinds WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)		
Code	80082	74055	00400	00530	50060	50050		_
Ion. Site	EFA-1	EFA-1	EFA-1	EFA-I	EFA-1	FLW-1		
1			7.6		2.20	.045		
2			7.6		2.10	,050		
3			7.4		2.10	.050		
4						.049		
5					,	.049		
6			7.6 7.5 7.8 7.4		2.20	.049		
7			7.5		2.10	049		
8			7.8		2,10	1061		
9			7.4		2-20	.050		
10			7.6		2.10	1061		
11						1049		
12						.049		
13			7.5		J 79	.049		
14			7.1		217	170		
15			7:7		2.30 2.30 2.30 2.30	.049		-
16			111		2 10	050	 	
17			7.5		215	452		
18			70		def	.053		
19						.052	 	
20			/		~ ~	:052		
21	77	12	7.6 7.5 7.5 7.6 7.5	1	2.20	.052		
22	7.7	12	1,5	1	270	170.	 	
			7.5		220	1048		
23			7.6		220	.050		
24		-	7.)		2.20	1061		
25						-051		
26						.051		
27			7,6		2.20	.051		
28			7-7		2.00	(PO.		
29			7.4		2.01	1048		
30			7.6		2.10	.047		
31			7.5		210	.051		
Total						1.588		
o. Avg.						1051		+

LANT STAFFING: Day Shift Operator	Class:	Certificate No:	14087	Name:	QUINCY A JONES	
Evening Shift Operator	Class:	Certificate No:		Name:		
light Shift Operator	Class:	Certificate No:		Name:		
d Operator	Class:	Certificate No:	14087	Name:	QUINLY A JOINES	Ī
		خ	9084		RAY MOVEY	
		15	8500		TIM FISH	
		<u>_</u>	8458		MIKE HAMMER	



See page 4 for instructions.

Effective August 28, 2003

I. General Information	on for the Month/Yes NOVEMBER 2008				
	ater System (PWS) Information		PWS Identification N	lumbor	3424620
PWS Name: PWS Type:	TRADEWINDS VILLAGE ☐ Non-Transient Non-Communi	ity	Transient Non-Community		5424020
	Connections at End of Month: 375 TRADE WINDS UTILITIES	ity	Total Population Served at End		
Contact Person:	TWO THE THE	·	Contact Person's Title:		
Contact Person's Ma	ailing Address: % CHARLES DEMENZES; PO BX 5220	City:	OCALA	State: FL	Zip Code: 34478
Contact Person's Te			Contact Person's Fax Number:	1	The state of the s
Contact Person's E-	Mail Address:	1	_		
B. Water Tr	eatment Plant Information				
Plant Name:	TRADEWINDS VILLAGE		Plant Telephone Number:	(352) 622-4949	
Plant Address:	NE 43 PL & 27TH CT	City:	OCALA	State: FL	Zip Code: 34478
	The state of the s		the part of the part and the part of the		
Type of Water Treat	ed by Plant: Raw Ground Water	F Purcha	ased Finished Water		
	Day Operating Capacity of Plant, gallons per day:	0100	950000		
Plant Category (per	subsection 62-699.310(4), F.A.C.): 5		Plant Class (per sub	osection 62-699.310(4), F.A.C.): <u>C</u>
		we write data in the film that is			And the state of t
Licensed Operators	Name		the state of the s	Day(s)	/Shift(s) Worked
_ead/Chief Operator		The second secon	C 14369	DAY	
Other Operators:	RAY MCVEY		C 8623	WEEKEND	the state of the s
	MICHAEL HAMMER		C 8519	WEEKEND	
	TIM FISH		B 7477		WEEKEND
					<u> </u>
 Certification by Le 	ead/Chief Operator				
, the undersigned w	rater treatment plant operator licensed in Florida, am the lead/o	chief opera	ator of the water treatment plant	identified in Part I of I	nis report. I certify that the
nformation provided	I in this report is true and accurate to the best of my knowledge	e and belie	ef. I certify that all drinking water	treatment chemicals	used at this plant comorn to
NSF International St	andard 60 or other applicable standards referenced in subsec	ction 62-55	55.320(3), F.A.C.* Talso certify tr	at the following addi	ional operations records for t
plant were prepared	each day that a licensed operator staffed or visited this plant	during the	month indicated above: (1) reco	rds of amounts of che	amicals used and chemical re
ates; and (2) if appl	icable, appropriate treatment process performance records. F	-urtnermor	e, I agree to provide these additi	onal operations reco	ds to the PVV3 owner so the
owner can retain the	em with copies of this report, at a convenient location for at lea	ist ten year	rs."	nining them)	
*Our clients furnish the chl	lorine and have been advised of the proper type to purchase) (**Our clients are pro	ovided with co	opies of all reports and are responsible for rec	aming mem)	
	Tiere franch				0.44000
(h	ill O Drigare	i e	QUINCY JONES		C-14369
Signature	e and Date John W. Bryant C-7566		Printed or Typed Name		License Number
Substit Alterna	te	Secret A			f_{const}
Substit Alterna DEP 1 62-555	te		, , , , , , , , , , , , , , , , , , ,		

PWS	ldentifica	ation Nu	mber:		3424620		Plant Name:		TRADEWI	NDS VILL	AGE			-
III. D	aily Data	for the M	onth/Year of:		NOVEMBER 20	03								
			og Virus Inactiv			Free Chl	orine	☐ Ch	lorine Dioxi	de	Ozone		Combine	d Chlorine (Chloramines)
	traviolet F		5	Other (Describe):	X = 1112 CIII								
Type o	f Disinfec	tant Resid	dual Maintaine	d in Distrib	ution System:		Free Chlor				ined Chorit		nines)	Clorine Dioxide
· Mary	1	e transfer	2000 · 星009	司用推荐	CT Calculations	or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	Charles and		
大大	Daŷs		7.1	18 Martin 18 (1867)	elegia e e e e e	CTG	alculations	S VW		in the same	海中UV	Dose,	Lowest	
	Plant			250	Lowest Residual	Disinfectant			国内的	112/12	100000000000000000000000000000000000000	1.577	Residual	TO THE REPORT OF THE PARTY OF
	Staffed or				Disinfectanct	Contact Time					松阳等		Disinfectant	
	Visited				Concentration	(T) at C	Lowest CT		100		Lowest	Minimum	Concentration	
	i by	the same			(C) Before or at		Provided Before or	Temp	ALC: HE	Minimum		UV Dose	at Remote	国际企业企业与关系的企业企业
Day of	Operator	Hours	Net Quantity of		First Customer	Point During	at First Customer	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,		During Peak Flow,		Water, if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation	Produced, gal	Rate, gpd	mg/L	minutes	mg-min/L	T oC	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Components Out of Operation
18 18 C	X	24	122000										0.6	
3	X	24	122000 122000								-		0.6	
4	X	24	98000								-		0.6	
5	X	24	112000					-					0.7	
6	X	24	110000					-					0.4	
7	X	24	82000										0.3	
8	X	24	127333											
9		24	127333					1						
10:	Х	24	127333										0.4	
-115	X	24	97000										0.8	
- 12	X	24	116000										0.6	
13	X	24	135000										0.3	
14.	X	24	116000 -										0.4	
15	X	24	116667											
16		24	116667											
17	X	24	116667										0.4	
18	X	24	105000 -			1		-			-		0.4	
.19	X	24	133000					-					0.5	
20	X	24	113000					-					0.3	
22	X	24	115667					-					0.7	
23	^	24	115667										0.0	
24	X	24	115667										0.7	SAMPLE - 1 WELL, 2 LINES
25	X	24	105000 -										0.8	STATE DE - 1 TEDD, 2 DITED
26	X	24	160000										0.7	
27	X	24	111000										0.7	
28	X	24	82000										0.7	
29	X	24	127000											
-30		24	127000											
31		24												
Total	Stract raise	e Controlsoff	3480001								_			

116000 160000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003 Page 2

2000)

^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

FLA010699 PERMIT NUMBER PERMITTEE NAME: Tradewinds Utilities, Inc. MAILING ADDRESS: Post Office Box 5220 REPORT: Monthly Final Ocala, FL 34478 LIMIT: Domestic N/A GROUP: CLASS SIZE: Tradewinds WWTF FACILITY: MONITORING GROUP NUMBER: R-001 2925 NE 43rd Place LOCATION: Sprayfield, including Influent Ocala, FL 34479 MONITORING GROUP DESC: NO DISCHARGE FROM SITE: COUNTY: Marion NOV. 01, 2008 TO NOV, 30, 2008 MONITORING PERIOD Sample Type Frequency of Ouality or Concentration Units No. Quantity or Loading Units Parameter Analysis Ex. Flow Sample MGD .053 Measurement MGD 5 Days/Week PARM Code 50050 Permit 0.081 Meter Mon.Site No. FLW-1 Requirement (An.Avg.) Flow Sample MGD 049 Measurement PARM Code 50050 Permit Report. MGD Meter Mon Site No. FLW-1 Requirement (Mo.Avg.) BOD, Carbonaceous 5 day, 20C Sample Measurement PARM Code 80082 Permit Monthly 20.0 Mon.Site No. EFA-1 Requirement (An Avg.) BOD, Carbonaceous 5 day, 20C Sample 12 Measurement PARM Code 80082 A Permit Report 60.0 Monthly Grab (Max.) Mon.Site No. EFA-1 Requirement (Mo.Avg.) Solids, Total Suspended Sample Measurement Grab Monthly PARM Code 00530 Permit 20.0 Mon.Site No. EFA-1 Requirement (An.Avg. Solids, Total Suspended Sample Measurement 60,0 PARM Code 00530 Permit Report Monthly Grab Requirement Mon.Site No. EFA-1 (Mo.Avg.) 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) -TECH WATER + WN- JOHN W. BRY

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: WWV.DI 2008 To

PERMIT NUMBER: FLA01069

Parameter		Quantity o	or Loading	Units		lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.4	7.9		54	0	5 DALK WK	CRAB
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5		SU		5 Days/Week	Grab.
Coliform, Fecal	Sample Measurement				398			Ficont	1	Manney	GRAB
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement			7.7376	(An.Avg.)	Marsh Film		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<i>2</i>	</td <td></td> <td>Mican/</td> <td>0</td> <td>MONTHEN</td> <td>GRAB</td>		Mican/	0	MONTHEN	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement			40	(Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.01			MG/L	0	50445/UK	GRAB
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L	lini.	5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				64			%	0	MONTHEN	CACULAR
PARM Code 00180 1 Mon Site No. FLW-1	Permit Requirement				Report (Mo Total)			PER- CENT		Monthly/	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR					MNR	MNR
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L	i vi	Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		2) and 1177 (2) (4)		- North (1)	MNR	MNR
PARM Code 80082 Y Mon Site No. INF-1	Permit Requirement				Report (An Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			/		MNR	MNR
PARM Code 00530 Y Mon.Site No. INF-1	Permit				Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement						OR CASH STEPHEN TOWNS				and the
	Permit Requirement										
	Sample Measurement								19000000		
	Permit Requirement			n a					ar Tarka		

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010699 From: NVV, O1 2008 To: NOV 30, 2008 Facility: Tradewinds WWTF

F			J	7						-
	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)			ī	
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-I	EFA-I	FLW-1				
1		110				,055				
2						1055	(2;			
3			76		2.08	1055	7			
4			7.4		2.01	053				
5			7.6		2.08 2.01 2.08 2.2	,055 ,053 ,047				
6			78	1 7 (-1)	2.2	.047	55.7	- /- /- /- /- /- /- /- /- /- /- /- /- /-	4	
7			7.6		2-08	1041				
8			7.1		2.00	051				-
9					-	,051				
10			74	1	2.1	,051				1
11			7.4		2,2	1049		-		-
12	12	41	7/0	1	27			-		
13	d	/	7.6	'	2.2 2.2	E41		-		
14			7.6		27	1062 1051 1053				
15			101		2,2	,051				
16						,053				
						1053				
17			7.8		2,2	.053				
18			7.6		2.2	1053				
19			7.6		2,2	1053				
20			7.7		2.2	1024				
21			7.6		2.2 2.2 2.2 2.2	1024	din :			
22						1048 1048				
23		1-1			60	2048				
24			7.8		22 2,2 2,2	.048				
25			7.9		22	.050				-
26			78		22	,053				
27			7.8		77	1030	1/2			
28			7.9		22	1042 1042 1055 1055	14		<u></u>	
29			1-1		aid	1044				
30						1055				
31						1055	<u> </u>			
	10									
Total	<2	2/		/	nerit fa	1.463	0.4			
Mo. Avg.	~2	</td <td></td> <td>//</td> <td></td> <td>1049</td> <td></td> <td></td> <td></td> <td></td>		//		1049				

PLANT STAFFING: Day Shift Operator	Class:	_C	Certificate No:	14087	Name:	QUINCY A. JONES
Evening Shift Operator	Class:	_C	Certificate No:	9084	Name:	RAY MEVEY- Weekend
Night-Shift Operator	Class:		Certificate No:	8958	_ Name:	Michael Hammer - Weekend
ad-Operator	Class:	_B	Certificate No:	8580	Name:	TIM FISH - Weckend.



See page 4 for instructions.

General Information Public W. PWS Name:	on for the Month/Yes DECEMBER 2008 atter System (PWS) Information TRADEWINDS VILLAGE			PWS Identification N	umber:	3424620
PWS Type: Number of Service C PWS Owner:	Community Onnections at End of Month: TRADE WINDS UTILITIES Non-Transient Non-Community 375 375	ity		ent Non-Community ation Served at End	Consecutive of Month: 1313	
Contact Person: Contact Person's Ma Contact Person's Tel Contact Person's E-I	illing Address: % CHARLES DEMENZES; PO BX 5220 ephone Number: (352) 622-4949	City:	Contact Per OCALA Contact Per	rson's Title:rson's Fax Number:	State: FL	Zip Code: 34478
B. Water Tro Plant Name: Plant Address:	eatment Plant Information TRADEWINDS VILLAGE NE 43 PL & 27TH CT	City:	Plant Telep OCALA	hone Number:	(352) 622-4949 State: FL	Zip Code: 34478
Type of Water Treate Permitted Maximum Plant Category (per s	ed by Plant: Raw Ground Water Day Operating Capacity of Plant, gallons per day: subsection 62-699.310(4), F.A.C.): 5	Purcha	950000	d Water Plant Class (per subs	section 62-699.310((4), F.A.C.): <u>C</u>
Licensed Operators Lead/Chief Operator	Name MARK HAVENS	the state of the s	e Class	License Number	Day(s)	/Shift(s) Worked
Other Operators:	RAY MCVEY JOHN W. BRYANT		C	8623 7566	12/2/08 & WEEKI 12/5,8,9,10,11,12	
	EDWARD URBANEK MICHAEL HAMMER		C C	14560 8519	WEEKEND	HRU 12/31/2008
	TIM FISH		В	7477	WEEKEND	
information provided NSF International Sta plant were prepared rates; and (2) if applie owner can retain ther (*Our clients furnish the chle	ater treatment plant operator licensed in Florida, am the lead/of in this report is true and accurate to the best of my knowledge and ard 60 or other applicable standards referenced in subsequence day that a licensed operator staffed or visited this plant cable, appropriate treatment process performance records. For with copies of this report, at a convenient location for at leaderine and have been advised of the proper type to purchase) (**Our clients are pro-	e and belie tion 62-55 during the furthermore st ten year	f. I certify that 5.320(3), F.A month indicate, I agree to p s.**	at all drinking water tr .C.* I also certify that ted above: (1) record provide these addition	reatment chemicals t the following addit s of amounts of che nal operations recor	used at this plant conform to ional operations records for this emicals used and chemical feed
Signature	and Date 1-6-09		Printed or T			C-14560 License Number
Substit 'Alternat			-	A Free A Committee		Eloorioo railibol

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

PWS	Identific	ation Nu	mber:		3424620		Plant Name:		TRADEW	NDS VILL	AGE			
			onth/Year of:		DECEMBER 20	08								
Means	of Achiev	ing Four-L	og Virus Inacti		oval: *	Free Chl	lorine	T Ch	lorine Dioxi	de	☐ Ozon	2	☐ Combine	d Chlorine (Chloramines)
		Radiation	dual Maintaine	Other (Describe):						19v 3L			
Type	District	tant Resid				INID	Free Chlor	ine	11.00	1 Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
		5.55			CT Calculations	or UV Dose, i	o Demonstrate Fo	ur-Log	virus inactiv	ation, if Ap				
	Days	6-14-1								Description of the second	ns- U.V	Dose	1.0West	
	Plant Staffed or				Lowest Residual	Disinfectant		1.2	11146		100	4.23276	Residual	
100	Visited				Disinfectanct Concentration	Contact Time (T) at C	Lowest CT	100		a (a table)		100	Disinfectant	【15.0002 Year (12.0000 ASA ARK 12.0000 ASA ARK 13.000 ASA ARK 13.0000 ARK 13.0000 ARK 13.0000 ARK 13.0000 ARK 1
	by				(C) Before or at	Measurement		Temp		Minimum		Minimum UV Dose	Concentration at Remote	
Day of		Hours	Net Quantity of		First Customer	Point During	at First Customer		pH of	Minimum	UV Dose;		Point in	
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow,	During Peak Flow		THE RESERVE AND ADDRESS OF THE PERSONNEL PROPERTY.	Required	mW-	mW-	Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System
Month	"X")	Operation	Produced, gal	- Rate, gpd	mg/L	minutes	mg-min/E	оC		mg-min/L	sec/cm2	sec/cm2	System, mg/:L	
1	X	24	128000	-2									0.2	
2.	X	24	78000										0.2	
3	X	24	122000						and the second				1.3	
4	X	24	117000										1.8	And the second second second second second
5	X	24	154000		1								0.9	
6	X	24	118000										1-2	WEEKEND CHECK
7		24	138000										The same	
8.	X	24	139000									uden	1.3	
10	X	24	128000 128000										1.1	
11	X	24	102000										0.9	
12	X	24	99000					-					1.0	
13	X	24	110666							icre e			0.8	WEEKEND CHECK
14		24	110666							10.000				WEEKEND CHECK
15	X	24	110666								100		0.7	
16	X	24	118000										0.6	
17	X	24	115000										0.5	
18	X	24	132000										0.5	SAMPLE - 3 WELLS, 2 LINES
19	X	24	111000										0.4	
20	X	24	113666							1.70				WEEKEND CHECK
21		24	113666							S. Lu Filip	J. 17 18 1			
. 22	X	24	113666										0.5	
23	X	24	99000										0.5	
24	X	24	153000										0.7	
25 26	X	24	115000											HOLIDAY CHECK
27	X	24	115000 129333										0.4	UEDVE OF OVER
28	Λ	24	129333											WEEKEND CHECK
29	Х	24	129333							/A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0.4	
30	X	24	118000										0.4	
31	X	24	147000							Control of the Contro	907-34-12-2		0.5	
Total			3734995							1			0.5	
Average	ar () and		120484											

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003 Page 2

••••

Maximum 154000

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

PERMITTEE NAME: MAILING ADDRESS		eds Utilities, Inc.			PERMIT	NUMBER	FLA010699	9				
	Ocala, FI				LIMIT: CLASS S	175.	Final N/A		REPORT		Month	
FACILITY: LOCATION:		ds WWTF 43rd Place			MONITO	RING GROUP NUM	1BER: R-001		GROUP:		Domes	tic
COUNTY:	Marion	34479				RING GROUP DESC		including Influent				
COUNTY	Marion					HARGE FROM SITE RING PERIOD	From: Dec DI	2008 To	Dec	. 3	1, 2008	
Parameter			Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No.	Frequency of Analysis	Sample Type
low		Sample Measurement	1052		MGD	9				0	50AXS/WK	Monny
ARM Code 50050 Ion Site No. FLW-1	Y	Permit Requirement	0.081 (An.Avg.)		MGD	Tarke is a problem to the problem.					5 Days/Week	METER
low		Sample Measurement	,050		HGD		Harris of the second of the second	Part of the Control o				The second secon
ARM Code 50050 Ion Site No. FLW-1	1	Permit Requirement	Report (Mo.Avg.)	7 7	MGD				The Part of the	0	5 Days Week	METER
OD, Carbonaceous 5 d	ay, 20C	Sample Measurement	(Mo/Avg.)		3 MARY 2501 (1)	4,7	TO THE MANAGEMENT OF THE STATE OF		MG/L	141		0
ARM Code 80082 fon Site No. EFA-1	Y	Permit Requirement				20,0			MG/L	0	Monthly Monthly	GLAB
OD, Carbonaceous 5 d	ay, 20C	Sample Measurement	A Property of the second			(An:Avg.):	_		tle l		1	
ARM Code 80082 on Site No EFA-1	Α	Permit Requirement				Report (Mo.Avg.)	60.0		MG/L	0	Monthly	GRAB
lids, Total Suspended		Sample Measurement				12,5	(Max-)		11/2/1		110001	C-011
ARM Code 00530 on Site No. EFA-1	Y	Permit Requirement		Share Man		20.0			MG/L MGA		Monthly	GRAB Grab
lids, Total Suspended		Sample Measurement				19	19		110/1		Mary	COLD
RM Code 00530		Permit Requirement	1.44		5 (14)	Report (Mo.Avg.)	60(0. (Max)	Resident So	MGAL		Monthly	GRAB

ig the possibility of fine and imprisonment for knowing violations.

	by Personny of the migrisonnicht in	of knowing violations.	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
10		TELEPHONE NO	DATE (YY/MM/DD)
TENUMA SILARA CONTRACTOR AND CONTRACTOR	011-111	12521 23/2	1 /
EDWARD LIRBANEK / PRO-TCZHI WYWW	Educa T. Which	7/1/11	09/01/21
		_ 2444	109/01/21
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachmen	ts here):		11

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: DEC-01, 2008 To

PERMIT NUMBER: FLA010699 DEC 31, 2008

Parameter		Quantity o	r Loading	Units	Qual	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
pН	Sample Measurement				7.2	7.5		54	0	50AXS/uk	GRAB
PARM Code 00400 A. Mon, Site No. EFA-1	Permit Requirement	en accessor of the			(Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			AC YOUR	398	TLIVE GLANCES V		#/1com/	1	MONTHLY	GRAB.
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				4/	41		Floor	0	Montacy	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement	V.			Report (Mo Geo Mean)	800- ' (Max.)-		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			HISTORY	0.75			MG/L	0	50AKJUK	GRAB
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0,5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				62			10	0	MONTHLY	CAKULATE
PARM Code 00180 1 1 Mon.Site No. FLW-1	Permit Requirement	MANAGARANAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARAN MANAGARA Managaran managaran			Report (Mo Total)			PER- CENT		Monthly/	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			/		MNR	MNR
PARM Code 00620 A. Mon Site No. EFA-1	Permit Requirement			i de la companya de l	(Max.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			/		MNR	MNR
PARM Code 80082 Y Mon Site No. INF-1	Permit Requirement	ran di di			Report (An. Avg.)			/ MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement		124-12-6		MNR	erical Agent grade Agentium :				MNR	MNR
PARM Code 00530 Y. Mon.Site No. INF-1	Permit Requirement			in the	Report (An Avg.)			# MG/L		Annually-	Grab
	Sample Measurement									L. D. B.	* *1/2/23 X
	Permit Requirement	Transfer		10 to 11 to 11 to							
	Sample Measurement					11 1500	No.				
	Permits 1		eg egip k ij	是其金数							

FLA010699 To: Dec. 31, 2008 Facility: Tradewinds WWTF Permit Number: Monitoring Period

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082		00400	00520						
Mon. Site	EFA-I	74055 EFA-1	00400 EFA-1	00530 EFA-I	50060 EFA-1	50050 FLW-1		-		
1			7.5		0.75		-11			+
2			7.5		1.0	.057	10/2	-		
3			7.5		1.3.	.052	1010			
4			7.4			.047				
5			7.3		1.9	.057		1		
6		1 /			7. /	054		 		
7						.055				
8			7.5		12.2	.055		-		+
9			7.4		1-8	-056		1		
10			7.5		1.7	.048		1		
11			7. 3		1.9	,053		1		
12			7.5		2.0	.047		1	1	
13			-			-046		1		
14		-	***************************************	1		.046				-
15			7.4		2.0	.046		1		1
16			7.4		1.7	.052				
17			7.3		> 2.2	.041				
18	5.0	41	7.4	19	2.0	.050		<u> </u>		-
19			7-4	. ,	1.9	.047		1		1
20			1-1		1./	-048		-		-
21						.048	<u> </u>	1		1
22			7.5		>2.2	.048		1		
23	-		7.4		>2.2			1		-
24			7.4		2.0	.058				
25						.050	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	1		
26			7.2		> .2.2	.050		1		-
27						.054				
28						.054				
29	-		7.4		2.0	.054		1		-
30			7.3		2.0	.051				
31			7.3		2.0	.049		1		
Total	5.0	</td <td></td> <td>19</td> <td></td> <td>1.561</td> <td></td> <td> </td> <td>-</td> <td>1</td>		19		1.561		 	-	1
Mo. Avg.	5.0	4/		19		,050		1	+	1

PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	13589	Name:	MARK HAUENS-12/1,34/08
Evening Shift Operator	Class:	C	_ Certificate No:	9084	Name:	RAYMCVEY-12/2/08-weeken
Night Shift Operator	Class:	C	_ Certificate No:	8971	Name:	MICHAEL HAMMER - WELKEN.
id Operator	Class:	B	Certificate No:	8590	Name:	Jim Fish-Weckend.
		C		8971	_	JOHN W BRYANT - 12/589,10,11,1408
		C		14083		EDWARD URBANEK - DAILY.
						Deri .



Effective August 28, 2003

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

See page 4 for instructions.

Public Wa WS Name:	ater System (PWS)	Information TRADEWINDS VILLAGE			PWS Identification N	umber :	3424620		
WS Type:	Community		,	Transie	nt Non-Community	T Consecutive		•	
lumber of Service C				Total Popula	ation Served at End	of Month: 1313			
WS Owner:	TRADE WINDS	UTILITIES							
Contact Person:				Contact Per	son's Title:		7: 0-1	04470	
Contact Person's Ma		% CHARLES DEMENZES; PO BX 5220	City:	OCALA	I.E. N.	State: FL	Zip Code:	34478	
Contact Person's Tel		(352) 622-4949		Contact Per	son's Fax Number:			•	
Joniaci Person's E-i	viali Address.		-						
. Water Tr	eatment Plant Infor	mation							
lant Name:	TRADEWINDS	/ILLAGE		Plant Telepi	hone Number:	(352) 622-4949			
lant Address:	NE 43 PL & 27T	HCT	City:	OCALA		State: FL	Zip Code:	34478	
ype of Water Treate			Purcha	sed Finished	d Water				
lant Category (per		pacity of Plant, gallons per day:		950000	Plant Class (nor sub	section 62-699.310(4	A) EAC)	С	
iant Category (per	subsection 62-699.	310(4), F.A.C.): 5		• }- }-	Plant Class (per sub	Section 62-699.3 10(*	4), F.A.U.).	<u> </u>	
icensed Operators		Name	Licens	e Class	License Number	Day(s)/	/Shift(s) Worker		
ead/Chief Operator	EDWARD URBA				14560	DAY			
ther Operators:	MICHAEL HAMA			2	8519	WEEKEND			
	RAY MCVEY				8623	WEEKEND	par		
	TIM FISH		В 7477		7477	V	VEEKEND		
						4			
Backer (Beker)					y filter				
. Certification by Le	ead/Chief Operator							4:5 · 4b at 4b a	
the undersigned w	ater treatment plan	operator licensed in Florida, am the lead/ch	net opera	tor of the wa	ter treatment plant is	sentified in Part I of the	nis report. I cei	nt conform	
formation provided	in this report is true	e and accurate to the best of my knowledge	and belle	r. I certify the	at all drinking water t	reatment chemicals	used at this pia	records for	
SF International St	andard 60 or other	applicable standards referenced in subsecti	on 62-55	5.32U(3), F.A	t.C." Talso certify the	at the following addit	ional operation	d chemical	
ant were prepared	each day that a lice	ensed operator staffed or visited this plant du treatment process performance records. Fu	uring the	month indica	ted above: (1) record	us of amounts of the	do to the DIMS	owner so th	
		rearment process performance records. Fu s report, at a convenient location for at least			provide these addition	mai operations recor	ds to the F vvo	OWITE SO IT	
		ed of the proper type to purchase) (**Our clients are prov			and are responsible for reta	ining them)			
our chems furnish the em	of the and have been advis	ed of the proper type to purchase) (Our chems are prov	idea with co	nes of all reports	and are responsible for twa	ming diem)			
						(XC)			
01	ul T. Uh	luh 2-3-04		EDWARD L	IDRANEK		C-1	4560	
Signature	e and Date	2-0-01		Printed or T			License N	THE RESERVE OF THE PERSON NAMED IN	
Signature	and Date			i iiiiled oi 1	Abou Maille		LICETIGE IV		
Substi 'Alternati			Suretire and					1000000	
DEP 62-555	.900(3)	₩.							

PWS I	dentific	ation Nu	mber:		3424620		Plant Name:		TRADEW	NDS VILL	AGE			_
III. Da	ily Data	for the Mo	onth/Year of:		JANUARY 2009)								
Means	of Achiev	ing Four-L	og Virus Inacti	vation/Remo	val: *	Free Chl	orine	T C	nlorine Dioxi	de	Ozon	e	Combine	ed Chlorine (Chloramines)
		Radiation		Cother (Describe):									
Type o	f Disinfee	tant Resid	dual Maintaine	d in Distrib	ution System:		Free Chlor	ine				ne (Chlorar		Clorine Dioxide
			The state of the s	Service and	CT Calculations	, or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	Apple to E.		Some Donald
100	Days			基础工程		CLC	alculations	1000	4 14 127 cm	Manye	a UV	Dose_	Lowest	
	Plant				Lowest Residual	Disinfectant							Residual	
	Staffed or				Disinfectance	Contact Time							Disinfectant	
7-1	Visited				Concentration =	(T) at C	Lowest CT Provided Before o		Seller Course (Cont.)		Lowest	Minimum	Concentration	
	by Operator	Hours	Net Quantity of		(C) Before or at First Customer	Measurement	at First Customer	Temp	pH of	Minimum	UV Dose,	UV Dose Required,	at Remote Point in	EL CONTROL DE LA SELECTION DE LA CONTROL DE
Day of	(Place	Plant in			During Peak Flow,	Peak Flow,	During Peak Flow				mW-	mW-	Distribution	Emergency or Abnormal Operating Conditions, Repair of Maintenance Work that Involves Taking Water System
Month	"X")	Operation	Produced, gal			minutes	mg-min/L	oC	Applicable			sec/cm2	System, mg/:L	
1.	X	24	113000									1111 6.7	0.5	
2	X	24	129000										0.4	
3	X	24	137666											WEEKEND CHECK
4		24	137666											
5	X	24	137666										0.4	
. 6	X	24	116000										0.6	EMPTY AND CLEAN DAY TANK
7.7	X	24	151000										0.6	
8	X	24	121000										0.6	
9	X	24	116000			1							0.8	
10	X	24	146000											WEEKEND CHECK
11		24	146000						-		-			
12	X	24	146000					-	-		-		0.7	
13	X	24	130000					-					0.7	
14	X	24	125000 111000						-				0.7	
16	X	24	110000			1							0.7	
17	X	24	48000		 		 	-	 				0.7	WEEKEND CHECK
18	- 1	24	48000					 	 					WESTERNO OFFICE
19	Х	24	48000			 		1	1				0.5	
20	X	24	102000										0.6	
21	X	24	119000										0.5	
22.	X	24	111000										0.6	
23	X	24	119000										0.8	
24	X	24	125000											WEEKEND CHECK
25		24	125000											
26	X	24	125000										0.8	
27	X	24	116000			1			-				0.7	SAMPLE - 3 WELLS, 2 LINES
28.	X	24	123000										0.7	
29 -	X	24	110000										0.6	
30	X	24	114000						-				0.6	THEFTEN OFFICE
31_	X	24	116867											WEEKEND CHECK
Total	Philips:		3622865											4 4

151000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Maximum

^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report PERMITTEE NAME: Tradewin		PERMIT N		FLA010699										
MAILING ADDRESS: Post Office Box 5220 Ocala, FL 34478					ZE:	Final N/A	4 11161			REPORT: Monthly GROUP: Domestic				
	ds WWTF 43rd Place . 34479				MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Sprayfield, including Influent									
COUNTY: Marion					HARGE FROM SIT RING PERIOD	E: JANID	1 2009 To	JAN	,3,	12009.				
Parameter	vio	Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type			
Flow	Sample Measurement	,052		MGD		17			0	50445/WA	METER			
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.081 (An.Avg.)		MGD						5 Days/Week	Meter			
Flow	Sample Measurement	1051		MGD					D	50AYS/WK	METER			
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo.Ayg.)		MGD						5 Days/Week	Meter			
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.9			MGL	0	MONTHLY	GRAB			
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab			
BOD, Carbonaceous 5 day, 20C	Sample Measurement				14.1	14.1		MG/L	0	MONTHLY	GRAB			
PARM Code 80082 A	Permit Requirement				Report (Mo.Avg.)	-60.0 (Max.)				Monthly (Grab			
Solids, Total Suspended	Sample Measurement				13.9			MGK	0	MONTHLY	GRAB			
PARM Code 00530 Y. Mon Site No. EFA-l	Permit Requirement				20.0 (An Avg.)			MG/L		Monthly /	Grab			
Solids, Total Suspended	Sample Measurement				43	43		MGL	10	MONTHLY	GRAB			
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	(Max.)		MG/L		Monthly / 12	Grab			
certify under penalty of law that the information submitted. Based on n and belief, true, accurate, and comp	ny inquiry of the	person or persons w	ho manage the sy	stem, or those	persons directly res	consible for gathering	ng the information, the	ne informati	on sub	mitted is, to the best	ner and evaluate th of my knowledge			
NAME/TITLE OF PRINCIPAL EXECU	TIVE OFFICER O	R AUTHORIZED AG	ENT S	IGNATURE OF	PRINCIPAL EXECU	TIVE OFFICER OR A	AUTHORIZED AGENT				(YY/MM/DD)			
Edward T. UR	BANEK 1	PRO-TECH	+ Wowde	18	lend T.	- when	14	(352	1236 09	1/02/23			
COMMENT AND EXPLANATION	OF ANY VIOL	ATIONS (Reference	e all attachments	here).			a sali a			, ,				

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R. 201 PERMIT NUMBER: FLA010699 MONITORING PERIOD From: JAN. 01, 2009 To JAN. 31, 2009

Parameter		Quantity of	or Loading	Units	Qual	ity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.4		54	0	504/3/WK	GRAB
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement			7.4	6.0 (Min.)	9.5 (Max.)		sü		5 Days Week	Grab.
Coliform, Fecal	Sample Measurement		32-810		398			Hoom	1	Monney	GRAB
PARM Code 74055 Y Mon.Site No. EFA-1*	Permit			北京建築	200 (An Avg.)			#/100ML		Monthly	- Grab
Coliform, Fecal	Sample Measurement			Company Control Control Agriculture	24	< 4		Toom	0	Monthly	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				v Report (Mo Geo Mean)	800 (Max.)		#/100ML		Monthly/	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	and experience of the control of the			1.5	contact accompanies from 1 does and		MG/L	0	5AK/UK	GRAD
PARM Code 50060 A. Mon Site No. EFA-1	Permit Requirement				0:5 (Min.)			MG/L	May 1	5 Days/Week	- Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				62			%	0	MONTHLY	CACULATO
PARM Code 00180 1 Mon Site No. FLW-1	Permit Requirement	Para de Langue			Report (Mo:Total)			PER		Monthly/	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR		2 2 30 2	/		MNR	MNR
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Annually	Grab
3OD, Carbonaceous 5 day, 20C	Sample Measurement		, -4-0)		MNR	500 CO		The second of th	300000000	MNR	MNR
PARM Code 80082 Y Mon Site No. INF-1	Permit Requirement,				Report (An Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR					MNR	MNR
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement			35.24	Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement										
	Permit : Requirement										
nagos (Asia	Sample Measurement					inak					
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA010699 From: JAN-01 2009 TO: JAN, 31, 2009

Facility: Tradewinds WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050			-
on. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-I	FLW-1			1
1			M 0		2.0	.049			-
2			7.3		20	-056		-	
3						.054			
4						,054			
5			7.4		2.0	1054			
6			7.3		2.1	1049 2055 1051 1046			
7			7.4	1. 1.	12.2	.055			
δ	14.1	24 (U)	714	68	12.2	1051			
9	7.7		7.3		12.2	1046	1		
10			7.0			1054			
11						,054			
12			7.3		12.2	1054			
13			7.4		72.2	059		15	
			7.4		20	.058 .059 .049			
14			7.7		2.0	001			
15			7.3		2.2	1049		4	
16			7.4		2.0	1049		_	
17						1049			
18						1049			
19			7.4		12.2	049			
20			7.4		12.2	.052			
21			7.4	and the second	12.2	.046			
22			7.3		12.2	1046			
23			7.4		12.2	1049			
24			1.7			048			
25						,048			
26		-	7.3	1	1.5	1048	1		
27	1				1.6	DUE			
	-		7.4	10	1.22	611			
28		No. 10-	7.4	18	12.2	1046			
29	-	1	10		2.0	1050			
30			7.3		7212	1060			-
31						1051			
Total	14.1	14		86		1.581			
Mo. Avg.		144	3 3 5	43		1051			

PLANT STAFFING: Day Shift Operator	Class:	0	Certificate No:	14085	Name:	EDWARD T. URBANEK
Evening Shift Operator	Class:		Certificate No:	8958	_ Name:	Michael HAMMER-Wilkurd
ght Shift Operator	Class:	C	Certificate No:	9084	_ Name:	Rue Mevey - Weekens
_ead_Operator	Class:	13	Certificate No:	8580	Name:	TIM FISH - Weekend.



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

See page 4 for instructions.

Effective August 28, 2003

I. General Informatio A. Public Wa PWS Name: PWS Type: Number of Service C PWS Owner: Contact Person: Contact Person's Ma Contact Person's Tel Contact Person's E-M	TRADE WINDS U	TRADEWINDS VILLAGE Non-Transient Nor Month: 375		PWS Identification Non-Community Total Population Served at End Contact Person's Title: OCALA Contact Person's Fax Number:	☐ Consecutive	3424620 Zip Code: <u>34478</u>
B. Water Tre Plant Name: Plant Address:	eatment Plant Inform TRADEWINDS VII NE 43 PL & 27TH	LAGE	City:	Plant Telephone Number: OCALA	(352) 622-4949 State: FL	Zip Code: <u>34478</u>
Type of Water Treate Permitted Maximum I Plant Category (per s	Day Operating Capa	Raw Ground Water city of Plant, gallons per day: 0(4), F.A.C.): 5	F Purch	ased Finished Water 950000 Plant Class (per sub	section 62-699.310(4	4), F.A.C.): <u>C</u>
Licensed Operators Lead/Chief Operators Other Operators:		EK .	Licens	C 14560 B 7477 C 14184 C 8519	DAY WEEKEND WEEKEND	Shift(s) Worked
information provided NSF International Staplant were prepared orates; and (2) if applic owner can retain ther	ater treatment plant of in this report is true a andard 60 or other ap each day that a licen cable, appropriate tre m with copies of this	and accurate to the best of my oplicable standards referenced sed operator staffed or visited eatment process performance report, at a convenient location	knowledge and belied in subsection 62-55 this plant during the records. Furthermorn for at least ten year	ator of the water treatment plant in ef. I certify that all drinking water to 5.320(3), F.A.C.* I also certify the month indicated above: (1) record e, I agree to provide these addition s.** pies of all reports and are responsible for retain	reatment chemicals used the following addition is of amounts of chemical operations record	used at this plant conform to onal operations records for this micals used and chemical feed
Substantian Signature Substantian Substant	е	1 3-500	2	EDWARD URBANEK Printed or Typed Name		C-14560 License Number

Page 1

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

PWS	dentific	ation Nu	nber:		3424620		Plant Name:		TRADEWI	NDS VILL	AGE			
III. Da	ily Data	for the Mo	onth/Year of:		FEBRUARY 200)9								
			og Virus Inactiv		val: *	Free Chl	orine	T Ch	lorine Dioxi	de	C Ozone		Combine	d Chlorine (Chloramines)
		Radiation			Describe):						1.6.11	Gr. K.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Type o	f Disinfec		dual Maintaine	d in Distrib	ution System:		Free Chlor	ine		1 Comb	ined Chorin	ne (Chloran	nines)	Clorine Dioxide
	378		SHEET SHEET OF THE SHEET	Ligarian -	ution System: - CT Calculations, 	cr UV Dose, t	o Demonstrate Fo	ur Log	Virus Inactiv	ation, if Ap	plicable*	対象を確		Clothic Bloods
AT SU	Days	State Wi	Sec. 33.50	and it was	La contrata de contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata del contrata del contrata del contrata de la contrata del contrata del contrata del contrata del contrata del c	CT C	alculations	200		以 经产业 在 PR EAT	MARKEUY.	Dose	Lowest	1. 九石桥 1. 14 P. 17 15 P. 12 A. 1. 14 A. 1
	Plant				Lowest Residual	Disinfectant		120	37477247		D. Sandar	参照上院	Residual	
A Committee	Staffed or				Disinfectanct	Contact Time						电影	Disinfectant	
100	Visited				Concentration	(T) at C	Lowest CT				Lowest	Minimum	Concentration at Remote	
Day of	by Operator	Hours	Net Quantity of		(C) Before or at First Customer	Point During	Lowest CT Provided Before or at First Customer	1 emp	#nH of	CT	TIV Dose	Required.	Point in	
the	(Place	Plant in	Finished Water		During Peak Flow,	Peak Flow	During Peak Flow,	Water	Water if	Required	mW-	mW-	Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System
Month	"X")	Operation			mg/L		mg-min/L				sec/cm2			
56196		24	111666			A 14 -0 0							- 16 G - 21-5 (g)	
2.	X	24	111666										0.7	
7-73	X	24	85000										0.9	REPEAT 2 WELLS
4	X	24	96000										0.8	REPEAT 2 WELLS
5	X	24	110000										0.8	
6	X	24	105000										0.8	The state of the s
7	X	24	121333							4, 444 144				WEEKEND CHECK
8	**	24	121333									-		Second data a second or the contract of the second of the
10	X	24	121333 121000										0.7	
11-	X	24	158000	Alverson and									1.0	
12	X	24	102000					-					0.3	E3/(1.1/)
13	X	24	111000										0.4	Barrier Friedrich auf nach Albeiter und der Arte der
14	X	24	120000											WEEKEND CHECK
15		24	120000-											
16	X	24	120000										0.3	C STORE OF THE CONTRACTOR
17	X	24	124000	the draw -s						6 11			0.5	
18	X	24	146000			M 41 O J 13/3				180 3			0.5	
~ 19	X	24	132000										0.5	
20	X	24	143000							13/15/20			0.6	
21	X	24	143666											WEEKEND CHECK
22		24	143666				· ·							
23	X	24	143666										0.5	CALET A HELL OF PIEC
24	X	24	97000										0.4	SAMPLE - 3 WELLS, 2 LINES
25	X	24	138000										0.4	
26 27	X	24	124000							-			0.3	
28	X	24	121753										0.5	WEEKEND CHECK
29	- 21	24	121100											The state of the s
30		24												
31		24												
			3409082										7-07	
Average	A TANKS	en a region de	121753											

158000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Page 2

....)

^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMIT NUMBER

LIMIT:

CLASS SIZE:

FLA010699

REPORT:

GROUP:

Monthly

Domestic

Final

N/A

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

LOCATION:	Tradewinds WWTF 2925 NE 43rd Place Ocala, FL 34479				ING GROUP NUM ING GROUP DESC		ncluding Influent				
COUNTY:	Marion			NO DISCH MONITOR	ARGE FROM SITI	From: Feb.01	2009 To	Feb.	.28,	2009.	
Parameter		Quantity	or Loading	Units		lity or Concentr		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.051		MGD					0	50AYS/WK	HETER
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.081 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	:044		MGD					0	5DAYS/WK	HETER.
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day	y, 20C Sample Measurement				5,3			MG/L	0	HONTHU/	GRAB
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20,0 (An Avg.)			MG/L		Monthly/	Grab
BOD, Carbonaceous 5 day	y, 20C Sample Measurement				6.5	6.5		MG/L	0	HONTHLY	C-RAB
PARM Code 80082 A Mon Site No EFA-1	Permit Requirement				Report (Mo.Avg.)	60,0 (Max.)		MG/L		Monthly/	g. Grab
Solids, Total Suspended	Sample Measurement				15,2	1		MG/L	0	MONTHLY	GRAB
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly/	Grab
Solids, Total Suspended	Sample Measurement				19	19		MG/L	0	Monthey	GRAB
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	(Max.)		MG/L		Monthly /	Grab
I certify under penalty of la information submitted. Ba and belief, true, accurate, a	sed on my inquiry of the	person or persons w	ho manage the syst	tem, or those p	ersons directly resp	onsible for gathering	g the information, the	e informatio	n subm	itted is, to the best	ner and evaluate the of my knowledge
NAME/TITLE OF PRINCIPAL	L EXECUTIVE OFFICER O	R AUTHORIZED AG	ENT SIG	GNATURE OF		TIVE OFFICER OR AI	UTHORIZED AGENT				(YY/MM/DD)
EDWARD T.	URBANEK	1 PRO-TELL	- WHEW	Elm	ul T. E	hhll		-	357	1236 09	103/23
COMMENT AND EXPLA	NATION OF ANY VIOL	ATIONS (Reference	e all attachments h	ere):							/ /

PERMITTEE NAME: Tradewinds Utilities, Inc. MAILING ADDRESS: Post Office Box 5220

Ocala, FL 34478

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: Peb. 01 2009 To

PERMIT NUMBER: FLA010699 Feb. 28, 2009

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Н	Sample Measurement				7.3	7.4		54	0	5 DAYS /WK	GRAB
PARM Code 00400 A	Permit A				6.0 (Min.)	(Max)		SU SU		5 Days/Week	∰ A Grab
Coliform, Fecal	Sample Measurement	me ger den ve		Page days	398	isombolity, type		THOOML	0	MONTHLY	GRAB
PARM Code 74055 Y Mon Site No. EFA-1	Permit		and the same		(An Avg.)			#/100ML		Monthly	- Grab
Coliform, Fecal	Sample Measurement				3	3		17,00 M	0	Horrital	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit:				Report (Mo.Geo Mean)	800 (Max.)		#/100ML		Monthly	Grab.
Total Residual Chlorine (For Disinfection)	Sample Measurement		40 年,1984年1月1日	Essagati Captarsaka	2.0		Livingere, variation	MG/L	0	5 DAYS WEEK	GRAB
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				(Min.)			/ /			
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			5. 48.55 Tr. v. v. v. 44.	& O Report	614 p. 219 c. 222 c. 222		PER	0	Monthly/	Calculated
PARM Code 00180 1 Mon Site No. FLW-1	Permit Requirement				(Mo.Total)			CENT			
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			/		MNR	MNR
PARM Code 00620 A Mon Site No. EFA-1	Permit.				12.0 (Max.)			MG/L	Wax.	Annually	Grab
3OD, Carbonaceous 5 day, 20C	Sample Measurement		The state of the s		MNR			/		MNR	MNR
PARM Code 80082 Y Mon Site No. INF-1	Permit Requirement				Report 1917 (An Avg.) 4	1, 14, 14, 14, 14, 14, 14, 14, 14, 14, 1		MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			/		MNE	MNR
PARM Code 00530 Y, Mon Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement										
	Permit', And Requirement	20 at 20		Parisi							
16.2	Sample Measurement				History Parks		Name and American			The same sharper and the same sharper and	Estimation average
	Permit Requirement	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		No. 1 Carl				157 154 - T		100	

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA010699

From: FEB. 01 2609

Tradewinds WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050			
Mon. Site	EFA-I	EFA-I	EFA-1	EFA-1	EFA-1	FLW-1			
1						.052			
2			7.3		72.2	.052			
3			7.3		72.2	.051			
4			7.4		2.0	.047			1
5			7.4		2.0	.649			
6			7.3		72.2	-042			
7						.043			
8				1		.043			1
9			7.4		72.2	.043			
10	6,5	3	7.3	19	72-2	:042			
11			7.3		72.2	.045	 		
12			7.4		7 Z ·Z	.044			-
13			7.4		72.2	.045			1
14							 		-
15						.046			1
16			74		777	. 646			
- 17			7.4		> 2.2	. 646			-
18			7.3		72.2	.649			-
19			7.4		72.2	.648	 		
20			7.3		72.2	.044			
			7.3		72.2	.648			
21						. 646		~	
22						.646			
23			7.4		>2-2	. 646			
24			7.3		72.2	. 643			
25			7.4		72.2	.647			
26			7.4		72.2	.045			
27			7-3		72.2	.650			
28						.650			
29									
30									
31									
Total	6.5	3		19		1.294			
Mo. Avg.	6.5	3		19		1.294			

PLANT STAFFING: Name: EDWARD T. URBANEK Certificate No: Class: Day Shift Operator **Evening Shift Operator** Class: Certificate No: Name: "ght Shift Operator Class: Certificate No: Name: Lad Operator Class: Certificate No:



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

See page 4 for instructions.

Effective August 28, 2003

I. General Informa	ation for the Month/Y	MARCH 2009				
A. Public PWS Name:	Water System (PWS			PWS Identification I	Numbor'	3424620
PWS Name. PWS Type:	▽ Community	TRADEWINDS VILLAGE Non-Transient Non-Communi	ity	Transient Non-Community		3424020
Number of Service	Connections at End	of Month: 375		Total Population Served at End		
PWS Owner: Contact Person:	TRADE WINDS	UTILITIES		Contact Person's Title:		
Contact Person's I	Mailing Address:	% CHARLES DEMENZES; PO BX 5220	City:	OCALA	State: FL	Zip Code: 34478
Contact Person's	Telephone Number:	(352) 622-4949		Contact Person's Fax Number:		
Contact Person's I	E-Mail Address:		-			
B. Water	Treatment Plant Info	rmation				
Plant Name:	TRADEWINDS	VILLAGE		Plant Telephone Number:	(352) 622-4949	
Plant Address:	NE 43 PL & 271	H CT	City:	OCALA	State: FL	Zip Code: 34478
T 5\A(-t T	ata dhii Dlanti		P. Direch	ased Finished Water		
Type of Water Tre		Raw Ground Water pacity of Plant, gallons per day:	1 Purch	950000		
	er subsection 62-699			Plant Class (per sub	osection 62-699.310	0(4), F.A.C.): C
Licensed Operator		Name	Licens			s)/Shift(s) Worked
Lead/Chief Operat				C 14560	DAY	
Other Operators:	JOHN W. BRYA			C 7566 C 14184	3/4/2009 WEEKEND	
	VINCENT BROV		The second second	C 14184 C 8519		WEEKEND
	TIM FISH	VIER		B 7477	WEEKEND	VVELNEIND
	THALLOW			1411	- TALLINE	
		The state of the s	Takin (The State of the S		
	Lead/Chief Operator			1-11 11 Tabel 111.111.		
I, the undersigned	water treatment plan	t operator licensed in Florida, am the lead/o	chief opera	ator of the water treatment plant i	dentified in Part I of	this report. I certify that the
information provide	ed in this report is tru	e and accurate to the best of my knowledge applicable standards referenced in subsec	e and belle	er. I certify that all drinking water	treatment chemical	s used at this plant comonn to
		applicable standards referenced in subsections and applicable standards referenced in subsections and applicable standards referenced in subsections.				
plant were prepare	nlicable appropriate	treatment process performance records. F	authermor	e Lagree to provide these addition	onal operations reco	ords to the PWS owner so the P
		is report, at a convenient location for at lea			ondi operations reco	stas to the fire officer of the
		ed of the proper type to purchase) (**Our clients are pro			aining them)	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
p)	11-1	1/				
Ed	ul Till	1 4-3-09		EDWARD URBANEK		C-14560
Signatu	ure and Date			Printed or Typed Name		License Number
Substitute/Altern	nate					
DEP 1 62-55						Secretary)
Effective August	, , ,	+	Page	1		11.45.50

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

PWS	Identific	ation Nur	nber:		3424620		Plant Name:		TRADEWI	NDS VILL	AGE			_
III. D	ailv Data	for the Mo	onth/Year of:		MARCH 2009									
			og Virus Inacti			Free Chl	orine	Ct Ct	lorine Dioxi	de	Ozone	e	Combine	d Chlorine (Chloramines)
T U	ltraviolet I	Radiation		Other (Describe):									
Type	f Disinfe	ctant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
12 12 40 to 12 12 12 12 12 12 12 12 12 12 12 12 12	计数数数	21 Sept. 74.98.999	Contract of	STATE OF STATE	CT Calculations	or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	的批批學	Lowest	
1000	Days	161 E 161	67 (64 A)	30-10-12	n capacità	CTC	alculations)	1936		数据数据	# UV	Dose - N	Lowest	
	Plant		743 55	Network	Lowest Residual	Disinfectant +	STATE OF THE	A CONTRACTOR	40000000000000000000000000000000000000	("Place")	地方是特	1100	Residual	
	Staffed or	100		3000	Disinfectanct	Contact Time			2330		out the contract of		Disinfectant	
	Visited				Concentration	(T) at C	Lowest CT		基理等		Lowest		Concentration	一种学生的主要是有关的工作。
	by				(C) Before or at	. Measurement	Lowest CT Provided Before or at Pirst Customer	Temp		Minimum	Operating	UV Dose	at Remote	STATE OF THE PROPERTY OF THE PARTY OF THE PA
	Operator		Net Quantity of		First Customer	Point During	at First Customer	of	pH of	CI	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in Operation	Finished Water Produced, gal		During Peak Flow, mg/L	Peak Flow,	During Peak Flow, mg-min/L	water	water, if	2 Vedunen	C III VV		Distribution. System, mg/L	Maintenance Work that Involves Taking Water System Components Out of Operation
With Item	(A	24	121000	Rate, gpd	mg/Laster and	minutes	mg-murvL	000	Applicable	mg-umv L	Secretifize	sec/cmz	system, mg.L	Components Out of Operation
2	X	24	121000						-	-	-		0.5	Research and the second and the seco
3	X	24	109000										0.5	
4	X	24	152000										0.7	7.00
5	X	24	132000										0.7	
6	X	24	133000										0.7	
7.	X	24	156000											WEEKEND CHECK
- 8		24	156000											
9	X	24	156000										0.3	
10	X	24	168000										0.4	
11	X	24	175000										0.5	
12	X	24	184000 -										0.6	
⊕ ÷13	X	24	164000										0.3	
14	X	24	192000											WEEKEND CHECK
15	X	24	192000 192000						-				0.3	
16	X	24	118000					-					0.3	
18	X	24	121000										0.4	
19	X	24	149000										0.5	
20	X	24	122000										0.6	
21	X	24	137000											WEEKEND CHECK
22		24	137000											
23	X	24	137000										0.3	
24	X	24	95000										0.3	
25	X	24	132000	3						-			0.4	
26	X	24	139000											SAMPLE - 3 WELLS, 2 LINES
27	Х	24	135000										0.5	
28	X	24	117333							-				WEEKEND CHECK
29		24	117333					-					0.2	
30	X	24	117333									-	0.3	
31 Total	Х	24	93000 4369999										0.4	

140968 192000

DEPForm 62-Substitute/Alternate 555-900(3) Effective August 28, 2003

Average Maximum *Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this repo	ort to: Department	of Environmental P	rotection, Central	District, 3319	Maguire Boulevard	Suite 232, Orlando,	FL, 32803-3767				
PERMITTEE NAME: Tradew	vinds Utilities, Inc.		*	PERMIT N	IUMBER	FLA010699					
	FL 34478			LIMIT: CLASS SE	ZE:	Final N/A	ja "	REPORT GROUP:	•	Monthly Domesti	
LOCATION: 2925 N	vinds WWTF IE 43rd Place FL 34479				RING GROUP NUM RING GROUP DES		ncluding Influent				
COUNTY: Marior					IARGE FROM SIT	E:	2009 To	MAR	., 3/	1,2009	
Parameter		Quantity o	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.051	*	MGD				12/13	0	50AK/UK	METER
PARM Code 50050 Y Mon Site No. FLW-1	Permit	0.081%, 4-5 (An Avg) 1		MGD			计 图 4金元			± 5 Days/Week	Ex Meter.
Flow	Sample Measurement	.048		MGD	10.342				0	50AK/UK	METER.
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)		Vicio						5 Days/Week	-Meter
BOD, Carbonaceous 5 day, 20C		4			5,3			MG/L	0	MONTHLY	GRAB.
PARM Code 80082 Y // ! Mon Site No. EFA-1	Permit Requirement				20.0			,MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				12	12		MG/L	0	Monary	GRAB
BARM Code 80082 A Mon Site No EFA-1	Permit Requirement				Report (Mo:Avg.)	(Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				15.1			MG/L	0	MONTHLY	GRAB
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2	2		MG/L	0	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement:				Report (Mo:Avg.)	(Max.)		MG/L		Monthly	Grab
I certify under penalty of law that information submitted. Based or and belief, true, accurate, and con	my inquiry of the	person or persons w	ho manage the sys	tem, or those	persons directly res	ponsible for gatherin	g the information, th	ne informati	on subr	nitted is, to the besi	her and evaluate the tof my knowledge
NAME/TITLE OF PRINCIPAL EXE	CUTIVE OFFICER O	R AUTHORIZED AGI	ENT SI	GNATURE OF	PRINCIPAL EXECU	TIVE OFFICER OR A	UTHORIZED AGENT	Voltag	-		E (YY/MM/DD)
EDWARD T. U	RAGNEK	IPRO-TO	ect	81	1	11/16		(2) 236 0	9/04/24

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: P-001
MONITORING PERIOD From: March 01, 2009 To

PERMIT NUMBER: FLA010699

Parameter		Quantity o	or Loading	Units	Qual	ity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7,2	7.4	\$ "	54	0	5 DAYS/UK	GRAB
ARM Code 00400 A Mon Site No. EFA-1	Permit Requirement		等的 传统 当外		60 m	18/2 (Max) = 1		SU/	1	5 Days Week	Grab
Coliform, Fecal	Sample Measurement		COLUMN DE LA COLUM	ESTERNAL STATES	398	3200	Maria 1981 - 1982 - 1982 - 1982 - 1982 - 1982 - 1982 - 1982 - 1982 - 1982 - 1982 - 1982 - 1982 - 1982 - 1982 -	Floom	/	Monthly	GRAB.
ARM Code 74055 - L-Y fon Site No. EFA-1	Permit.			化自然是	200 (An Ave.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			111 *24 72 7 5 1 4 4 4 6 1	< /	< /		FICOML	0	Monthy	GRAB
PARM Code 74055 A. Mon.Site No. EFA-1	Permit (1955). Requirement.				Report (Mo Geo Mean)	(Max.)		#/100ML	5.1,6	Monthly/	Grab
Fotal Residual Chlorine (For Disinfection)	Sample Measurement				2,2	÷		MG/L	0	50AXS/WK	GRAB.
ARM Code 50060 A. Jon. Site No. EFA-1	Permit Requirement				0,5 (Min:)			MG/E	\$ *	5 Days/Week	Grab
ercent Capacity, (TMADF/ ermitted Capacity) x 100	Sample Measurement				59			%	0	MONTHLY	Calculate
ARM Code 00180 1	Permit: 2" Requirement:				Report (Mo Total)			PER CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				9.19			MGK	0	Annually	GRAB
PARM Code 00620 A	Permit:				(Max.) = 12.0			MG/L		Annually	i Grab
3OD, Carbonaceous 5 day, 20C	Sample Measurement				135			MGK	0	Annually	GRAB
ARM Code 80082 Y Ion Site No. INF-I	Permit 11. Réquirement	andrew are			Report (An Ave			MG/L		Annually	Grab
olids, Total Suspended	Sample Measurement				142			MOL	0	AMUAIN	GRAB
ARM Code 00530 Y	Permit :: Hex: Requirement			4 3 3 3 3	(An Avg)			MG/L		Annually	ala Grab
	Sample Measurement						TANGE TO SERVICE OF THE SERVICE OF T				the state of the s
	Permit Requirement					计算数据数数				12 - 22 - 18 m ()	
	Sample Measurement		±7						- 020-04-9-55		
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010699 From: MAR. 1, 2669 To: MAR, 31, 2609 Facility: Tradewinds WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-I			 	
1						.046				
2			7.3		2.2	.046				
3			7.4		2.2	.644				
4			7.2		2.2	.045				
5			7.3	- 455-	2.2	.044				
6			7. 2		2.2	.046		7.7		
7			del 14	· 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十		.046				
8						.046	Ε.			
9			7. 3		2.2	.046				
10	2-0	1	7. 2	1	2.2	.045				
11	*		7.3		2.2	.043	1:			
12		4 4 4	7.4	the college	2.2	.046				
13			7, 3		2.2	.045	1. 6.2			
14						.047			344.	
15		lay a				.047				V 1
16			7.3		2,2	.047				
17		10.25 N	7_2		2.2	.048	126			
18			7.3		2.2	.048				1
19			7. Z		2,2	.052				
20			7.2	183,75 4	2.2	-648	100			
21			1.2			.651				1
22		487		1 46.5		.65/				1
23	- O		7, 3		2.2	.05/				
24			7-3		2.2	.049			-	-
25			7-2		2.2				1	-
26			No. 10 10 10 10 10 10 10 10 10 10 10 10 10			-649			1	
27		77/4	7.3	1	2.2.	.646		-		
28			1.3		2.2	.046				
29		V. S.				.655				-
30			7.2		2.2	-055			1	1
31		(d)				-655			-	1
		1	7. z	1	2,2	.645			-	-
Total Mo. Avg.	2.6	1		1		1.478		ļ	-	-

PLANT STAFFING: Day Shift Operator	Class:		_ Certificate No:	14685	Name:	EDWARD T. URBANEK
Evening Shift Operator	Class:	0	Certificate No:	8971	Name:	JOHN W. BRYANT 3-4-09
Night Shift Operator	Class:	C	Certificate No:	13891	Name:	VINCENT BROWN - Weekend.
ad Operator	Class:	C	_ Certificate No:	14085	Name:	EDWARD T. URBANEK WOLL
		C		8958		Michael Hammer - Weekend
		B		8580		Tim FISH - Weekend.



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

See page 4 for instructions.

Effective August 28, 2003

APRIL 2009 A. Public Water System (PWS) Information PWS Name: TRADEWINDS VILLAGE PWS Type: To Community Number of Service Connections at End of Month: 375 PWS Owner: TRADE WINDS UTILITIES Contact Person: Contact Person's Mailing Address: % CHARLES DEMENZES; PO BX 5220 Contact Person's Telephone Number: (352) 622-4949 Contact Person's E-Mail Address:	City:	PWS Identification Notes Transient Non-Community Total Population Served at End Contact Person's Title: OCALA Contact Person's Fax Number:	☐ Consec	tutive 1313	4620 Zip Code:	<u>34478</u>
B. Water Treatment Plant Information Plant Name: TRADEWINDS VILLAGE Plant Address: NE 43 PL & 27TH CT	City:	Plant Telephone Number:	(352) 622- State:		Zip Code:	34478
Type of Water Treated by Plant: □ Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5	Purcha	ased Finished Water 950000 Plant Class (per sub-	section 62-69	99.310(4), F.	A.C.):	<u>C</u>
Licensed Operators Lead/Chief Operator: Other Operators: DIN BRYANT MICHAEL HAMMER TIM FISH VINCENT BROWN		e Class — License Number C 14560 C 7566 C 8519 B 7477 C 13891	DAY 4/6/2009 WEEKEND) WEE		
II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chi information provided in this report is true and accurate to the best of my knowledge a NSF International Standard 60 or other applicable standards referenced in subsection plant were prepared each day that a licensed operator staffed or visited this plant durates; and (2) if applicable, appropriate treatment process performance records. Fur owner can retain them with copies of this report, at a convenient location for at least (*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided in the proper type to purchase) (**Our clients are provided in the proper type to purchase)	and belie on 62-555 ring the thermore ten years	f. I certify that all drinking water t 5.320(3), F.A.C.* I also certify the month indicated above: (1) record e, I agree to provide these additions.**	reatment che it the followin is of amounts nal operation	micals used g additional s of chemica	at this plan operations als used an	nt conform to records for thi d chemical fee
Signature and Date Substit Alternate DEP 62-555.900(3) Effective August 28, 2003	Page	EDWARD URBANEK Printed or Typed Name			C-14 License Nu	4560 Imber

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

PWS	dentific	ation Nur	nber:	r: 3424620 Plant Name: TRADEWINDS VILLAGE						-				
III. Daily Data for the Month/Year of: APRIL 2009						To De Calabra Divida								
		thieving Four-Log Virus Inactivation/Removal: * Other (Describe):				Free Chl	orine	Ch Ch	lorine Dioxi	de	Ozone	;	Combine	d Chlorine (Chloramines)
	traviolet F						E F OIL			Comb	inal Ob:	(OL1		E'Claire District
	Disinted	tant Resid	lual Maintaine	d in Distrib	ution System: -CT Calculations	0-1D/D	Free Chlor	ine	Vinte Indofin	otion of An	ined Chorir	ie (Chioran	nines)	Clorine Dioxide
		4.5			CI Calculations	or UV Dose; t	o Demonstrate Fo	ur-Log	V II US IDACIIV	ation, at Ap	pricable 111/	Dose		
75 6 4	Days			750 Mar. C. 183	Particular State of the Committee of the	The Chic	alculations	4635-103	THE PARTY OF THE PARTY OF	Internation	Children Const	DUSC SPECIAL	Lowest	
45-125	Plant			7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Lowest Residual	Disinfectant							Residual	TARREST STATES
	Staffed or Visited				Disinfectanct	Contact Time							Disinfectant Concentration	
And the second	by				Concentration (C) Before or at	Measurement	Lowest CT Provided Before or	Temp	A TOTAL TOTAL	Minimum	Operating	HIV Dose	at Remote	
Day of	Operator		Net Quantity of		First Customer	Point During	at First Customer	#s of &	pH of	CT.	UV Dose,	Required	Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place		Finished Water		During Peak Flow.		During Peak Flow,			Required		mW-	Distribution	
Month	"X")	Operation	Produced, gal		mg/L5/		mg-min/L		Applicable			sec/cm2	System, mg/1	Components Out of Operation
12.1	X	24	115000									W 84-77-105,175	0.8	
2	X	24	93000					D.C.	ACULTURAL S				0.7	
3	X	24	117000										0.7	
4	X	24	138000											WEEKEND CHECK
148.5 III		24	138000											
6	X	24	139000										0.9	
7.4	X	24	104000										0.7	
8	X	24	128000					-					1.0	
9	X	24	135000					-				La de la companya de	1.0	
10 11	X	24	138000 144333					-	-				1.1	WEEKEND CHECK
12	^	24	144333							apre-propagations			11000	WEEREND CHECK
- 13	X	24	144333						-				0.9	
- 14	X	24	112000							-4			0.8	the Variety of the Control of the Co
15	X	24	115000					-	- AV				0.8	
16	Х	24	127000										1.0	
17	X	24	125000								1300, 1783,		1.0	
18	X	24	131000	; <u> </u>										WEEKEND CHECK
19		24	131000			1				le silver	a15.4			
<i>i</i> -20	X	24	131000										0.7	
21	X	24	112000										0.7	
22	X	24	108000										0.8	
23	X	24	130000										0.8	
24-	X	24	105000										0.7	HERVE D OVEOV
25	X	24	147000								-			WEEKEND CHECK
26	X	24	147000 147000										0.6	SAMPLE - 3 WELLS, 2 LINES
27 28	X	24	111000					-					0.6	SAIVIFLE - 3 WELLS, 2 LINES
29	X	24	151000					-					0.7	
-30	X	24	164000					-					0.6	
31	- / -	24	104000										0.0	
-			3871999										-	
	Arei Sare		129067											

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Page 2

Maximum 164000 *Refer to the instructions for this report to determine which plants muxt provide this information

3		DEPA	RTMENT OF	ENVIRONMEN	TAL PR	OTECTION DI	SCHARGE M	ONITORING F	REPORT	- PAI	RTA.	
When Completed mail	this report	to: Department	of Environmental I	rotection, Central D	istrict, 3319	Maguire Boulevard	Suite 232, Orlando,	FL, 32803-3767				
PERMITTEE NAME: MAILING ADDRESS:	ds Utilities, Inc.			PERMIT N		FLA010699						
WALLING ADDRESS.	Ocala, FL				LIMIT: CLASS SI	ZE:	Final N/A		REPORT		Monthly Domest	
FACILITY: LOCATION:	Tradewine 2925 NE Ocala, FL	43rd Place			MONITOR	RING GROUP NUM RING GROUP DESC		ncluding Influent			8	•
COUNTY: Marion NO DISCHARGE FROM SITE: MONITORING PERIOD From: APRIL, 1, 2669 To APRIL, 30, 2669												
Parameter			Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	.051		M60		Dec.			0	SDAXS/WK	METER
PARM Code 50050		Permit Requirement	0.081% (An Avg.)		MGD						5:Days/Week-i	Meter
Flow PARM Code 50050	American and a second	Sample Measurement	.054	ESI/CDP CONTRACT	MGD					0	SDAYS/WX	METER
Mon-Site No. FLW-1 BOD, Carbonaceous 5 d		Requirement Sample	(Mo Avg.)		MGD						∏5 Days/Week!*	Meter Meter
PARM Code 80082		Measurement Rermit	- 12 - 17 353 Ke 1860		WANTE OF	5.5		Tas-24 come les pui neux voi	MG/L	0	MONTHLY	6-RAB
Mon Site No EFA-1	學出作的	Requirement		65		(An Avgs)	Side 1939		IMG/L		Monthly	Y Grab
BOD, Carbonaceous 5 de		Sample Measurement Permit	The state of the s	TENTES MEL ST.		10.4	10.4		MG/L	0	MONTHLY	6-RAB
Mon Site No. EFA-1	PER SE	Requirement				Report (Mo.Avg.)	60 0 Maxo	4 4 4	MCA		Monthly	o S Grab
Solids, Total Suspended	Petronidenes applicate	Sample Measurement		7 - 1094 		16			M6/L	0	MONTHLY	6-RAB
PARM Code 00530	49次数16	Requirement				(An Avg.)			MGC		Monthly	1 Grab
Solids, Total Suspended Sample Measurement 37 37 M6/L O MoNTHLY GLAB									(-LAB			
PARM Gode 00530 Mon Site No EFA-1		Permit Requirement				Report (Mo.Avg.)	(Max)		MGA		Monthly	Grab
I certify under penalty of I information submitted. B and belief, true, accurate,												er and evaluate the of my knowledge
NAME/TITLE OF PRINCIPA	L EXECUT	IVE OFFICER OF	R AUTHORIZED AGE	AND DESCRIPTION OF THE PARTY OF		PRINCIPAL EXECUT						(YY/MM/DD)
	THE R. P. LEWIS CO., LANSING MICHIGAN CO., L	AND DESCRIPTION OF THE PARTY AND PARTY AND	TOTAL SAME AND ADDRESS OF THE PARTY OF THE P						11	and the state of the	VIII IVALE	LII/IVIIVI/I/I/I

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
THANKS THEE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
EDWARD T. URBANEK/PRO-TECH WYW/W	Cloured T. Chlash	236-2444	04/05/25
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	ments here)		1

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: APAIL 1, 2009 To APAIL 30, 260 9

Parameter		Quantity	r I oading	Units	Oval	ity or Concentra	ation	Units	I NTa	Frequency of	Sample Type
	0.00				Qual	ity of Concentra	ation	Units	No. Ex.	Analysis	Sample Type
The National Company of the Company	Sample Measurement				7.1	7.4		50	0	SOAYS/WK	6-KAB
RM Code 00400 A	Permit : Tie * Requirement		经营销售		6.0			SU		5 Days Week	Grab
liform, Fecal	Sample Measurement	2001 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the last		398			FOOML	Lagran Y.	MONTHLY	GRAB
RM Code 74055 Y	Permits 47.50				2001\\ An-Ave			#/100ML		Monthly (*)	Grab
liform, Fecal	Sample Measurement	200			4	4		# 100ML	6	MONTHLY	6RAB
RM Code 74055 A	Permit Requirement:				Report (Mo Geo Mean)	800 A		#/100ML		Monthly	Grab
al Residual Chlorine (For infection)	Sample Measurement				2.6				O	50AYS/WK	LRAB
RM Code 50060 A. on Site No. EFA-1	Perinity, 1.				016/ (Viin.)			MG/L		5 Days/Week	ista su Grab
cent Capacity, (TMADF/ mitted Capacity) x 100	Sample Measurement	No.	74		60			1%	0	MONTHLY	CALCULAT
RM Code 00180	Permit *** Requirement				Report (12)			PERC		Monthly 4	Calculated
rogen, Nitrate, Total (as N)	Sample Measurement				MNR					MNRI	MNR
RM:Code 00620 A	Permit Requirement				12.0 Jan			J'eMG/L	A.	Annually	理以外 Grab +
D, Carbonaceous 5 day, 20C	Sample Measurement				MNR				9.300	MNR	MNR
RM Code 80082	Permits (4) 200 Requirement		推译:聚	1.00	Report For			MG/b/	(* 1517) (* 1517)	tivi Abhaally to	Grab
ids, Total Suspended	Sample Measurement				MNR				100000	MNR	MNR
RM Gode 00530 Y n:Site No. INF-1	Permit Plant in Requirement				Proc. Report Service			MG/L		Annually	Grab
	Sample Measurement				19 in the College Commission on the second						
	Permit:	English Transport					基 1110000000000000000000000000000000000	A 4		社会的基件	
en eligen, et al. e	Sample Measurement			D (4			C. A. Shark				
	Permit Requirement is					S	表生物			4 - 1 1 2 1	

FLA010699
From: APRIL 1, 2669
To: APRIL 36, Zoo9
Facility: Permit Number: Monitoring Period Tradewinds WWTF

,			//			,				
e .	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050		-		-
Mon. Site	EFA-I	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1		 	-	
1		<i>j</i>	7.3		2./	.048		†		1
2			7.2		2.6	:039			1	-
3			7.2		72.2	.656				
4										-
5						.65/			-	-
6			7.4		2.2	-05/		 	-	-
7			7.3			,05/				-
8			7.3	·	2.2	.045		ļ	-	-
9	10.4	4	7.2	3.7	2.2	-056		<u> </u>	-	
10	10.7	7	7.3	37		.05/			-	-
11			1.3		2.2	-057			-	-
12						-057			-	
13			77			- 057			-	
14			7.3		2.2	:057				
15			7.2		2.2	,063				
1			7.3		2.2	.658				
16			7,2		2.2	.053				
17			7.3		2.2	. 056				
18						.056			1.	
19						-056				
20			7.2		2.2	. 056				
21			7.3		2.2	.056			1	
22			7-2		2.2	.045				
23			7.3		2.2	. 657				-
24			7.2		2.2	-051				+
25						. 060				
26						,660				
27			7.3		2.2	. 060			-	
28			7.2		2.2				-	
29			7.2		2.2	,058				-
30			7./		2-2	. 060			-	
-			1./		2-6	.659				
Total	10 11	4		77		7 . 11				
	10.4			37		1.64				
	10.4	4		37		.054	*			

PLANT STAFFING: Day Shift Operator	Class:		_ Certificate No:	14085 N	ame:	EDWARD T. URBANEX
Evening Shift Operator	Class:	_ C_	_ Certificate No:	8971 N	ame:	WAYNE BRYANT
Night Shift Operator	Class:	_B_	_ Certificate No:	8580 N	ame:	Tim FISH
.id Operator	Class:		Certificate No:	14085 Na	ame:	EDWARD T. UKBANEK
		_		13891		VINCENT BROWN
		c		8558		MICHAEL HAMMED



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

See page 4 for instructions.

	on for the Month/Ye					
	Vater System (PWS			PWS Identification N	umber: 3	424620
PWS Name:		TRADEWINDS VILLAGE		Transient Non-Community	Consecutive	424020
PWS Type:	Community			Total Population Served at End		
	Connections at End			Total Population Served at End	01 W011111. 1010	-
PWS Owner:	TRADE WINDS	UTILITIES		Contact Doronala Title:		
Contact Person:			0.1	Contact Person's Title:	State: FL	7in Codo: 34479
Contact Person's M		% CHARLES DEMENZES; PO BX 5220	City:	OCALA	_ State. FL	Zip Code: <u>34478</u>
Contact Person's Te		(352) 622-4949		Contact Person's Fax Number:		
Contact Person's E-	-Mail Address:			-		
B. Water T	reatment Plant Info	rmation				
Plant Name:	TRADEWINDS			Plant Telephone Number:	(352) 622-4949	
Plant Address:	NE 43 PL & 27T		City:	OCALA	State: FL	Zip Code: 34478
Type of Water Trea		Transfer Trace	Purcha	ased Finished Water		실어 경기 경기 :
		pacity of Plant, gallons per day:		950000		
Plant Category (per	subsection 62-699.	310(4), F.A.C.): 5		Plant Class (per sub	section 62-699.310(4)), F.A.C.): <u>C</u>
		Name	Licens	se Class	Dav(s)/s	Shift(s) Worked
icensed Operators ead/Chief Operato				C 14560	IDAY	
ther Operators:	VINCENT BROV			C 14184	WEEKENDS	11.7
other Operators.	MICHAEL HAMI			C 8519	WEEKENDS	
	TIM FISH	VILIX		B 7477		EKENDS
	THATTIOTT					diam's
				5 1 D to 1/4/1 (State 1/4/1) 1 1 1 1 1 1 1 1 1	branca a ,	
- Certification by I	L _ead/Chief Operator			SANDON DATE OF EACH		
the undersigned w	vater treatment plan	t operator licensed in Florida, am the lead/ch	ief opera	ator of the water treatment plant is	dentified in Part I of th	is report. I certify that the
nformation provided	d in this report is tru	e and accurate to the best of my knowledge	and belie	ef. I certify that all drinking water t	reatment chemicals u	used at this plant conform t
JSF International S	tandard 60 or other	applicable standards referenced in subsection	on 62-55	5.320(3), F.A.C.* I also certify the	at the following addition	onal operations records for
alant were prepared	d each day that a lic	ensed operator staffed or visited this plant du	ring the	month indicated above: (1) record	ds of amounts of cher	micals used and chemical f
rates: and (2) if ann	licable appropriate	treatment process performance records. Fur	rthermor	e. I agree to provide these addition	nal operations record	is to the PWS owner so the
owner can retain the	em with copies of th	is report, at a convenient location for at least	ten veai	rs.**	And the same of the same	
*Our clients furnish the ch	alorine and have been advis	sed of the proper type to purchase) (**Our clients are provided of the proper type to purchase)	ded with co	opies of all reports and are responsible for reta	ining them)	
	11:1	16				
Red	rad the	M 6-2.09		EDWARD URBANEK		C-14560
Signatur	re and Date			Printed or Typed Name		License Number
Substite/Alterna			0.200			22,735,95
DEF in 62-55	15 . 5		D	1		
Effective August	28, 2003		Page	, 1		

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

PWS	Identific	ation Nu	mber:	r: 3424620 Plant Name: TRADEWINDS VILLAGE					· -					
III. Daily Data for the Month/Year of: MAY 2009 Means of Achieving Four-Log Virus Inactivation/Removal: *						-					-			
		ving Four-L Radiation				Free Chl	orine	L CI	nlorine Dioxi	de	Ozone	e	Combine	d Chlorine (Chloramines)
			dual Maintaine	d in Dietrib	Describe):		Free Chlor	rina		Comb	ined Chori	ne (Chlorar	ninas)	Clorine Dioxide
Letaice	-6.25	Ta a samual	AN APPLIANT	Distrib	CT Calculations Lowest Residual Disinfectanct Concentration	or UV Dose it	o Demonstrate Fo	nur-l ng	Virus Inactiv	ration if Ar	plicable*	o Tel moral	innes)	Control Blocked
	S. Carlo		45,62,87,054,50	600000000000000000000000000000000000000	a ster that a basin	CTC	alculations	our Dog	Almondo Co		UV	Dose		(2) 有限的表示。
	Days Plant		100000000000000000000000000000000000000	Talento h	SAME TO SERVE SERVED		TO POST OFFICE AND ADDRESS OF THE PARTY OF T	超過程期	4042004	and the second	CHECK	433 42 10 m	Lowest	
W. L. P-6.3	Staffed or			Section 1	Lowest Residual	Contact Time	Lowest CT. Provided Before o	di man	186 A		(A) (A)		Residual	
	Visited			為沙陸區	Concentration	(T) at C	Lowest CT		Section 18		Lowest	Minimum	Concentration	
	by			No. of the last of the last	(C) Before or at	Measurement	Provided Before o	Temp	建 克米亚	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	Net Quantity of	产用物 化企	First Customer	Point During	at First Customer	of	pH of	CT	UV Dose,	Required.	Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water		During Peak Flow,	Peak Flow,	During Peak Flow	Water	Water, if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation		Rate, gpd	mg/L 1	minutes:	mg-min/L	l oC	Applicable	mg-min/L	sec/cm2.	sec/cm2	System, mg/:L	Components Out of Operation
1/2	X	24	122000								-		0.7	
2.0	X	24	154666					-					390	WEEKEND CHECK
3		24	154666					-	-					
4	X	24	154666					1	-				0,6	
* *5 *	X	24	129000					-			-	-	0.6	
-6	X	24	136000						-		-		0.4	
7 8	X	24	177000 135000					-			-	-	0.3	D. L. C. L. D. L. CIO
9	X	24	162000					-	-				0.3	Replace foot valve & tubes on CL2 pump WEEKEND CHECK
10	<u> </u>	24	162000					-			-	-		WEEKEND CHECK
11	X	24	162000					+	-		 	 	0.3	
12	X	24	136000		 			-	 			 	0.3	
13	X	24	141000					1	<u> </u>		 	 	0.4	
- 14	X	24	100000					1				<u> </u>	0.5	
15	X	24	84000										0.5	
16	X	24	100000											WEEKEND CHECK
17		24	100000											
18	X	24	100000										0.3	
	X	24	78000										0.5	
20	X	24	72000										0.6	
*21	X	24	79000										0.7	
22:-	X	24	79000										0,8	
23	X	24	75000											WEEKEND CHECK
24		24	75000											
₁ - 25 ·	X	24	75000										0.9	
- 26	X	24	71000					-					0.8	
27	X	24	95000					-			-		0.8	CANCEL AUGUS ALDES
28	X	24	91000					-			1		0.8	SAMPLE - 3 WELLS, 2 LINES
29	X	24	87000					-	-		-		1.0	WATELLIAM OFFICE
30	X	24	113345 113345					-	-			<u> </u>	-	WEEKEND CHECK
Total	Land March St. Mr.	24	113343								1			

113345 177000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003 Page 2

^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Tradewinds Utilities, Inc. MAILING ADDRESS: Post Office Box 5220					PERMIT NUMBER FLA010699									
	Post Office Ocala, FL 3				LIMIT: CLASS SIZ	E:	Final N/A	REPORT GROUP:			onthly mestic			
LOCATION:	Tradewinds 2925 NE 43 Ocala, FL 3	3rd Place				ING GROUP NUM ING GROUP DES								
COUNTY:	Marion					NO DISCHARGE FROM SITE: TO MAY 31,2009 MONITORING PERIOD From: MAY 1,2009 TO MAY 31,2009								
Parameter Quantity or Loading					Units	Qua	lity or Concentr	ration	Units	No. Ex.	Frequency Analysis		Sample Type	
Flow		Sample Measurement	.052		MGD					0	50AYS/	WK,	METER	
PARM Code 50050 Y Mon:Site No. FLW-1		Permit Requirement	0.081 (An Avg.)		MGD						5'Days/We	ek 🖟	Meter	
Flow		Sample Measurement	.064	Asi	M60				1	0	5 DAYS!	WA	METEL	
PARM Code 50050 1 Mon Site No. FLW-1		Permit Requirement	Report (Mo.Avg.)		# MGD			多三型 25-19 4			5 Days/We	ek	Meter	
BOD, Carbonaceous 5 day		Sample Measurement				5.8			MU/L	0	MONTHE	4	G-RAB	
PARM Code 80082 Y Mon Site No. EFA-1	F	Permit Requirement				(An:Avg)	145.5		MGIL		Monthly		Grab	
BOD, Carbonaceous 5 day		Sample Measurement				21.4	21.4		M6/L	0	MONTHE	Y	6-RAB	
PARM Code 80082 A Mon Site No. EFA-1	SECTION AND SECTION	Permit Requirement				Report (Mo:Avg.)	60.0 (Max.)		MĠ/E		Monthly		Grab 📑	
Solids, Total Suspended		Sample Measurement		1		16.7		the state of the s	M6/L	0	MONTHE	4	GRAB	
PARM Code 00530 Y Mon Site No EFA-1	The second of the second second	Permit & Requirement				20.0 (An.Avg.)			MG/L		Monthly		निक्त Grab	
Solids, Total Suspended		Sample Aeasurement	-			17	17		MULL	0	MONTHL	Y	GRAB	
PARM Code 00530 A Mon Site No. EFA-I	A STATE OF THE PARTY OF THE PAR	Permit				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly		Grab	
I certify under penalty of la information submitted. Ba and belief, true, accurate, a	ased on my	inquiry of the	person or persons wh	no manage the syst	em, or those p	ersons directly resp	onsible for gatherin	g the information, th	e informatio	n subm	itted is, to the	y gathe best o	er and evaluate the	
NAME/TITLE OF PRINCIPAL	L EXECUTI	VE OFFICER O	R AUTHORIZED AGE	NT SI	GNATURE OF	PRINCIPAL EXECU	TIVE OFFICER OR A	UTHORIZED AGENT			IONE NO	DATE	(YY/MM/DD)	
EOWARD T. UK.	BANEI	5/PRO-70	EcH Wth	1/2/	Edul T. What 236-2444 69-06							06-19		
COMMENT AND EXPLA	NATION (OF ANY VIOL	ATIONS (Reference	ali attachments h	еге):									

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

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA010699 MONITORING PERIOD From: MAY 1,2609 To MAY 31,2609

Parameter		Quantity o	r Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.2	7.3		50	0	SDAYS/WA	-L-RAB
PARM Code 00400 A: Mon Site No. EFA-1	Permit:				(Min.)	(8.55 a.s. (Max.)		SU		5 Days/Week	a stagrab
Coliform, Fecal	Sample Measurement				398			#100 ML	1	MINTHIY	LRAB
PARM Code 74055. Y Mon.Site No. EFA-1	Permit.				200 (An Avg.)			#/100ML		Monthly/ +	Grab
Coliform, Fecal	Sample Measurement	Application of the second of t	S S S S S S S S S S S S S S S S S S S		2	2	The state of the s	100ML	0	MONTHLY	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit:	and the second second			Report (Mo Geo Mean)	(Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				> Z. 2			M6/L	0	SDAYS W/T	GRAB
PARM Code 50060 A Mon Site No. EFA-1	Permit- Requirement	African By			0.5. (Min.) –			ŊĠĹ		5 Days/Week	Grab Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement	`	1		0.68		,	%	D	MONTHLY	CALCULATE
PARM Code 00180 1 Mon Site No. FLW-1	Permit Requirement			是祖德	Report (Mo Total)		-30	PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement		19		MNR					MNR	MNR
PARM Code 00620 A Mon.Site No. EFA-1	Permit: Requirement				(Max.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR					MNR	Male
PARM Code 80082, Jan. Y. Mon Site No. INF-1	Requirement	man of the second	Til 1 - William Kan Kan	eranik i Zureni	Report (An Avg.)	apageter and	QEPUIP 293	MG/L.	ek lakir	Annually,	, Grab
Solids, Total Suspended	Sample Measurement				MNR				ar made of	MNR	MNR
PARM Code 00530 Y. Mon.Site No. INF-1	Permit Requirement				(An Avg.)			MG/L		Annually	Grab
	Sample Measurement										
	Permit Requirement					195233					
and the second s	Sample Measurement										The state of the s
	Permit				edite di digi				23		

DAILY SAMPLE RESULTS - PART B

A Number: FLA010699 From: MAY 1, 2669 To: MAY, 31, 2669 Facility: Tradewinds WWTF

)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Ion. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-I	FLW-1				
1			7.2		72.2	.056				_
2						.06/				
3						, 061				
4			7.3		72.2	. 06/				
5			7.2		>2.2					
6	21.4	Z	7.2	17	72.2					
7			7.3		72.2	.064				
8		701	7.2		72.2	.057				
9						.062				1.
10						.062				
11			7.4		>Z.Z	.062				
12			7.3		72.2	.057				
13			7.2		72.2	.06/				
14			7.2		72.2	. 065	10.00		4.1	
15			7.3		72.2	.06/	5.81			
16					1	. 066		3 101		
17						. 066				
18			7.2		7Z.Z	. 066		E all		
19			7.3	2	72.2	A STATE OF THE PARTY OF THE PAR				
20			7.3		72.2	.067				
21	1		7.2	122	72.2	.074	T. C.			
22			7.3		72.2	.066				
23	1		1.			.067	- Z			
24						. 667				
25			1 2 2 2		> Z.Z	.067				
26			7.3		72.2	.062				
27	1	1	7.3		>2.2					
28			7.3		72.2	The second of the second secon				
29		1	7.3		72.2					
30						.063				
31						. 663				
Total	7:11	7		17		1.98				
	21.4			17		.064				

PLANT STAFFING: Day Shift Operator	Class:	<u></u>	Certificate No:	14085	Name:	EDWARD T. URBANEK
Evening Shift Operator	Class:	<u>B</u> _	Certificate No:	8580	Name:	TIM FISH - Weekends.
Might Shift Operator	Class:		Certificate No:	13891	Name:	VIIICENT KIRCHON
ad Operator	Class:		Certificate No:	14085	Name:	ENWARD T. URBANEK
		C		8958		Michael HAMMER - Weikery



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

See page 4 for instructions.

A. Public Water System (PWS) Information PWS Name: TRADEWINDS VILLAGE PWS Type: Tommunity Non-Transient Non-Community Number of Service Connections at End of Month: 375 PWS Owner: TRADE WINDS UTILITIES Contact Person: Contact Person's Mailing Address: % CHARLES DEMENZES; PO BX 5220	-	Total Popu	PWS Identification Nu ent Non-Community lation Served at End o erson's Title:	Consecutive		34478
Contact Person's Telephone Number: (352) 622-4949 Contact Person's E-Mail Address:	-		erson's Fax Number:	- 01010. 12		-
Contact Person's E-Mail Address:		-				
B. Water Treatment Plant Information Plant Name: TRADEWINDS VILLAGE Plant Address: NE 43 PL & 27TH CT	_ City:	Plant Telep OCALA	phone Number:	(352) 622-4949 State: FL	Zip Code:	34478
Type of Water Treated by Plant: □ Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day:	F Purcha	sed Finishe 950000				
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		-	Plant Class (per subse	ection 62-699.31	0(4), F.A.C.):	С
Licensed Operators Name	Licens	e Class	License Number	Day	s)/Shift(s) Worked	L
Lead/Chief Operator; EDWARD URBANEK	(C	14560	DAY		
Other Operators: MICHAEL HAMMER	1	C	8519	WEEKEND		
TIM FISH		В	7477	WEEKEND		
VINCENT BROWN		С	14184		WEEKEND	
			0.000			
II. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator licensed in Florida, am the lead/	chief onera	tor of the wa	ater treatment plant ide	ntified in Part Lo	f this report I cart	ify that the
information provided in this report is true and accurate to the best of my knowledg	e and belie	f. I certify th	ater treatment plant ide	atment chemica	Is used at this plan	of conform to
NSF International Standard 60 or other applicable standards referenced in subsec	ction 62-558	5.320(3), F.A	A.C.* I also certify that	the following add	ditional operations	records for this
plant were prepared each day that a licensed operator staffed or visited this plant	during the r	month indica	ated above: (1) records	of amounts of c	hemicals used and	d chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. F	-urthermore	e, I agree to	provide these additiona	al operations rec	ords to the PWS of	wner so the PW
owner can retain them with copies of this report, at a convenient location for at lea (*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are proper type to purchase)			and are responsible for retaining	ng thom)		
Court enterior turnior line enterine and naive over advised or the property per to parentally (our enterior are pr	ovided with cop	nes of all reports	and are responsible for retaining	ng dieni)		
Elinh 11hah 7-7-09		EDWARD (JRBANEK		C-14	1560
Signature and Date			yped Name		License Nu	mber
Substit ' '/Alternate	- 1					
DEP (62-555.900(3)	(J)					الإيتيا
Effective August 28, 2003	Page 1	1				

MICHIELI OPERATION REPORT FOR PWSS TREATING RAW GROOMS WATER OR FORGUAGED LIMIGHED WATER

PWS	ldentific	ation Nui	mber:		3424620		Plant Name:		TRADEW	INDS VILL	AGE			-
III. Da	aily Data	for the Mo	onth/Year of:		JUNE 2009			4.						
Means	of Achiev		og Virus Inacti		val: *	Free Ch	lorine	T CI	nlorine Diox	ide	「 Ozon	e	Combin	ed Chlorine (Chloramines)
			dual Maintaine	d in Distrib	ution System:		Free Chlor	rine		「 Comb	oined Chori	ne (Chloran	nines)	☐ Clorine Dioxide
		10.00	1000000	25.	CT Calculations	or UV Dose	to Demonstrate Fo	ur-Log	Virus Inactiv	ration, if Ap	plicable*	1000		
	D.			4		CTC	alculations 💸 🚁	Contract Contract			J-X UV	Dose : :		
518	Days Plant	222		75 E S	Lowest Residual	It has been been been been been been been bee	11 September Supposed September Sept	Control Control	THE STANDARD STANDARDS	- DESCRIPTION OF THE PROPERTY OF THE PARTY O	in the same way was the same	ACTION AND ADDRESS OF THE PARTY	LOWCSC	
	Staffed or				Disinfectanct	Contact Time					WELL SERVICE		Disinfectant	
	Visited			1	Concentration	(T) at C.3	Lowest CT	1.4.5			Lowest	Minimum	Concentration	
	by			SELECTION OF	(C) Before or at	Measurement	Lowest CT Provided Before of at First Customer	Temp	and the same	Minimum,	Operating	UV Dose	at Remote	
	Operator		Net Quantity of		First Customer	Point During	at First Customer	of	pH of	CI	UV Dose,	Required,	Point in	
the	(Place	Plant in	Finished Water		During Peak Flow,	Peak Flow,	During Peak Flow	Water	Water, it	Required.	mW-	mW- sec/cm2	Distribution System, mg/	Maintenance Work that Involves Taking Water System
Month 1	"X") -	- Operation 24	Produced, gal	Rate, gpd	mg/L	minutes	mg-min/Let **;	-+ OC	Applicable	mg-mm/D	sec/cm2	sec/cm2	0.9	Components Out of Operation
2	X	24	126000	77.77				-	U 2 70	75,714		2011	0.9	
3	X	24	117000					1	 		 		0.8	
4	X	24	87000			1							0.9	
5	X	24	98000										0.8	
6	X	24	98000		-									WEEKEND CHECK
.7		24	98000					7-1			1			
8	X	24	98000				A search and a sea						1.0	
9	X	24	88000					1			-		1.1	
10	X	24	118000										0.9	
11	X	24	118000										0,8	dEAL .
12	X	24	118000										1.0	3-04%
13	X	24	128666									-		WEEKEND CHECK
14	1000	24	128666		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							-	0.8	
15	X	24	128666 125000					-			-	-	0.8	
16	X	24	98500					1		-	-	-	0.8	
18	X	24	98500						 	10 TO 10			0.8	
19	X	24	86000						- 195 A		1 - 45	1	0.7	
20	X	24	130000											WEEKEND CHECK
21		24	130000											Secretary and the secretary an
22	X	24	130000										0.6	
23	X	24	119000									710	0.6	
24	X	24	120000										0.7	
25	Х	24	120000								-		0.8	
26	X	24	118000								-		0.6	
27	X	24	123000						-	1000000	1750			WEEKEND CHECK
28		24	123000		1-0-1		1		-		-	-	-	CANADIA ANGLIA ALINICA
29	X	24	123000					-			-		0.7	SAMPLE - 3 WELLS, 2 LINES
30	X	24	89000			-	-	-			+	-	0.8	
31		24	2205221					1			1			
		egyértése.	3395331 113178											
			130000											
I-TAMARETTE	THE RESERVE WAS	Charles and the second second	10000	1										

DEPForm 62-Substitute/Alternate 555-900(3) Effective August 28, 2003

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Sec. of

^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: MAILING ADDRESS:		Utilities, Inc.	27		PERMIT N	IUMBER	FLA010	0699				
	Ocala, FL 3	4478			LIMIT: CLASS SIZ	ZE:	Final N/A		REPORT GROUP:		Month! Domes	
FACILITY: LOCATION:	Tradewinds 2925 NE 43 Ocala, FL 3	Brd Place				LING GROUP NU LING GROUP DE		eld, including Influent				
COUNTY:	Marion					IARGE FROM SI LING PERIOD	From: JUNG	7/2009 To	JUNG	£,30	2009	
Parameter			Quantity	or Loading	Units	Qu	ality or Conce	entration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	4	ample Measurement	.053		MGD					0	SDAYS/WK	METER
PARM Code 50050 Mon Site No. PLW-1	R	ermit (1965) Requirement	0.081 (An:Avg.)		MGD						5 Days Week-	Meter
Flow	N	ample Measurement	. 063		MGD					0	SDAYS/WK	METER
PARM Code 50050 Mon Site No. FLW-1	R	ermit	Report ↓ ↑ (Mo.Avg.)		-MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 d	λ	ample Aeasurement				7-96			M6/L	0	MONTHLY	GRAB
PARM Code 80082 Mon Site No. EFA-1	R	ermit equirement				20:0 (An Avg			=MG/L		Monthly:	Grab 3
BOD, Carbonaceous 5 d	N	ample 1easurement				15.1	15.1		M6/L	0	MONTHLY	GRAB
PARM Code 80082 Mon Site No. EFA-1	R	ermit dequirement				Report Mo Avg	60.0 (Max-)		MG/L		Monthl y (*)	Grab
Solids, Total Suspended	N	ample 1easurement				18.6			MG/L	0	MONTHLY	GLAB
PARM Code 00530 Mon Site No. EFA-1	A PROSER	ermit equirement				20 0 (An Avg.)			MGL		Monthly	- Grab
Solids, Total Suspended	N	ample leasurement				40	40		M6/L	0	MOSTHLY	GRAB
PARM Code 00530 Mon Site No. EFA-1		ermit equirement				Report (Mo.Avg.)	60.0 (Max)		₹ MG/L		i Monthly ∕	Grab
I certify under penalty of information submitted. I and belief, true, accurate,	Based on my i	nduiry of the b	erson or persons w	no manage the sy	stem or those n	ersons directly to	noneible for gath	ering the information +1	a info		take of the second of the second	ner and evaluate the of my knowledge
NAME/TITLE OF PRINCIP								R AUTHORIZED AGENT	1	TELEPH		(YY/MM/DD)
EDWARD T. U	IRBANEK,	PRO-TE	ch W+1	V/W	Educa	LIU	loh			236	-2444 09	-67-23
COMMENT AND EXPL	ANATION C	F ANY VIOLA	ATIONS (Reference	e all attachments	here):							
		#										

ط 1

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: JUNE 1,2009 To JUNE, 30,2009

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.2	7.4		50	0	SOAYS/WK	GLAB
PARM Code 00400 A	Permit : A Requirement				(Min.)	18.5% (Max.)		su		SDay/Week	Grab
Coliform, Fecal	Sample Measurement			W 3 2 3 1 0 = 4 1	7			100 M	0	MONTHLY	6-KAB
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An:Avg.)			#/100ML		i Monthly	Grab
Coliform, Fecal	Sample Measurement				4	4		TOO ML	O	MONTHLY	G-RAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit: *** Requirement	MC ACTI		1000	Report (Mo.Geo.Mean)	800 (Max.)		#/100M(L)		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				22.2			146/4	0	SOAYS/WK	GRAB
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				(Min.)			MG/L		5 Day Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				\$ 74			%	0	MONTHLY	CALCULATED
PARM Code 00180 1 Mon.Site No. FLW-1	Permit 22.				Report (Mo.Total)			PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNK				1	MNR	MNR
PARM Code 00620 A Mon Site No. EFA-1	Permit- Requirement				72 (12.0) (Max.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		4 43	/	1	MNR	MNR
PARM Code 80082. Y. Mon Site No. INF-1		SAMPLE WITH CHARLES	g in served agos, a yi lgolg agos	PARTY STATE	Report (An Avg.)	hartestander der f	And the second	MG/L	is my cr	Annually, J.,	Grab
Solids, Total Suspended	Sample Measurement				MNR				1	MNK	MNR
PARM Code 00530 Y. Mon.Site No. INF-1	Permit Requirement				Report (An Avg.)			MG/L	122	Annually.	Grab
	Sample Measurement					1.					
	Permit Requirement										
	Sample Measurement			10/10/10/10							
	Permit@: Requirement						L L L LANGE				VL Space

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010699 Facility: Tradewinds WWTF Monitoring Period From: JUNE 1, 2009 TO: JUNE 30,2009 CBOD5 Fecal TRC (For pH (SU) TSS (MG/L) Flow (MGD) (MG/L) Coliform Disinfect.) Bacteria (MG/L) (#/100ML) Code 80082 74055 00400 00530 50060 50050 Mon. Site EFA-1 EFA-1 EFA-1 EFA-I EFA-1 FLW-1 1 7.2 12.2 063 2 7.3 Z. Z 065 3 7-3 2.2 .061 4 15.1 4 40 2.2 7.2 -057 5 7.3 12.2 066 6 .034 7 034 8 7.4 22 034 9 7.3 122 -086 10 7-2 12-Z -086 11 7.3 ZZ 086 12 12.2 086 13 063 14 063 15 7.2 2-2 .063 16 7.3 2-2 .057 17 7.2 2.2 .069 18 7.3 \$2.2 069 19 7.3 12.2 .042 20 : 063 21 . 663 22 7.3 063 12.2 23 7.2 12.7 .072 24 7.3 AZ.Z 060 25 12.2 .055 26 -063 27 -066 28 066 29 12. Z 066 30 2.56 .066 300 Total 15.1 40 1.89 Mo. Avg. 15.1 4 40 €063 PLANT STAFFING: 14085 Day Shift Operator Class: Certificate No: EDWARD T. URBANEK Name: 13891 VINCENT BROWN Evening Shift Operator Class: Certificate No: Name: Night Shift Operator Class: 8580 Certificate No: JIM FISH Name: 1 Operator 0 EDWARD TORBANET Class: 14085 Certificate No: Name: MCHAEL HAMMER 0



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

See page 4 for instructions.

General Informati	ion for the Month/Yea JULY 2009 Vater System (PWS) Information					
A. Public W PWS Name:	TRADEWINDS VILLAGE		PV	VS Identification N	umber: 3	3424620
WS Type:	Community Non-Transient Non-Communit	tv	Transient	Non-Community	T Consecutive	
	Connections at End of Month: 375	.,		on Served at End		
WS Owner:	TRADE WINDS UTILITIES					
contact Person:	TIVALETITIO		Contact Perso	on's Title:		
Contact Person's M	ailing Address: % CHARLES DEMENZES; PO BX 5220	City:	OCALA		State: FL	Zip Code: 34478
ontact Person's Te		Oitj.		n's Fax Number:	_	
ontact Person's E			001110011010			
Omaci i cison's L	-Wall Addiess.		-			
Water T	reatment Plant Information					
lant Name:	TRADEWINDS VILLAGE		Plant Telepho	ne Number:	(352) 622-4949	
lant Address:	NE 43 PL & 27TH CT	City:	OCALA		State: FL	Zip Code: 34478
arteria di coo.			277			
ype of Water Trea	ted by Plant: Raw Ground Water	Purcha	ased Finished V	Vater		
	Day Operating Capacity of Plant, gallons per day:		950000			
	subsection 62-699.310(4), F.A.C.): 5	in a second	Pla	ant Class (per sub	section 62-699.310(4	4), F.A.C.): <u>C</u>
a va	1 PW					
censed Operators	Name - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Licens	se Class	License Number.	Day(s)/	Shift(s) Worked
ead/Chief Operato	or, EDWARD URBANEK		C	14560	DAY	is a fail at
ther Operators:	TIM FISH		В	7477	WEEKEND	
	VINCENT BROWN		C	14184	WEEKEND	
	MICHAEL HAMMER		C	8519	WEEKEND	
						<u> </u>
Certification by I	ead/Chief Operator	7111				
the undersigned v	vater treatment plant operator licensed in Florida, am the lead/	chief opera	ator of the wate	r treatment plant i	dentified in Part I of the	his report. I certify that the
formation provide	d in this report is true and accurate to the best of my knowledge	e and belie	ef. I certify that	all drinking water	treatment chemicals	used at this plant comonn to
ISE International S	Standard 60 or other applicable standards referenced in subsec	tion 62-55	55.320(3), F.A.C	C.* I also certify th	at the following addit	ional operations records for t
lant were prepared	deach day that a licensed operator staffed or visited this plant	during the	month indicate	d above: (1) recor	ds of amounts of che	emicais used and chemical le
ates: and (2) if ann	olicable, appropriate treatment process performance records. F	urthermor	re, I agree to pro	ovide these addition	onal operations recor	ds to the PWS owner so the
wner can retain th	em with copies of this report, at a convenient location for at lea	st ten vea	rs.**			
Our clients furnish the cl	hlorine and have been advised of the proper type to purchase) (**Our clients are pro	ovided with co	opies of all reports an	nd are responsible for reta	aining them)	
			EDWARD UR	RBANEK		C-14560
Signatu	re and Date		Printed or Typ			License Number
			,			
Sub: e/Altern		4.454,454.0				
DEP Form 62-55)
Effective August	28, 2003	Page	9 1			

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

PWS	Identific	ation Nu	mber:		3424620		Plant Name:		TRADEWINDS VILLAGE					_
			onth/Year of:		JULY 2009	_								
		ving Four-I Radiation	og Virus Inacti	vation/Remo		Free Chl	orine	CI	nlorine Dioxi	de	C Ozon	е	Combine	d Chlorine (Chloramines)
			dual Maintaine	d in Distrib	ution System:		Free Chlor	ine		☐ Comb	ined Chori	ne (Chlorar	nines)	Clorine Dioxide
STORES.	WE WANT	12.19450	MEL TO SE	The Great	CT Calculations	or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	2.8	TO SERVICE STREET, STR	
	Days			200000000000000000000000000000000000000	企业 会区域的公	CT C	alculations		STATE OF		UV	Dose		
	Plant		5.00 (1.00 1.50)	27.5	Lowest Residual	Disinfectant		THE WARRY			李思·斯克 拉斯	S 47 9 90 90	Residual	一位的第三人称单数
	Staffed or	r			Disinfectanct	Contact Time					2004 ET	Wast 1	Disinfectant	
100	Visited	17.5	*		Concentration	(T) at C	Lowest CT	100000000000000000000000000000000000000	375-738-78-78-78-78-78-78-78-78-78-78-78-78-78	Minimum	Lowest	Minimum	Concentration	
	by		1.7	Property of the second	(C) Before or at		Provided Before or			Minimum	Operating	UV Dose	at Remote	
	Operator	CONTRACTOR CONTRACTOR	Net Quantity of	and the state of t	First Customer		at First Customer		pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions, Repair or
Month	(Place	Plant in Operation	Finished Water Produced, gal		During Peak Flow, mg/L	Peak Flow,	During Peak Flow, mg-min/L		Applicable	Required	mW-	mW-		Maintenance Work that Involves Taking Water System
ma I m	X	24	52000	ixate, gpu	ing ing ing	minutes	ing-min/L	OC.	Applicable	= mg-mnvrs	sec/cm2	sec/cm2	0.7	Components Out of Operation
2	X	24	52000								 		0.6	
3.4	Х	24	132000								<u> </u>	-	0.7	
41	X	24	107666										0.7	WEEKEND CHECK
5 %		24	107666										7. 7.0	WEEKEND CHECK
6	X	24	107666										0.8	
7	X	24	115000										0.8	
8	X	24	124000										0.7	
9	X	24	115200										0.8	
10		24	115200											
11	X	24	115200										Y	WEEKEND CHECK
12	X	24	115200										0.8	
13	X	24	115200										0.9	
14	X	24	116000						-				0.8	
15	X	24	108500										0.8	
16 17	X	24	108500 122000								-		0.8	
-18	X	24	87666								-		0.7	
19	_ ^	24	87666											WEEKEND CHECK
20	X	24	87666								 		0.8	
21	X	24	68000										0.8	
22.	X	24	107500										0.8	
* 23	X	24	107500										0.9	
24	X	24	96000										0.8	
-25	X	24	121333											WEEKEND CHECK
- 26		24	121333											
27	X	24	121333										0.7	
~ 28	X	24	106500										0.7	
29	X	24	106500										0.8	
30	X	24	106500										0.8	SAMPLE - 3 WELLS, 2 LINES
>31	X	24	106500										0.7	
Total	SECOND SE	4 \$42.	3260995											-
Section of the section of the		25.04%.00	105193									•		
iviaximu	IIIV (2)	in the state of	132000											

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

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767											
PERMITTEE NAME: Tradewinds Utilities, Inc. MAILING ADDRESS: Post Office Box 5220	PERMIT NUMBER	FLA010699									

Ocala, FL 34478

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

LOCATION: 2925 NE 43rd Place MONITORING GROUP NUMBER: R-001
Ocala, FL 34479 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Marion NO DISCHARGE FROM SITE: July 01 2009 to July 31, 2009.

Parameter		Quantity	or Loading	Units	Quality or Concentration			Units No. Ex.		Frequency of Analysis	Sample Type
Flow	Sample Measurement	,054		HGD					0	5 DAYS/WK	METER
PÄRM Code \$0050 Y Mon Site No. FLW-1	Permit ::2	(An.Avg.)		MGD						5 Days/Week	-Meter
Flow	Sample Measurement	1064		MGD					0	50AK/WK	METER
PARM Code 50050 F	Permit Requirement	Report (Mo.Avg.)		MGD	un en		9,232,000			5 Days/Week	/ Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.1			MGL	0	MONTHLY	GRAB
PARM Code 80082 Y Mon Site No. EFA-1	Permit			第	20.0 (An Avg.)		ar st Timen	MG/L		Monthly/	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	12		MG/L	0	HOMPHLY	GRAB
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Avg.)	(Max)	10 mm 15 mm 3	-MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement	The second secon			15.8			MG/L	0	Monney	GRAB
PARM Code 00530 Y	Permit Requirement		100		20.0			MG/L		Monthly/	- Grab
Solids, Total Suspended	Sample Measurement				3	3		MGL	0	MONTHLY	GRAB
PARM Code 00530 A A A A A A A A A A A A A A A A A A A	Permit # :-				Report (# 1	(Max.)		MG/L		Monthly/	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)
John W. BRYANT/PRO-TECH WHWW	Donie Bresant	350) 236 09/8/14
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachmen		

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: 7-001
MONITORING PERIOD From: COLY 01 2009 To CULY 31 2009.

рН	1	1		Units	On	ality or Concen	tration	T T	127	F	
011			or Loading	Omes	Qu	ality or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement				7.2	7.3		1	1	-	
PARM Code 00400 A: Mon Site No. FFA-1	Permit 25	Mark things			6.0	8.5		54	0	50445/UK	GRAB
Coliform, Fecal	Requirement Sample				(Min.)	(Max.)				P P S WEEK	Crab Grab
PARM Code 74055	Measurement				10			Floom	0	Manie	GRAB
ARM Code 74055 Y Non.Site No. EFA-1	Permit: Requirement:				200			#/100ML		Monthly	Grab
Coliform, Fecal	Sample	THE R. P. LEWIS CO., LANSING, V.			s (An Avg.)	4					0.40
ARM Code 74055	Measurement				84	3500		Ficant	1	Monthly	GRAB
ARM Code 74055 A Mon.Site No. EFA-1	Permit Permit Requirement				Report (Mo.Geo Mean)	800		#/100ML	6.70	Monthly	Grab
otal Residual Chlorine (For	Sample	AND CRAME AND VIOLENCE IN		2 14 5	(Mo.Geo Mean)	(Max.)			52.82		Side Stab
Disinfection) ARM Code 50060	Measurement				1.8		1	MAL	10	50Ays/uk	GRAB
ARM Code 50060 A fon.Site No. EFA-1	Permit Requirement				0.5			MG/L		5-Days/Week	Grab
ercent Capacity, (TMADF/	Sample		Ser Coddition (Care Lo	144	(Min.) # 445	Section 1					Olab.
ermitted Capacity) x 100 ARM Code 00180	Measurement	10.000			79			10	0	Manuel	Cala 1.
Ion.Site No. FLW-1	Permit: 2 22			454	in ≰Report -	生物政治(1)		PER	U	Monthly As	Calculated
itrogen, Nitrate, Total (as N)	Sample	MANUFACTURE AND THE PARTY OF TH	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		(Mo:Total)	[5] (在	CE SE	CENT	7	-212	Calculated
ARM Code 00620 A	Measurement				MNR			MNP	/	HILP	MND
fon Site No. EFA-1	Permit* Requirement	Ell Supple			12.0		TO EXPLICACION	MG/L		Annually	Grab
OD, Carbonaceous 5 day, 20C	Sample	145 41744441 K. Bright T. Bayandar Skilling (1	Sandada Tanana da an ar Taxa, an		(Max.)						
ARM Code 80082	Measurement		F-1-1		MNR			MNR		MNRI	MNR
on Site No. INF-1	Requirement	Market Mark Liver Aura .		200	(An Avg.)	uy typy (hodi sidi di		MG/L	se la la	- Annually	Grab
olids, Total Suspended	Sample		42.55 . 10.₹		AL AVE	er en					Section 1
ARM Code 00530 Y	Measurement Permit			100000000000000000000000000000000000000	MNK			MNR		MNRI	MNR
on Site No. INF-1	Requirement			S.E. et il.	Report			MG/L		Annually	Grab
	Sample			Control of Control of Control	√(An Avg.) ≯ - ;			area (AA)		orton el carte de la company	34 5
	Measurement								1		
	Permit ;			2000			frankalatajajajaj		Allow-		AND LOT ILL
	Sample	4.000					t in the strong and			。由于 发展。	
	Measurement	0.00							1		
	Permit Requirement			40		15-11-7-11-21		0.500 (1.500)			Marie Company

DAILY SAMPLE RESULTS - PART B

FLA010690 From: Facility: Tradewinds WWTF Permit Number: 1012009 Monitoring Period TSS (MG/L) TRC (For CBOD5 pH (SU) Flow (MGD) Fecal Disinfect.) (MG/L) Coliform (MG/L) Bacteria (#/100ML) 00400 00530 50060 50050 Code 80082 74055 Mon. Site EFA-I EFA-1 EFA-1 EFA-1 EFA-1 FLW-1 12:2 1 1059 2 7.2 12.2 v059 3 7.3 22,2 076 4 1058 5 058 6 7.2 72.2 .058 7 7.3 2.0 .077 8 7.2 2.0 1073 9 2.0 1066 10 1066 11 1066 12 2.0 1066 7.3 13 2.0 ,066 7.3 14 2.1 ,062 2.0 15 1066 7.2 16 72 2.0 ,066 17 1080 18 1063 19 .063 20 2.0 ,063 3 21 2.0 ,054 3 22 42 3500 3 2.0 ,070 23 2 2.0 1050 24 2 2.0 1063 25 066 26 1066 27 7.3 2.0 066 28 7.2 2.1 ,066 29 3 2.0 ,066 30 2.0 2 2 ,060 31 2.0 ,060 ×2 3 1,998 Total 84 Mo. Avg. L2. 3 1064 GED-MEAN PLANT STAFFING: EDWARD T. URBANEK 14085 Day Shift Operator Class: Certificate No: Name: TIM FISH - WEEKEND VINCENT BROWN - Weekend Evening Shift Operator Class: Certificate No: Name: Certificate No: Night Shift Operator Class: Name: MICHAEL HAMMER - Weekend.

Class:

d Operator

Name:

Certificate No:



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

See page 4 for instructions.

I General Information for the Month/Yea AUGUST 2009						
A. Public Water System (PWS) Information PWS Name: TRADEWINDS VILLAGE		PWS Identification N	lumbor:	342462	0	
PWS Type: Community Non-Transient Non-Community Number of Service Connections at End of Month: 375		Transient Non-Community Total Population Served at End	☐ Consect		.0	
PWS Owner: TRADE WINDS UTILITIES Contact Person:		Contact Person's Title:				
Contact Person's Mailing Address: % CHARLES DEMENZES; PO BX 5220 Contact Person's Telephone Number: (352) 622-4949 Contact Person's E-Mail Address:	City:	OCALA Contact Person's Fax Number:	State:	FL Zi	p Code:	34478
B. Water Treatment Plant Information		-				
Plant Name: TRADEWINDS VILLAGE		Plant Telephone Number:	(352) 622-4	949		
Plant Address: NE 43 PL & 27TH CT	City:	OCALA	State:	FL Zip	Code:	34478
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	Purcha	ased Finished Water 950000				
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		Plant Class (per sub-	section 62-699	9.310(4), F.A.(C.):	C
Licensed Operators Name	Licens	se Class License Number	- 1	Day(e)/Shiff(e)	Worked	
Lead/Chief Operator: AMANDA HULON		C 15214	8/4,5,6,7,14		EV VOINCO	APAGOS, TOWARDS, TURKY Pyc.
Other Operators: JOHN W. BRYANT		C 7566	8/11,12,13,			
OLIVER SHOCKLEY		C 13924		RU 8/31/2009		
VINCENT BROWN		C 14184		WEEKEN	DS	
MICHAEL HAMMER		C 8519	WEEKEND			
TIM FISH		B 7477	WEEKEND			
II. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator licensed in Florida, am the lead/ch information provided in this report is true and accurate to the best of my knowledge a NSF International Standard 60 or other applicable standards referenced in subsection plant were prepared each day that a licensed operator staffed or visited this plant durates; and (2) if applicable, appropriate treatment process performance records. Fur	and belie on 62-55 uring the	ef. I certify that all drinking water to 5.320(3), F.A.C.* I also certify the month indicated above: (1) record	reatment cher at the following ds of amounts	nicals used at additional op of chemicals	this planerations used and	it conform to records for the chemical fee
owner can retain them with copies of this report, at a convenient location for at least (*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided to the proper type to purchase)	ten year	'S.**		1000100101	011100	
Amarolalthon 9-8-09		AMANDA HULON Printed or Typed Name		Tio	C-15	
Signature and Date		Timed of Typed Name		LIC	CHSC MU	IIIDEI
Subst /Alternate	4					À
DEP	Page	1				-1

INIONITALT OFERATION KEPOKI FOR PWSS I KEATING KAVY GROUND WATER OR PURCHASED FINISHED WATER

PWS !	ldentific	ation Nur	nber:		3424620		Plant Name:		TRADEWI	NDS VILL	AGE			_
III. D	aily Data	for the Me	onth/Year of:		AUGUST 2009									e .
Means	of Achiev	ing Four-L	og Virus Inacti	vation/Remo	AUGUST 2009 oval: *	Free Chl	orine	T Ch	lorine Dioxi	de	C Ozon	е	Combine	ed Chlorine (Chloramines)
		Radiation		1 Other (Describe):					1 1 1	Marg. 17			
		tant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
				Statistics (Chia	CT Calculations	, or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	· 新一种一种	新星新疆	Come Dioxide
415 gr (4.5)	- Days			on-security Acts 5		CFC	alculations	Description	Control of the Control		* UV	Dose ·	Lowest	
	Plant				Lowest Residual	Disinfectant	Lowest CT = Provided Before or at First Customer	100					Residual Disinfectant	
	Staffed or				- Disinfectanct	Contact Time			Congress days		10000		Disinfectant	
	Visited		The entire of the second of		Concentration	(1) at C	Lowest CT	100		N/C	Lowest	Minimum	Concentration at Remote	
Day of	by Operator	Hours	Net Quantity of		(C) Before or at	Point During	at First Customer	of	nH of	CT	IIV Dose	Required	Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	The state of the s	During Peak Flow,	Peak Flow	During Peak Flow,	Water	Water if	Required	mW-	#- mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation	Since and the second of	TO SECURE OF THE	mg/L	minutes	mg-min/L	v, oC ≤	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	Components Out of Operation
S. Dog	X	24	107500										三十四日日	WEEKEND CHECK
2		24	107500								Et (test).	Prid Tar	RESIDENCE.	
3	U CON	24	107500											
+ 45	X	24	107500			-							1.1	
- 5	X	. 24	101000					-					1.0	
56 G	X	24	116000			-		-					1:0	
7.4	X	24	139000			-		-					1.1	WEDGE DO OF DOM
8	X	24	116666		L.E.F.			-	THE SECOND					WEEKEND CHECK
9	X	24	116667					-					1.0	
11	X	24	89000			-		-	 				1.1	
12 -	X	24	109000			f		 	-		—		0.9	
13	X	24	111000			 		+	17		-		1.0	
- 14	X	24	97000		100000000000000000000000000000000000000		177.0		-				1.0	
15	X	24	95667	1							The same	100000	AND THE RESERVE	WEEKEND CHECK
16		24	95667											
17	X	24	95667								1100		1.0	SAMPLE - 3 WELLS, 2 LINES
- 18	Х	24	111000										0.9	CHANGED CL2 DRUMS
19	X	24	102000										0.9	
20	X	24	101000					-					1.0	
21	X	24	105000					-					1.1	THE PROPERTY OF THE PROPERTY O
22	X	24	110000					-			-			WEEKEND CHECK
23	1/	24	109000									-	1.0	
24 - 25	X	24	102000						-			-	0.9	
	$\frac{\lambda}{X}$	24	100000	-				-				 	1.0	
26	X	24	105000					1	-				1.0	
28	X	24	120000					1					1.1	
29	X	24	120000		 								1	WEEKEND CHECK
30	1 ~	24	120000					1			1	T	1	
31	X	24	118000		1								1.0	
Total		The Administration	3354001		A	-						1		
Average	e programme	California (Ca	108194											

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003 Page 2

Maximum 139000 *Refer to the instructions for this report to determine which plants muxt provide this information

	DEPA	RTMENT OF I	ENVIRONMEN	TAL PR	OTECTION D	SCHARGE N	IONITORING I	REPORT	- PAI	RT A				
When Completed mail this	report to: Departmen	t of Environmental P	rotection, Central D	istrict, 3319	Maguire Boulevard	Suite 232, Orland	o, FL, 32803-3767							
PERMITTEE NAME: Tradewinds Utilities, Inc.				PERMIT N	NUMBER	FLA01069	FLA010699							
	AILING ADDRESS: Post Office Box 5220 Ocala, FL 34478			LIMIT: CLASS SI	ZE:	Final N/A			REPORT: GROUP:		c c			
LOCATION: 292					RING GROUP NUM RING GROUP DESC									
COUNTY: Ma	COUNTY: Marion					NO DISCHARGE FROM SITE: August, 01, 2001 To August 31, 2009								
Parameter		Quantity o	or Loading	Units	Qua	lity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type			
Flow	Sample Measurement	,055		MGD					0	5 DAYS/WK	METER.			
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	. 0.081 гд (Ап. Avg.)	- F	MGD						5 Days Week	Meter			
Flow	Sample Measurement	.065		MGD				There is a second of the second	0	5 nausluk	METEN.			
PARM Code 50050 1- Mon Site No. FLW-1	Permit (14) Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter			
BOD, Carbonaceous 5 day, 2	0C Sample Measurement				8.1			Make	0	Honory	CRAB			
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)	130年温		, MG/L		Monthly	Grab			
BOD, Carbonaceous 5 day, 2	Measurement				13	/3		MG/L	0	Homsky	GRAB			
PARM Code 80082 A Mon Site No' EFA-L	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/b		Monthly	Grab			
Solids, Total Suspended	Sample Measurement	,	-		19			MGK	0	MONTHEY	GRAB			
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Monthly/	y Grab			
Solids, Total Suspended	Sample Measurement				42	42		MG/L	0	MONTHLY	GRAB			
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement	The Court of			Report (Mo.Avg.)	60,0 h = (Max.)		MG/L		Monthly	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 OF AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARLIN RICHARDSON PROJECT W	rww Marl Mushent	(352) 236	129/09/14
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference al	attachments here):		///

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: RADOI MONITORING PERIOD From: 1449 01 2009

Parameter		Quantity o	r Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
рН	Sample Measurement				7.4	7.8		54	0	50AKJWK	GRAB
PARM Code 00400 A Mon Site No. EFA-1	Permit: 24-38 Requirement				6.0 (Min.)	(Max.)		SU ~	100	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				18		27,1446	FICOML	0	Montey	GRAB
PARM Code 74055 Y VioreSite No. EFA-1	Permut Requirement			19-251	200 (An Avg.)			#/100ML	210	Monthly	Grab
Coliform, Fecal	Sample Measurement		1000		100	20,000		FICOM	1	MONTHLY	GRAB
PARM Code 74055 A. Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo Mean)	-800 St. (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	The Apple Angles are a standard for	was in the second of the second		D.9	services as Armana and the		MG/L	0	50AYSWK	GRAB
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				(Min.)	, I SE		All a ye	ěv.	CSIN DE SENSEMENT AL - LE	
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement		i folio de la regresa de la companio	Section 10 to 10	79		Di - n Tilki mojiklistijek	00	0	Monthly 3	CAlculated
PARM Code 00180 1 Mon Site No. FLW-1	Permit, Requirement.	7 C 21 S 24			(Mo.Total)		I NEW THE	# CENT		100/10	ight and the
Nitrogen, Nitrate, Total (as N)	Sample Measurement		, A.		MNR			MNR	/	MNR	MNR
PARM Code 00620 A. Mon.Site No. EFA-1	Permit Requirement				12.0 — (Max.)		1000 Sept.	MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MNR	1/	MNR	MNR
PARM Code 80082 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Permit Requirement				Report (An Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNE			MNR	/	MNN	MNR
PARM Code 00530 Y Y	Permit Requirement				Report (An.Avg.)			MG/L:		Annually	Grab
	Sample Measurement										
	Permit : Requirement										
- Clarific Control of the Control of	Sample Measurement				December 18 and		1	() () () () () ()	Line*197855		
	Permit :	**************************************		7107					2511		

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA010699 From: august 1, 2009

To: Que vs + 31, 2007 Facility: Tradewinds WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050			
ion. Site	EFA-1	EFA-1	EFA-1	EFA-I	EFA-1	FLW-1			
1						,063			
2						:063			
3						.063			
4			7.6		1.3	.063			
5			7.7		ile	.071			
6			7.7		1.8	042			
7			7.6		1.3	,075			
8						,060		ž	
9						. 060			
10			7.7		1.8	,060			
11			7.6		2.0	,002			
12			7.6		2.1	,068			
13			7.5		1,4	. 674			
14			7.6		2.2	, 074			
15			7.4			1061			
16						1061			
_ 17			7.10		72.2	.061	 		
18	17 0	1 (z)		42	72.2	, 070			<u> </u>
19	13.0	1(2)	7.4	7.		, 084			1
20			7.7		72.2	,060		:	1
21		-	7.6		100000000000000000000000000000000000000	,061			
22			7:0		2.0				-
23		-				1093	 		
24					~ 10	, 073	 		
25			7.5		72.2	. 073	 		1
26		75	7.4		72.2	.044			-
					2.0	, 080	 		-
27			7.7		72.2	, 074			-
			7.8		72.2	,059			-
29						,065			-
30						,065	 		-
31			7.5		72.2	:065			
Total	13			42		2.027			
10. Avg.	13	100		42		.065			

	SED MEAR	3 '				
PLANT STAFFING: Day Shift Operator	Class:	0	Certificate No:	15174	Name:	MARLIN RICHARDSON
Evening Shift Operator	Class:	C	Certificate No:	13891	Name:	VINCENT BROWN - Weekend.
ht Shift Operator	Class:	0	Certificate No:	8958	Name:	Michael HAMMER - Weekend
Lead Operator	Class:	B	Certificate No:	8580	Name:	Tim Fish-Weekend.



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

See page 4 for instructions.

Effective August 28, 2003

General Information Public War PWS Name:	on for the Month/Yeater System (PWS) Information TRADEWINDS VILLAGE			entification N		3424620	
PWS Type: Community Non-Transient Non-Community Number of Service Connections at End of Month: 375 PWS Owner: TRADE WINDS UTILITIES				Transient Non-Community Non-Communit				
PWS Owner: Contact Person:	TRADE WINDS	UTILITIES		Contact Person's Ti	tle:			
Contact Person's Ma	iling Address	% CHARLES DEMENZES; PO BX 5220	City:	OCALA		State: FL	Zip Code: 34478	
Contact Person's Tel Contact Person's E-I	lephone Number:	(352) 622-4949	O.t.y.	Contact Person's Fa	ax Number:			
	eatment Plant Info	rmation						
Plant Name:	TRADEWINDS			Plant Telephone Nu	ımber:	(352) 622-4949		
Plant Address:	NE 43 PL & 271		`City:	OCALA		State: FL	Zip Code: 34478	
Type of Water Treate		Raw Ground Water Pacity of Plant, gallons per day:	Purcha	ased Finished Water 950000				
Plant Category (per					ass (per sub	section 62-699.310	0(4), F.A.C.): <u>C</u>	
Licensed Operators		Name	Licens	se Class 💉 Licer	se Number	Day(s	i)/Shift(s) Worked	
Lead/Chief Operator				C	14560	DAY		
Other Operators:	OLIVER V. SHO			C	13924	9/1,2/2009	3 1	
	TIM FISH			В	7477	WEEKEND		
	VINCENT BROV	WN		C	14184		WEEKEND	
	MICHAEL HAM			C	8519	WEEKEND	1 - 14	
				10 10 10 10 10 10 10 10 10 10 10 10 10 1				
			1					
II. Certification by Le	ead/Chief Operator							
I, the undersigned w	ater treatment plar	nt operator licensed in Florida, am the lead/c	chief opera	ator of the water treat	tment plant in	dentified in Part I of	this report. I certify that the	
information provided	in this report is tri	ie and accurate to the best of my knowledge	and belie	ef. I certify that all dri	nking water	treatment chemical	s used at this plant comorni	
NICE International St	andard 60 or other	capplicable standards referenced in subsect	tion 62-55	5.320(3), F.A.C. 1 a	iso certity th	at the following add	Illional operations records for	
plant were prepared	each day that a lice	censed operator staffed or visited this plant of	during the	month indicated abo	ve: (1) recor	ds of amounts of cr	and to the DMS owner so the	
rates; and (2) if appl	icable, appropriate	treatment process performance records. F	urthermor	re, i agree to provide	tnese addition	onal operations reco	of the Page Courter so the	
owner can retain the	m with copies of the	nis report, at a convenient location for at leas	st ten yea	rs.""	anancible for retr	aining them)		
(*Our clients furnish the chi	forine and have been advi	ised of the proper type to purchase) (**Our clients are pro	ovided with co	opies of all reports and are re	sponsiole for rea	aning tien)		
12	11.11						0.44500	
Lil	w When	10-2-09		EDWARD URBANI			C-14560	
Signatur	e and Date			Printed or Typed N	ame		License Number	
Substit 'Alterna			4.000				6.000	
DEP F. 62-555	5.900(3)		-	7			-7	

Page 1

PWS.	dentifica	ation Nui	nber:		3424620		Plant Name:		TRADEWI	NDS VILL	AGE			
III. D	ily Data	for the Ma	onth/Year of:		SEPTEMBER 20	100								- 5
			og Virus Inacti			Free Chl	orine	Ch Ch	lorine Dioxi	da	Ozone		C1:	d Chlorine (Chloramines)
		Radiation		Other (1		i- rice cin	ornic	, Ci	norme Dioxi	uc	1 02011	7	Combine	d Chiorine (Chioramines)
			lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		「 Comb	ined Charin	ao (Chloron	-in-a-l	Fi Clarica Disable
		les senses			CT Calculations,	or IIV Dose t	o Demonstrate Fo	ur log V	Virus Inactiv	otion if An	nlica Chorn	ie (Cilioran	imes)	Clorine Dioxide
		04.20(3)			Principal and the second	CTC	alculations	ur-Log	v itus macmy	ation, ii Ap	Directore 11VA	Donor		
	@Days	11200	Sept 1		STORY BUILDING TO A PRINC		CONTRACTOR OF THE PARTY OF THE	CONTRACTOR OF THE	The second section of the second		U.Y	DUSC	Lowest	Control of the Contro
ALC: NO.	- Plant			rijari e	Lowest Residual	Disinfectant			The state of the s		3.300 Each		Residual	
A to Take	Staffed or Visited	A T. E. Stewart bear			Disinfectanct	Contact Time			Processor States		内計學者		Disinfectant	
	by	(1)			(C) Before or at		Lowest CT Provided Before or	T		Minimum	Lowest	Minimum	Concentration	CHAINCE DISABLE TO THE RESERVE TO TH
	Operator	Hours	Net Quantity of		First Customer	Point During		of .	pH of	CT	UV Dose	Required,	Point in	
the	(Place	Plant in	Finished Water		During Peak Flow,		During Peak Flow		Water, if		mW-	r Kequired, wmW-	Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System
Month	"X")	Operation	And the second second second second		mg/L	minutes	mg-min/L					sec/cm2	System, mg/L	Components Out of Operation
1-1-	Х	24	118000	7 01			3	P(12/1 13/13)	34.3F P. 10.10	3		J. D. G. O. H. L.	1.1	Components Out of Operation
2	X	24	132000				S.W. A. C.						1.0	
3	X	24	132000										0.9	
1 5 4 ···	X	24	149000										0.8	
5	X	24	81000											WEEKEND CHECK
6		24	81000											Tradata ta
*7	X	24	81000										0.7	
8.5	X	24	80000										0.8	
9	X	24	113000				No.						0.7	
- 10	X	24	114000										0.7	
*11	X	24	88000				7						0.6	
12	X	24	95000											WEEKEND CHECK
⊴=13t		24	95000											
14	X	24	95000										0.6	
15	X	24	72000										0.6	SAMPLE - 3 WELLS, 2 LINES
16	X	24	158000										0.7	
172	X	24	56000										0.8	
18.	X	24	94000										0.7	
19	X	24	99666				A							WEEKEND CHECK
20		24	99666											y
**21	X	24	99666										0.6	
22	X	24	85000										0.8	
23	X	24	106000										0.7	
24	X	24	110000										0.7	
25	X	24	76000										0.7	
- 26	X	24	108333											WEEKEND CHECK
27		24	108333											
- 28	X	24	108333										0.6	
29	X	24	87000										0.6	
* 30	X	24	115000										0.5	
31	Securities and Security	24	2026007											
rotal =	\$10.7135E		3036997											

158000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this repor	t to: Department	of Environmental Pr	otection, Central	District, 3319	Maguire Boulevard	Suite 232, Oriando	, FL, 32803-3707				
PERMITTEE NAME: Tradewir MAILING ADDRESS: Post Offi	nds Utilities, Inc.			PERMIT N	UMBER	FLA010699					
Ocala, FI				LIMIT: CLASS SIZ	Æ:	Final N/A		REPORT:		Month Domes	
	nds WWTF 43rd Place L 34479				ING GROUP NUM ING GROUP DES		ncluding Influent				
COUNTY: Marion					ARGE FROM SIT ING PERIOD	E: SEPT.	1,2009 TO	SEPT.	30,2	2609	
Parameter		Quantity of	r Loading	Units	Qua	ality or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.055	<u> </u>	MED					0	SOAYS/WA	METER
PARM Code 50050 ← × Y Mon Site No: FLW-1	Permit Requirement-	0.081 (An Avg.)		MGD						5 Dayd Week	Meter:
Flow	Sample Measurement	.065	4	M60					0	50A-15/W	METER
PARM Code 50050 1. Mon Sites No. FLW-1	Permit *** Requirement	Report (Mo. Avg.)		Victoriti S						5.Da/s/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.4			MULL	6	MONTHLY	GRAB
PARM Code 80082 Y Mon Site No EFA-1	Remut Requirement				20.0 (An Ave.)			IN C AL		Monthl	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.1	4.1		M6/2	0	MONTHLY	1-LAB
BARM Code 80082 - A A Mon Site No. EFA-1	Permit * 75			7.2	TimReport 2	70 C (600) 250		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				14.9			MULL	0	MONTHE-1	6-RAB
PARM Code 00530 - Pry Y - Property Mon Site No. EFA-1	Remit 25.5				# [ne 200 r = 31] # (An Avg) # 9			MG/L		Monthly	Grab -
Solids, Total Suspended	Sample Measurement	The state of the s	And the second section of the second section of the		16	16		MU/L	0	MONTHLY	1-RAB
PARM Code 00530 A Mon Site No EFA-I	Permit Requirement	12 (12) 17 (H)			Report 1 4	60.0 Max		МСД		Monthly	Grab
I certify under penalty of law that the information submitted. Based on n and belief, true, accurate, and comp	ny inquiry of the	person or persons wh	o manage the sy	stem, or those p	ersons directly rest	onsible for gatherin	g the information, th	e informatio	n subm	itted is to the be	ther and evaluate the st of my knowledge
NAME/TITLE OF PRINCIPAL EXECU	TIVE OFFICER O	R AUTHORIZED AGE	NT S	GIGNATURE OF	PRINCIPAL EXECU	TIVE OFFICER OR A	UTHORIZED AGENT		TELEPH	HONE NO DA	TE (YY/MM/DD)
ENLIAPH T LIPRAL	100 -	21 11 1.141	1111	01	1 7 11	11			352		

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: SEN. 1, 2669
To SENT. 36.2609

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of Analysis	Sample Type
ен —	Sample Measurement				7.3	7.6	T	50	Ex.	CAYSINA	GRAS
r ARM Code 00400 A fon Sife No. EFA-1	Permit Relies				(Min)	(** 0.85) (***)		1 (SI)		5 Dayy Week	Grab
Coliform, Fecal	Sample Measurement				26			# 100M1	0	MONTHEY	6-RAB
PARM Code 74055 Y lon Site No EFA-1	Permit F				(An Avg.)	Ş		##/100MLs		Monthly	Grab
Coliform, Fecal	Sample Measurement				100	Z0,000		TOOML	1	MONTHLY	GRAB
ARM Code 74055 A	Permits *** ** Requirement.*				Report (Mo Geo Mean)	(\$ 800 c (Max.)		#/100ML*;		Monthly:	்த் 'Grab
otal Residual Chlorine (For Disinfection)	Sample Measurement		*		2.0			MG/L	6	SDAYS/WX	1-RAB
ARM Code 50060 A	Permit :				0.5 (Min.)			MOIL		5 Days Week	Grab
ercent Capacity, (TMADF/ ermitted Capacity) x 100	Sample Measurement				79			9/0	0	MONTHLY	CALCULATE
ARMiCode 00180 1	Permit Requirement				Report (Mo Total)		4,24	A PER-		Monthly!	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR					MNR	MNR
:xRM Code 00620 A an Site No. EFA-1	Permit: y=; Requirement:				(Max.) - 1			.> MGII €		Amnually	(=k ‰ Grab; (
OD, Carbonaceous 5 day, 20C	Sample Measurement		13.4.2		MNR					MNR	MNR
ARM Code 80082 Y	Permits Requirements				Report (An Avg.)			MG/L	e Nije	Annually	Grab.
olids, Total Suspended	Sample Measurement				MNR	WP I A I AND				MAR	MNR
ARM Code 00530 Y	Permit Requirement				Report (An Avg.)	1		AMG/L		Annually.	Grab
	Sample Measurement										
	Permit : Requirements							数是			
No. of the second secon	Sample Measurement										
	Permit Requirement				17.1		3 5.55				

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA010699 From: SEPT. 1,2609

To:SEPT. 30,2009

Tradewinds WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
on. Site	EFA-1	EFA-1	EFA-I	EFA-1	EFA-I	FLW-1				
1			7.6	- 17	72.2	. 058				
2			7.6		72.Z	,075			-	
3			7.5	1 1 1 1 1 1 1 1	72.2	, 053				
4			7.6		2.6	.674				
5			121 12	1.5	20 /	-063	195			
6						.063				
7			7.5	- T-	2,0	- 063				
8		N. S.	7.4		72.2	-065				
9		PRESE V	7.6		2.1	-07/				
10	4.1	12	7.5	16	2./	.065	*			4
11			7.5		2.2	.065				
12			4	1.4.		-066				
13					l'albe	-066				
14		44	7.6		2.6	1066			rii	
15			7.6 7.5 7.5		2.2	.06/				
16			7.5		2.1	. 068			7	
17	1		7.5		2.2	.062				
18			7.4		2.1	.062				
19					104	. 068				
20						. 068				
21			7.3		2.0	.069				
22		41	7.5		2.0	-063				
23		1 41	7.4		2.0	. 066				
24			7.5		2.0	.060				
25			7.5		2.1	. 665				
26						-064				
27						. 064				
28			76		2.6	. 665				
29			7.6		2.0	-065				
30			7.5		2.0	-067		1		
.0			1.0		2,0	00/				
Total	11 1			16		1.95				
Ao. Avg.	4.1	100	1 7 7	16	7,055,00	.065		1		And the second s

	OEC IIEI						
PLANT STAFFING: Day Shift Operator	Class:		_ Certificate No:	14085	Name:	EDNARD T. URBANEK	
Evening Shift Operator	Class:	B	Certificate No:	8580	Name:	TIM FISH	
Night Shift Operator	Class:		_ Certificate No:	13891	Name:	VINCENT BROWN	
ad Operator	Class:	C	Certificate No:	14085	Name:	EDWARD T. URBANEK	
		-		8958		MICHAEL HAMMER	



See page 4 for instructions.

Effective August 28, 2003

General Information for the Month/Yea OCTOBER 2009						
A. Public Water System (PWS) Information		DIME	Identification N	umber:	3424620	
PWS Name: TRADEWINDS VILLAGE PWS Type: Rommunity Non-Transient Non-Community	tv	Transient No				*
Number of Service Connections at End of Month: PWS Owner: TRADE WINDS UTILITIES 375	.,	Total Population			313	
Contact Person:		Contact Person's	Title:			
Contact Person's Mailing Address: % CHARLES DEMENZES; PO BX 5220	City:	OCALA		State: FL	Zip Code:	34478
Contact Person's Telephone Number: (352) 622-4949		Contact Person's	Fax Number:			_
Contact Person's E-Mail Address: Steve Carroll - 208-4509		_				
B. Water Treatment Plant Information		Diant Talanhau	Mariantan	(252) 622 40	40	
Plant Name: TRADEWINDS VILLAGE	City	Plant Telephone	Number:	(352) 622-494 State: FL		34478
Plant Address: NE 43 PL & 27TH CT	City.	OCALA		State. FL		34470
Type of Water Treated by Plant: Raw Ground Water	Purch	ased Finished Wat	er			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	, rarone	950000	.0.			
Plant Category (per subsection 62-699.310(4), F.A.C.): 5			Class (per subs	section 62-699.3	310(4), F.A.C.):	С
Train outogot) (por outout of out to (1)// 1 mary)		_				
Licensed Operators Name	Licens	se Class Lic			y(s)/Shift(s) Worked	
Lead/Chief Operator. EDWARD URBANEK		C	14560	DAY		
Other Operators: VINCENT BROWN		C	14184	WEEKENDS		
MICHAEL HAMMER		C	8519	WEEKENDS		
TIM FISH		В	7477		WEEKENDS	
The state of the s						
II. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator licensed in Florida, am the lead/o	chief opera	ator of the water tre	eatment plant id	entified in Part I	of this report. I cer	tify that the
information provided in this report is true and accurate to the best of my knowledge	and belie	ef. I certify that all	drinking water t	reatment chemi-	cals used at this pla	nt conform to
NSE International Standard 60 or other applicable standards referenced in subsec	tion 62-55	5.320(3), F.A.C.*	I also certify that	at the following a	additional operations	records for this
plant were prepared each day that a licensed operator staffed or visited this plant of	during the	month indicated al	bove: (1) record	is of amounts of	f chemicals used an	d chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. F	urthermore	e, I agree to provid	de these additio	nal operations r	ecords to the PWS	owner so the P
owner can retain them with copies of this report, at a convenient location for at least	st ten year	rs.**				
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pro	vided with co	pies of all reports and are	e responsible for retai	ning them)		
, ,						
						1 20 1252 W
Edul Whol 11-3-04		EDWARD URBA			and the same of th	4560
Signature and Date		Printed or Typed	Name		License N	ımber
Sult te/Alternate	::::::::					4000-1
DE. Jrm 62-555.900(3)		. 20				7-19

MONTHLY OPERATION REPORT FOR PWSS TREATING KAW GROUND WATER OR FOROTIAGED TIMOTIES

24	PWS	dentifica	ation Nun	nber:		3424620		Plant Name:		TRADEWI	NDS VILL	AGE			
University of Plant Flower Flower															
Company Comp							Free Chl	orine	I. Ch	ilorine Dioxi	de	Ozone	: 	Combined	d Chlorine (Chloramines)
CF Calcidations on UV Does believe Demonstrate Four Four Four Four Four Four Four Four	Type o	f Disinfec	tant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	ine						Clorine Dioxide
Dept Company Dept Dept	ortale	46-12.55	1576143341	STATE OF THE PARTY	feetback lands	CT Calculations	or UV Dose, to	o Demonstrate Fo	ur-Log:	Virus Inactiv	ation, if Ap	plicable*	非关系的		BELLEVICE STATE BUILDING TO BE SENT
Dept Company Dept Dept		Daves			The state of the s	PROPERTY STATES	CT C	alculations	(A 12)	ALEMAN AND	L'OTTUR	IV.	Dose	Lowest	
Dept Company Dept Dept					1/2017/2017	Lowest Residual	Disinfectant	高水油水油水	48.35	MAN SIDE		44.5	建筑 经人	Residual	在古中中有有效的。 The 10 date
Dept Company Dept Dept		18 NOT 1921 CONSTITUTE		The State of the Barton	Professor State Commen			ALC: HILLIAN	10 Sept 5	TO SEE TO MA PERCEN			有理制 。	Disinfectant	"是一个人,我们们不是一个人,不是一个人
Dept Company Dept Dept		Visited	3-4-15.00	The state of the	14 300	-Concentration *			和數例	2017年上午					1000年100日 1000年100日 1000日
This Price Plant in Finished Water Peak Flow Peak Flow	100		616111						1 emp		Minimum			at Remote	
Month Y.Y. Operation Produced, gal Rate, grid molt minutes m														Point in	Emergency or Abnormal Operating Conditions, Repair or
March Marc	MARKET STATE OF THE STATE OF TH				Peak Flow	During Peak Flow,									Components Out of Operation
12 X	-				reate, gpt	ng L	illinutes i ju	ing-inners	1.00	152 ipplicable,	E ME MILED	3000,01122	- Secretary		Company Compan
Weekend Check					Sig. 1 CV			38.4 (6)					Similare 15		PROPERTY OF THE RESIDENCE CAMER THAT CO.
24	-3							The same of the sa							WEEKEND CHECK
170	4														
170	÷ .5	X	24	105000										0.6	
		X	24	117000										0.6	
100 X 24 88000 0.7	7	X	24	130000										0.7	
100	8.	X	24	139000										0.7	
11	9	X	24	88000										0.7	
12		X			10. 4.0 03					P		-			WEEKEND CHECK
33		- 3 88			3 (o)				-	-				Aud	
14	-		-												ICA VIII
15	100000000000000000000000000000000000000								-	17.17.00					
166								3100					127.29/46		
17	-								-			-	-		
18	-								1					0.8	WEEKEND CHECK
19		Α							\vdash	-	100	 			The Land of the Care of the Ca
20		X				1			1		184 F 1445	BL ASSI		0.8	
21									1					0.8	
22	-		24	116000							Daily W.			0.7	
24 X 24 144666 WEEKEND CHECK 25 24 144666 0.7 26 X 24 144666 1.0 27 X 24 91000 1.0 28 X 24 92000 1.2 29 X 24 94000 1.0 30 X 24 109000 0.9 31 X 24 108700 WEEKEND CHECK Total: State of the control of the cont	22		24	109000									THE RESERVE		SAMPLE - 3 WELLS, 2 LINES
25	23	X	24	99000										0.8	
26 X 24 144666 0.7 27 X 24 91000 1.0 28 X 24 92000 1.2 29 X 24 94000 1.0 30 X 24 109000 1.0 31 X 24 108700 0.9 WEEKEND CHECK Total: 3369697 Average 108700	24	X	24	144666											WEEKEND CHECK
27 X 24 91000 1.0	25						30 - 27 31 3								
28 X 24 92000 1.2 29 X 24 94000 1.0 30 X 24 109000 0.9 31 X 24 108700 WEEKEND CHECK Total: 3369697 Average 108700			-												
1.0 30 X 24 109000 0.9			-						-						
30 X 24 109000 31 X 24 108700 WEEKEND CHECK Total Verrage 108700									-						
31 X 24 108700 WEEKEND CHECK Total 3369697 Average 108700		-					1		-	-			<u> </u>		
Total 3369697 Average 108700						<u> </u>								0.9	MEENEND CHECK
Average 108700				-										1	WEEKEND CHECK
				144666											

DEPForm 62-Substitute/Alternate 555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

Effective August 28, 2003

I. General Informatio	n for the Month/Yes NOVEMBER 2009						
	ater System (PWS) Information			PWS Identification N	umbor:	3424620	
PWS Name: PWS Type:	TRADEWINDS VILLAGE Non-Transient Non-Community Non-Community Non-Transient Non-Community	tv	Transi	ent Non-Community			•
	onnections at End of Month: 375	Ly		lation Served at End		13	
PWS Owner:	TRADE WINDS UTILITIES						
Contact Person:			Contact Pe	erson's Title:			
Contact Person's Mai	ling Address: % CHARLES DEMENZES; PO BX 5220	City:	OCALA		State: FL	. Zip Code:	34478
Contact Person's Tel	ephone Number: (352) 622-4949		Contact Pe	erson's Fax Number:			_
Contact Person's E-N	Mail Address: Steve Carroll - 208-4509		_				
B. Water Tre	eatment Plant Information						
Plant Name:	TRADEWINDS VILLAGE		Plant Telep	phone Number:	(352) 622-494	19	
Plant Address:	NE 43 PL & 27TH CT	City:	OCALA		State: FL		34478
			100,000,000	et tit early			
Type of Water Treate		F Purch	ased Finishe	ed Water			
	Day Operating Capacity of Plant, gallons per day:		950000	DI+ OI (140(4)	0
Plant Category (per s	ubsection 62-699.310(4), F.A.C.): 5		_	Plant Class (per subs	section 62-699.3	310(4), F.A.C.):	<u>C</u>
Licensed Operators	Name	Licens	se Class	License Number	Da	y(s)/Shift(s) Worked	
_ead/Chief Operator:			С	14560	DAY		
Other Operators:	VINCENT BROWN		С	14184	WEEKEND		
ounce operators.	TIM FISH		В	7477	WEEKEND		
	MICHAEL HAMMER		С	8519		WEEKEND	
II. Certification by Le	ad/Chief Operator			_1 _ 1 _ 1 _ 1 _ 1 _ 1 _ 1 _ 1 _ 1	antifical in Dead I	afilia samani I nor	tif, that tha
, the undersigned wa	ater treatment plant operator licensed in Florida, am the lead/o	chief opera	ator of the w	ater treatment plant id	entilled in Part I	or this report. I cer	nt conform to
nformation provided	in this report is true and accurate to the best of my knowledge andard 60 or other applicable standards referenced in subsec	e and belle	ei. 1 Cei iliy ii	A C * Lalso cortify the	t the following a	dditional operations	records for t
NSF International Sta	each day that a licensed operator staffed or visited this plant of	during the	month indic	ated above: (1) record	ls of amounts of	chemicals used an	d chemical fe
plant were prepared	each day that a licensed operator staffed or visited this plant to cable, appropriate treatment process performance records. F	authormor	re Lagree to	provide these addition	nal operations re	cords to the PWS	owner so the
ates; and (2) if applic	n with copies of this report, at a convenient location for at least	et tan vasi	re **	provide triese addition	nai operations re		347101 30 1110
owner can retain ther	orine and have been advised of the proper type to purchase) (**Our clients are pro	ovided with co	opies of all report	ts and are responsible for retai	ning them)		
*Our chems furnish the chic	inne and have been advised of the proper type to purchasely	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· P		, 3		
i							
Eli	nd Ull 12-3-08			URBANEK			4560
Signature			Printed or	Typed Name		License No	umber
Substitu	Δ.	SAIRCH	£ :-				
DEP Fo		9*16,*1					

PWS	Identifica	ation Nur	nber:		3424620		Plant Name:		TRADEWI	NDS VILL	AGE			
III. D	aily Data	for the Mo	onth/Year of:		NOVEMBER 20	09								
			og Virus Inactiv	ation/Remo		Free Chl	orine	「 Ch	lorine Dioxi	de	Ozone	;	[Combined	d Chlorine (Chloramines)
	ltraviolet F			Other (
Туре	of Disinfec	tant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlori				ined Chorir	ne (Chloran	nines)	Clorine Dioxide
		All Para			CT Calculations,		o Demonstrate For	ur-Log V	/irus Inactiv	ation, if Ap		2800		
	Days			, ,41		CT C	alculations	To Sant			UV	Dose	Lowest	
	Plant				Lowest Residual	Disinfectant					1.34		Residual	
	Staffed or				Disinfectanct	Contact Time							Disinfectant	
	Visited				Concentration	(T) at C	Lowest CT				Lowest	Minimum	Concentration	
	by	V IN HARMAN	G - 1400 120		(C) Before or at	Measurement	Provided Before or			Minimum	Operating	UV Dose	at Remote	
Day of		Hours	Net Quantity of		First Customer	Point During	at First Customer	of	pH of	CT .	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	THE RESERVE OF THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSONS ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NA	During Peak Flow,		Water, if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation	A STATE OF THE PERSON NAMED IN COLUMN 2 ASSESSMENT ASSE	Rate, gpd	mg/L	minutes	mg-min/L	oC	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	Components Out of Operation
1		24	109333										0.0	
2	X	24	109333										0.9	
3	X	24	84000								-		0.8	
4	X	24	93000										0.7	
5	X	24	121000										0.7	
6	X	24	106000										0.8	WEEKEND CHECK
7	X	24									-			WELKEND CHECK
8	- V	24	133666										0.8	
9	X	24	70000								-		0.7	
-10	X	24	82000								 		0.8	
11	X	24	88000										0.8	
13	X	24	88000		<u> </u>								0.7	And the second s
14	X	24	113666									7 .		WEEKEND CHECK
15		24	113666								 			
16	X	24	113666										1.0	
17	X	24	100000							-			1.1	
18	X	24	228000							0.00.17			1.1	
19	X	24	110000										1.2	
20	X	24	90000										1 (8)	
21	X	24	84333										1.1	WEEKEND CHECK
22	1	24	84333											
23	X	24	84333										1.0	
24	X	24	80000										1.0	SAMPLE - 3 WELLS, 2 LINES
25	X	24	106000										0.9	
26	X	24	88000								The state		0.9	
27	X	24	99000										0.8	
28	X	24	123333											WEEKEND CHECK
29		24	123333											
30	X	24	123333										0,7	
31		24											1	
Total			3216660											
Averag	e i ii	Maria de Carlos	107222											

228000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: MAILING ADDRESS:		ls Utilities, Inc.			PERMIT N	NUMBER	FLA010699					
	Ocala, FL	34478			LIMIT: CLASS SI	ZE:	Final N/A		REPORT GROUP:	:	Monthly Domest	
FACILITY: LOCATION:	Tradewind 2925 NE 4 Ocala, FL	3rd Place				RING GROUP NUM		ncluding Influent				
COUNTY:	Marion					HARGE FROM SITI RING PERIOD	E:	Свеў то	Nov	,30	2004	
Parameter			Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	.0576+		MGD					0	5 DAYS/WK	METER
PARM Code 50050 Mon Site No. FLW-1	The resident with the state of	Permit ::: Requirement	0.081% (An.Avg.)		MGD						5 Days Week	Meter
Flow		Sample Measurement	.06/		MGD					0	5 DAYS/WK	METER
PARM Code 50050 Mon Site No. FLW-1		Permit	Report (Mo.Avg.)		MGD.						5 Days Week	Meter
BOD, Carbonaceous 5 d		Sample Measurement				8.5			MG/L	O	MONTHY	GRAB
PARM Code 80082 Mon Site No. EFA-1		Permit Requirement			4	20.0 (An Avg.)			MG/L	(* (*) (*)	Monthly	Grab
BOD, Carbonaceous 5 da	1	Sample Measurement				2-2	2.2		MG/L	0	MONTHY	GRAB
PARM Code 80082 Mon Site No. EFA-1	person in I	Permit Requirement				Report (Mo:Avg.) ****	60 ₀ 0 (Max.)	Life to Mile	MG/L		Monthly 43	Grab
Solids, Total Suspended	1	Sample Measurement				24.6			M6/L	/	MONTHY	GRAB
PARM Code 00530 Steel No. EFA-1	Taranta I	Permit Requirement				20.0 (An Avg.) 🖖			МСД		-Monthly∕ ⊕	Grab
Solids, Total Suspended	1	Sample Measurement				14	14		MULL	Ö	MONTHIY	GRAS
PARM Code 00530 A Mon Site No. EFA-1		Permit : : : : : : : : : : : : : : : : : : :				Report (Mo.Avg.)	60.0 (Max)		- M G /L		Monthly	Grab
I certify under penalty of information submitted. B and belief, true, accurate,	ased on my	inquiry of the	person or persons wi	no manage the syst	em, or those p	ersons directly response	onsible for gathering	the information, the	information	n subm	itted is to the best	er and evaluate the of my knowledge
NAME/TITLE OF PRINCIPA	AL EXECUTI	VE OFFICER O	R AUTHORIZED AGE	NT SIG	GNATURE OF	PRINCIPAL EXECUT	IVE OFFICER OR AL	JTHORIZED AGENT	1	TELEPH	ONE NO DATE	(YY/MM/DD)
EOWARD T.U	RBANE	x/20-70	ECH W+WI	W	Religi	IT. Wh	w		6	352	-2444 04	-17 -17

DEP Form 62- 910(10), Effective November 29, 1994

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

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: NOV. /, 2009

PERMIT NUMBER: FLA010699

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.5	7.7		50	6	SUAYS/WIT	GRAB
PARM Code 00400 A. A. Mon Site No. EFA-1	Permit Requirement				6.0i (Min.)	Max.)		SU -		9 Days Week⊞	Grab
Coliform, Fecal	Sample Measurement	Roger to the second			26			100M1	٥	MONTHIY	GRAB
PARM Code 74055 Y. Mon Site No. EFA-1	Permit : : : : : : : : : : : : : : : : : : :				200 (An Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement		n de many en engane en enga A Tra		4	4		100M1	0	MONTHIY	GRAB
PARM Code 74055 A. Mon Site No. EFA-1	Permit Requirement		701		Report (Mo.Geo Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0		33(116,134,14	MU/L	0	SDAYS/WK	GRAB
PARM Code 50060 A Mon Site No. EFA-1	Permit* Requirement				0.5 (Min.)			MGIL		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement		_		77			%	0	MONTHLY	CAICULATED
PARM Code 00180 I. Mon Site No. FLW-1	Permit A San A				Report (Mo Total)			PER- GENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	2 2			/	MAR	MNR
PARM Code 00620 A Mon Site No. EFA-1	Permit. Requirement				12.0 (Max.)			/-MG/L		Annually-	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			/	/	MNR	MNR
PARM Code 80082 Y Mon Site No. INF-1	Permit Requirement				Report (An. Avg.)			MG/L:		Annually	Grab.
Solids, Total Suspended	Sample Measurement				MNR			/	/	MNR	MNR
PARM Code 00530 Y. Mon Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L	N. N.	Annually	Grab .
1.40	Sample Measurement				And the second s				10		
3.5	Permit Requirement	power production of the produc		Program						and the second	
	Sample Measurement		3							Land Control Control Control	Constant of the Constant
range	Permit Requirement	ans. (94)		11-63		The state of the s		4.	Tion's		

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010699 Tradewinds WWTF To: NOV. 30, 2009 From: NaV. 1 2008 Monitoring Period CBOD5 pH (SU) TSS (MG/L) TRC (For Fecal Flow (MGD) (MG/L) Coliform Disinfect.) Bacteria (MG/L) (#/100ML) Code 80082 74055 00400 00530 50060 50050 Mon. Site EFA-1 EFA-I EFA-1 EFA-1 EFA-1 FLW-I 1 -064 2 7.5 2.0 ,064 3 4 2.2 7.5 14 2-1 . 657 4 7,6 2.1 .061 5 7.6 2.0 .0.63 6 7.5 2.0 .062 7 -063 8 ,063 9 76 2.1 063 10 7.5 2-0 -054 11 7.5 2-0 -059 12 7.6 2-1 .065 13 7.7 063 2-0 14 .058 15 .058 16 2.0 .058 7.6 17 76 2.1 .055 18 2.0 7,6 JO52 19 7.5 2.1 061 20 2.0 0.59 21 066 22 066 23 7.6 2.0 .066 24 2.0 7.6 070 25 7.5 2.1 -071 26 7.6 2.0 0.54 27 7.5 2.0 .060 28 06/ 29 06/ 30 2.0 06/ 22 Total 2,2 14 1.843 Mo. Avg.

PLANT STAFFING: Day Shift Operator	Class:		Certificate No:	14085 N	lame:	EDWARD T. URBANEK
Evening Shift Operator	Class:		Certificate No:	13891 N	ame:	VINCENT BROWN
Night Shift Operator	Class:		Certificate No:	8958 N	ame:	MICHAEL HAMMER
d Operator	Class:	_ C	Certificate No:	14085 N	ame:	EDWARD T. URBANET
		B		8580		TIM FISH

.061

2.2



See page 4 for instructions.

n 62-555.900(3)

Effective August 28, 2003

PWS Name: PWS Type:	ter System (PWS) Information TRADEWINDS VILLAGE ROOM-Transient Non-Community	ity	Transien	WS Identification Nation Natio	☐ Consecutive	3424620		
PWS Owner: Contact Person: Contact Person's Ma Contact Person's Tel Contact Person's E-M	TRADE WINDS UTILITIES ling Address: % CHARLES DEMENZES; PO BX 5220 (352) 622-4949	City:	Contact Pers		State: FL	Zip Code: <u>34478</u>		
B. Water Tre Plant Name: Plant Address:	eatment Plant Information TRADEWINDS VILLAGE NE 43 PL & 27TH CT	City:	Plant Telepho OCALA	one Number:	(352) 622-4949 State: FL	Zip Code: <u>34478</u>		
	ed by Plant: Raw Ground Water Day Operating Capacity of Plant, gallons per day: ubsection 62-699.310(4), F.A.C.): 5			lant Class (per sub	section 62-699.310(4			
Licensed Operators	Name	Licen	se Class C	License Number 14560	Day(s)/	Shift(s) Worked		
Lead/Chief Operator			C	14184	WEEKEND			
Other Operators:	VINCENT BROWN MICHAEL HAMMER		C 8519		WEEKEND			
	TIM FISH		В	7477		WEEKEND		
	11.0							
information provided NSF International Str plant were prepared rates; and (2) if appli	ater treatment plant operator licensed in Florida, am the lead, in this report is true and accurate to the best of my knowledge and ard 60 or other applicable standards referenced in subsection and that a licensed operator staffed or visited this plant cable, appropriate treatment process performance records. In with copies of this report, at a convenient location for at lead or the proper type to purchase) (**Our clients are property to the property of the	ge and beli- ction 62-55 during the Furthermonast ten yea	ef. I certify that 55.320(3), F.A. month indicate re, I agree to prosent.	t all drinking water C.* I also certify th ed above: (1) recor rovide these addition	treatment chemicals at the following additi ds of amounts of che onal operations recor	ional operations records for this emicals used and chemical feed		
Signature	and Date 1-7-10	-	EDWARD U			C-14560 License Number		
Subs 's/Alterna		- 1		**************************************				

PWS	laentiiica	ation Nui	nber:		3424620		Plant Name:		TRADEW	NDS VILL	AGE			
III. D	aily Data	for the Mo	onth/Year of:		DECEMBER 200	09								
Means	of Achiev	ing Four-L	og Virus Inactiv	vation/Remo	val; *	Free Chl	orine	T Ch	lorine Dioxi	de	C Ozone	e	Combine	ed Chlorine (Chloramines)
	traviolet F			Cother (Describe):									
Type o	f Disinfec	tant Resid	lual Maintaine				▼ Free Chlor				ined Chori			Clorine Dioxide
			100		CT Calculations						plicable*	WAR WAR	表示 证据	Programme and the second secon
	Days				The State William	- CT C	alculations			Strate 67	UV.	Dose 🐖	Lowest	The second secon
	Plant				Lowest Residual	Disinfectant							Residual	"在中国的一种人。"
	Staffed or				Disinfectanct	Contact Time		15.7%			(1) The second s	34.5	Disinfectant	1000年1000年100日 100日 100日 100日 100日 100日
	Visited				Concentration	(T) at C =	Lowest CT			CONTROL SECTION AND ADDRESS.	Lowest	Company of the contract of the	Concentration	
Domos	by Operator	Hours	Net Quantity of		(C) Before or at	Measurement	Provided Before or	THE RESERVE AND A STREET		Minimum	Operating	THE PERSON OF STREET,	at Remote	and the way the second of the second project
the	(Place	Plant in	Finished Water		First Customer During Peak Flow,	Point During Peak Flow,	at First Customer During Peak Flow,	of Water		CT Required	UV Dose, mW-	Required, mW-	Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or
Month	"X")	Operation	Produced, gal	Rate, gpd	mg/L	minutes	mg-min/L	-oC	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	Maintenance Work that Involves Taking Water System Components Out of Operation
101	Х	24	119000	15/1									0.7	Competents out or operation
2	X	24	124000										0.6	
3	X	24	104000										0.7	
4	X	24	112000										0.8	
5	X	24	127666											WEEKEND CHEÇK
6		24	127666											
7	X	24	127666										0.6	
- 8	X	24	122000										0.7	
9	X	24	131000		ļ								0.7	
10	X	24	139000								-		0.7	
11	X	24	111000					-			-		0.8	4 5
13	Λ	24	110666			1		-	-					WEEKEND CHECK
14	X	24	110666		<u> </u>			-					0.8	
15	X	24	107000		<u> </u>			-	-		-		0.8	
16	X	24	96000										0.7	SAMPLE - 3 WELL, 2 LINES
17	Х	24	127000		1								0.8	I DE STEED, E ERRES
18	X	24	111000										0.7	
19	X	24	112666											WEEKEND CHECK
20		24	112666											
21°	X	24	112666										0.9	
22	X	24	169000										0.9	
23	X	24	125000										1.0	
24	X	24	174000					-					0.9	
25	X	24	151750 -											HOLIDAY CHECK
26	X	24	151750		-									WEEKEND CHECK
27	V	24	151750		-			-					1.0	
- 28	X	24	151750					-			-		1.0	
29 30	X	24	132000 124000										0.9	
31	X	24	153000										0.9	
Total		24 Small courses	3939994		1		1						0.0	
Average		Carlo Carlo	127097											

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

174000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003 Page 2

•---)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767 FLA010699 PERMITTEE NAME: Tradewinds Utilities, Inc. PERMIT NUMBER

MAILING ADDRESS: Post Office Box 5220

Ocala, FL 34478

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION:

Tradewinds WWTF 2925 NE 43rd Place Ocala, FL 34479

MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC:

Sprayfield, including Influent

COUNTY:

Marion

NO DISCHARGE FROM SITE:

MONITORING PERIOD

Parameter		Quantity (or Loading	Units	Inits Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	. 059		MED		And the second of the second s			0	5 MANNY	METER
PARM Code 50050 Y Mon Site No. FLW-1	Permit	0:081=;; (An Avg.) ^{(c) (c)}		MGD						5 Days/Week	
Flow	Sample Measurement	. 063		MGD					0	5 DAYYWK	METER
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		LMGD						5 Da/s/Week	. I. ≟, Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.6			ME/L	0	MONTHLY	GRAB
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			0.00	20.0 (An:Avg.)	na trans		MG/L		Monthly (Grab .
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.5	5.5		MER	Ö	MONTHLY	GRAB
PARM Code 80082 A. B. Mon Site No. EFA-1	Permit L. Requirement		1.5 6		Report (Mo.Avg.)	60,0; (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				25	The second of th		M6/L	1	MONTHLY	6- KAB
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)	era prima about 1970 d Salata Prima		MG(L	leter.	Monthly &	Grab.
Solids, Total Suspended	Sample Measurement				27	29 42	24	M6/L	0	MONTHIY	6KAB
PARM Code 00530 A. T. Mon Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 L (Max.)		WAL.		Monthly	∰ 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)
EDWARD T. ULBANER/PLO-TECH WYW/W	Estable I Which	352 236-2444	16-1-16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: DEC. 1269

PERMIT NUMBER: FLA010699 DEC. 31,2669

Parameter		Quantity o	r Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.7		50	0	CAAXIILK	GRAB
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement		AV. INFA		6.0 (Min.)	85.4 (Max)		SU SU	N.	5 Day (Week)	- Grab
Coliform, Fecal	Sample Measurement				18			1700M	O	Ma KHIY	GRAB
PARM Code 74055 Y. Mon Site No. EFA-1	Permit Requirement		12 1200 100740		200 (An Avg.)			#/100ML		Monthly 4	Grab
Coliform, Fecal	Sample Measurement		1/		4	4	A STATE OF THE STA	100Ml	Ö	M. KHIY	G-RAB
PARM Code 74055AA	Permit Requirement				Report (Mo Geo-Mean)	(800 (Max.)		#/100ML	nă.	Month	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				Z-0	4000000		146/4	0	KNAYS/WK	GRAR
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement			97725	0,5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				77			0/0	0	MONTALY	OL WHEN
PARM Code 00 180 13 Mon Site No. FLW-1	Permit : Requirement				Report (Mo Total)			PER-		Monthly	AKUMED Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR				/	MNK	MALE
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Annually	Grab Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNK	The state of the s	**************************************		/	MIR	Mall
PARM Code 80082 Y Mon Site No. INF-1	Permit. Requirement				Report (An.Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			/		MAR	MIR
PARM Code 00530 Y Mon Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement										
	Permit Requirement				A STATE OF THE STATE OF					4404	
	Sample Measurement				1						
	Permit Requirement								Port.		iğ şı

Permit Number: FLA010699 From: DEC_1269 To: DEC_31, 2007 Tradewinds WWTF

CBOD5 Fecal pH (SU) TSS (MG/L) TRC (For Flow (MGD)

	CBODS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-I	EFA-1	FLW-1	1.0	215	Property of	
1			7.6		2.0	.06/				
2			7.6		2-6	.060	5			
3			7.5		2.0	0.58	A selection of the sele			- 1
4			7.6		2./	.064			0	~
5		la la				,064		les i		
6						.064				ta de la compresenza
7			7.5	2 4	2.6	.064		17.7		
8	5.5	4	7.6	42	2-6	.064				
9			7.5	7A.g. 1	2-1	.059				-
10	-		7.5		2.6	.063		 		
11			7.6		2.0	. 065				
12			7			. 063				
13			9		17.55	,063				
14			77		2.2	.663				
15			7.7		2.1			-		
16			7.7		<2.2	.059				
17			5/		42.2	-055				
18			77		-4.6	:057			-	
19			1.1		<2.2	.066				
20						.060				
21			,			-060				
			7.6		42 2	.060				
22			7.1	12	42.1	,655				
23			7.7		22	.055		1,100		
24			7.6		22.2	.067				
25					47.7	.066				
26	-0.234.00					. 066				
27					- le -	.066				
28			7.7		20	- 066				
29			7.6		2.0	-678			-	
30			76		2.1	-678				
31			7.7 7.6 7.7	197	20	675				
Total	5.5	4		54		1.95				
10. Avg.	-	4		54		1063				

PLANT STAFFING:							
Day Shift Operator	Class:		Certificate No:	14085	Name:	EDWARD I URBANEK	
Evening Shift Operator	Class:	<u></u>	Certificate No:	13891	Name:	VINCENT BROWN	
Night Shift Operator	Class:	B	Certificate No:	8580	Name:	TIM FISH	The presence can be seen
;ad Operator	Class:	<u>ن</u>	Certificate No:	14085	_ Name:	EDWARD T. USBANEK	
		_		8958		MICHAEL HAMMER	

Tradewinds Utilities, Inc. Docket No. 100127 Marion County

25.30.440(5) INSPECTION REPORTS



Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

September 4, 2008

CFAT H20 INC POST OFFICE BOX 4230 OCALA FL 34478 OCD-C-WW-08-0715

ATTENTION CHARLES DEMENZES PRESIDENT

Marion County - DW
Landfair WWTF
Wastewater Facility - Permit No. FLA010722
Noncompliance Letter

Dear Mr. Demenzes:

On August 5, 2008, Department personnel conducted a routine inspection of your wastewater facility. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from records on file in this office, the following deficiencies were noted:

- 1. Solids were present in the chlorine contact chamber
- 2. The last calibration date on the flow meter was October 3, 2005. Flow measuring devices must be calibrated at least annually. This deficiency was also noted in noncompliance letter #OCD-C-WW-07-0844, dated September 6, 2007.

3. A leak was noted in the exterior aeration basin wall. Duce

4. The berm of the holding bond was eroded. One

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

Sincerely,

Kalina Warren Supervisor

Wastewater Compliance/Enforcement

KW/jf/ar

Enclosure: Inspection Report

Noncompliance Letter #OCD-C-WW-07-0844

Marion County Health Department, thomas moore@doh.state.fl.us

Pro Tech Water and Wastewater Services, protechww@embargmail.com

"More Protection, Less Process www.dep.state.fl.us



Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

December 31, 2009

TRADEWINDS UTILITIES INC POST OFFICE BOX 5220 OCALA FL 34478

OCD-C-WW-09-0972

ATTENTION

CHARLES DEMENZES PRESIDENT

Marion County - DW Tradewinds WWTF Wastewater Facility - Permit No. FLA010699 Consent Order OGC File No. 08-2506

Dear Mr. deMenzes:

Our records indicate the above referenced Consent Order requirements have been completed. Therefore, this office closed the subject enforcement case on December 7, 2009. Thank you for your cooperation in reso lving this matter.

If you have any questions, please contact Gary P. Miller or Clarence Anderson of this office at (407) 893-3313.

Sincerely,

Christianne C. Ferraro, P.E.

Program Administrator

Water Facilities

CCF/ca

cc: Aliki Moncrief, Deputy General Counsel for Enforcement, FDEP, aliki.moncrief@dep.state.fl.us
DW Permitting Section