

100127-WS

Tradewinds Utilities, Inc.

Engineering Data

Marion County, Florida

Docket No. 100126⁷

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100127-WS

Tradewinds Utilities, Inc.

Engineering Data

Marion County, Florida

Docket No. 100126

Tradewinds Utilities, Inc.

Docket No. 100127

Marion County

25.30.440(7)

NOTICES

Test Year Ended December 31, 2009

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 FLA010699

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.
5. 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.
7. 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.
11. 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.

Cindy E. Notaro
Witness

Phil Hsieh
Witness

By:

George S. Conomos/President
412 BIOSOLIDS PROCESSING FACILITY

Charles de Meneses, Pres
Client Signature/Title

Charles de Meneses
Print Name



Department of Environmental Protection

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.
2. Screenings and floatable material removed from 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

FACILITY AND INSPECTION INFORMATION @ = Optional

Name and Physical Location of Facility TRADEWINDS UTILITIES (DW) 2800 NE 43RD PLACE OCALA, FL 34478	WAFR ID: FLA010699	County MARION	Entry Date/Time 11/3/2004 1130
		Phone (352) 622-4949	@ Exit Date/Time 11/3/2004 1210
Name(s) of Field Representatives(s)		Title	Phone
Name and Address of Permittee or Designated Representative CHARLES DEMENZES TRADEWINDS UTILITIES INC PO BOX 5220 OCALA, FL 34478		Title CEO	Phone (904) 622-4949 @ Operator Certification #

Inspection Type	C	S	I	Samples Taken(Y/N): Y	@ Sample ID#: 19711	Samples Split (Y/N): N
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were Photos Taken(Y/N): N	@ Log book Volume :	@ Page

FACILITY COMPLIANCE AREAS EVALUATED							
IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE = Not Evaluated Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"							
	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
IC	1. ♦ Permit	NE	3. Laboratory	NC	6. ♦ Facility Site Review	IC	9. ♦ Effluent Quality
NA	2. ♦ Compliance Schedules	NE	4. Sampling	IC	7. Flow Measurement	IC	10. ♦ Effluent Disposal
		IC	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	IC	11. Residuals/Sludge
NE	13. Other:					NA	12. Groundwater

Facility and/or Order Compliance Status:	In-Compliance	<input checked="" type="checkbox"/> Out-Of-Compliance	Significant-Out-Of-Compliance
Recommended Actions: NON-COMPLIANCE LETTER			

Name(s) and Signature(s) of Inspector(s) Daniel K. Hall <i>Daniel K. Hall</i>	District Office/Phone Number 407-893-3313	Date 11/10/2004
@ Signature of Reviewer Kalina Warren <i>Kalina Warren</i>	District Office/Phone Number	Date 12/03/04

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI)

Transaction Code	NPDES Number	YR/MO/DA	Insp. Type	Inspector	Fac. Type
N	F L A 0 1 0 6 9 9 0 4 1 1 0 3	1	2	S	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI
 Inspection Code (Field 2): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead, L=Local Program
 Facility Type (Field 3): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3= Agricultural, 4=Federal
 Every other field is self explanatory

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 Observation : An application to renew the existing permit is currently being reviewed by the Department. Permit application was timely submitted.

2. **Compliance 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 Observation : *Aeration Basins/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 Observation: 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



Department of Environmental Protection

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, 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

Department of Environmental Protection

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.
2. Screenings and floatable material removed from 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



Jeb Bush
Governor

Department of Environmental Protection

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.

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



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

April 19, 2007

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

OCD-C-WW-07-0328

ATTENTION CHARLES DEMENZES
PRESIDENT

Marion 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:

1. 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.

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.
13. 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.

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,



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

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Tradewinds WWTF	FLA010699	Marion	03/29/2007 10:00:00 AM
2925 NE 43rd Pl		Phone	@ Exit Date/Time
Ocala, FL 34479 - 8821		(904) 622-4949	03/29/2007 12:25:00 PM
Name(s) of Field Representatives(s)	Title	Phone	
John (ProTech)			
Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Charles Demenzes	Chief Executive Officer		John Anderson
Tradewinds Utilities Inc			C-13890
PO Box 5220			
Ocala, FL 34478 - 5220			

Inspection Type	C	E	I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N): N
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial			Were Photos Taken(Y/N): Y	@ Log book Volume : 1	@ Page 2

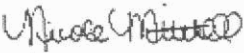

FACILITY COMPLIANCE AREAS EVALUATED

IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE = Not Evaluated
 Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
IC	1. ♦ Permit	NE	3. Laboratory	NC	6. ♦ Facility Site Review	NC	9. ♦ Effluent Quality
NC	2. ♦ Compliance Schedules	NE	4. Sampling	NC	7. Flow Measurement	NC	10. ♦ Effluent Disposal
		NC	5. ♦ Records & Reports	NC	8. ♦ Operation & Maintenance	IC	11. Residuals/Sludge
NE	13. Other:					NA	12. Groundwater

Facility and/or Order Compliance Status: ☐ In-Compliance ☒ Out-Of-Compliance ☐ Significant-Out-Of-Compliance

Recommended Actions: Non-compliance Letter

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Nicole Mitchell 	407-893-3313	4-11-07
@ Signature of Reviewer	District Office/Phone Number	Date
Kalina Warren 		April 18, 2007

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp. Type	Inspector	Fac. Type
N			1	2	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, \:ASI, =:ANI
 Inspection Code (Field 2): S: State, J: Joint EPA/State-EPA Lead, T: Joint State/EPA-State Lead, L: Local Program
 Facility Type (Field 3): 1: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal
 Every other field is self explanatory

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 : *Aeration Basins/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

Additional Comments: 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



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

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

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.

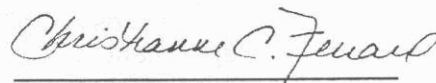
a. The arithmetic mean of the CBOD5 or TSS values for the reclaimed water or effluent samples collected (whether grab or composite technique is used) during an annual period, as described in this section, shall not exceed 20 mg/L.

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

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@embargmail.com

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Tradewinds WWTF	FLA010699	Marion	03/27/2008 @ 10:15 a.m.
2925 NE 43 rd Place		Phone	@ Exit Date/Time
Ocala, FL 34479-8821			03/27/2008 @ 11:15 a.m.
Name(s) of Field Representatives(s)	Title	Phone	
Ray	Operator		
Wayne Bryant	Operator		
Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Charles Demenzes	Chief Executive Officer		
Tradewinds Utilities Inc	Email	Fax	
PO Box 5220			
Ocala, FL 34478-5220			

Inspection Type	C	E	I	Samples Taken (Y/N): N	@ Sample ID#: N/A	Samples Split (Y/N): N/A
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken (Y/N): Y	@ Log book Volume: 1	@ Page 81-83		

FACILITY COMPLIANCE AREAS EVALUATED

IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated
 Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
IC	1. ♦ Permit	NE	3. Laboratory	NC	6. Facility Site Review	SC	9. ♦ Effluent Quality
IC	2. ♦ Compliance Schedules	NE	4. Sampling	IC	7. Flow Measurement	NC	10. ♦ Effluent Disposal
		NC	5. ♦ Records & Reports	NC	8. ♦ Operation & Maintenance	IC	11. Residuals/Sludge
NA	13. Other:					NA	12. Groundwater

Facility and/or Order Compliance Status:	<input type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input checked="" type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: Warning Letter			

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Jenny E. Farrell <i>Jenny E Farrell</i>	Central District Office 407 - 893-3313	04/21/2008
@ Signature of Reviewer	District Office/Phone Number	Date
Kalina Warren <i>Kalina Warren</i>	Central District Office 407 - 893-3313	April 28, 2008

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N	5		1	2	3
ADDITIONAL NPDES COMMENTS					

Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, \:ASI, =:ANI

Inspection Code (Field 2): S: State, J: Joint EPA/State-EPA Lead, T: Joint State/EPA-State Lead, L: Local Program

Facility Type (Field 3): 1: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal

Every other field is self explanatory

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

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Tradewinds WWTF	FLA010699	Lake	04/15/2008 @ 9:45:00 AM
2925 NE 43 rd Place		Phone	@ Exit Date/Time
Ocala, FL 34479-8821			04/15/2008 @ 10:30:00 AM
Name(s) of Field Representatives(s)	Title	Phone	
Charles deMenzes	President	(352) 622-4949	
Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Charles deMenzes	President	(352) 622-4949	
Tradewinds Utilities Inc			
PO Box 5220			
Ocala, FL 34478			

Inspection Type	<input checked="" type="checkbox"/> C <input type="checkbox"/> I <input type="checkbox"/>	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken(Y/N): Y	@ Log book Volume : VII	@ Page 12

FACILITY COMPLIANCE AREAS EVALUATED

IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated
 Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/ DISPOSAL
NE	1. ♦ Permit	NE	3. Laboratory	NE	6. Facility Site Review	NE	9. ♦ Effluent Quality
NE	2. ♦ Compliance Schedules	NE	4. Sampling	NE	7. Flow Measurement	NE	10. ♦ Effluent Disposal
		SC	5. ♦ Records & Reports	NE	8. ♦ Operation & Maintenance	NE	11. Residuals/Sludge
SC	13. Other: Spill at 3150 NE 42 nd Street					NE	12. Groundwater

Facility and/or Order Compliance Status:	<input type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input checked="" type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: Warning Letter			

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Blake W. Vahlsing <i>Blake W. Vahlsing</i>	Central District Office 407 - 893-3313	April 22, 2008
@ Signature of Reviewer	District Office/Phone Number	Date
Kalina Warren <i>Kalina Warren</i>	Central District Office 407 - 893-3313	April 28, 2008

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N 5			1	2	3
ADDITIONAL NPDES COMMENTS					

Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, \:ASI, =:ANI
 Inspection Code (Field 2): S: State, J: Joint EPA/State-EPA Lead, T: Joint State/EPA-State Lead, L: Local Program
 Facility Type (Field 3): 1: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal
 Every other field is self explanatory

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 EVALUATED

4. **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 Malfunction: **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 Malfunction: 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.



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

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 43rd Place and NE 27th Court, Ocala, FL 34478 Phone 352-622-4949
Owner Name Tradewinds Utilities Phone 352-622-4949
Owner Address PO Box 5220, Ocala, FL 34478
Contact Person Charles Demenzenes Title Owner Phone 352-622-4949
This Survey Date 5/2/08 Last Survey Date 6/23/06 Last Compliance Inspection Date 4/12/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 950,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connections 375

Population Served 1,313 Basis Operator

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Amanda Hulon C-15214

Hrs/day: Required Visit Actual Visit

Days/wk: Required 5+1 Actual 5

Non-consecutive Days? ☐ Yes ☐ No ☒ N/A

Comments Operator is not meeting staffing
requirements. Visits must total 0.6 hrs/week.

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Average Day (from MORs) 130,739 gpd

Maximum Day (from MORs) 970,000 gpd 4/07

Comments Design capacity exceeded in 4/07.

Flow Measuring Device Flow Meter

Meter Size & Type 8" Water Specialties

Date Last Calibrated Unknown

RAW WATER SOURCE

☒ GROUND; Number of Wells 3

☐ PURCHASED from PWS ID # _____

☐ Emergency Water Source _____

Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source MQ Diesel - MQP30IZ

Capacity of Standby (kW) 30

Switchover: ☒ Automatic ☐ Manual

Hrs Operated Under Load Unknown

What equipment does it operate?

☒ Well Pumps All

☐ High Service Pumps _____

☒ Treatment Equipment All

Satisfy avg. daily demand? ☒ Yes ☐ No ☐ Unknown

Audio-visual alarm? ☒ Yes ☐ No

Comments No generator run log was available for
review.

PLANS AND MAPS

Coliform Sampling Plan ☒ Yes ☐ No ☐ N/A

D/DBP Monitoring Plan ☒ Yes ☐ No ☐ N/A

Lead and Copper Plan ☒ Yes ☐ No ☐ N/A

Distribution System Map ☐ Yes ☒ No ☐ N/A

Emergency Response Plan ☒ Yes ☐ No ☐ N/A

Comments _____

PREVENTIVE MAINTENANCE/O&M

Operation & Maintenance Manual ☒ Yes ☐ No

Preventive Maintenance Program ☒ Yes ☐ No

Flushing Program ☐ Yes ☒ No ☐ N/A

Records ☐ Yes ☒ No ☐ N/A

Isolation Valve Exercise ☐ Yes ☒ No ☐ N/A

Records ☐ Yes ☒ No ☐ N/A

Comments Operation and maintenance manual is
inadequate.

CROSS CONNECTION CONTROL

BFPAs None noted

Tested Unknown

WWTP RPZ Yes

Date Tested Unknown

Written Plan Inadequate

Date Unknown

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1 (AAG9349)	2 (AAG9348)	3 (AAG9347)	
Year Drilled		1983	1983	1991	
Depth Drilled		285'	140'	164'	
Drilling Method		Rotary	Rotary	Rotary	
Type of Grout		Neat cement	Neat cement	Neat cement	
Static Water Level		23'	23'	23'	
Pumping Water Level		Unknown	Unknown	Unknown	
Design Well Yield		Unknown	Unknown	Unknown	
Test Yield		Unknown	Unknown	Unknown	
Actual Yield (if different than rated capacity)		Unknown	Unknown	Unknown	
Strainer		Unknown	Unknown	Unknown	
Length (outside casing)		105'	111'	88'	
Diameter (outside casing)		6"	6"	10"	
Material (outside casing)		Black steel	Black steel	Black steel	
Well Contamination History		None	None	None	
Is inundation of well possible?		No	No	No	
6' X 6' X 4" Concrete Pad		Yes	Yes	Yes	
SET BACKS	Septic Tank	N/A	N/A	N/A	
	Reuse Water	N/A	N/A	N/A	
	WW Plumbing	>100'	>100'	>100'	
	Other Sanitary Hazard	None observed	None observed	None observed	
PUMP	Type	Submersible	Submersible	Vertical turbine	
	Manufacturer Name	Sta-Rite	Sta-Rite	Goulds	
	Model Number	Unknown	Unknown	Unknown	
	Rated Capacity (gpm)	185	185	950	
	Motor Horsepower	10	10	75	
Well casing 12" above grade?		Yes	Yes	Yes	
Well Casing Sanitary Seal		OK	OK	OK	
Raw Water Sampling Tap		Yes	Yes	Yes	
Above Ground Check Valve		Yes	Yes	Yes	
Security		Yes	Yes	Yes	
Well Vent Protection		Yes	Yes	N/A	

COMMENTS Wells 1 and 2 are backup.

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Chem-Tech Capacity 30 gpd
Chlorine Feed Rate 100%
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 1.12 Remote 0.84
Remote tap location: 4021 NE 36th Avenue
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to elevated storage tank.
Booster Pump Info _____
Comments The chlorine injection point is heavily corroded.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Visible Algae Growth _____
Protective Screen Condition _____
Frequency of Cleaning _____
Date Last Inspected/Cleaned _____
Comments _____

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H1	H2	E
Capacity (gal)	5,000	10,000	200,000
Material	Steel	Steel	Steel
Gravity Drain	Yes	Yes	Yes
By-Pass Piping	Yes	Yes	Yes
Protected Openings	Yes	Yes	Yes
Sight Glass or Level Indicator	Yes	Yes	Yes
PRV/ARV	PRV	PRV	None
Pressure Gauge	No	No	Yes
On/Off Pressure	N/A	N/A	50'/60'
Access Secured	Yes	Yes	Yes
Access Manhole	Yes	Yes	Yes
Tank Sample Tap Location	On tank	On tank	Discharge piping
Date of Inspection	Unknown	Unknown	Unknown
Date of Cleaning	Unknown	Unknown	Unknown

Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments _____

DEFICIENCIES:

1. **Failure to maintain the chlorine injection point.** The injection point is heavily 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.]

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.]

3. **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.]

5. **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.]

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, www.frwa.net, has a cross-connection control manual for your reference.

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.]

Inspector MA TL Title Env. Specialist I Date 5/7/08

Approved by [Signature] Title Environmental Supervisor II Date 5/13/08

RESPONSE

Please provide any changes to the following:

PWS ID Number: 3424620

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 Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803**

Attention: Nathan Hess, Environmental Specialist I

In response to the Department's **Sanitary Survey Report** for the subject public water system dated **May 2, 2008**, the following actions were done to correct the listed deficiencies:

**Deficiency
Item No.**

Corrective Action Done

Date Done

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

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 **no later than August 22, 2008**. 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

NJH

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

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

Debbie Dillon

From: Hess, Nathan [Nathan.Hess@dep.state.fl.us]
To: Debbie Dillon
Cc: Cardona, Manuel
Subject: RE: PWS ID #3424620 Tradewinds Village
Attachments:

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

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

contact me at 352-208-4509 and let me know what exactly is needed to resolve this issue.

Thank you,

Steve Carroll

Plant Manager

COPY



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.

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

Sincerely,

A handwritten signature in cursive script that reads "John W. Bryant". The signature is written in dark ink and is positioned above the printed name of the signatory.

John W. Bryant, President

CC: Tradewinds Utilities

Tradewinds Utilities, Inc.

Docket No. 100127

Marion County

25.30.440(1)

DETAILED MAP

Test Year Ended December 31, 2009

Section 34, Township 14 S, Range 22 E, P. 15

LEGAL DESCRIPTION

The SW 1/4 of the NW 1/4, except the West 30'; and the South 1/2 of the SE 1/4 of the NW 1/4, except the West 30' of Section 34, Township 14 south, Range 22 east, Marion County, Florida.

Section 34, Township 14 south, Range 22 east

TRADEWINDS VILLAGE



NOTE

1. SEWER MAINS LOCATED IN THE PUBLIC RIGHT-OF-WAY SHALL BE 17' FROM THE CENTER-LINE.
2. MINIMUM BURIAL DEPTH SHALL BE 36" MINIMUM.
3. ALL LINES SHALL BE SDR 14 (160 PSI) PVC.
4. A PERMIT SHALL BE OBTAINED FROM MARION COUNTY PRIOR TO WORK WITHIN THE RIGHT-OF-WAY.

LEGEND

- GATE VALVE
- WATER MAIN
- 6" PVC — INDICATES SIZE OF POLY-VINYL CHLORIDE WATER MAIN
- SANITARY CSD WITH CONCRETE THRUST BLOCK
- WELL (SEE SHEET 2)

MASTER PLAN	
TRADEWINDS VILLAGE	
KIMBERLY L. ROGERS ENGINEERING, INC. 1100 S.W. 8th St. Ocala, FLA. 32668	
SCALE	1" = 120'
DATE	11-18-10

POTABLE WATER & FIRE FLOW DISTRIBUTION FOR GEORGE MAYO SUBDIVISION

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

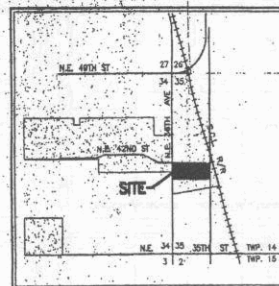
DEVELOPER:
TRADEWINDS UTILITIES
P.O. BOX 4230
OCALA, FL 34478
TELE 352-622-4449
CONTACT: CHARLES DOMENEZ

ENGINEER:
MILES C. ANDERSON CONSULTING ENGINEERS, INC.
1131 W. 26TH AVENUE
OCALA, FLORIDA 34478
TELE 352-622-4449
CONTACT: MILES C. ANDERSON, P.E.

SURVEYOR:
MILAM LAND SURVEYING INC.
2102 N.E. 3rd ST OCALA
TELE 352-622-7224
CONTACT: GARY L. MILAM, P.S.M.

AS-BUILT SURVEY:

OCTOBER 7, 1998



LOCATION MAP

SECTION 35, TOWNSHIP 14 SOUTH, RANGE 22 EAST

SURVEYOR'S CERTIFICATION:

I HEREBY CERTIFY THAT THIS AS-BUILT WAS MADE UNDER MY RESPONSIBLE
DIRECTION AND SUPERVISION AND THE PLAT AND DESCRIPTION ABOVE IS
A CORRECT REPRESENTATION OF THE LAND SURVEYED AND MEETS THE
ESTABLISHED MINIMUM TECHNICAL STANDARDS SET FORTH BY THE FLORIDA
BOARD OF PROFESSIONAL LAND SURVEYORS IN CHAPTER 4617-4, FLORIDA
ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.007, FLORIDA STATUTES.

GARY L. MILAM P.S.M. #0055
MILAM LAND SURVEYING INC. L.S. #0002
2102 N.E. 3rd STREET
OCALA, FLORIDA 34470
(352) 622-7224

ENGINEER'S CERTIFICATION:

I HEREBY CERTIFY THAT THE DRAINAGE FACILITIES ARE DESIGNED
IN ACCORDANCE WITH APPLICABLE REQUIREMENTS OF THE MARION
COUNTY LAND DEVELOPMENT CODE AND THE S.J.R.M.D. THAT THE
ADJACENT PROPERTIES WILL BE PROTECTED FROM STORMWATER DAMAGE
AS A RESULT OF THIS PROPOSED DEVELOPMENT THAT SIGHT DISTANCES
COMPLY WITH THE MARION POLICIES AND THAT THE APPROPRIATE
APPLICATIONS HAVE BEEN SUBMITTED TO THE S.J.R.M.D. AND D.E.P.

MILES C. ANDERSON, P.E.
DATE: 11/98
PROFESSIONAL ENGINEER
FLORIDA REGISTRATION NUMBER 38385

PERMITTING AGENCIES	SUBMITTED DATE	APPROVED DATE
MARION COUNTY		
F.D.P.		

INDEX OF SHEETS

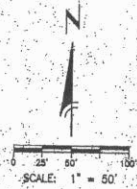
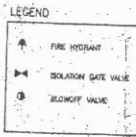
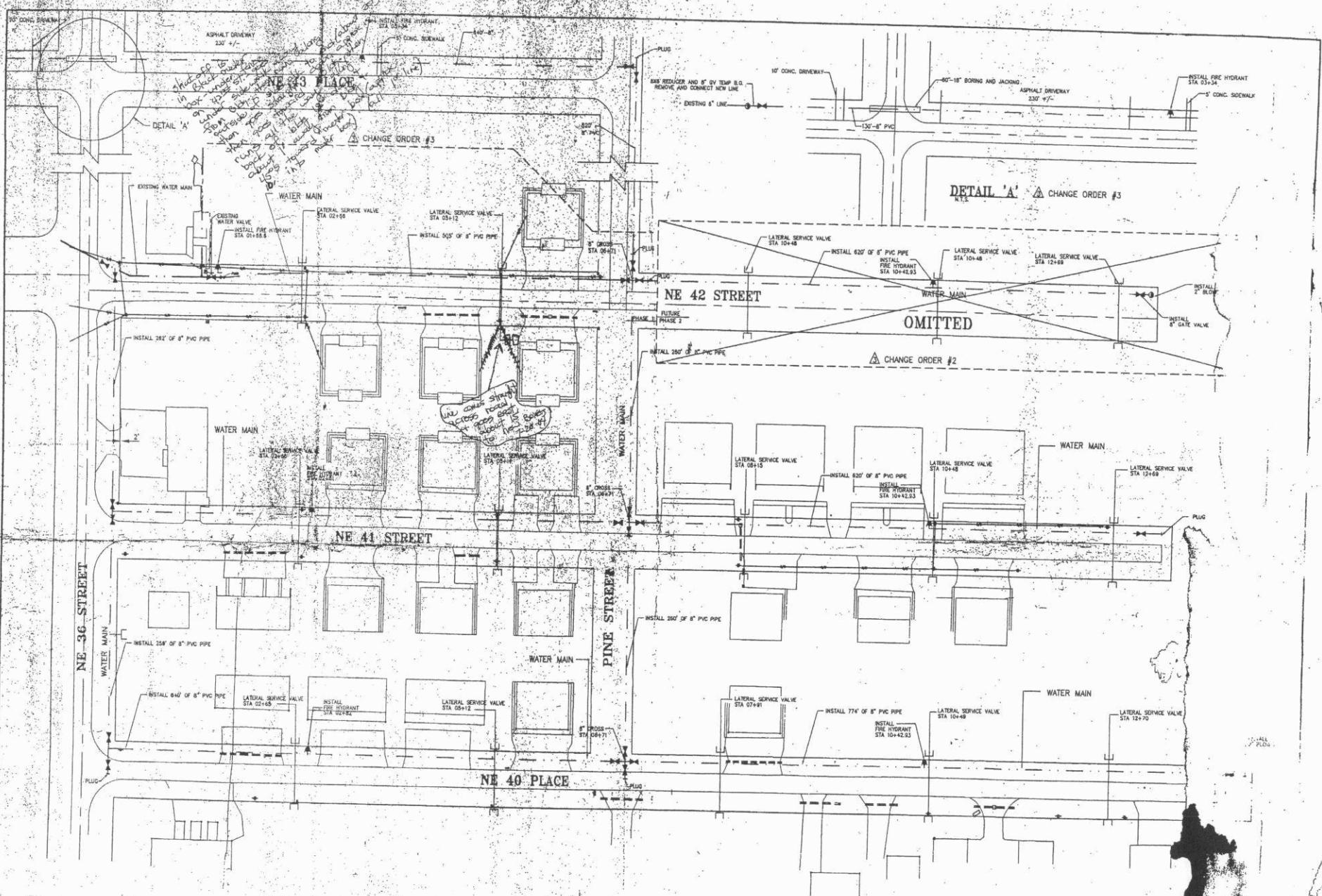
SHEET NO.	DESCRIPTION
1 OF 5	TITLE SHEET
2 OF 5	SECTION 35
3 OF 5	SECTION 34
4 OF 5	SECTION 35
5 OF 5	SECTION 31

TITLE SHEET

SHEET 1 OF 5

FILED
DATE: 10-7-98
BY: 11-9-98

EXHIBIT 'AA'



AS-BUILT
CHANGE ORDER #3



MILES CHRISTIAN ANDERSON
CIVIL STRUCTURAL ENGINEER
1111 N.E. 25TH AVENUE, SUITE 401
OCALA, FLORIDA 34470

REVISION		DATE	BY	CHKD	APP'D
1	DESIGN	11-09-98			
2	CONSTRUCTION	10-2-98			
3	REVISION	08-18-98	DATE	12-11-98	DESIGN
4	REVISION	08-12-98	SCALE	1" = 50'	DRWN
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WATER DIST. NO. 1
GEORGE MAYO SUBDIVISION
IN SECTION 35, TWP. 14 SOUTH, RGE.
MARION COUNTY, FLORIDA

SHEET
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OF
5

Tradewinds Utilities, Inc.

Docket No. 100127

Marion County

25.30.440(10)

CUSTOMER COMPLAINTS

Test Year Ended December 31, 2009

BEFORE THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION,

Complainant,

vs.

TRADEWINDS UTILITIES, INC.,
FACILITY ID: FLA010699,

Respondent.

IN THE OFFICE OF THE
CENTRAL DISTRICT

OGC FILE NO. 08-2506

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 trial 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".

19. Respondent agrees to pay the Department stipulated penalties in the amount of \$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

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

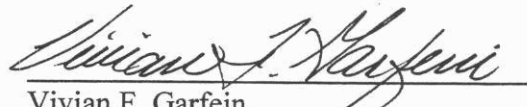
FOR THE RESPONDENT:


Charles deMenzes
President
Tradewinds Utilities, Inc.

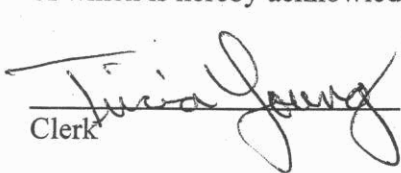
FOR DEPARTMENT USE ONLY

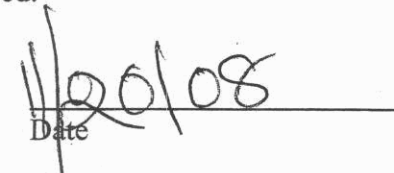
DONE AND ORDERED this 20th day of November, 2008, in Orlando, Florida.

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.


Clerk


Date

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
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION INSPECTION AND FINAL APPROVAL

APPLICATION #: **AP931260**PERMIT #: **42-SO-997519**DOCUMENT #: **F1757858**DATE PAID: **07/31/2009**FEE PAID: **235.00**RECEIPT #: **42-PID-1164422**APPLICANT: **Angel Hernandez**AGENT: **Tradewinds Utilities, Inc**PROPERTY ADDRESS: **3150 NE 42ND PL Ocala, FL 34479**LOT: **1 & 2**BLOCK: **C**SUBDIVISION: **Countryside Estates**ID#: **15851-003-01**

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH STATUTE OR RULE AND MUST BE CORRECTED.

TANK INSTALLATION		SETBACKS	
[]	[01] TANK SIZE [1] <u>900</u> (2) <u>X</u>	[]	[27] SURFACE WATER <u>NA</u> FT
[]	[02] TANK MATERIAL <u>Concrete</u>	[]	[28] DITCHES <u>NA</u> <u>>15</u> FT
[]	[03] OUTLET DEVICE <u>ADULT</u>	[]	[29] PRIVATE WELLS <u>NA</u> FT
[]	[04] MULTI-CHAMBERED <u>(1) N</u>	[]	[30] PUBLIC WELLS <u>NA</u> FT
[]	[05] OUTLET FILTER <u>poly Lok</u>	[]	[31] IRRIGATION WELLS <u>NA</u> FT
[]	[06] LEGEND 1. <u>2</u>	[]	[32] POTABLE WATER <u>5'</u> <u>(sch 40)</u> FT
[]	[07] WATERTIGHT <u>42-002-050-03</u>	[]	[33] BUILDING FOUNDATIONS <u>7' x 8'</u> FT
[]	[08] LEVEL <u>tank inlet and outlet 1' from offset tank and sealed outlet</u>	[]	[34] PROPERTY LINES <u>>10</u> FT
[]	[09] DEPTH TO LID	[]	[35] OTHER <u>NA</u> FT
DRAINFIELD INSTALLATION		FILLED / MOUND SYSTEM	
[]	[10] AREA [1] <u>375</u> [2] <u>X</u> SQFT	[]	[36] DRAINFIELD COVER <u>NA</u>
[]	[11] DISTRIBUTION <u>Block</u> <u>X</u> HEADER	[]	[37] SMOULDERS
[]	[12] NUMBER OF DRAINLINES <u>(2) 12</u> <u>25</u>	[]	[38] SLOPES
[]	[13] DRAINLINE SEPARATION	[]	[39] STABILIZATION
[]	[14] DRAINLINE SLOPE	ADDITIONAL INFORMATION	
[]	[15] DEPTH OF COVER	[]	[40] UNOBSTRUCTED AREA
[]	[16] ELEVATION [] ABOVE <u>BELOW</u> <u>55'</u>	[]	[41] STORMWATER RUNOFF
[]	[17] SYSTEM LOCATION	[]	[42] ALARMS <u>NA</u>
[]	[18] DOSING PUMPS <u>NA</u>	[]	[43] MAINTENANCE AGREEMENT
[]	[19] AGGREGATE SIZE	[]	[44] BUILDING AREA
[]	[20] AGGREGATE EXCESSIVE FINES <u>>NA</u>	[]	[45] LOCATION CONFORMS WITH SITE PLAN
[]	[21] AGGREGATE DEPTH	[]	[46] FINAL SITE GRADING
FILL / EXCAVATION MATERIAL		[]	[47] CONTRACTOR <u>M300</u>
[]	[22] FILL AMOUNT	[]	[48] OTHER <u>APLC 2.4</u>
[]	[23] FILL TEXTURE	ABANDONMENT	
[]	[24] EXCAVATION DEPTH	[]	[49] TANK PUMPED <u>NA</u>
[]	[25] AREA REPLACED <u>15' x 15'</u>	[]	[50] TANK CRUSHED & FILLED
[]	[26] REPLACEMENT MATERIAL		

Comments: all good water line setback
8-7-09

CONSTRUCTION (APPROVED / DISAPPROVED): APPROVEDCND DATE: 8-6-09FINAL SYSTEM (APPROVED / DISAPPROVED): APPROVEDCND DATE: 8-7-09

(Explanation of Violations on following page)

Tradewinds Utilities, Inc.

Docket No. 100127

Marion County

25.30.440(8)

FIELD EMPLOYEES

NOT APPLICABLE

Test Year Ended December 31, 2009

Tradewinds Utilities, Inc.

Docket No. 100127

Marion County

25.30.440(9)

VEHICLES

NOT APPLICABLE

Test Year Ended December 31, 2009

Tradewinds Utilities, Inc.

Docket No. 100127

Marion County

25.30.440(6)

PERMITS

Test Year Ended December 31, 2009



Jeb Bush
Governor

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.

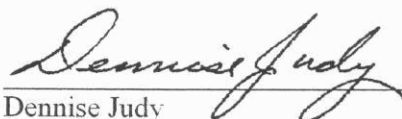
Mediation under section 120.573 of the Florida Statutes is not available for this proceeding.

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.

Cherese Boulin

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 January 12, 2005 to the listed persons, by Tina J. Young.



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

- 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:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.081	-	-	-	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 Condition I.A.4.				Monthly	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.5.
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	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.):

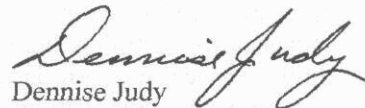
1. As previously requested, revise Form 2A Section 2 item 2 (page 2A-6), Design Treatment Levels, to show "annual average" as the basis for the 20 mg/L effluent limit for CBOD₅ and TSS. The "basis" is not the frequency for sampling, but is the "basis" for the effluent limit. For instance, the basis for 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.
2. 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 non-compliance.
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)

Tradewinds Utilities, Inc.

Docket No. 100127

Marion County

25.30.440(2)

CHEMICALS USED

Test Year Ended December 31, 2009

2009 Sodium Hypochlorite Tradewinds Utilities

Water Treatment Plant

Date	Quantity	Rate	Total	Dosage
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	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 \$	1.54 \$	93.94	0.36
Total		\$	6,031.40	

Tradewinds Utilities, Inc.

Docket No. 100127

Marion County

25.30.440(3)

CHEMICAL ANALYSIS

Test Year Ended December 31, 2009



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 Levels, or equivalent standard, for all parameters).
- ☐ **Satisfactory.** However, the parameters listed below exceeded 50% of the allowable Maximum Contaminant Level, equivalent standard, or regulatory detection limit. Additional testing may be required, please contact your governing agency or project engineer for instructions.
- ☐ **Unsatisfactory** for the parameters listed below (exceeded allowable Maximum Contaminant Level or equivalent standard) and may represent a health risk to your consumers. Please contact your governing agency or project engineer immediately.

In accordance with your request and applicable regulations we have sent a copy of this report to the following agencies or individuals (copies will not be provided to non-regulatory individuals without your express consent and request):

- | | |
|--|--|
| <input checked="" type="checkbox"/> DEP Central District | <input type="checkbox"/> DOH Marion County |
| <input type="checkbox"/> DEP Southwest District | <input type="checkbox"/> DOH Lake County |
| <input type="checkbox"/> DEP Northeast District | <input type="checkbox"/> DOH Sumter County |
| <input type="checkbox"/> DEP | <input type="checkbox"/> DOH |
| <input type="checkbox"/> Other | <input type="checkbox"/> Not Applicable |

Thank 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.

State Drinking Water Program Laboratory Reporting Format

#101748

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Trade Winds Village PWS I.D. #: 3424620

System Type (check one): ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: NE 43rd PLACE E 27th COURT

City: Ocala State: FL ZIP Code: 34470

Phone #: (352) 622-4949 Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): N/A

Sample Date: 4-26-10 Sample Time: 1200 AM ☒ PM (Circle One)

Sample Location (be specific): PDE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): N/A mg/L Field pH: N/A

Sample Type (Check Only One)

- ☐ Distribution
- ☒ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☒ Routine Compliance (with 62-550) ☐ Quarterly (Which Quarter? _____)
- ☐ Confirmation of MCL Exceedance* ☐ Special (not for compliance with 62-550)
- ☐ Composite of Multiple Sites** ☐ Violation Resolution
- ☐ Clearance (permitting) ☐ Replacement (of Invalidated Sample)
- ☐ Other: _____

Sampling Procedure Used or Other Comments: Grab

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements
for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler'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: Protechww@embargmail.com

CERTIFICATION (to be completed by sampler)

I, Ken Estes OPS
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Kenneth Estes Date: 4-26-10



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

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2010
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 3424620 System Name: Tradewinds Village Sample Number: Not Provided
Sample Location: POE
Laboratory Assigned Submission Number: 104748 Date Sample(s) Received: 4/26/10

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
Inorganics, Partial

Subcontracted Laboratory DOH Certification Number(s): Not Applicable

Analyte Sheet(s) Attached

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature:

Michael Morse

Date: May 3, 2010

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: ☐ Yes ☐ No

Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above)

☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded

☐ Detection(s)

☐ Incomplete Report

☐ Missing Analyte Sheet(s)

☐ Location Unsatisfactory

☐ Analysis Unsatisfactory

☐ Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP / DOH Reviewing Official: _____



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

U - The parameter was analyzed but not detected.

**AQUA PURE WATER & SEWAGE SERVICE, INC.**

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822 • FAX (352) 625-6638

**PRO-TECH WATER & WASTEWATER**

Report to: (Name & Mailing Address)

Pro-Tech Water & Wastewater**P.O. Box 9****Silver Springs, FL 34488-2349**Copy to: ☒ DEP Central ☐ DEP Southwest☐ DEP Northeast ☐ DEP Other: _____☐ DOH Marion County ☐ DOH Other: _____☐ N/A (for information only)

PO Number: _____

Contact Name: _____

Contact Phone: _____

System InformationSystem Name: Trade Winds VillageSystem ID Number: 3424621**Sample Information**Sample Location: POESampler Name: Ken EstesDate Sample Collected: 4-26-10Time Sample Collected: 1200**Field Test Results (if applicable)** Cl₂ Residual: _____Temp: N/A pH: N/A DO: _____Other: ON ICE**Sample Custody**Relinquished Signature: Ken EstesDate: 4/26/10 Time: 1226PM Condition: _____

Relinquished Signature: _____

Date: _____ Time: _____ Condition: _____

Received By: M. M...Sample Temperature at Time of Receipt: 19.3 °C☒ On Ice ☐ Not on Ice

Paid Check or Receipt Number: _____

Comments: _____

**Drinking Water
Chain of Custody**

Time Received / Date Received

12:31pm / 4-26-10Submission Number: 104748**Parameter(s) Requested****Sample Number****Inorganic Contaminants**☒ NO₃ ☒ NO₂ ☐ F☐ CN☐ All Metals ☐ Sb ☐ As ☐ Ba ☐ Be ☐ Cd☐ Cr ☐ Pb ☐ Hg ☐ Ni ☐ Se ☐ Na ☐ Tl☐ Asbestos**Secondary Contaminants**☐ Cl ☐ SO₄ ☐ TDS ☐ F ☐ Color☐ Odor☐ Foaming Agents☐ All Metals ☐ Al ☐ Cu ☐ Fe ☐ Mn ☐ Ag ☐ Zn**Disinfection Byproducts**☐ Total THM (All 4) ☐ THM Partial: _____☐ HAA (All 5) ☐ HAA Partial: _____☐ Other: _____**Radionuclides**☐ Gross Alpha ☐ Ra²²⁶ ☐ Ra²²⁸ ☐ U☐ Other: _____**Volatile Organic Contaminants**☐ All 21☐ Partial: _____**Synthetic Organic Contaminants**☐ All Except Dioxin☒ Partial: _____**Miscellaneous**☐ Turbidity ☐ Alkalinity ☐ Conductivity☐ Total Sulfide☐ Dissolved Metals (Field Filtered): _____☐ Other: _____☐ Other: _____☐ Other: _____☐ Other: _____104748-A

Tradewinds Utilities, Inc.

Docket No. 100127

Marion County

25.30.440(4)

OPERATIONS REPORTS

Test Year Ended December 31, 2009



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

See page 4 for instructions.

I. General Information for the Month/Year JANUARY 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:

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:

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: ☒ 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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	JOHN ANDERSON	C	14185	DAY
Other Operators:	RAY MCVEY	C	8623	WEEKEND
	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/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS 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)

Signature and Date

JOHN ANDERSON
Printed or Typed Name

C-14185
License Number

Subs ☒ Alternate
DEP 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	88000										0.6		
2	X	24	138000										0.7		
3	X	24	200000										0.7		
4	X	24	172000										0.7		
5	X	24	256000											WEEKEND CHECK	
6		24	256000												
7	X	24	256000										0.7		
8	X	24	132000										0.7		
9	X	24	150000										0.7		
10	X	24	112000										0.7		
11	X	24	119000										0.7		
12	X	24	132000											WEEKEND CHECK	
13		24	132000												
14	X	24	132000										0.7	SAMPLE - 3 WELLS, 2 LINES	
15	X	24	98000										0.7		
16	X	24	133000										0.8		
17	X	24	138000										0.8		
18	X	24	131000										0.7		
19	X	24	190333											WEEKEND CHECK	
20		24	190333												
21	X	24	190333										0.8		
22	X	24	153000										0.8		
23	X	24	173000										0.7		
24	X	24	164000										0.8		
25	X	24	140000										0.8		
26	X	24	159000											WEEKEND CHECK	
27		24	159000												
28	X	24	159000										0.7		
29	X	24	218000										0.8		
30	X	24	172000										0.2		
31	X	24	135000										1.1		
Total			4977999												
Average			160581												
Maximum			256000												

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER: FLA010699

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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: Jan 1, 2008 To Jan 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.054	MGD			0	5 days/wk	Flowmeter
PARM Code 50050 Y	Permit Requirement	0.081 (An. Avg.)	MGD				5 Days/Week	Meter
Mon. Site No. FLW-1								
Flow	Sample Measurement	0.056	MGD			0	5 days/wk	Flowmeter
PARM Code 50050 I	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
Mon. Site No. FLW-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.4		mg/L	0 monthly	Grab
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)		MG/L	Monthly	Grab
Mon. Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			11.5	11.5	mg/L	0 monthly	Grab
PARM Code 80082 A	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Mon. Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			21.7		mg/L	1 monthly	Grab
PARM Code 00530 Y	Permit Requirement			20.0 (An. Avg.)		MG/L	Monthly	Grab
Mon. Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			26	26	mg/L	0 monthly	Grab
PARM Code 00530 A	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Mon. Site No. EFA-1								

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 Handerson - ProTech W+WW	John H. Anderson	(352) 236-2444	08/20/20

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: Jan 1, 2006 To: Jan 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.6		5U	0	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			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			2.13			mg/L	0	5 days/wk	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			%	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			NMR					NMR	NMR
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			NMR					NMR	NMR
PARM Code 80082 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			NMR					NMR	NMR
PARM Code 00530 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699

From: Jan 1, 2008

To: Jan 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			7.4		72.20	0.048				
2			7.3		72.20	0.048				
3			7.4		2.17	0.062				
4			7.5		72.20	0.053				
5						0.055				
6						0.055				
7			7.6		72.20	0.055				
8			7.5		72.20	0.045				
9	11.5	<1	7.5	26	2.17	0.054				
10			7.4		72.20	0.052				
11			7.3		2.17	0.053				
12						0.054				
13						0.065				
14			7.5		72.20	0.065				
15			7.4		72.20	0.044				
16			7.6		72.20	0.049				
17			7.5		72.20	0.061				
18			7.6		72.20	0.054				
19						0.068				
20						0.068				
21			7.4		72.20	0.068				
22			7.5		72.20	0.049				
23			7.6		72.20	0.055				
24			7.5		72.20	0.061				
25			7.6		72.20	0.051				
26						0.056				
27						0.056				
28			7.6		72.20	0.056				
29			7.6		72.20	0.054				
30			7.6		2.13	0.049				
31			7.5		72.20	0.065				
Total	11.5	<1		26		1.729				
Mo. Avg.	11.5	<1		26		1				

PLANT STAFFING:

Day Shift Operator

Class: B

Certificate No: WW0013890

Name: John H Anderson

Evening Shift Operator

Class: _____

Certificate No: _____

Name: _____

Night Shift Operator

Class: _____

Certificate No: _____

Name: _____

1 Operator

Class: B

Certificate No: WW0013890

Name: John H Anderson



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

See page 4 for instructions.

I. General Information for the Month/Year FEBRUARY 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:

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:

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: ☒ 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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAY AND WEEKEND
Other Operators:	JOHN ANDERSON	C	14185	WEEKEND
	MICHEAL 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/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS 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)

Ray McVey 3-5-08
Signature and Date

RAY MCVEY
Printed or Typed Name

C-8623
License Number

Subsidiary/Alternate
DEP 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3424620 Plant Name: TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of: FEBRUARY 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: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*													
CT Calculations													
UV Dose													
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
1	X	24	79000										1.1
2	X	24	112000										WEEKEND CHECK
3		24	147500										
4	X	24	147500										1.1
5	X	24	109000										1.0
6	X	24	130000										0.9
7	X	24	105000										0.9
8	X	24	108000										0.8
9		24	117000										WEEKEND CHECK
10		24	117000										
11	X	24	117000										1.0
12	X	24	114000										1.1
13	X	24	100000										1.3
14	X	24	109000										1.2
15	X	24	91000										1.3
16		24	120000										WEEKEND CHECK
17		24	120000										
18	X	24	120000										1.3
19	X	24	107000										1.3
20	X	24	151000										1.3
21	X	24	78000										1.4
22	X	24	115000										1.3
23		24	124000										WEEKEND CHECK
24		24	124000										
25	X	24	124000										0.9
26	X	24	142000										0.9
27	X	24	184000										1.0
28	X	24	111000										1.0
29	X	24	191000										0.8
30		24											
31		24											
Total			3514000										
Average			121172										
Maximum			191000										

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER: FLA-010699

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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		Quantity or Loading	Units	Quality or Concentration	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				5 Days/Week	Meter
Flow	Sample Measurement	.054	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			8.2	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	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		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	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		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 Mcvey C 9084	<i>Ray Mcvey C-9084</i>	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 or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.7		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			52			#/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			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			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			-----			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									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

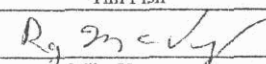
Permit Number: FLA010699
Monitoring Period: From: Feb. 1

To: Feb. 29, 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			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.						.054				

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 9084	Name: Ray Mcvey
Evening Shift Operator	Class: B	Certificate No: 13890	Name: John Anderson
Week/End	Class: B	Certificate No: 8580	Name: Tim Fish
Lead Operator	Class: C	Certificate No: 9084	Name: 
Week/End	C	8958	Mike Hammer



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

See page 4 for instructions.

I. General Information for the Month/Year MARCH 2008

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: _____

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313
Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: _____

B. Water Treatment Plant Information

Plant Name: TRADEWINDS VILLAGE
Plant Address: NE 43 PL & 27TH CT

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL Zip Code: 34478

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAY
Other Operators:	TIM FISH	C	7477	WEEKENDS
	MICHAEL HAMMER	C	8519	WEEKENDS

II. Certification by Lead/Chief Operator

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

Ray Mcvey 4.2.08
Signature and Date

RAY MCVEY
Printed or Typed Name

C-8623
License Number

Substitute Alternate
DEP FC. 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

MARCH 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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	136000											WEEKEND CHECK
2		24	136000											
3	X	24	136000										1.2	
4	X	24	114000										1.2	
5	X	24	108000										1.2	
6	X	24	109000										1.0	
7	X	24	117000										0.7	
8	X	24	62000											WEEKEND CHECK
9		24	62000											
10	X	24	62000										0.6	
11	X	24	125000										0.7	
12	X	24	139000										0.8	
13	X	24	146000										1.0	
14	X	24	112000										1.0	
15	X	24	144000											WEEKEND CHECK
16		24	144000											
17	X	24	144000										1.1	
18	X	24	141000										1.1	
19	X	24	174000										1.0	
20	X	24	140000										1.1	
21	X	24	119000										1.0	
22	X	24	128000											WEEKEND CHECK
23		24	128000											
24	X	24	128000										0.8	
25	X	24	109000										0.8	
26	X	24	115000										0.7	
27	X	24	145000										0.8	
28	X	24	133000										0.8	
29	X	24	153000											WEEKEND CHECK
30		24	153000											
31	X	24	153000										0.8	
Total			3915000											
Average			126290											
Maximum			174000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER FLA-010699

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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. 1

To Mar. 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	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				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				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.2		0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			20.3			Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.0	3.0	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		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 Mcvey C 9084	<i>Ray Mcvey</i>	352-236-2444	2008/04/06

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: 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
pH	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	RM		MG/L	0	Annually	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)	RM		MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			215	RM		MG/L	0	Annually	Grab
PARM Code 80082 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)	RM		MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			190	RM		MG/L	0	Annually	Grab
PARM Code 00530 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699
From: 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						.054				
2						.054				
3			7.2		0.7	.054				
4			7.3		1.8	.053				
5			7.3		1.9	.054				
6			7.3		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		2.0	.059				
14			7.5		2.2	.042				
15						.058				
16						.058				
17			7.5		2.2	.058				
18	2.0	1	7.5	3	2.2	.052				
19			7.5		2.2	.057				
20			7.5		2.2	.052				
21			7.5		2.2	.051				
22						.054				
23						.054				
24			7.5		2.2	.054				
25			7.5		2.2	.056				
26			7.5		2.0	.051				
27			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: <u>C</u>	Certificate No: <u>9084</u>	Name: <u>Ray Mcvey</u>
Wk. end check	Class: <u>C</u>	Certificate No: <u>8958</u>	Name: <u>Mike Hammer</u>
Wk. end check	Class: <u>B</u>	Certificate No: <u>8580</u>	Name: <u>Tim Fish</u>
Lead Operator	Class: <u>C</u>	Certificate No: <u>9084</u>	Name: <u>Ray Mcvey</u>



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

See page 4 for instructions.

General Information for the Month/Year APRIL 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:

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:

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: ☒ 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

Licensed Operators

Name

License Class

License Number

Day(s)/Shift(s) Worked

Lead/Chief Operator: RAY MCVEY

C

8623

DAY

Other Operators: AMANDA HULON

C

15214

4/14 THROUGH 4/30

TIM FISH

B

7477

WEEKEND

II. Certification by Lead/Chief Operator

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

Signature and Date

AMANDA HULON
Printed or Typed Name

C-15214
License Number

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

PWS Identification Number: 3424620 Plant Name: TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of: APRIL 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: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24	116000										0.7	SAMPLED 3 WELLS, 2 LINES
2	X	24	149000										0.8	
3	X	24	151000										0.8	
4	X	24	134000										0.7	REPLACED CL2 PUMP HEAD
5		24	145000											
6		24	145000											
7	X	24	145000										0.6	
8	X	24	108000										0.8	
9	X	24	111000										0.8	
10	X	24	111000										0.9	
11	X	24	114000										1.0	
12	X	24	142000											WEEKEND CHECK
13		24	142000											
14	X	24	142000										0.6	
15	X	24	113000										0.8	
16	X	24	132000										1.0	
17	X	24	116000										0.6	
18	X	24	119000										0.7	
19	X	24	163000											WEEKEND CHECK
20		24	163000											
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											
28	X	24	168000										0.3	
29	X	24	157000										0.4	
30	X	24	200000										0.9	
31		24												
Total			4392000											
Average			146400											
Maximum			204000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER: FLA-010699

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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: Apr. 1

To: Apr. 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			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. FLW-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		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				Report (Mo.Avg.)	60.0 (Max.)		MG/L		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.)			MG/L		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 Mcvey C 9084	<i>Ray Mcvey C-9084</i>	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 Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	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		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.)			#/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			-----			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									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010699

Monitoring Period

From: Apr. 1

To: Apr. 30, 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			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				
10			7.5		2.1	.034				
11			7.5		2.1	.046				
12						.027				
13						.027				
14			7.5		2.2	.027				
15			7.4		>2.2	.048				
16			7.4		>2.2	.050				
17			7.3		>2.2	.051				
18			7.3		>2.2	.057				
19						.054				
20						.054				
21			7.5		>2.2	.054				
22			7.5		>2.2	.039				
23			7.4		1.6	.063				
24			7.5		0.7	.040				
25			7.4		1.2	.045				
26						.056				
27						.056				
28			7.5		1.4	.056				
29	8.4	1	7.4	25	1.1	.051				
30			7.4		1.6	.056				
31										
Total						1.449				
Mo. Avg.						0.048				

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 9084	Name: Ray Mcvey
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 Mcvey



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

See page 4 for instructions.

I. General Information for the Month/Year MAY 2008

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: _____

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313

Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: _____

B. Water Treatment Plant Information

Plant Name: TRADEWINDS VILLAGE
Plant Address: NE 43 PL & 27TH CT

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL 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

☐ Purchased Finished Water
950000
Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	AMANDA HULON	C	15214	DAY
Other Operators:	RAY MCVEY	C	8623	WEEKEND
	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/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS 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)

Signature and Date

AMANDA HULON
Printed or Typed Name

C-15214
License Number

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

MAY 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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2			Minimum UV Dose Required, mW-sec/cm2
1	X	24	191000										0.4	
2	X	24	156000										0.5	
3	X	24	215000											WEEKEND CHECK
4		24	215000											
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											WEEKEND CHECK
11		24	168000											
12	X	24	168000										0.5	
13	X	24	207000										0.6	
14	X	24	190000										0.6	
15	X	24	118000										0.6	
16	X	24	241000										0.7	
17	X	24	187000											WEEKEND CHECK
18		24	187000											
19	X	24	187000										0.7	
20	X	24	200000										0.7	
21	X	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			5895000											
Average			190161											
Maximum			325000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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: MAY 1 2008 To MAY 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>057</u>	MGD			<input checked="" type="checkbox"/>	<u>5 DAYS/WK</u>	<u>METER</u>
PARM Code 50050 Y	Permit Requirement	0.081 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	<u>054</u>	MGD			<input checked="" type="checkbox"/>	<u>5 DAYS/WK</u>	<u>METER</u>
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<u>7</u>		<input checked="" type="checkbox"/>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<u><2.0</u>	<u><2.0</u>	<input checked="" type="checkbox"/>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 A	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			<u>18.50</u>		<input checked="" type="checkbox"/>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			<u>8</u>	<u>8</u>	<input checked="" type="checkbox"/>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 A	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		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)
<u>MARLIN RICHARDSON / PRO-TECH WFLW</u>	<u>[Signature]</u>	<u>352/236 2444</u>	<u>6/20/08 MR</u>

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

08/6/20

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Tradewinds WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010699

MONITORING PERIOD From: MAY 1 2008 To: MAY 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH				7.3	7.6		SU	<input checked="" type="checkbox"/>	5 DAYS/WK	GRAB
PARM Code 00400 A	Sample Measurement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Mon.Site No. EFA-1	Permit Requirement									
Coliform, Fecal				52			*100ML	<input checked="" type="checkbox"/>	MONTHLY	GRAB
PARM Code 74055 Y	Sample Measurement			200 (An.Avg.)			#100ML		Monthly	Grab
Mon.Site No. EFA-1	Permit Requirement									
Coliform, Fecal				10	10		*100ML	<input checked="" type="checkbox"/>	MONTHLY	GRAB
PARM Code 74055 A	Sample Measurement			Report (Mo.Geo.Mean)	800 (Max.)		#100ML		Monthly	Grab
Mon.Site No. EFA-1	Permit Requirement									
Total Residual Chlorine (For Disinfection)				0.6			MG/L	<input checked="" type="checkbox"/>	5 DAYS/WK	GRAB
PARM Code 50060 A	Sample Measurement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1	Permit Requirement									
Percent Capacity, (TMADF/ Permitted Capacity) x 100				100			%	<input checked="" type="checkbox"/>	MONTHLY	CALCULATED
PARM Code 00180 I	Sample Measurement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1	Permit Requirement									
Nitrogen, Nitrate, Total (as N)				MNR			MG/L		Annually	GRAB
PARM Code 00620 A	Sample Measurement			12.0 (Max.)			MG/L		Annually	Grab
Mon.Site No. EFA-1	Permit Requirement									
BOD, Carbonaceous 5 day, 20C				MNR			MG/L		Annually	GRAB
PARM Code 80082 Y	Sample Measurement			Report (An.Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1	Permit Requirement									
Solids, Total Suspended				MNR			MG/L		Annually	GRAB
PARM Code 00530 Y	Sample Measurement			Report (An.Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699

From: MAY 1 2008

To: MAY 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			7.5		0.9	-0.71				
2			7.4		1.1	-0.41				
3						.060				
4						.059				
5			7.5		1.0	.059				
6			7.6		2.2	-0.60				
7			7.6		2.0	.058				
8			7.6		1.4	.059				
9			7.5		1.6	-0.43				
10						.060				
11						.057				
12			7.5		1.4	.057				
13			7.4		1.8	.050				
14			7.5		2.1	-0.67				
15			7.5		1.7	.042				
16			7.5		1.1	-0.40				
17						.060				
18						-0.60				
19			7.6		1.0	-0.60				
20			7.5		1.2	.056				
21			7.6		0.6	-0.39				
22	<2.0	6	7.6	8	1.4	-0.60				
23			7.5		1.6	.050				
24						.053				
25						.053				
26			7.5		1.4	.053				
27			7.5		1.7	-0.60				
28			7.5		2.0	-0.56				
29			7.3		1.8	.034				
30			7.4		1.6	.057				
31						.054				
Total	<2.0	6		8		16.88				
Mo. Avg.	<2.0	6		8		0.054				

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:

Rad Operator

Class:

Certificate No:

Name:



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

See page 4 for instructions.

I. General Information for the Month/Year JUNE 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:

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:

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: ☒ 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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	AMANDA HULON	C	15214	DAY
Other Operators:	MICHAEL HAMMER	C	8519	WEEKEND
	RAY MCVEY	C	8623	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/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS 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)

Signature and Date

7-7-08

AMANDA HULON
Printed or Typed Name

C-15214
License Number

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

JUNE 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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Type of Disinfectant Residual Maintained in Distribution System:				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24	159000												
2	X	24	159000										1.7		
3	X	24	123000										1.6		
4	X	24	150000										1.6		
5	X	24	145000										1.6		
6	X	24	140000										1.7		
7	X	24	189000											WEEKEND CHECK	
8		24	171000												
9	X	24	171000										1.6		
10	X	24	150000										1.7		
11	X	24	112000										1.6		
12	X	24	127000										1.6		
13	X	24	99000										1.5		
14	X	24	103000											WEEKEND CHECK	
15		24	103000												
16	X	24	103000										1.5	SAMPLE - 3 WELLS, 2 LINES	
17	X	24	102000										1.5		
18	X	24	102000										1.5		
19	X	24	102000										1.5		
20	X	24	114000										1.5		
21		24	110000												
22	X	24	110000											WEEKEND CHECK	
23	X	24	110000										1.4		
24	X	24	83000										1.3		
25	X	24	110000										1.4		
26	X	24	101000										1.4		
27	X	24	109000										1.5		
28	X	24	104000											WEEKEND CHECK	
29		24	104000												
30	X	24	104000										1.4		
31		24													
Total			3669000												
Average			122300												
Maximum			189000												

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER: FLA010699

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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: JUNE 1 2008 To: JUNE 30 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	054	MGD				5 DAYS/WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	054	MGD				5 DAYS/WK	METER
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8	MG/L		MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.9	MG/L		MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
				60.0 (Max.)				
Solids, Total Suspended	Sample Measurement			21	MG/L	1	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			17	MG/L		MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
				60.0 (Max.)				

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)
MARLIN RICHARDSON / PRO-TECH W&W	<i>Marlin Richardson</i>	352 236-2444	08/7/21

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: June 1, 2008 To: June 30, 2008

PERMIT NUMBER: FLA010699

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.9		SU	1	5 DAYS/WK	GRAB
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			443			#/100ML	1	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			4700	4700		#/100ML	1	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			MG/L	1	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			64			%	1	MONTHLY	CALCULATED
PARM Code 00180 1	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	1	Annually	GRAB
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L	1	Annually	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			MNR			MG/L	1	Annually	GRAB
PARM Code 00530 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Permit Number:
Monitoring Period

FLA010699

DAILY SAMPLE RESULTS - PART B

From:

JUNE 12, 2008

To:

JUNE 30, 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						.053				
2			7.4		1.6	.053				
3			7.5		1.7	.062				
4			7.4		2.0	.041				
5			7.5		2.1	.067				
6			7.5		2.0	.052				
7						.052				
8						.050				
9			7.4		1.8	.050				
10			7.5		2.1	.077				
11			7.4		2.2	.037				
12			7.6		2.0	.067				
13			7.5		1.6	.030				
14						.055				
15						.055				
16			7.4		2.0	.055				
17			7.4		1.5	.053				
18			7.5		1.3	.063				
19			7.4		1.9	.039				
20			7.4		1.6	.063				
21						.060				
22						.060				
23			7.8		1.0	.060				
24			7.9		1.1	.051				
25			7.9		1.0	.053				
26	5.9	4700	7.7	17	1.1	.044				
27			7.6		1.6	.059				
28						.052				
29						.052				
30			7.6		1.5	.052				
31										
Total						1.617				
Mo. Avg.						0.054				

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:

Lead Operator

Class:

Certificate No:

Name:



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

See page 4 for instructions.

I. General Information for the Month/Year JULY 2008

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: _____

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313

Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: _____

B. Water Treatment Plant Information

Plant Name: TRADEWINDS VILLAGE
Plant Address: NE 43 PL & 27TH CT

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL 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

☐ Purchased Finished Water
950000
Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	QUINCY JONES	C	14369	DAY
Other Operators:	TIM FISH	B	7477	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND
	RAY MCVEY	C	8623	WEEKEND

II. Certification by Lead/Chief Operator

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

Quincy Jones 8-4-08
Signature and Date

QUINCY JONES
Printed or Typed Name

C-14369
License Number

Subs: _____/Alternate
DEP: _____n 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3424620 Plant Name: TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of: JULY 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: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*													
CT Calculations													
UV Dose													
Day of the Month	Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
1	X	24	302000										1.1
2	X	24	60000										1.1
3	X	24	70000										1.0
4		24	12000										
5	X	24	12000										
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	X	24	103000										0.8
12	X	24	95333										
13		24	95333										
14	X	24	95333										0.8
15	X	24	88000										1.0
16	X	24	92000										0.5
17	X	24	77000										1.0
18	X	24	84000										0.9
19	X	24	99333										
20		24	99333										
21	X	24	99333										0.8
22	X	24	96000										0.7
23	X	24	113000										0.6
24	X	24	42000										0.7
25	X	24	43000										0.8
26	X	24	99333										
27		24	99333										
28	X	24	99333										0.6
29	X	24	91000										0.9
30	X	24	118000										0.9
31	X	24	50000										0.9
Total			2551997										
Average			82322										
Maximum			302000										

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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:

7-1-08

To

7-31-08

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.054	MGD			0	5 DAW/WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An.Avg.)	MGD				5 Days/Week	Meter
Mon.Site No. FLW-1	Sample Measurement	.051	MGD			0	5 DAW/WK	METER
Flow	Sample Measurement	.051	MGD			0	5 DAW/WK	METER
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Mon.Site No. FLW-1	Sample Measurement			7.3		0	MONTHLY	GRAB
BOD, Carbonaceous 5 day, 20C	Sample Measurement			20.0 (An.Avg.)	MG/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement			10.4	10.4	0	MONTHLY	GRAB
Mon.Site No. EFA-1	Sample Measurement			Report (Mo.Avg.)	60.0 (Max.)	0	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			20.4		1	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement			20.0 (An.Avg.)	MG/L	0	Monthly	Grab
Mon.Site No. EFA-1	Sample Measurement			38	38	0	MONTHLY	GRAB
Solids, Total Suspended	Sample Measurement			Report (Mo.Avg.)	60.0 (Max.)	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement							
Mon.Site No. EFA-1	Sample Measurement							
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A	Permit Requirement							
Mon.Site No. EFA-1	Sample Measurement							

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)
PROTECH WWA/W QUINCY A JONES	Quincy A. Jones 214087	352-226-2444	08/08/16

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:

7-1-08

To

PERMIT NUMBER: FLA010699

7-31-08

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.8		SU	0	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			447			#/100ML	1	MONTHLY	GRAB
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			49	49		#/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			2.20			MG/L	0	5 DAYS/WK	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						0/0		MONTHLY	CALCULATED
PARM Code 00180 L Mon.Site No. FLW-1	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MNR		MNR	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	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	MNR
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699
From: 7-1-02

To: 7-31-02

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			7.4		72.2	.051				
2			7.5		72.2	.046				
3			7.6		72.2	.057				
4					2.2	.046				
5						.056				
6						.056				
7			7.7		2.2	.056				
8			7.6		2.20	.057				
9			7.7		2.20	.054				
10			7.6		2.20	.045				
11			7.5		2.20	.050				
12						.055				
13						.055				
14			7.6		2.20	.055				
15	10.4	49	7.7	38	2.20	.048				
16			7.5		2.20	.064				
17			7.6		2.20	.050				
18			7.7		2.20	.047				
19						.054				
20						.054				
21			7.8		2.20	.054				
22			7.7		2.20	.048				
23			7.6		2.20	.047				
24			7.7		2.20	.044				
25			7.6		2.20	.044				
26						.058				
27						.058				
28			7.8		2.20	.054				
29			7.6		2.20	.052				
30			7.8		2.20	.050				
31			7.7		2.20	.050				
Total						1.611				
Mo. Avg.						.057				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 14087

Name: QUINCY A JONES

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

ad Operator

Class: C

Certificate No: 14087

Name: QUINCY A JONES

C
C
B

9084
8958
8580

RAY McVEY
MIKE HAMMER
TIM FISH



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

See page 4 for instructions.

I. General Information for the Month/Year AUGUST 2008

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: _____

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313

Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: _____

B. Water Treatment Plant Information

Plant Name: TRADEWINDS VILLAGE
Plant Address: NE 43 PL & 27TH CT

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL Zip Code: 34478

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	QUINCY JONES	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

II. Certification by Lead/Chief Operator

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

Quincy A Jones 8-5-08
Signature and Date

QUINCY JONES
Printed or Typed Name

C-14369
License Number

Substitute/Alternate
DEP # 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3424620 Plant Name: TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of: AUGUST 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: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	75000										0.8		
2	X	24	10067											WEEKEND CHECK	
3		24	10067												
4	X	24	10067										1.0		
5	X	24	108000										0.9		
6	X	24	117000										0.9		
7	X	24	118000										0.8		
8	X	24	120000										0.7		
9	X	24	115000											WEEKEND CHECK	
10		24	115000												
11	X	24	115000										0.4		
12	X	24	112000										0.5		
13	X	24	125000										0.4		
14	X	24	70000										0.5		
15	X	24	108000										0.6		
16	X	24	51250											WEEKEND CHECK	
17		24	51250												
18	X	24	51250												
19	X	24	51250										0.8	SAMPLE - 2 WELLS, 2 LINES	
20	X	24	54000										0.9		
21	X	24	150000										0.8		
22	X	24	91000										1.0		
23	X	24	101667											WEEKEND CHECK	
24		24	101667												
25	X	24	101667										0.8		
26	X	24	93000										0.8		
27	X	24	133000										0.7		
28	X	24	108000										0.9		
29	X	24	80000										0.8		
30	X	24	87835											WEEKEND CHECK	
31		24	87835												
Total			2722872												
Average			87835												
Maximum			150000												

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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: 8-1-08 To: 8-31-08

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.053	MGD			0	5 DY /WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An.Avg.)	MGD				5 Days/Week	Meter
Mon.Site No. FLW-1								
Flow	Sample Measurement	.051	MGD			0	5 DY /WK	METER
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Mon.Site No. FLW-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.8	MG/L	0	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	MG/L	0	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement			60.0 (Max.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			19	MG/L	0	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			4	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement			60.0 (Max.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1								

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)
PROTECH WWT/W QUINCY A JONES	Quincy A Jones C14087	352-256-2444	09/25/08

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: 8-1-08 To: 8-31-08

PERMIT NUMBER: FLA010699

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.8		SU	0	5 DY/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			447			#/100ML	1	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			1.10			MG/L	0	5 DY/WK	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			63			%	0	MONTHLY	CALCULATED
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MNR		MNR	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	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	MNR
PARM Code 00530 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699

From: 8-1-08

To: 8-31-08

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-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.6		2.20	.040				
2						.050				
3						.050				
4			7.6		2.20	.050				
5			7.7		2.20	.050				
6			7.6		2.20	.054				
7			7.7		2.20	.054				
8			7.8		2.20	.055				
9						.051				
10						.051				
11			7.7		2.20	.051				
12			7.6		2.20	.057				
13			7.7		2.20	.058				
14			7.8		2.20	.054				
15			7.6		2.20	.054				
16						.053				
17						.065				
18						.065				
19			7.4		1.1	.065				
20			7.5		1.10	.076				
21			7.4		1.15	.069				
22			7.6		1.21	.060				
23						.033				
24						.033				
25			7.5		1.89	.037				
26	<2.0	<1.0	7.5	4	1.89	.050				
27			7.6		1.88	.064				
28			7.5		1.88	.055				
29			7.4		2.20	.045				
30						.051				
31						.051				
Total						1.600				
Mo. Avg.						.051				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

14087

Name:

QUINCY A JONES

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

d Operator

Class:

C

Certificate No:

14087

Name:

QUINCY A JONES

C

4084

RAY McVEY

C

8458

MIKE HAMMER

B

8580

TIM FISH



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

See page 4 for instructions.

I. General Information for the Month/Year SEPTEMBER 2008

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: _____

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313
Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: _____

B. Water Treatment Plant Information

Plant Name: TRADEWINDS VILLAGE
Plant Address: NE 43 PL & 27TH CT

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL Zip Code: 34478

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	QUINCY JONES	C	14369	DAY
Other Operators:	RAY MCVEY	C	8623	WEEKEND
	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/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS 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)

Quincy Jones 10-7-08
Signature and Date

QUINCY JONES
Printed or Typed Name

C-14369
License Number

Substitute/Alternate
DEP Form 32-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

SEPTEMBER 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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
CT Calculations														
UV Dose														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24	109517										0.8	
2	X	24	303000										0.9	
3	X	24	78000										1.0	
4	X	24	98000										1.1	
5	X	24	91000										0.7	
6	X	24	116667											WEEKEND CHECK
7		24	116667											
8	X	24	116667										0.6	
9	X	24	121000										0.4	
10	X	24	111000										0.5	
11	X	24	98000										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										0.5	
18	X	24	141000										0.8	
19	X	24	107000										0.8	
20	X	24	107333											WEEKEND CHECK
21		24	107333											SAMPLE - 1 WELL, 2 LINES
22	X	24	107333										0.7	
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											
29	X	24	131333										1.0	
30	X	24	138000										0.9	
31		24												
Total			3600516											
Average			120017											
Maximum			303000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐ From: 9-1-08 To: 9-30-08

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.053	MGD			0	504/WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An.Avg.)	MGD				5 Days/Week	Meter
Mon.Site No. FLW-1								
Flow	Sample Measurement	.055	MGD			0	504/WK	METER
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Mon.Site No. FLW-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.3	MG/L	0	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	MG/L	0	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			17.7	MG/L	0	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			4	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Mon.Site No. EFA-1								

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)
PROTECT WWS/W QUINCY A JONES	Quincy A Jones C14087	352-236-2444	08/10/19

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: 9-1-08 To: 9-30-08

PERMIT NUMBER: FLA010699

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.7		SU	0	504/WRK	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			447			#/100ML	1	MONTHLY	GRAB
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0		#/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			1.81			MG/L	0	504/WRK	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			68			%	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			MNR			MNR		MNR	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	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	MNR
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699
From:

9-1-08

To:

9-30-08

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-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.4		1.91	.050				
2			7.4		1.81	.073				
3			7.4		2.01	.050				
4			7.5		1.88	.046				
5			7.6		2.01	.047				
6						.046				
7						.046				
8			7.5		2.01	.046				
9			7.4		2.00	.066				
10			7.6		2.01	.049				
11			7.4		2.20	.056				
12			7.4		2.20	.040				
13						.055				
14						.055				
15			7.5		2.20	.055				
16			7.4		2.20	.062				
17			7.5		2.20	.068				
18			7.6		2.20	.068				
19			7.7		2.20	.055				
20						.057				
21						.057				
22			7.5		2.20	.057				
23	< 2.0	< 1.0	7.4	4	2.20	.061				
24			7.5		2.20	.057				
25			7.7		2.20	.055				
26			7.4		2.20	.056				
27						.054				
28						.054				
29			7.6		2.20	.054				
30			7.5		2.20	.062				
31										
Total						1.657				
Mo. Avg.						.055				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

14087

Name:

QUINCY A JONES

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

ad Operator

Class:

C

Certificate No:

14087

Name:

QUINCY A JONES

C

9084

RAY MCVEY

B

8580

TIM FISH

C

8958

MIKE HAMMER



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

See page 4 for instructions.

I. General Information for the Month/Year OCTOBER 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:

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:

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: ☒ 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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	QUINCY JONES	C	14369	DAY
Other Operators:	RAY MCVEY	C	8623	WEEKEND
	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/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS 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)

Quincy A Jones 11-5-08
Signature and Date

QUINCY JONES
Printed or Typed Name

C-14369
License Number

Subst: Alternate
DEP 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

OCTOBER 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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp of Water °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	154000										1.0	
2	X	24	154000										1.1	
3	X	24	144000										1.0	
4	X	24	119333											WEEKEND CHECK
5		24	119333											
6	X	24	119333										1.1	
7	X	24	89000										1.1	
8	X	24	159000										1.0	
9	X	24	78000										0.8	
10	X	24	104000										1.0	
11	X	24	98333											WEEKEND CHECK
12		24	98333											
13	X	24	98333										0.9	
14	X	24	112000										1.0	
15	X	24	115000										0.7	
16	X	24	114000										1.1	
17	X	24	114000										0.8	
18	X	24	116000											WEEKEND CHECK
19		24	116000											
20	X	24	116000										0.4	
21	X	24	31000										0.5	
22	X	24	30000										0.7	SAMPLE - 1 WELL, 2 LINES
23	X	24	21000										0.9	
24	X	24	107000										0.7	
25	X	24	94667										0.7	WEEKEND CHECK
26		24	94667											
27	X	24	94667										0.8	
28	X	24	104000										0.7	
29	X	24	98000										0.8	
30	X	24	101000										0.7	
31	X	24	115000											
Total			3228999											
Average			104161											
Maximum			159000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐ 10-1-08 To 10-31-08
MONITORING PERIOD From: To

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.053	MGD			0	504/WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An.Avg.)	MGD				5 Days/Week	Meter
Mon.Site No. FLW-1								
Flow	Sample Measurement	.051	MGD			0	504/WK	METER
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Mon.Site No. FLW-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.6	MG/L	0	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.7	MG/L	0	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1				60.0 (Max.)				
Solids, Total Suspended	Sample Measurement			15.9	MG/L	0	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			1	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1				60.0 (Max.)				

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)
PROTECH M/W / W QUINCY A JONES	Quincy A Jones	352 256 2444	08/11/08

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: 10-1-08 To: 10-31-08

PERMIT NUMBER: FLA010699

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.8		SU	0	5DY/WK	GRAB
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Mon.Site No. EFA-1	Sample Measurement			448			#/100ML	1	MONTHLY	GRAB
Coliform, Fecal	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
PARM Code 74055 Y	Sample Measurement			12	12		#/100ML	0	MONTHLY	GRAB
Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			2.00			MG/L	0	5DY/WK	GRAB
PARM Code 74055 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1	Sample Measurement			65			%	0	MONTHLY	CALCULATED
Total Residual Chlorine (For Disinfection)	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
PARM Code 50060 A	Sample Measurement			MNR			MNR		MNR	MNR
Mon.Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			MNR			MNR		MNR	MNR
PARM Code 00180 1	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
Mon.Site No. FLW-1	Sample Measurement			MNR			MNR		MNR	MNR
Nitrogen, Nitrate, Total (as N)	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
PARM Code 00620 A	Sample Measurement									
Mon.Site No. EFA-1	Permit Requirement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y	Permit Requirement									
Mon.Site No. INF-1	Sample Measurement									
Solids, Total Suspended	Permit Requirement									
PARM Code 00530 Y	Sample Measurement									
Mon.Site No. INF-1	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699

From: 10-1-08

To:

10-31-08

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-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.6		2.20	.045				
2			7.6		2.20	.050				
3			7.4		2.20	.050				
4						.049				
5						.049				
6			7.6		2.20	.049				
7			7.5		2.20	.049				
8			7.8		2.20	.061				
9			7.4		2.20	.050				
10			7.6		2.20	.061				
11						.049				
12						.049				
13			7.5		2.20	.049				
14			7.4		2.20	.062				
15			7.7		2.20	.049				
16			7.6		2.20	.052				
17			7.5		2.20	.053				
18						.052				
19						.052				
20			7.6		2.20	.052				
21	7.7	12	7.5	1	2.20	.051				
22			7.5		2.20	.048				
23			7.6		2.20	.050				
24			7.5		2.20	.061				
25						.051				
26						.051				
27			7.6		2.20	.051				
28			7.7		2.00	.047				
29			7.4		2.01	.048				
30			7.6		2.20	.047				
31			7.5		2.20	.051				
Total						1.588				
Mo. Avg.						.051				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

14087

Name:

QUINCY A JONES

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

1 Operator

Class:

C

Certificate No:

14087

Name:

QUINCY A JONES

C
B
C

9084
8580
8958

RAY McVEY
TIM FISH
MIKE HAMMER



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

See page 4 for instructions.

I. General Information for the Month/Year NOVEMBER 2008

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: _____

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313

Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: _____

B. Water Treatment Plant Information

Plant Name: TRADEWINDS VILLAGE
Plant Address: NE 43 PL & 27TH CT

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL 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

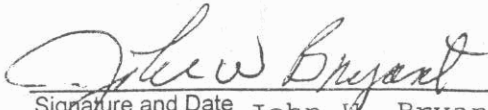
☐ Purchased Finished Water
950000
Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	QUINCY JONES	C	14369	DAY
Other Operators:	RAY MCVEY	C	8623	WEEKEND
	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/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS 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)


Signature and Date John W. Bryant C-7566

QUINCY JONES
Printed or Typed Name

C-14369
License Number

Subst¹ /Alternate
DEP 1 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

NOVEMBER 2003

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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	122000										0.6	
2		24	122000											
3	X	24	122000										0.6	
4	X	24	98000										0.7	
5	X	24	112000										0.5	
6	X	24	110000										0.4	
7	X	24	82000										0.3	
8	X	24	127333											
9		24	127333											
10	X	24	127333										0.4	
11	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										0.4	
19	X	24	133000										0.5	
20	X	24	113000										0.5	
21	X	24	106000										0.7	
22	X	24	115667										0.6	
23		24	115667											
24	X	24	115667										0.7	SAMPLE - 1 WELL, 2 LINES
25	X	24	105000										0.8	
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												
Totals			3480001											
Average			116000											
Maximum			160000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

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

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

COUNTY: Marion

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: NOV. 01, 2008 To NOV. 30, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.053	MGD			0	5 DAYS/WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	.049	MGD			0	5 DAYS/WK	METER
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.2	MG/L	0	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	MG/L	0	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			14.5	MG/L	0	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement			Report (Mo.Avg.)	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 & WW - JOHN W. BRYANT	<i>John W. Bryant</i>	(352) 236-2444	08/12/18

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: NOV. 01, 2008 To

PERMIT NUMBER: FLA010699

NOV. 30, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.9		SU	0	5 DAYS/WK	GRAB
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement			398			#/100ML	1	MONTHLY	GRAB
Coliform, Fecal	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
PARM Code 74055 Y	Sample Measurement			<1	<1		#/100ML	0	MONTHLY	GRAB
Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			2.01			MG/L	0	5 DAYS/WK	GRAB
PARM Code 74055 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement			64			%	0	MONTHLY	Calculated
Total Residual Chlorine (For Disinfection)	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
PARM Code 50060 A	Sample Measurement			MNR			/		MNR	MNR
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	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1	Sample Measurement			MNR			/		MNR	MNR
Solids, Total Suspended	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
PARM Code 00530 Y	Sample Measurement									
Mon. Site No. INF-1	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699

From: Nov. 01, 2008 To: Nov 30, 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-I	EFA-I	EFA-I	EFA-I	EFA-I	FLW-I			
1						.055			
2						.055			
3			7.6		2.08	.055			
4			7.4		2.01	.053			
5			7.6		2.08	.047			
6			7.8		2.2	.047			
7			7.6		2.08	.041			
8						.051			
9						.051			
10			7.4		2.1	.051			
11			7.8		2.2	.049			
12	<2	<1	7.6	1	2.2	.041			
13			7.6		2.2	.062			
14			7.7		2.2	.051			
15						.053			
16						.053			
17			7.8		2.2	.053			
18			7.6		2.2	.053			
19			7.8		2.2	.053			
20			7.7		2.2	.024			
21			7.6		2.2	.024			
22						.048			
23						.048			
24			7.8		2.2	.048			
25			7.9		2.2	.050			
26			7.8		2.2	.053			
27			7.8		2.2	.042			
28			7.9		2.2	.042			
29						.055			
30						.055			
31									
Total	<2	<1		1		1.463			
Mo. Avg.	<2	<1		1		.049			

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

14087

Name:

Quincy A. Jones

Evening Shift Operator

Class:

C

Certificate No:

9084

Name:

Ray McVey - Weekend

Night Shift Operator

Class:

C

Certificate No:

8958

Name:

Michael Hammer - Weekend

Lab 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.

I. General Information for the Month/Year DECEMBER 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:

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:

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: ☒ 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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	MARK HAVENS	C	13858	12/1,3,4/2008
Other Operators:	RAY MCVEY	C	8623	12/2/08 & WEEKENDS
	JOHN W. BRYANT	C	7566	12/5,8,9,10,11,12/2008
	EDWARD URBANEK	C	14560	12/15 THRU 12/31/2008
	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/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS 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)

Edward Urbanek
Signature and Date

1-6-09

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

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

PWS Identification Number: 3424620 Plant Name: TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of: DECEMBER 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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	128000										0.2		
2	X	24	78000										0.2		
3	X	24	122000										1.3		
4	X	24	117000										1.8		
5	X	24	154000										0.9		
6	X	24	118000											WEEKEND CHECK	
7		24	138000												
8	X	24	139000										1.3		
9	X	24	128000										1.1		
10	X	24	128000										0.9		
11	X	24	102000										1.0		
12	X	24	99000										0.8		
13	X	24	110666											WEEKEND CHECK	
14		24	110666												
15	X	24	110666										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											WEEKEND CHECK	
21		24	113666												
22	X	24	113666										0.5		
23	X	24	99000										0.5		
24	X	24	153000										0.7		
25	X	24	115000											HOLIDAY CHECK	
26	X	24	115000										0.4		
27	X	24	129333											WEEKEND CHECK	
28		24	129333												
29	X	24	129333										0.4		
30	X	24	118000										0.5		
31	X	24	147000										0.5		
Total			3734995												
Average			120484												
Maximum			154000												

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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:

Dec 01, 2008 To Dec 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.052	MGD			0	5 DAYS/WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.050	MGD			0	5 DAYS/WK	METER
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.7	MG/L	0	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5	MG/L	0	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement			Report (Mo.Avg.) 60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			12.5	MG/L	0	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			19	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A	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)
EDWARD URBANEK / PRO-TECH WTRWW	Edward T. Urbaneck	(352) 236 2444	09/01/21

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:

Dec. 01, 2008 To

Dec. 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2	7.5		54	0	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			398			#/100ml	1	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			0.75			MG/L	0	5 DAYS/WK	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			%	0	MONTHLY	Calculated
PARM Code 00180 I 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		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		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010609

From: Dec. 01, 2008 To: Dec. 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			7.5		0.75	.057	EU			
2			7.5		1.0	.041	.042			
3			7.5		1.3	.052				
4			7.4		2.10	.047				
5			7.3		1.9	.057				
6						.054				
7						.055				
8			7.5		2.2	.055				
9			7.4		1.8	.056				
10			7.5		1.7	.048				
11			7.3		1.9	.053				
12			7.5		2.0	.047				
13						.046				
14						.046				
15			7.4		2.0	.046				
16			7.4		1.7	.052				
17			7.3		> 2.2	.041				
18	5.0	< 1	7.4	19	2.0	.050				
19			7.4		1.9	.047				
20						.048				
21						.048				
22			7.5		> 2.2	.048				
23			7.4		> 2.2	.047				
24			7.4		2.0	.058				
25						.050				
26			7.2		> 2.2	.050				
27						.054				
28						.054				
29			7.4		2.0	.054				
30			7.3		2.0	.051				
31			7.3		2.0	.049				
Total	5.0	< 1		19		1.561				
Mo. Avg.	5.0	< 1		19		.050				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

13589

Name:

MARK HAVENS - 12/1, 3, 4/08

Evening Shift Operator

Class: C

Certificate No:

9084

Name:

RAY McVEY - 12/2/08 - weekend

Night Shift Operator

Class: C

Certificate No:

8971

Name:

MICHAEL HAMMER - weekend

id Operator

Class: B

Certificate No:

8580

Name:

TIM FISH - weekend

C

8971

JOHN W BRYANT - 12/5, 8, 9, 10, 11, 12/08

C

14085

EDWARD URBANEK - daily



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

See page 4 for instructions.

I. General Information for the Month/Year JANUARY 2009

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: _____

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313

Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: _____

B. Water Treatment Plant Information

Plant Name: TRADEWINDS VILLAGE
Plant Address: NE 43 PL & 27TH CT

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL 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

☐ Purchased Finished Water
950000
Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	MICHAEL HAMMER	C	8519	WEEKEND
	RAY MCVEY	C	8623	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/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS 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)

Edward T. Urbanek 2-3-09
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Subst: Alternate
DEP 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

JANUARY 2009

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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	113000										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	X	24	151000										0.6		
8	X	24	121000										0.6		
9	X	24	116000										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										0.7		
15	X	24	111000										0.6		
16	X	24	110000										0.7		
17	X	24	48000											WEEKEND CHECK	
18		24	48000												
19	X	24	48000										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										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		
31	X	24	116867											WEEKEND CHECK	
Total			3622865												
Average			116867												
Maximum			151000												

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐ JAN. 01, 2009 To JAN. 31, 2009
MONITORING PERIOD

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.052	MGD			0	5 DAYS/WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An. Avg.)	MGD				5 Days/Week	Meter
Mon. Site No. FLW-1	Sample Measurement	1.051	MGD			0	5 DAYS/WK	METER
PARM Code 50050 1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.9		MG/L	0 MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)		MG/L	Monthly	Grab
Mon. Site No. EFA-1	Sample Measurement			14.1	14.1	MG/L	0 MONTHLY	GRAB
BOD, Carbonaceous 5 day, 20C	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
PARM Code 80082 A	Sample Measurement			13.9		MG/L	0 MONTHLY	GRAB
Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			43	43	MG/L	0 MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Mon. Site No. EFA-1	Sample Measurement							

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. URBANEK / Pro-Tech WWTW	Edward T. URBANEK	(352) 236 2444	09/02/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Tradewinds WWTF

MONITORING GROUP NUMBER: B-001

PERMIT NUMBER: FLA010699

MONITORING PERIOD

From:

JAN. 01 2009

To

JAN. 31 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.4		54	0	5 DAYS/WK	GRAB
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Mon.Site No. EFA-1	Sample Measurement			398			#/100ML	1	MONTHLY	GRAB
Coliform, Fecal	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
PARM Code 74055 Y	Sample Measurement			< 4	< 4		#/100ML	0	MONTHLY	GRAB
Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.5			MG/L	0	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1	Sample Measurement			62			%	0	MONTHLY	Calculated.
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
PARM Code 00180 I	Sample Measurement			MNR					MNR	MNR
Mon.Site No. FLW-1	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR					MNR	MNR
PARM Code 00620 A	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
Mon.Site No. EFA-1	Sample Measurement			MNR					MNR	MNR
BOD, Carbonaceous 5 day, 20C	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
PARM Code 80082 Y	Sample Measurement			MNR					MNR	MNR
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	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	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				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1					2.0	.049				
2			7.3		2.0	.056				
3						.054				
4						.054				
5			7.4		2.0	.054				
6			7.3		2.1	.049				
7			7.4		2.2	.055				
8	14.1	<4 (u)	7.4	68	2.2	.051				
9			7.3		2.2	.046				
10						.054				
11						.054				
12			7.3		2.2	.054				
13			7.4		2.2	.058				
14			7.4		2.0	.059				
15			7.3		2.2	.049				
16			7.4		2.0	.049				
17						.049				
18						.049				
19			7.3		2.2	.049				
20			7.4		2.2	.052				
21			7.4		2.2	.046				
22			7.3		2.2	.046				
23			7.4		2.2	.049				
24						.048				
25						.048				
26			7.3		1.5	.048				
27			7.4		1.6	.045				
28			7.4	18	2.2	.046				
29			7.3		2.0	.050				
30			7.3		2.2	.060				
31						.051				
Total	14.1	<4		86		1.581				
Mo. Avg.	14.1	<4		43		.051				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

14085

Name:

EDWARD T. URBANEK

Evening Shift Operator

Class:

C

Certificate No:

8958

Name:

MICHAEL HAMMER - Weekend

Night Shift Operator

Class:

C

Certificate No:

9084

Name:

RAG McVEY - 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.

I. General Information for the Month/Year FEBRUARY 2009

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:

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:

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: ☒ 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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	TIM FISH	B	7477	WEEKEND
	VINCENT BROWN	C	14184	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND

II. Certification by Lead/Chief Operator

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

Edward Urbanek
Signature and Date

3-5-09

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Substitute/Alternate
DEI Form 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

FEBRUARY 2009

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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable														
CT Calculations														
UV Dose														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24	111666											
2	X	24	111666										0.7	
3	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	
7	X	24	121333											WEEKEND CHECK
8		24	121333											
9	X	24	121333										0.7	
10	X	24	121000										0.9	
11	X	24	158000										1.0	
12	X	24	102000										0.3	
13	X	24	111000										0.4	
14	X	24	120000											WEEKEND CHECK
15		24	120000											
16	X	24	120000										0.3	
17	X	24	124000										0.5	
18	X	24	146000										0.5	
19	X	24	132000										0.5	
20	X	24	143000										0.6	
21	X	24	143666											WEEKEND CHECK
22		24	143666											
23	X	24	143666										0.5	
24	X	24	97000										0.4	SAMPLE - 3 WELLS, 2 LINES
25	X	24	138000										0.4	
26	X	24	117000										0.3	
27	X	24	124000										0.3	
28	X	24	121753											WEEKEND CHECK
29		24												
30		24												
31		24												
Total			3409082											
Average			121753											
Maximum			158000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER: FLA010699

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐ Feb. 01, 2009 To Feb. 28, 2009.
MONITORING PERIOD From:

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.051	MGD			0	5 DAYS/WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An.Avg.)	MGD				5 Days/Week	Meter
Mon.Site No. FLW-1								
Flow	Sample Measurement	.044	MGD			0	5 DAYS/WK	METER
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Mon.Site No. FLW-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.3	MG/L	0	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.5	MG/L	0	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			15.2	MG/L	0	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			19	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Mon.Site No. EFA-1								

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. URBANEK / PRO-TECH W&W	<i>Edward T. Urbanek</i>	352 236 2444	09/03/23

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. 01, 2009 To Feb. 28, 2009

PERMIT NUMBER: FLA010699

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.4		54	0	5 DAYS/WK	GRAB
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Mon.Site No. EFA-1										
Coliform, Fecal	Sample Measurement			398			#/100ML	0	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (Ar. Avg.)			#/100ML		Monthly	Grab
Mon.Site No. EFA-1										
Coliform, Fecal	Sample Measurement			3	3		#/100ML	0	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Mon.Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0			MG/L	0	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			60			%	0	MONTHLY	Calculated
PARM Code 00180 I	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			—		MNR	MNR
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Mon.Site No. EFA-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			—		MNR	MNR
PARM Code 80082 Y	Permit Requirement			Report (Ar. Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1										
Solids, Total Suspended	Sample Measurement			MNR			—		MNR	MNR
PARM Code 00530 Y	Permit Requirement			Report (Ar. Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699

From: FEB. 01, 2009

To: FEB. 28, 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				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1						.052				
2			7.3		>2.2	.052				
3			7.3		>2.2	.051				
4			7.4		2.0	.047				
5			7.4		2.0	.049				
6			7.3		>2.2	.042				
7						.043				
8						.043				
9			7.4		>2.2	.043				
10	6.5	3	7.3	19	>2.2	.042				
11			7.3		>2.2	.045				
12			7.4		>2.2	.044				
13			7.4		>2.2	.045				
14						.046				
15						.046				
16			7.4		>2.2	.046				
17			7.3		>2.2	.049				
18			7.4		>2.2	.048				
19			7.3		>2.2	.044				
20			7.3		>2.2	.048				
21						.046				
22						.046				
23			7.4		>2.2	.046				
24			7.3		>2.2	.043				
25			7.4		>2.2	.047				
26			7.4		>2.2	.045				
27			7.3		>2.2	.050				
28						.046				
29										
30										
31										
Total	6.5	3		19		1.294				
Mo. Avg.	6.5	3		19		.046				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

14085

Name:

EDWARD T. URBANEK

Evening Shift Operator

Class: B

Certificate No:

8380

Name:

TIM FISH - weekend

Night Shift Operator

Class: C

Certificate No:

13891

Name:

VINCENT K BROWN-weekend

Lead Operator

Class: C

Certificate No:

8958

Name:

Michael HAMMER -weekend



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

See page 4 for instructions.

General Information for the Month/Year MARCH 2009

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: _____

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313
Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
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: ☒ 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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	JOHN W. BRYANT	C	7566	3/4/2009
	VINCENT BROWN	C	14184	WEEKEND
	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/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS 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)

Edward T. Urbanek
Signature and Date

4-3-09

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Substitute/Alternate
DEP 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3424620 Plant Name: TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of: MARCH 2009

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: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
CT Calculations										UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24	121000											
2	X	24	121000									0.5		
3	X	24	109000									0.5		
4	X	24	152000									0.7		
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		24	192000											
16	X	24	192000									0.3		
17	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									0.4		
26	X	24	139000									0.6	SAMPLE - 3 WELLS, 2 LINES	
27	X	24	135000									0.5		
28	X	24	117333										WEEKEND CHECK	
29		24	117333											
30	X	24	117333									0.3		
31	X	24	93000									0.4		
Total			436999											
Average			140968											
Maximum			192000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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, 1, 2009 To MAR, 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.051	MGD			0	5 DAYS/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	.048	MGD			0	5 DAYS/WK	METER
PARM Code 50050 I Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.3	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	MG/L	0	MONTHLY	GRAB
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)		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	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)		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. URBANEK / PRO-TECH	Edward T. Urbanek	(352) 236-2444	09/04/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Tradewinds WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FLA010699

MONITORING PERIOD

From: March 01, 2009 ToMarch 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2	7.4		54	0	5 DAYS/WK	GRAB
PARM Code 00400 A	Permit Requirement			6.0 (Min)	8.5 (Max)		#/100ML		5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement			398			#/100ML	1	MONTHLY	GRAB
Coliform, Fecal	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
PARM Code 74055 Y	Sample Measurement			<1	<1		#/100ML	0	MONTHLY	GRAB
Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			2.2			MG/L	0	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min)			MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement			59			%	0	MONTHLY	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
PARM Code 00180 I	Sample Measurement			9.19			MG/L	0	ANNUALLY	GRAB
Mon. Site No. FLW-1	Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			135			MG/L	0	ANNUALLY	GRAB
PARM Code 00620 A	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1	Sample Measurement			142			MG/L	0	ANNUALLY	GRAB
BOD, Carbonaceous 5 day, 20C	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
PARM Code 80082 Y	Sample Measurement									
Mon. Site No. INF-1	Permit Requirement									
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Y	Permit Requirement									
Mon. Site No. INF-1	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699

From: MAR. 1, 2009 To: MAR. 31, 2009

Facility: Tradewinds WWTF

01910

	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						.046			
2			7.3		2.2	.046			
3			7.4		2.2	.044			
4			7.2		2.2	.045			
5			7.3		2.2	.044			
6			7.2		2.2	.046			
7						.046			
8						.046			
9			7.3		2.2	.046			
10	2.0	1	7.2	1	2.2	.045			
11			7.3		2.2	.043			
12			7.4		2.2	.046			
13			7.3		2.2	.045			
14						.047			
15						.047			
16			7.3		2.2	.047			
17			7.2		2.2	.048			
18			7.3		2.2	.048			
19			7.2		2.2	.052			
20			7.2		2.2	.048			
21						.051			
22						.051			
23			7.3		2.2	.051			
24			7.3		2.2	.049			
25			7.2		2.2	.049			
26			7.3		2.2	.046			
27			7.3		2.2	.046			
28						.055			
29						.055			
30			7.2		2.2	.055			
31			7.2		2.2	.045			
Total	2.0	1		1		1.478			
Mo. Avg.	2.0	1		1		.048			

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

14685

Name:

EDWARD T. URBANEK

Evening Shift Operator

Class: C

Certificate No:

8971

Name:

JOHN W. BRYANT 3-4-09

Night Shift Operator

Class: C

Certificate No:

13891

Name:

VINCENT BROWN - Weekend.

Lead Operator

Class: C

Certificate No:

14085

Name:

EDWARD T. URBANEK

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.

I. General Information for the Month/Year APRIL 2009

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: _____

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313
Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
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: ☒ 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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	JOHN W. BRYANT	C	7566	4/6/2009
	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND
	VINCENT BROWN	C	13891	WEEKEND

II. Certification by Lead/Chief Operator

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

Edward Urbanek 5-4-09
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Subst^{it} /Alternate
DEP 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

APRIL 2009

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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	115000										0.8	
2	X	24	93000										0.7	
3	X	24	117000										0.7	
4	X	24	138000											WEEKEND CHECK
5		24	138000											
6	X	24	139000										0.9	
7	X	24	104000										0.7	
8	X	24	128000										1.0	
9	X	24	135000										1.0	
10	X	24	138000										1.1	
11	X	24	144333											WEEKEND CHECK
12		24	144333											
13	X	24	144333										0.9	
14	X	24	112000										0.8	
15	X	24	115000										0.8	
16	X	24	127000										1.0	
17	X	24	125000										1.0	
18	X	24	131000											WEEKEND CHECK
19		24	131000											
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	
25	X	24	147000											WEEKEND CHECK
26		24	147000											
27	X	24	147000										0.6	SAMPLE - 3 WELLS, 2 LINES
28	X	24	111000										0.5	
29	X	24	151000										0.7	
30	X	24	164000										0.6	
31		24												
Total			3871999											
Average			129067											
Maximum			164000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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: APRIL 1, 2009 To APRIL 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.051	MGD			0	5 DAYS/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	MGD			0	5 DAYS/WK	METER
PARM Code 50050 I Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.5		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			10.4	10.4	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			16		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			37	37	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)
EDWARD T. URBANEK / PRO-TECH WFW/W	<i>Edward T. Urbanek</i>	352 236-2444	09/05/25

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: APRIL 1, 2009 To: _____

PERMIT NUMBER: FLA010699

APRIL 30 2009

[illegible]

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			7.3		2.1	.048				
2			7.2		2.6	.039				
3			7.3		2.2	.056				
4						.051				
5						.051				
6			7.4		2.2	.051				
7			7.3		2.2	.045				
8			7.3		2.2	.056				
9	10.4	4	7.2	37	2.2	.051				
10			7.3		2.2	.057				
11						.057				
12						.057				
13			7.3		2.2	.057				
14			7.2		2.2	.063				
15			7.3		2.2	.058				
16			7.2		2.2	.053				
17			7.3		2.2	.056				
18						.056				
19						.056				
20			7.2		2.2	.056				
21			7.3		2.2	.056				
22			7.2		2.2	.045				
23			7.3		2.2	.057				
24			7.2		2.2	.051				
25						.060				
26						.060				
27			7.3		2.2	.060				
28			7.2		2.2	.058				
29			7.2		2.2	.060				
30			7.1		2.2	.059				
Total	10.4	4		37		1.64				
Mo. Avg.	10.4	4		37		.054				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

14085

Name:

EDWARD T. URBANEK

Evening Shift Operator

Class:

٤

Certificate No:

8871

Name: _____

WAYNE EVANT

Night Shift Operator

Class:

B

Certificate No:

8580

Name: _____

Tim Fish

id Operator

Class:

C

Certificate No:

1408

Name: _____

EDWARD T URBAN-IEK

٢

13891

Vide F&T Broward

C

8.558

MICHAEL HAMMER



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

See page 4 for instructions.

I. General Information for the Month/Year MAY 2009

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: _____

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313

Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: _____

B. Water Treatment Plant Information

Plant Name: TRADEWINDS VILLAGE
Plant Address: NE 43 PL & 27TH CT

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL Zip Code: 34478

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

Licensed Operators	Name	License Class	License Number	Day(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	B	7477	WEEKENDS

II. Certification by Lead/Chief Operator

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

Edward Urbanek 6-2-09
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Substitute/Alternate
DEF in 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3424620 Plant Name: TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of: MAY 2009

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: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	122000										0.7	
2	X	24	154666											WEEKEND CHECK
3		24	154666											
4	X	24	154666										0.6	
5	X	24	129000										0.6	
6	X	24	136000										0.4	
7	X	24	177000										0.3	
8	X	24	135000										0.3	Replace foot valve & tubes on CL2 pump
9	X	24	162000											WEEKEND CHECK
10		24	162000											
11	X	24	162000										0.3	
12	X	24	136000										0.4	
13	X	24	141000										0.4	
14	X	24	100000										0.5	
15	X	24	84000										0.5	
16	X	24	100000											WEEKEND CHECK
17		24	100000											
18	X	24	100000										0.3	
19	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											
25	X	24	75000										0.9	
26	X	24	71000										0.8	
27	X	24	95000										0.8	
28	X	24	91000										0.8	SAMPLE - 3 WELLS, 2 LINES
29	X	24	87000										1.0	
30	X	24	113345											WEEKEND CHECK
31		24	113345											
Total:			3513688											
Average			113345											
Maximum			177000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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: MAY, 1, 2009 To MAY, 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.052	MGD			0	5 DAYS/WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	.064	MGD			0	5 DAYS/WK	METER
PARM Code 50050 I	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.8	MG/L	0	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement			20.0 (An Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			21.4	MG/L	0	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement			Report (Mo. Avg.)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			16.7	MG/L	0	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement			20.0 (An Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			17	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement			Report (Mo. Avg.)	60.0 (Max)		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. URBANEK/PRO-TECH W+M/W	Edward T. Urbanek	352 236-2444	09-06-19

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: MAY 1, 2009 To: MAY 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2	7.3		50	0	5 DAYS/WK	GRAB
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		50		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			398			#/100ML	1	MONTHLY	GRAB
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			2	2		#/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			> 2.2			MG/L	0	5 DAYS/WK	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			0.68			%	0	MONTHLY	CALCULATED
PARM Code 00180 I 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		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		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

at Number:
Monitoring Period

FLA010699

From: MAY 1, 2009

To: MAY 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				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.2		> 2.2	.056				
2						.061				
3						.061				
4			7.3		> 2.2	.061				
5			7.2		> 2.2	.058				
6	21.4	2	7.2	17	> 2.2	.053				
7			7.3		> 2.2	.064				
8			7.2		> 2.2	.057				
9						.062				
10						.062				
11			7.4		> 2.2	.062				
12			7.3		> 2.2	.057				
13			7.2		> 2.2	.061				
14			7.3		> 2.2	.065				
15			7.3		> 2.2	.061				
16						.066				
17						.066				
18			7.2		> 2.2	.066				
19			7.3		> 2.2	.082				
20			7.3		> 2.2	.067				
21			7.2		> 2.2	.074				
22			7.3		> 2.2	.066				
23						.067				
24						.067				
25					> 2.2	.067				
26			7.3		> 2.2	.062				
27			7.3		> 2.2	.076				
28			7.3		> 2.2	.061				
29			7.3		> 2.2	.067				
30						.063				
31						.063				
Total	21.4	2		17		1.98				
Mo. Avg.	21.4	2		17		.064				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 14085

Name: EDWARD T. URBANEK

Evening Shift Operator

Class: B

Certificate No: 8580

Name: TIM FISH - Weekends.

Night Shift Operator

Class: C

Certificate No: 13891

Name: VINCENT BROWN - Weekend

Lead Operator

Class: C

Certificate No: 14085

Name: EDWARD T. URBANEK

C

8958

Michael Hammer - Weekend



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

See page 4 for instructions.

I. General Information for the Month/Year JUNE 2009

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:

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:

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: ☒ 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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND
	VINCENT BROWN	C	14184	WEEKEND

II. Certification by Lead/Chief Operator:

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

Edward Urbanek 7-7-09
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Substitute/Alternate
DEP 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3424620 Plant Name: TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of: JUNE 2009

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: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	112333										0.9	
2	X	24	126000										0.9	
3	X	24	117000										0.8	
4	X	24	87000										0.9	
5	X	24	98000										0.8	
6	X	24	98000											WEEKEND CHECK
7		24	98000											
8	X	24	98000										1.0	
9	X	24	88000										1.1	
10	X	24	118000										0.9	
11	X	24	118000										0.8	
12	X	24	118000										1.0	
13	X	24	128666											WEEKEND CHECK
14		24	128666											
15	X	24	128666										0.8	
16	X	24	125000										0.8	
17	X	24	98500										0.7	
18	X	24	98500										0.8	
19	X	24	86000										0.7	
20	X	24	130000											WEEKEND CHECK
21		24	130000											
22	X	24	130000										0.6	
23	X	24	119000										0.6	
24	X	24	120000										0.7	
25	X	24	120000										0.8	
26	X	24	118000										0.6	
27	X	24	123000											WEEKEND CHECK
28		24	123000											
29	X	24	123000										0.7	SAMPLE - 3 WELLS, 2 LINES
30	X	24	89000										0.8	
31		24												
Total			3395331											
Average			113178											
Maximum			130000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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: JUNE 1, 2009 To JUNE 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.053	MGD			0	5 DAYS/WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An. Avg.)	MGD				5 Days/Week	Meter
Mon. Site No. FLW-1								
Flow	Sample Measurement	.063	MGD			0	5 DAYS/WK	METER
PARM Code 50050 I	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
Mon. Site No. FLW-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.96	MG/L	0	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)	MG/L		Monthly	Grab
Mon. Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			15.1	MG/L	0	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement			Report (Mo. Avg.)	60.0 (Max)		Monthly	Grab
Mon. Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			18.6	MG/L	0	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement			20.0 (An. Avg.)	MG/L		Monthly	Grab
Mon. Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			40	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement			Report (Mo. Avg.)	60.0 (Max)		Monthly	Grab
Mon. Site No. EFA-1								

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. URBANEK/PRO-TECH W+W/W	Edward T. Urbaneck	352 236-2444	09-07-23

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:

JUNE 1, 2009 To JUNE 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2	7.4		SU	0	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			7			#/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			4	4		#/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			22.2			MG/L	0	5 DAYS/WK	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			74			%	0	MONTHLY	CALCULATED
PARM Code 00180 I 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		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		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Permit Number:
Monitoring Period

FLA010699

From: JUNE 1, 2009

DAILY SAMPLE RESULTS - PART B

To: JUNE 30, 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				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.2		2.2	.063				
2			7.3		2.2	.065				
3			7.3		2.2	.061				
4	15.1	4	7.2	40	2.2	.057				
5			7.3		2.2	.066				
6						.034				
7						.034				
8			7.4		2.2	.034				
9			7.3		2.2	.086				
10			7.2		2.2	.086				
11			7.3		2.2	.086				
12			7.3		2.2	.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		2.2	.042				
20						.063				
21						.063				
22			7.3		2.2	.063				
23			7.2		2.2	.072				
24			7.3		2.2	.060				
25			7.3		2.2	.055				
26			7.3		2.2	.063				
27						.066				
28						.066				
29			7.3		2.2	.066				
30			7.3		2.2	.066				
31										
Total	15.1	4		40		1.89				
Mo. Avg.	15.1	4		40		.063				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 14085

Name: EDWARD J. URBANEK

Evening Shift Operator

Class: C

Certificate No: 13891

Name: VINCENT BROWN

Night Shift Operator

Class: B

Certificate No: 8580

Name: TIM FISH

Operator

Class: C

Certificate No: 14085

Name: EDWARD J. URBANEK

C

8958

MICHAEL HAMMER



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

See page 4 for instructions.

I. General Information for the Month/Year JULY 2009

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: _____

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313
Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: _____

B. Water Treatment Plant Information

Plant Name: TRADEWINDS VILLAGE
Plant Address: NE 43 PL & 27TH CT

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL 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

☐ Purchased Finished Water
950000
Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	TIM FISH	B	7477	WEEKEND
	VINCENT BROWN	C	14184	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND

II. Certification by Lead/Chief Operator

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

Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

JULY 2009

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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable													
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	
1	X	24	52000									0.7	
2	X	24	52000									0.6	
3	X	24	132000									0.7	
4	X	24	107666										WEEKEND CHECK
5		24	107666										
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										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	X	24	108500									0.8	
17	X	24	122000									0.7	
18	X	24	87666										WEEKEND CHECK
19		24	87666										
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			3260995										
Average			105193										
Maximum			132000										

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

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

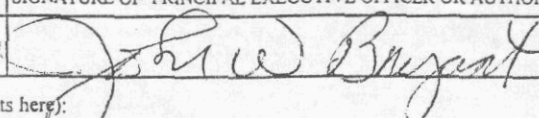
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐ July 01, 2009 To July 31, 2009
MONITORING PERIOD From:

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1054	MGD			0	5 DAYS/WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An.Avg.)	MGD				5 Days/Week	Meter
Mon Site No. FLW-1								
Flow	Sample Measurement	1064	MGD			0	5 DAYS/WK	METER
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Mon Site No. FLW-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.1	MG/L	0	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	MG/L	0	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Mon Site No. EFA-1				60.0 (Max.)				
Solids, Total Suspended	Sample Measurement			15.8	MG/L	0	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			3	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Mon Site No. EFA-1				60.0 (Max.)				

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 www		(352) 236-2444	09/8/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Tradewinds WWTF

MONITORING GROUP NUMBER: B-001

PERMIT NUMBER: FLA010699

MONITORING PERIOD From: July 01, 2009 To: July 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2	7.3		54	0	5 Days/Wk	GRAB
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)				5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement			10			#/100ML	0	MONTHLY	GRAB
Coliform, Fecal	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
PARM Code 74055 Y	Sample Measurement			84	3500		#/100ML	1	MONTHLY	GRAB
Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.8			MG/L	0	5 Days/Wk	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement			79			%	0	MONTHLY	Calculated
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Permit Requirement			Report (Mo. Total)			PERCENT		Monthly	Calculated
PARM Code 00180 1	Sample Measurement			MNR			MNR	/	MNR	MNR
Mon. Site No. FLW-1	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MNR	/	MNR	MNR
PARM Code 00620 A	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1	Sample Measurement			MNR			MNR	/	MNR	MNR
BOD, Carbonaceous 5 day, 20C	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
PARM Code 80082 Y	Sample Measurement			MNR			MNR	/	MNR	MNR
Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			MNR			MNR	/	MNR	MNR
PARM Code 00530 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010698

From: July 01, 2009 To: July 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			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1			
1			7.2		2.2	.059			
2			7.2		2.2	.059			
3			7.3		2.2	.076			
4						.058			
5						.058			
6			7.2		2.2	.058			
7			7.3		2.0	.077			
8			7.2		2.0	.073			
9			7.3		2.0	.066			
10						.066			
11						.066			
12			7.3		2.0	.066			
13			7.3		2.0	.066			
14			7.3		2.1	.062			
15			7.2		2.0	.066			
16			7.2		2.0	.066			
17					1.8	.080			
18						.063			
19						.063			
20			7.3		2.0	.063			
21			7.3		2.0	.054			
22	< 2	3500	7.3	3	2.0	.070			
23			7.2		2.0	.050			
24			7.2		2.0	.063			
25						.066			
26						.066			
27			7.3		2.0	.066			
28			7.2		2.1	.066			
29			7.3		2.0	.066			
30		2	7.2		2.0	.060			
31			7.3		2.0	.060			
Total	< 2	84		3		1.998			
Mo. Avg.	< 2			3		.064			

GEDMEAN

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

14085

Name:

EDWARD T. URBANEK

Evening Shift Operator

Class: B

Certificate No:

8580

Name:

TIM FISH - WEEKEND

Night Shift Operator

Class: C

Certificate No:

13891

Name:

VINCENT BROWN - Weekend

d Operator

Class: C

Certificate No:

8958

Name:

MICHAEL HAMMER - Weekend



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

See page 4 for instructions.

I. General Information for the Month/Year AUGUST 2009

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:

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:

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: ☒ 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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	AMANDA HULON	C	15214	8/4,5,6,7,14,17/2009
Other Operators:	JOHN W. BRYANT	C	7566	8/11,12,13,18/2009
	OLIVER SHOCKLEY	C	13924	8/10,19 THRU 8/31/2009
	VINCENT BROWN	C	14184	WEEKENDS
	MICHAEL HAMMER	C	8519	WEEKENDS
	TIM FISH	B	7477	WEEKENDS

II. Certification by Lead/Chief Operator

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

AMANDA HULON
Signature and Date

9-8-09

AMANDA HULON
Printed or Typed Name

C-15214
License Number

Subs* /Alternate
DEP 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

AUGUST 2009

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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	107500											WEEKEND CHECK
2		24	107500											
3		24	107500											
4	X	24	107500										1.1	
5	X	24	101000										1.0	
6	X	24	116000										1.0	
7	X	24	139000										1.1	
8	X	24	116666											WEEKEND CHECK
9		24	116667											
10	X	24	116667										1.0	
11	X	24	89000										1.1	
12	X	24	109000										0.9	
13	X	24	111000										1.0	
14	X	24	97000										1.0	
15	X	24	95667											WEEKEND CHECK
16		24	95667											
17	X	24	95667										1.0	SAMPLE - 3 WELLS, 2 LINES
18	X	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	
22	X	24	110000											WEEKEND CHECK
23		24	109000											
24	X	24	102000										1.0	
25	X	24	102000										0.9	
26	X	24	100000										1.0	
27	X	24	105000										1.0	
28	X	24	120000										1.1	
29	X	24	120000											WEEKEND CHECK
30		24	120000											
31	X	24	118000										1.0	
Total			3354001											
Average			108194											
Maximum			139000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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: August 01, 2007 To August 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>.055</u>	<u>MGD</u>			<u>0</u>	<u>5 DAYS/WK</u>	<u>METER</u>
PARM Code 50050 Y	Permit Requirement	<u>0.081</u> (An.Avg.)	<u>MGD</u>				<u>5 Days/Week</u>	<u>Meter</u>
Mon.Site No. FLW-1								
Flow	Sample Measurement	<u>.065</u>	<u>MGD</u>			<u>0</u>	<u>5 DAYS/WK</u>	<u>METER</u>
PARM Code 50050 I	Permit Requirement	<u>Report</u> (Mo.Avg.)	<u>MGD</u>				<u>5 Days/Week</u>	<u>Meter</u>
Mon.Site No. FLW-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<u>8.1</u>		<u>MG/L</u>	<u>0</u>	<u>MONTHLY</u>
PARM Code 80082 Y	Permit Requirement			<u>20.0</u> (An.Avg.)		<u>MG/L</u>	<u>Monthly</u>	<u>Grab</u>
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<u>13</u>	<u>13</u>	<u>MG/L</u>	<u>0</u>	<u>MONTHLY</u>
PARM Code 80082 A	Permit Requirement			<u>Report</u> (Mo.Avg.)	<u>60.0</u> (Max.)	<u>MG/L</u>	<u>Monthly</u>	<u>Grab</u>
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			<u>19</u>		<u>MG/K</u>	<u>0</u>	<u>MONTHLY</u>
PARM Code 00530 Y	Permit Requirement			<u>20.0</u> (An.Avg.)		<u>MG/L</u>	<u>Monthly</u>	<u>Grab</u>
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			<u>42</u>	<u>42</u>	<u>MG/L</u>	<u>0</u>	<u>MONTHLY</u>
PARM Code 00530 A	Permit Requirement			<u>Report</u> (Mo.Avg.)	<u>60.0</u> (Max.)	<u>MG/L</u>	<u>Monthly</u>	<u>Grab</u>
Mon.Site No. EFA-1								

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)
<u>MARLIN RICHARDSON / PRO-TECH WWWW</u>	<u>[Signature]</u>	<u>(352) 236 2444</u>	<u>09/09/14</u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Tradewinds WWTF

MONITORING GROUP NUMBER: R001

PERMIT NUMBER: FLA010699

MONITORING PERIOD From: Aug 01, 2009 To Aug 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.8		54	0	5 DAYS/WK	GRAB
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		54	0	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			18			#/100ML	0	MONTHLY	GRAB
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)			#/100ML	0	Monthly	Grab
Coliform, Fecal	Sample Measurement			100	20,000		#/100ML	1	MONTHLY	GRAB
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML	0	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.9			MG/L	0	5 DAYS/WK	GRAB
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L	0	5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			79			%	0	MONTHLY	Calculated.
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement			Report (Mo. Total)			PER-CENT	0	Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MNR	/	MNR	MNR
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L	0	Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MNR	/	MNR	MNR
PARM Code 80082 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L	0	Annually	Grab
Solids, Total Suspended	Sample Measurement			MNR			MNR	/	MNR	MNR
PARM Code 00530 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L	0	Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699

From: August 1, 2009

To: August 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				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1						.063				
2						.063				
3						.063				
4			7.6		1.3	.063				
5			7.7		1.6	.071				
6			7.7		1.8	.042				
7			7.6		1.3	.075				
8						.060				
9						.060				
10			7.7		1.8	.060				
11			7.6		2.0	.062				
12			7.6		2.1	.068				
13			7.5		1.4	.074				
14			7.6		2.2	.074				
15						.061				
16						.061				
17			7.6		>2.2	.061				
18	13.0	1 (2)	7.6	42	>2.2	.070				
19			7.7		>2.2	.084				
20			7.7		0.9	.060				
21			7.6		2.0	.061				
22						.073				
23						.073				
24			7.5		>2.2	.073				
25		29	7.4		>2.2	.044				
26			7.6		2.0	.080				
27			7.7		>2.2	.074				
28			7.8		>2.2	.059				
29						.065				
30						.065				
31			7.5		>2.2	.065				
Total	13			42		2.027				
Mo. Avg.	13	100		42		.065				

Geo. Mean

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

15174

Name:

Marlin Richardson

Evening Shift Operator

Class:

C

Certificate No:

13891

Name:

Vincent Brown - Weekend

Night Shift Operator

Class:

C

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.

General Information for the Month/Year SEPTEMBER 2009

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: _____

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313
Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: _____

B. Water Treatment Plant Information

Plant Name: TRADEWINDS VILLAGE
Plant Address: NE 43 PL & 27TH CT

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL 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

☐ Purchased Finished Water
950000
Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	OLIVER V. SHOCKLEY	C	13924	9/1,2/2009
	TIM FISH	B	7477	WEEKEND
	VINCENT BROWN	C	14184	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND

II. Certification by Lead/Chief Operator

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

Edward Urbanek
Signature and Date

10-2-09

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

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

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

PWS Identification Number: 3424620 Plant Name: TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of: SEPTEMBER 2009

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: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
CT-Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT-Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2			Minimum UV Dose Required, mW-sec/cm2
1	X	24	118000										1.1	
2	X	24	132000										1.0	
3	X	24	132000										0.9	
4	X	24	149000										0.8	
5	X	24	81000											WEEKEND CHECK
6		24	81000											
7	X	24	81000										0.7	
8	X	24	80000										0.8	
9	X	24	113000										0.7	
10	X	24	114000										0.7	
11	X	24	88000										0.6	
12	X	24	95000											WEEKEND CHECK
13		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	
17	X	24	56000										0.8	
18	X	24	94000										0.7	
19	X	24	99666											WEEKEND CHECK
20		24	99666											
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		24												
Total			3036997											
Average			101233											
Maximum			158000											

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER: FLA010699

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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: SEPT. 1, 2009 To SEPT. 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	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 (An. Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	.065	MGD			0	5 DAYS/WK	METER
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.4	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			4.1	MG/L	0	MONTHLY	GRAB
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			14.9	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			16	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)		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. URBANEK/PRO-TECH WTW/W	Edward T. Urbaneck	352 236-2444	09-10-16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Tradewinds WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010699

MONITORING PERIOD From: SEPT. 1, 2009 To: SEPT. 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
H	Sample Measurement			7.3	7.6		50	0	5 DAYS/WK	GRAB
ARM Code 00400 A	Permit Requirement			6.0 (Min)	8.0 (Max)		50		5 Days/Week	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement			26			#/100ML	0	MONTHLY	GRAB
ARM Code 74055 Y	Permit Requirement			200 (An Avg)			#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement			100	20,000		#/100ML	1	MONTHLY	GRAB
ARM Code 74055 A	Permit Requirement			Report (Mo Geo Mean)	800 (Max)		#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0			MG/L	0	5 DAYS/WK	GRAB
ARM Code 50060 A	Permit Requirement			0.5 (Min)			MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1										
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			79			%	0	MONTHLY	CALCULATED
ARM Code 00180 I	Permit Requirement			Report (Mo Total)			PERCENT		Monthly	Calculated
Mon. Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			/	/	MNR	MNR
ARM Code 00620 A	Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
Mon. Site No. EFA-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			/	/	MNR	MNR
ARM Code 80082 Y	Permit Requirement			Report (An Avg)			MG/L		Annually	Grab
Mon. Site No. INF-1										
Solids, Total Suspended	Sample Measurement			MNR			/	/	MNR	MNR
ARM Code 00530 Y	Permit Requirement			Report (An Avg)			MG/L		Annually	Grab
Mon. Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699

From SEPT. 1, 2009

To SEPT. 30, 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				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.6		2.2	.058				
2			7.6		2.2	.075				
3			7.5		2.2	.053				
4			7.6		2.0	.074				
5						.063				
6						.063				
7			7.5		2.0	.063				
8			7.4		2.2	.065				
9			7.6		2.1	.071				
10	4.1	12	7.5	16	2.1	.065				
11			7.5		2.2	.065				
12						.066				
13						.066				
14			7.6		2.0	.066				
15			7.5		2.2	.061				
16			7.5		2.1	.068				
17			7.5		2.2	.062				
18			7.4		2.1	.062				
19						.068				
20						.068				
21			7.3		2.0	.069				
22		< 1	7.5		2.0	.063				
23			7.4		2.0	.066				
24			7.5		2.0	.060				
25			7.5		2.1	.065				
26						.064				
27						.064				
28			7.6		2.0	.065				
29			7.5		2.0	.065				
30			7.5		2.0	.067				
31										
Total	4.1			16		1.95				
Mo. Avg.	4.1	100		16		.065				

GEO-MEAN

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 14085

Name: EDWARD T. URBANEK

Evening Shift Operator

Class: B

Certificate No: 8580

Name: TIM FISH

Night Shift Operator

Class: C

Certificate No: 13891

Name: VINCENT BROWN

Lead Operator

Class: C

Certificate No: 14085

Name: EDWARD T. URBANEK

C

8958

MICHAEL HAMMER



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

See page 4 for instructions.

I. General Information for the Month/Year OCTOBER 2009

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:

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

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: ☒ 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

Licensed Operators	Name	License Class	License Number	Day(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	B	7477	WEEKENDS

II. Certification by Lead/Chief Operator

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

Edward Urbanek 11-3-09
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

OCTOBER 2009

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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	136000										0.7	
2	X	24	99000										0.7	
3	X	24	105000											WEEKEND CHECK
4		24	105000											
5	X	24	105000										0.6	
6	X	24	117000										0.6	
7	X	24	130000										0.7	
8	X	24	139000										0.7	
9	X	24	88000										0.7	
10	X	24	101333											WEEKEND CHECK
11		24	101333											
12	X	24	101333										0.8	
13	X	24	91000										0.7	
14	X	24	98000										0.8	
15	X	24	105000										0.7	
16	X	24	93000										0.8	
17	X	24	104000											WEEKEND CHECK
18		24	104000											
19	X	24	104000										0.8	
20	X	24	90000										0.8	
21	X	24	116000										0.7	
22	X	24	109000										0.7	SAMPLE - 3 WELLS, 2 LINES
23	X	24	99000										0.8	
24	X	24	144666											WEEKEND CHECK
25		24	144666											
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										0.9	
31	X	24	108700											WEEKEND CHECK
Total			3369697											
Average			108700											
Maximum			144666											

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



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

See page 4 for instructions.

I. General Information for the Month/Year NOVEMBER 2009

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:

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

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: ☒ 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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	VINCENT BROWN	C	14184	WEEKEND
	TIM FISH	B	7477	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND

II. Certification by Lead/Chief Operator

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

Edward Urbanek 12-3-09
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

NOVEMBER 2009

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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24	109333												
2	X	24	109333										0.9		
3	X	24	84000										0.8		
4	X	24	93000										0.8		
5	X	24	121000										0.7		
6	X	24	106000										0.8		
7	X	24	133666											WEEKEND CHECK	
8		24	133666												
9	X	24	133666										0.8		
10	X	24	70000										0.7		
11	X	24	82000										0.8		
12	X	24	88000										0.8		
13	X	24	88000										0.7		
14	X	24	113666											WEEKEND CHECK	
15		24	113666												
16	X	24	113666										1.0		
17	X	24	100000										1.1		
18	X	24	228000										1.1		
19	X	24	110000										1.2		
20	X	24	90000												
21	X	24	84333										1.1	WEEKEND CHECK	
22		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										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													

Total	3216660
Average	107222
Maximum	228000

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER: FLA010699

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Tradewinds WWTF
LOCATION: 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: Nov. 1, 2009 To: Nov. 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>.0576</u>	<u>MGD</u>			<u>0</u>	<u>5 DAYS/WK</u>	<u>METER</u>
PARM Code 50050 Y	Permit Requirement	<u>0.081</u> (An.Avg.)	<u>MGD</u>				<u>5 Days/Week</u>	<u>Meter</u>
Mon.Site No. FLW-1								
Flow	Sample Measurement	<u>.061</u>	<u>MGD</u>			<u>0</u>	<u>5 DAYS/WK</u>	<u>METER</u>
PARM Code 50050 I	Permit Requirement	<u>Report</u> (Mo.Avg.)	<u>MGD</u>				<u>5 Days/Week</u>	<u>Meter</u>
Mon.Site No. FLW-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<u>8.5</u>		<u>MG/L</u>	<u>0</u>	<u>MONTHLY GRAB</u>
PARM Code 80082 Y	Permit Requirement			<u>20.0</u> (An.Avg.)		<u>MG/L</u>	<u>Monthly</u>	<u>Grab</u>
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<u>2.2</u>	<u>2.2</u>	<u>MG/L</u>	<u>0</u>	<u>MONTHLY GRAB</u>
PARM Code 80082 A	Permit Requirement			<u>Report</u> (Mo.Avg.)	<u>60.0</u> (Max.)	<u>MG/L</u>	<u>Monthly</u>	<u>Grab</u>
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			<u>24.6</u>		<u>MG/L</u>	<u>1</u>	<u>MONTHLY GRAB</u>
PARM Code 00530 Y	Permit Requirement			<u>20.0</u> (An.Avg.)		<u>MG/L</u>	<u>Monthly</u>	<u>Grab</u>
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			<u>14</u>	<u>14</u>	<u>MG/L</u>	<u>0</u>	<u>MONTHLY GRAB</u>
PARM Code 00530 A	Permit Requirement			<u>Report</u> (Mo.Avg.)	<u>60.0</u> (Max.)	<u>MG/L</u>	<u>Monthly</u>	<u>Grab</u>
Mon.Site No. EFA-1								

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)
<u>EDWARD T. URBANEK/PRO-TECH WTW/W</u>	<u>Edward T. Urbaneck</u>	<u>352</u> <u>236-2444</u>	<u>09-12-17</u>

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: Nov. 1, 2007 To

PERMIT NUMBER: FLA010699

Nov. 30, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5	7.7		50	6	5 DAYS/WK	GRAB
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		50		5 Days/Week	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement			26			#/100ML	0	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement			4	4		#/100ML	0	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0			MG/L	0	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			77			%	0	MONTHLY	CALCULATED
PARM Code 00180 I	Permit Requirement			Report (Mo. Total)			PERCENT		Monthly	Calculated
Mon. Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			/	/	MNR	MNR
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Mon. Site No. EFA-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			/	/	MNR	MNR
PARM Code 80082 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
Solids, Total Suspended	Sample Measurement			MNR			/	/	MNR	MNR
PARM Code 00530 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699

From: Nov. 1, 2009

To: Nov. 30, 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				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1						.064				
2			7.5		2.0	.064				
3	2.2	4	7.5	14	2.1	.057				
4			7.6		2.1	.061				
5			7.6		2.0	.063				
6			7.5		2.0	.062				
7						.063				
8						.063				
9			7.6		2.1	.063				
10			7.5		2.0	.054				
11			7.5		2.0	.059				
12			7.6		2.1	.065				
13			7.7		2.0	.063				
14						.058				
15						.058				
16			7.6		2.0	.058				
17			7.6		2.1	.055				
18			7.6		2.0	.052				
19			7.5		2.1	.061				
20			7.6		2.0	.059				
21						.066				
22						.066				
23			7.6		2.0	.066				
24			7.6		2.0	.070				
25			7.5		2.1	.071				
26			7.6		2.0	.059				
27			7.5		2.0	.060				
28						.061				
29						.061				
30			7.6		2.0	.061				
31										
Total	2.2	4		14		1.843				
Mo. Avg.	2.2	4		14		.061				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 14085

Name: EDWARD T. URBANEK

Evening Shift Operator

Class: C

Certificate No: 13891

Name: VINCENT BROWN

Night Shift Operator

Class: C

Certificate No: 8958

Name: MICHAEL HAMMER

1 Operator

Class: C

Certificate No: 14085

Name: EDWARD T. URBANEK

B

8580

TIM FISH



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

See page 4 for instructions.

I. General Information for the Month/Year DECEMBER 2009

A. Public Water System (PWS) Information

PWS Name: TRADEWINDS VILLAGE
PWS Type: ☒ Community ☐ 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
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: Steve Carroll - 208-4509

PWS Identification Number: 3424620
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 1313

Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: _____

B. Water Treatment Plant Information

Plant Name: TRADEWINDS VILLAGE
Plant Address: NE 43 PL & 27TH CT

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL 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

☐ Purchased Finished Water
950000
Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	VINCENT BROWN	C	14184	WEEKEND
	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/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C.* I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS 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)

Edward Urbanek 1-7-10
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Sub: 9/Alternate
DEF: in 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424620

Plant Name:

TRADEWINDS VILLAGE

III. Daily Data for the Month/Year of:

DECEMBER 2009

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:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	119000										0.7		
2	X	24	124000										0.6		
3	X	24	104000										0.7		
4	X	24	112000										0.8		
5	X	24	127666											WEEKEND CHECK	
6		24	127666												
7	X	24	127666										0.6		
8	X	24	122000										0.7		
9	X	24	131000										0.7		
10	X	24	139000										0.7		
11	X	24	111000										0.8		
12	X	24	110666											WEEKEND CHECK	
13		24	110666												
14	X	24	110666										0.8		
15	X	24	107000										0.7		
16	X	24	96000										0.7	SAMPLE - 3 WELL, 2 LINES	
17	X	24	127000										0.8		
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		24	151750												
28	X	24	151750										1.0		
29	X	24	132000										1.1		
30	X	24	124000										0.9		
31	X	24	153000										0.8		
Total			3939994												
Average			127097												
Maximum			174000												

*Refer to the instructions for this report to determine which plants must 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
Ocala, FL 34478

PERMIT NUMBER

FLA010699

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

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

COUNTY: Marion

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD

From: DEC. 1, 2009 To DEC. 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.059		MGD					0	5 DAYS/WK	METER
PARM Code 50050 Y	Permit Requirement	0.081 (An.Avg.)		MGD						5 Days/Week	Meter
Mon.Site No. FLW-1											
Flow	Sample Measurement	.063		MGD					0	5 DAYS/WK	METER
PARM Code 50050 1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Mon.Site No. FLW-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.6			MG/L	0	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Mon.Site No. EFA-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.5	5.5		MG/L	0	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Mon.Site No. EFA-1											
Solids, Total Suspended	Sample Measurement				25			MG/L	1	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Mon.Site No. EFA-1											
Solids, Total Suspended	Sample Measurement				27	27 42	EU	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Mon.Site No. EFA-1											

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. URBANEK / PRO-TECH WFW/W	Edward T. Urbaneck	352 236-2444	10-1-16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Tradewinds WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010699

MONITORING PERIOD

From: DEC. 1, 2009

To

DEC. 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5	7.7		SU	0	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			18			#/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			4	4		#/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			2.0			MG/L	0	5 DAYS/WK	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			77			%	0	MONTHLY	CALCULATED
PARM Code 00180 I 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		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		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699
From: DEC. 1, 2009

To: DEC. 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				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.6		2.0	.061				
2			7.6		2.0	.060				
3			7.5		2.0	.058				
4			7.6		2.1	.064				
5						.064				
6						.064				
7			7.5		2.0	.064				
8	5.5	4	7.6	42	2.0	.064				
9			7.5		2.1	.059				
10			7.5		2.0	.063				
11			7.6		2.0	.065				
12						.063				
13						.063				
14			7.7		2.2	.063				
15			7.6		2.1	.059				
16			7.7		2.2	.055				
17			7.6		2.2	.057				
18			7.7		2.2	.066				
19						.060				
20						.060				
21			7.6		2.2	.060				
22			7.7	12	2.2	.055				
23			7.7		2.2	.055				
24			7.6		2.2	.067				
25					2.2	.066				
26						.066				
27						.066				
28			7.7		2.0	.066				
29			7.6		2.2	.078				
30			7.6		2.1	.064				
31			7.7		2.0	.075				
Total	5.5	4		54		1.95				
Mo. Avg.	5.5	4		27		.063				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

14085

Name:

EDWARD J. URBANEK

Evening Shift Operator

Class: C

Certificate No:

13891

Name:

VINCENT BROWN

Night Shift Operator

Class: B

Certificate No:

8580

Name:

TIM FISH

Lead Operator

Class: C

Certificate No:

14085

Name:

EDWARD J. URBANEK

C

8958

MICHAEL HAMMER

Tradewinds Utilities, Inc.

Docket No. 100127

Marion County

25.30.440(5)

INSPECTION REPORTS

Test Year Ended December 31, 2009



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 H2O 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. *Wayne did 10-20-08*
3. A leak was noted in the exterior aeration basin wall. *Done*
4. The berm of the holding pond was eroded. *Done*

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

cc: Marion County Health Department, thomas_moore@doh.state.fl.us
Pro Tech Water and Wastewater Services, protechww@embarqmail.com



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