CLASS A
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

SANLANDO UTILITIES CORPORATION
Exact Legal Name of Utility
Docket No.: 110257-WS

VOLUME III (b)

FOR THE

Test Year Ended: December 31, 2010

(Volume III a-c)

DOCUMENT NUMBER-DATE
07992 OCT 31 =
FPSC-COMMISSION CLERK

WEKIVA

2009

DMRs

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

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

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2009 To January 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.130		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.0		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/2/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: January 1, 2009 To January 31, 2009

PERMIT NUMBER: FL0036251

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: January 1, 2009 To January 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 I Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.89		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.760	1.82	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				198.75			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 O Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				108.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 O Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity (TMADF/ Permitted Capacity) x 100	Sample Measurement				63			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAP-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2009 To January 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.281		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.277		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.1			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5	9.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.4	1.8		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/2/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: January 1, 2009 To January 31, 2009

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	8.5		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	2.0	2.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.68			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2009 To January 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.28		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.066		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.15			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.25	9.0		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				9.4			mg/L	1	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.86	7.84		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/2/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): The max TSS was exceeded, because of probable improper sampling.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FL0036251

MONITORING PERIOD From: January 1, 2009 _ To January 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				89			Percent	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Mon Site No. EFA-1	Sample Measurement				1.0			#/100ML	0	4 Days/Week	Grab
Coliform, Fecal	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
PARM Code 74055 A	Sample Measurement				1.0			mg/L	0	Continuous	Meter
Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
Mon.Site No. EFA-1	Sample Measurement										
Turbidity	Permit Requirement										
PARM Code 00070 B	Sample Measurement										
Mon Site No. EFB-1	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-6006

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2009 to January 31, 2009

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

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

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/2/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251
Monitoring Period From: January 1, 2009 To: January 31, 2009
Facility: Wekiva Hunt Club WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.28	7.0	1.25		2.0	
2		< 1.0		7.28	6.86	1.0	1.5	1.7	
3				7.14	6.86	1.0		1.5	
4				7.14	6.86	1.0		1.1	
5		< 1.0		7.56	7.0	1.2	4.1	2.0	
6		< 1.0		7.98	7.0	1.0	2.6	2.0	
7		< 1.0		8.5	7.14	1.25	1.6	0.4	
8		< 1.0		7.42	6.86	2.0	9.4	0.4	
9	9.0	< 1.0		7.7	6.86	1.5	7.8	2.0	
10				7.14	7.0	1.25		1.0	
11				7.28	6.72	1.0		1.5	
12		< 1.0		7.56	7.28	1.0	< 1.0	1.2	
13		< 1.0		7.28	7.14	1.0	< 1.0	2.0	
14	8.0		6.68	7.28	7.14	1.0		1.8	
15	9.0	1.0		7.28	7.14	1.75	1.4	1.5	
16		< 1.0		7.28	7.14	1.65	< 1.0	1.0	
17				7.14	7.0	1.75		0.5	
18				7.84	7.0	1.0		1.1	
19		< 1.0		7.28	7.0	1.8	< 1.0	2.0	
20		< 1.0		7.42	7.28	1.3	< 1.0	1.8	
21		< 1.0		7.42	7.28	1.4	1.1	0.9	
22	7.0	< 1.0		7.28	7.14	2.1	< 1.0	1.9	
23		< 1.0		7.28	7.0	1.0	< 1.0	2.0	
24				7.14	6.86	1.35		1.3	
25				7.7	7.0	1.0		2.0	
26		< 1.0		7.28	7.0	0.5	< 1.0	2.0	
27		< 1.0		7.14	7.0	1.0	< 1.0	2.0	
28	9.0		1.08	7.14	7.0	1.0		2.0	
29	8.0	1.0		7.14	7.0	1.0	< 1.0	2.0	
30		< 1.0		7.28	7.14	1.6	< 1.0	2.0	
31				7.42	7.14	2.55		1.0	
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator	Class: C	Certificate No: 8518	Name:	Alex Lorenzo	
Evening Shift Operator	Class: C	Certificate No: 8241	Name:	Ray Hogue	
Evening Shift Operator	Class: C	Certificate No: 8003	Name:	Alan Bailey	
Lead Operator	Class: A	Certificate No: 8090	Name:	Tom Keys	

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: January 1, 2009 To: January 31, 2009

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14	2.0								1.0	
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28	< 1.0								1.8	
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DEP Form 62-620-910(10) Effective November 29, 1994

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: January 1, 2009 To: January 31, 2009

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.844	0.085	2.234	0.0			
2			1.798	0.0	2.034	0.0			
3			1.724	0.096	0.130	0.0			
4			1.767	0.018	2.303	0.0			
5			1.957	0.156	0.223	0.0			
6			1.787	0.073	0.224	0.0			
7			1.856	0.109	1.436	0.0			
8			1.794	0.0	2.270	0.0	175.0	138.0	
9			1.808	0.017	0.890	0.0			
10			1.694	0.042	0.234	0.0			
11			1.767	0.0	1.833	0.0			
12			2.017	0.135	0.908	0.0			
13			1.698	0.0	0.119	0.0	206.0	96.0	
14			1.766	1.392	1.468	0.0			
15			1.742	0.0	2.242	0.0			
16			1.654	0.0	0.804	0.0			
17			1.712	0.0	0.056	0.0			
18			1.746	0.0	2.325	0.0			
19			1.840	0.0	0.498	0.0			
20			1.792	0.0	0.219	0.0	203.0	80.0	
21			1.718	1.527	1.222	0.0			
22			1.750	0.0	1.976	0.0			
23			1.780	0.0	0.140	0.0			
24			1.710	1.597	0.264	0.0			
25			1.784	0.0	2.422	0.0			
26			1.850	0.156	0.301	0.0			
27			1.600	1.010	0.285	0.0	211.0	120.0	
28			1.610	1.739	0.382	0.0			
29			1.556	0.345	2.870	0.0			
30			1.752	0.0	0.690	0.0			
31			1.672	0.105	0.058	0.0			
Total			54.545	8.602	33.060	0.0	795	434	
Mo. Avg.			1.760	0.277	1.066	0.0	198.75	108.5	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3690	Name:	Toni Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2009 To February 28, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.155		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. EFW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.0		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. EFW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/3/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: February 1, 2009 To February 28, 2009

PERMIT NUMBER: FL0036251

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD: From: February 1, 2009 To: February 28, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.88		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.747	1.78	MGD					0	Continuous	Calculated
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				186.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				139.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				61			Percent	0	Monthly	Calculated
PARM Code 00180 1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2009 To February 28, 2009

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.301			MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)			MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.480			MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)			MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.03				mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)				mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	10			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0				mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)				mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.95	3.4			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/3/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: February 1, 2009 To February 28, 2009

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.98		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.22	3.0	3.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				10.52			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-4006

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2009 To February 28, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.25		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.115		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.05			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	10		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				3.4			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.86	7.98		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/3/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: February 1, 2009 To: February 28, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				94			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2009 to February 28, 2009

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/3/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From : February 1, 2009 To: February 28, 2009

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.42	7.14	2.0		1.0	
2		1.0		7.42	7.28	1.9	3.4	1.2	
3				7.42	7.28	1.6		2.0	
4		< 1.0		7.42	7.28	1.7	1.9	2.0	
5	8.0	< 1.0		7.42	7.28	2.1	2.3	2.0	
6		< 1.0		7.42	7.14	1.7	< 1.0	1.2	
7				7.28	7.0	1.35		1.2	
8				7.28	7.0	1.15		1.1	
9		< 1.0		7.28	7.0	1.0	< 1.0	1.9	
10	9.0		10.23	7.28	7.14	2.9		1.6	
11	9.0	< 1.0		7.28	7.14	1.0	< 1.0	1.6	
12		< 1.0		7.42	7.14	1.0	< 1.0	1.2	
13		< 1.0		7.42	7.14	3.1	< 1.0	1.4	
14				7.28	7.0	2.45		1.3	
15				7.56	7.0	1.0		1.8	
16	9.0	< 1.0		7.42	7.28	2.4	< 1.0	1.0	
17		< 1.0		7.56	7.28	2.6	1.1	2.0	
18		< 1.0		7.56	7.28	0.8	1.0	1.4	
19		< 1.0		7.42	7.14	2.75	< 1.0	1.2	
20		< 1.0		7.42	7.14	2.4	1.0	2.0	
21				7.42	6.86	1.1		2.0	
22				7.28	7.0	1.0		2.0	
23	10	< 1.0		7.42	7.0	1.6	< 1.0	2.0	
24	9.0		10.52	7.28	7.0	1.0		1.1	
25		< 1.0		7.98	7.0	1.1	< 1.0	2.0	
26		< 1.0		7.98	7.14	2.1	< 1.0	2.0	
27		< 1.0		7.14	7.0	1.1	< 1.0	2.0	
28				7.28	6.86	1.0		1.3	
29									
30									
31									
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8015 Name: Alan Bailey

Lead Operator Class: A Certificate No: 3096 Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: February 1, 2009 To: February 28, 2009

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10	3.0								< 1.0	
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24	< 1.0								3.4	
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg										

PLANT STAFFING

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: February 1, 2009 To: February 28, 2009

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.839	0.0	2.164	0.0			
2			1.958	0.758	0.322	0.0	182.0	122.0	
3			1.825	2.001	0.002	0.0			
4			1.774	1.518	1.372	0.0			
5			1.794	0.0	2.102	0.0			
6			1.826	0.0	0.218	0.0			
7			1.748	0.548	0.348	0.0			
8			1.824	0.017	2.596	0.0			
9			1.973	0.388	0.273	0.0	190.0	148.0	
10			1.863	2.039	0.295	0.0			
11			1.690	0.602	1.944	0.0			
12			1.704	0.221	2.536	0.0			
13			1.760	0.0	0.406	0.0			
14			1.680	0.0	0.174	0.0			
15			1.818	0.0	2.794	0.0			
16			1.809	0.0	0.370	0.0			
17			1.855	1.027	0.066	0.0			
18			1.770	1.344	1.778	0.0	187.0	210.0	
19			1.797	0.135	2.513	0.0			
20			1.737	0.0	0.021	0.0			
21			1.696	0.693	0.062	0.0			
22			1.394	0.304	1.330	0.0			
23			1.922	0.096	0.492	0.0			
24			1.552	1.316	0.360	0.0			
25			1.534	0.272	1.922	0.0	187.0	78.0	
26			1.328	0.086	2.302	0.0			
27			1.802	0.0	0.564	0.0			
28			1.632	0.073	1.884	0.0			
29									
30									
31									
Total			48.904	13.438	31.21	0.0	746	558	
Mo. Avg.			1.747	0.480	1.115	0.0	186.5	139.5	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Man Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2009 To March 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.155		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.0		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/4/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0036251

MONITORING PERIOD From: March 1, 2009 To March 31, 2009

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: March 1, 2009 To March 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.87		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.738	1.75	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				183.4			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				122.8			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				60			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2009 To March 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.295		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.116		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.97			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5	9.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/4/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: March 1, 2009 To March 31, 2009

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.56		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				11.72			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2009 To March 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.23		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.38		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.95			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.25	9		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				3.4			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.86	7.7		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/4/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FL0036251

MONITORING PERIOD From: March 1, 2009 To March 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-1	Sample Measurement				75			Percent	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				6.0			#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement				2.0			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2009 to March 31, 2009

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/3/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From : March 1, 2009 To: March 31, 2009

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.56	7.0	1.0		1.9	
2		1.0		7.70	7.14	2.7	< 1.0	1.1	
3		< 1.0		7.56	7.28	3.0	< 1.0	1.1	
4		3.0		7.70	7.28	2.6	1.3	2.0	
5	9.0	< 1.0		7.56	7.14	1.0	1.5	1.0	
6		< 1.0		7.56	7.14	2.05	3.4	1.8	
7				7.28	7.0	1.4		2.0	
8				7.14	7.0	1.1		2.0	
9		< 1.0		7.56	7.0	1.3	1.0	1.9	
10	8.0	3.0		7.28	7.0	1.0	1.1	1.8	
11		6.0		7.28	7.0	1.0	< 1.0	2.0	
12	9.0		11.72	7.28	7.0	1.1		2.0	
13		< 1.0		7.56	7.0	1.2	1.9	2.0	
14				7.14	6.86	1.0		1.3	
15				7.28	7.0	1.0		2.0	
16		< 1.0		7.14	7.0	1.0	1.6	2.0	
17	8.0	1.0		7.42	7.14	1.9	1.6	2.0	
18		< 1.0		7.56	7.14	2.35	< 1.0	2.0	
19		< 1.0		7.42	7.28	1.5	1.5	0.7	
20		< 1.0		7.56	7.0	2.9	< 1.0	1.2	
21				7.56	7.0	1.0		1.4	
22				7.42	7.0	1.1		2.0	
23		< 1.0		7.42	7.0	1.75	1.0	2.0	
24	8.0	< 1.0		7.56	7.42	5.0	< 1.0	1.8	
25		< 1.0		7.56	7.28	4.45	1.4	0.9	
26		< 1.0		7.42	7.14	1.0	< 1.0	1.5	
27	8.0		6.37	7.42	7.0	1.10		2.0	
28				7.14	7.0	1.0		1.7	
29				7.42	7.0	1.0		2.0	
30		< 1.0		7.56	7.14	2.5	< 1.0	1.8	
31		< 1.0		7.42	7.28	1.3	1.4	1.7	
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator	Class: C	Certificate No: 8518	Name: Alex Lorenzo			
Evening Shift Operator	Class: C	Certificate No: 8241	Name: Ray Hogue			
Evening Shift Operator	Class: C	Certificate No: 8003	Name: Alan Bailey			
Lead Operator	Class: A	Certificate No: 3090	Name: Tom Keys			

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: March 1, 2009 To: March 31, 2009

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12	< 1.0								< 1.0	
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27	< 1.0								< 1.0	
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251
Monitoring Period From: March 1, 2009 To: March 31, 2009

Facility: Wekiva Hunt Club WWTF

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.696	0.047	2.139	0.0			
2			1.932	0.048	0.123	0.0	199.0	60.0	
3			1.780	0.0	0.058	0.0			
4			1.786	0.0	1.892	0.0			
5			1.632	0.0	2.304	0.0			
6			1.694	0.138	1.864	0.0			
7			1.566	0.0	0.498	0.0			
8			1.714	0.214	2.366	0.0			
9			1.728	0.0	0.530	0.0			
10			1.750	0.0	0.370	0.0			
11			1.716	0.0	1.504	0.0	186.0	170.0	
12			1.696	0.982	2.464	0.0			
13			1.775	0.202	0.871	0.0			
14			1.681	0.369	0.381	0.0			
15			1.834	0.132	2.918	0.0			
16			1.674	0.0	0.378	0.0	192.0	90.0	
17			1.802	0.0	0.408	0.0			
18			1.802	0.0	1.584	0.0			
19			1.738	0.0	2.896	0.0			
20			1.752	0.042	2.175	0.0			
21			1.637	0.0	0.845	0.0			
22			1.623	0.141	2.472	0.0			
23			1.989	0.0	0.844	0.0	194.0	150.0	
24			1.714	0.0	0.018	0.0			
25			1.750	0.045	2.145	0.0			
26			1.720	0.0	2.381	0.0			
27			1.670	1.003	1.599	0.0			
28			1.673	0.028	1.323	0.0			
29			1.713	0.026	1.561	0.0			
30			1.869	0.188	1.561	0.0			
31			1.766	0.0	0.258	0.0	146.0	144.0	
Total			53.872	3.605	42.730	0.0	917	614	
Mo. Avg.			1.738	0.116	1.378	0.0	183.4	122.8	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Kess

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2009 To April 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.155		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.0		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/5/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF
MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: April 1, 2009 To: April 30, 2009
PERMIT NUMBER: FL0036251

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

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
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 I Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow, (total through plant)	Sample Measurement	1.86		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow, (total through plant)	Sample Measurement	1.635	1.71	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				189.05			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				160.0			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				59			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2009 To April 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.288		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.146		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.85			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.5	9.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.8	5.1		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/5/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

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

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.56		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.11			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1441 Ledbury Drive
Longwood, FL 32779-0000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2009 To April 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.22		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.30		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.79			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.6	9		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				6.2			mg/L	1	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.86	7.56		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/5/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): The TSS was exceeded on one sample. This was probably due to sampling error.

DISCHARGE MONITORING REPORT - PART A (Continued)

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2009 to April 30, 2009

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/5/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2009 To April 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.155		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.0		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/5/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From : April 1, 2009 To: April 30, 2009

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1	7.0	< 1.0		7.56	7.28	1.0	< 1.0	2.0	
2		< 1.0		7.42	7.28	1.8	< 1.0	1.4	
3		< 1.0		7.42	7.28	1.75	1.4	2.0	
4				7.28	7.14	2.75		2.0	
5				7.28	7.0	2.65		2.0	
6		< 1.0		7.56	7.28	2.25	< 1.0	2.0	
7	6.0		7.11	7.56	7.42	3.4		2.0	
8	8.0	< 1.0		7.56	7.28	2.8	< 1.0	2.0	
9		< 1.0		7.42	7.14	3.0	< 1.0	2.0	
10		< 1.0		7.28	7.14	2.75	3.9	2.0	
11				7.14	7.0	2.6		2.0	
12				7.28	7.0	1.0		1.5	
13		< 1.0		7.28	7.14	2.75	< 1.0	1.1	
14		< 1.0		7.42	7.14	4.4	< 1.0	1.4	
15	5.0	< 1.0		7.42	7.28	2.1	< 1.0	1.3	
16		< 1.0		7.42	7.28	2.5	< 1.0	1.2	
17		< 1.0		7.42	7.14	2.1	1.3	2.0	
18				7.28	7.0	3.4		0.8	
19				7.42	7.28	1.0		2.0	
20		< 1.0		7.42	7.28	1.9	< 1.0	2.0	
21	9.0	< 1.0		7.42	7.28	2.8	6.2	2.0	
22		< 1.0		7.42	7.14	1.8	2.8	2.0	
23		< 1.0		7.28	7.0	1.0	3.8	2.0	
24	9.0		< 0.1	7.28	7.14	1.75		2.0	
25				7.28	7.0	2.25		1.9	
26				7.28	6.86	1.0		2.0	
27		< 1.0		7.56	7.14	1.0	1.3	1.9	
28		1.0		7.42	7.14	2.9	< 1.0	2.0	
29	9.0	< 1.0		7.42	7.14	2.2	< 1.0	1.8	
30		< 1.0		7.42	7.14	1.5	2.8	1.8	
31									
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: April 1, 2009 To: April 30, 2009

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7	< 1.0								5.1	
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24	< 1.0								< 1.0	
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: April 1, 2009 To: April 30, 2009

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.771	0.0	1.48	0.0			
2			1.673	0.023	0.066	0.0			
3			1.764	0.0	1.782	0.0			
4			1.702	0.0	0.134	0.0			
5			1.711	0.0	2.397	0.0			
6			1.717	0.0	1.987	0.0	200	450	
7			1.608	1.025	0.560	0.0			
8			1.472	0.464	1.920	0.0			
9			1.496	0.071	2.288	0.0			
10			1.688	0.01	1.374	0.0			
11			1.614	0.445	1.150	0.0			
12			1.698	0.055	1.559	0.0			
13			1.647	0.038	1.409	0.0			
14			1.515	0.018	0.462	0.0	169.2	42.0	
15			1.346	0.013	0.05	0.0			
16			1.426	0.011	1.924	0.0			
17			1.638	0.0	2.268	0.0			
18			1.632	0.0	0.400	0.0			
19			1.858	0.0	2.739	0.0			
20			1.818	0.345	1.268	0.0	189.0	42.0	
21			1.637	0.138	0.212	0.0			
22			1.516	0.082	1.501	0.0			
23			1.674	0.0	1.670	0.0			
24			1.668	1.216	0.796	0.0			
25			1.504	0.227	0.498	0.0			
26			1.631	0.043	1.725	0.0			
27			1.743	0.0	1.551	0.0			
28			1.682	0.101	0.523	0.0	198.0	106.0	
29			1.584	0.063	1.547	0.0			
30			1.630	0.0	1.776	0.0			
31									
Total			49.063	4.388	39.016	0.0	756.2	640	
Mo. Avg.			1.635	0.146	1.301	0.0	189.05	160	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 700 Weathersfield Avenue
Altamonte Springs, FL 32714

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2009 To May 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.155		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.0		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				NOD	NOD		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				NOD	NOD		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Toni Keys, Lead Operator	Tom Keys	407-682-5651	09/6/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0036251

MONITORING PERIOD From: May 1, 2009 To May 31, 2009

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

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
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				NOD			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				NOD			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.89		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	2.054	1.81	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				179.0			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				173.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity (TMADF/ Permitted Capacity) X 100	Sample Measurement				62.4			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1151 Fedbury Drive
Longwood, FL 32779-6000

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2009 To May 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation pond(s)	Sample Measurement	0.334		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.748		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.53			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.09			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.2	2.4		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/6/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: May 1, 2009 To May 31, 2009

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.56		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.33			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2009 To May 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed) PARM Code 50050 Y Mon.Site No. EFW-3	Sample Measurement	1.19		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed) PARM Code 50050 1 Mon.Site No. EFW-3	Sample Measurement	1.056		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EEA-1	Sample Measurement				8.66			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EEA-1	Sample Measurement				8.0	9		mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended PARM Code 00530 B Mon.Site No. EEB-1	Sample Measurement				5.0			mg/L	0	4 Days/Week	Grab
	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH PARM Code 00400 A Mon.Site No. EEA-1	Sample Measurement				6.86	7.56		SU	0	Continuous	Meter
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/6/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: May 1, 2009 To: May 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				83			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				6.0			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

EPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

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
7-DAY CHRONIC STATRE (Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon Site No. EFD-2	Sample Measurement				100			percent	0	Annually	24 hr. composite
	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE (Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon Site No. EFD-2	Sample Measurement										
	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon Site No. EFD-2	Sample Measurement				100			percent	0	annually	24 hr. composite
	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon Site No. EFD-2	Sample Measurement										
	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/6/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From : May 1, 2009 To: May 31, 2009

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.0		7.28	7.14	2.4	2.8	2.0	
2				7.28	7.0	1.9		2.5	
3				7.28	7.0	1.65		2.6	
4		6		7.98	7.14	4.25	1.2	2.4	
5		< 1.0		7.42	7.14	3.3	< 1.0	2.0	
6	8.0		7.14	7.28	7.14	2.0		2.0	
7	7.0	< 1.0		7.28	7.0	1.7	2.2	2.0	
8		< 1.0		7.28	7.0	3.2	1.4	2.0	
9				7.28	7.0	2.75		2.3	
10				7.28	7.0	2.3		2.9	
11		1		7.42	7.14	0.5	4.2	2.3	
12		< 1.0		7.56	7.28	3.2	1.4	2.0	
13	8.0	< 1.0		7.42	7.14	1.3	2.3	2.0	
14		< 1.0		7.28	7.14	2.0	1.7	2.0	
15		< 1.0		7.98	7.14	1.0	3.9	2.0	
16				7.28	7.0	2.5		2.4	
17				7.28	6.86	3.25		2.2	
18		< 1.0		7.28	7.0	4.98	1.1	3.0	
19		< 1.0		7.28	7.14	3.3	< 1.0	2.0	
20	8.0		3.52	7.28	7.0	2.2		2.0	
21	9.0	< 1.0		7.28	6.86	2.0	5.1	2.0	
22		< 1.0		7.28	7.0	2.9	4.8	2.0	
23				7.28	6.86	1.3		2.0	
24				7.28	7.0	2.25		0.9	
25				7.42	7.0	1.4		3.0	
26		1.0		7.42	7.14	3.6	< 1.0	1.8	
27		< 1.0		7.14	7.0	2.0	< 1.0	2.0	
28	8.0	< 1.0		7.28	6.86	1.2	< 1.0	2.0	
29		< 1.0		7.28	6.86	1.8	3.6	1.6	
30				7.28	7.0	1.75		0.5	
31				7.56	7.0	4.2		0.6	
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: May 1, 2009 To: May 31, 2009

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6	< 1.0								2.0	
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20	< 1.0								2.4	
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8005 Name: Alan Bailey

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: May 1, 2009 To: May 31, 2009

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.594	0.017	1.8	0.0			
2			1.658	0.001	1.686	0.0			
3			1.658	0.058	0.803	0.0			
4			1.790	0.0	0.772	0.0	182	290	
5			1.845	0.059	0.515	0.0			
6			1.943	0.595	0.906	0.0			
7			1.514	0.171	1.358	0.0			
8			1.702	0.001	2.294	0.0			
9			1.620	0.0	2.188	0.0			
10			1.683	0.068	1.767	0.0			
11			1.810	0.12	1.572	0.0			
12			1.640	0.280	1.051	0.0			
13			1.751	0.0	0.450	0.0	167	220	
14			1.692	0.0	1.710	0.0			
15			1.606	0.088	2.006	0.0			
16			1.636	0.04	1.700	0.0			
17			1.657	0.001	1.736	0.0			
18			1.814	0.458	1.280	0.0			
19			2.089	0.036	0.551	0.0			
20			1.942	0.337	0.053	0.0			
21			2.932	0.594	0.05	0.0			
22			2.738	1.556	0.112	0.0	183	138	
23			2.642	1.434	0.07	0.0			
24			2.644	1.230	1.052	0.0			
25			2.785	2.785	0.356	0.0			
26			2.820	2.820	0.303	0.0	184	46	
27			2.459	2.459	0.103	0.0			
28			2.594	0.573	1.878	0.0			
29			2.614	2.614	0.412	0.0			
30			2.510	2.510	1.722	0.0			
31			2.297	2.297	0.477	0.0			
Total			63.679	22.202	32.733	0.0	716.0	694	
Mo. Avg.			2.054	0.748	1.056	0.0	179.0	173.5	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

Lead Operator Class: A Certificate No: 3009 Name: Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

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

COUNTY: Seminole

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

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 (Surface water discharge) PARM Code 50050 Y Mon Site No FLW-4	Sample Measurement	0.187		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge) PARM Code 50050 I Mon Site No FLW-4	Sample Measurement	0.383		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon Site No EFA-1	Sample Measurement				9.5	10		mg/l	0	Weekly	16-hr TP
	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/l		Weekly	16-hr TP
Solids, Total Suspended PARM Code 00530 I Mon Site No. EFA-1	Sample Measurement				2.65	2.9		mg/l	0	Weekly	Grab
	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/l		Weekly	Grab
pH PARM Code 00400 I Mon Site No. EFA-1	Sample Measurement				7.0	7.7		SU	0	Continuous	Meter
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal PARM Code 74055 Y Mon Site No. EFA-1	Sample Measurement				< 1.0			#/100Ml	0	Weekly	Grab
	Permit Requirement				200 (An. Avg.)			#/100Ml		Weekly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF — MONITORING GROUP NUMBER: D-001 — PERMIT NUMBER: FL0036251
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
Coliform, Fecal	Sample Measurement				1.414	< 1	4	#/100	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/l	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0			mg/l	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/l		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				7.95			mg/l	0	Weekly	16-hr TP
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr TP
Nitrogen, Ammonia, Total (as N)	Sample Measurement				< 01	< 01		mg/l	0	Weekly	16-hr TP
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/l		Weekly	16-hr TP
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.86			mg/l	0	Weekly	16-hr TP
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr TP
Phosphorus, Total (as P)	Sample Measurement				0.111	0.119		mg/l	0	Weekly	16-hr TP
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.1 (Mo. Avg.)	0.5 (Max.)		mg/l		Weekly	16-hr TP
Oxygen, Dissolved (DO)	Sample Measurement				6.5			mg/l	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/l		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				0.00306			ug/l	0	Monthly	16-hr TP
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/l		Monthly	16-hr TP
Copper, Total Recoverable (calculated limit)	Sample Measurement				14.9			ug/l	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/l		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: June 1, 2009 To: June 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit) PARM Code 01119 Q Mon.Site No. EFD-1	Sample Measurement				- 14.897			ug/l	0	Monthly	Calculated
	Permit Requirement				0.00 (Max.)			ug/l		Monthly	Calculated
Hardness, Total (as CaCO3) PARM Code 00900 1 Mon.Site No. EFD-1	Sample Measurement				131			mg/l	0	Monthly	Grab
	Permit Requirement				Report (Max.)			mg/l		Monthly	Grab
Flow (total through plant) PARM Code 50050 P Mon.Site No. FLW-1	Sample Measurement	1.91		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant) PARM Code 50050 Q Mon.Site No. FLW-1	Sample Measurement	2.031	1.91	MGD					0	Continuous	Calculated
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				193.4			mg/l	0	Weekly	16-hr TP
	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr TP
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				140			mg/l	0	Weekly	16-hr TP
	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr TP
Percent Capacity, (TMADF / Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. CAL-1	Sample Measurement				65.8			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

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

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

JUNE 1, 2009 to JUNE 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge	Sample Measurement		658.0	LB/MO						MONTHLY	CALCULATED
PARM Code 00620 P Mon Site No. EFD-1	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total (Surface water discharge	Sample Measurement		10 65	LB/MO						MONTHLY	CALCULATED
PARM Code 00665 P Mon Site No. EFD-1	Permit Requirement	80 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY MM DD)
TOM KEYS, LEAD OPERATOR	Tom Keys	407-682-[illegible]	09/7/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From June 1, 2009 To June 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.386		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.758		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.53			mg/l	0	Every Two Weeks	16-hr. TPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	9.0		mg/l	0	Every Two Weeks	16-hr. TPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. TPC
Solids, Total Suspended	Sample Measurement				1.23			mg/l	0	Every Two Weeks	16-hr. TPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. TPC
Solids, Total Suspended	Sample Measurement				2.1	3.1		mg/l	0	Every Two Weeks	16-hr. TPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. TPC

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/7/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

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

PERMIT NUMBER FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.7		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	3.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.25			mg/L	0	Every Two Weeks	16-hr TPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr TPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly
Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1, 2009 To: June 30, 2009

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.12			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)			MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	0.607			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)			MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.5			mg/l	0	Weekly	16-hr. TP
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)			mg/l		Weekly	16-hr. TP
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.33	9		mg/l	0	Weekly	16-hr. TP
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Weekly	16-hr. TP
Solids, Total Suspended	Sample Measurement					3.5			mg/l	0	1 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement					5.0 (Max.)			mg/l		1 Days/Week	Grab
pH	Sample Measurement					7.0	7.7		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement					6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5641	09/7/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD: From: June 1, 2009 To: June 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				83			Percent	0	1 Days/Week	Grab
PARM Code 51005 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		1 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.0			#/100Ml	0	1 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100Ml		1 Days/Week	Grab
Total Residual Chlorine (Ltr Disinfection)	Sample Measurement				1.0			mg/l	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/l		Continuous	Meter
Turbidity	Sample Measurement				2.0			STU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			STU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME	Sanlando Utilities Corporation	PERMIT NUMBER	FL0036251		
MAILING ADDRESS	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT CLASS SIZE	Final Major	REPORT GROUP	Toxicity Domestic
FACILITY LOCATION	Wekiva Hunt Club WWTF 141 Ledbury Drive Longwood, FL 32779-4000	MONITORING GROUP NUMBER MONITORING GROUP DESC	D-001 Surface water discharge		
COUNTY	Seminole	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
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine) PARM Code TBP3B P Mon Site No. EFD-2	Sample Measurement				100			percent	0	Annually	24 Hr. composite
	Permit Requirement				100 (Min.)			Percent		Annually	24 Hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional) PARM Code TBP3B Q Mon Site No. EFD-2	Sample Measurement										
	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine) PARM Code TBP6C P Mon Site No. EFD-2	Sample Measurement				100			percent	0	Annually	24 Hr. composite
	Permit Requirement				100 (Min.)			Percent		Annually	24 Hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional) PARM Code TBP6C Q Mon Site No. EFD-2	Sample Measurement										
	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-9651	09/6/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period: From: June1, 2009 To: June30, 2009

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		< 1.0		7.42	7.28	4.7	< 1.0	0.6	
2	8.0	< 1.0		7.28	7.0	3.4	3.3	0.6	
3	7.0		3.85	7.28	7.0	2.5		0.6	
4		1		7.42	7.0	1.4	1.1	0.6	
5		< 1.0		7.56	7.28	2.25	1.2	0.6	
6				7.56	7.28	1.45		0.6	
7				7.98	7.28	1.35		0.6	
8	9.0	< 1.0		7.56	7.42	2.75	1.5	0.6	
9		< 1.0		7.56	7.42	1.25	3.5	0.4	
10				7.56	7.28	1.05		0.4	
11	9.0			7.84	7.42	1.0		0.8	
12		3		7.7	7.56	1.0	1.8	1.0	
13				7.7	7.42	3.9		0.5	
14				7.56	7.28	2.75		1.9	
15	9.0		5.66	7.56	7.42	1.9		0.9	
16				7.7	7.42	1.0		2.0	
17				7.7	7.42	1.5		1.1	
18	10			7.56	7.42	1.0		2.0	
19		< 1.0		7.56	7.28	1.0	2.5	1.4	
20				7.56	7.14	1.0		1.0	
21				7.7	7.28	1.5		1.0	
22	8.0	< 1.0		7.56	7.42	3.5	3.3	1.0	
23		< 1.0		7.56	7.28	1.0	2.3	2.0	
24		< 1.0		7.42	7.14	1.0	1.4	1.0	
25				7.42	7.28	1.0		2.0	
26		< 1.0		7.7	7.42	1.6	1.9	2.0	
27				7.14	7.14	0.9		2.0	
28				7.7	7.0	1.0		5	
29	8.0		8.25	7.28	7.14	2.15		1.5	
30				7.28	7.14	1.05		0.5	
31									
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period: From: June 1, 2009 To: June 30, 2009

	Fecal Coliform Bacteria (# 100 ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (for Dechlor) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3	< 1.0								2.7	
4										
5										
6										
7										
8										
9										
10	4				6.5	7.28	7.14			
11		< .01	7.2	8.4	7	7.14	7.0	0.103	2.4	
12					7.1	7.28	7.14			
13										
14										
15	< 1.0								< 1.0	
16	< 1.0				7	7.56	7.28			
17					7.2	7.7	7.28			
18	< 1.0	< .01	6.51	7.5	7.1	7.56	7.42	0.119	2.9	
19					7	7.56	7.28			
20					7.2	7.28	7.14			
21										
22										
23										
24										
25										
26										
27										
28										
29	1.0								3.1	
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Weeki Wachee Hunt Club WWTF

Monitoring Period: From: June 1, 2009 To: June 30, 2009

	Copper, Total Recoverable (effluent) (mg/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD): Total through Plant	Flow (MGD): percolation ponds	Flow (MGD): Public access irrigation	Flow (MGD): Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			2.643	0.072	2.331	0.0			
2			2.434	0.0	0.416	0.0			
3			1.775	1.712	0.538	0.0	194.0	186.0	
4			2.458	1.207	0.586	0.0			
5			2.042	0.0	0.176	0.0			
6			2.094	0.853	1.370	0.0			
7			2.175	1.400	0.205	0.0			
8			2.154	2.154	0.193	0.0			
9			1.918	1.444	0.402	0.0			
10			2.098	0.0	0.616	1.327			
11			1.882	0.0	0.562	1.826			
12			1.956	0.005	0.546	0.834			
13			1.986	0.0	1.530	0.0	204.0	134.0	
14			1.995	0.0	1.702	0.0			
15			1.977	0.4	0.228	0.0			
16			1.919	0.132	0.201	1.728			
17			1.909	0.0	0.499	1.814			
18			1.938	0.0	0.508	1.860	187	42	
19			2.028	0.0	0.126	1.940			
20			1.876	0.0	0.442	0.171			
21			1.960	0.989	1.064	0.0			
22			2.034	0.02	1.161	0.0			
23			1.881	1.312	0.586	0.0			
24			1.979	1.267	0.513	0.0	186	194	
25			2.000	1.758	0.178	0.0			
26			1.888	2.054	0.520	0.0			
27			2.012	0.628	0.118	0.0			
28			2.008	2.189	0.133	0.0			
29			1.978	0.998	0.429	0.0	196	144	
30			2.013	2.154	0.334	0.0			
31									
Total			61.010	22.748	18.213	11.5	967	700	
Mo. Avg.			2.034	0.758	0.273	0.383	193.4	140	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1411 Tuxbury Drive
Longwood, FL 32779

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: July 1, 2009 To: July 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.214		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. EFW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.319		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. EFW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.5	8		mg/L	0	Weekly	16-hr. FP
PARM Code 80082 1 Mon Site No. EEA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FP
Solids, Total Suspended	Sample Measurement				< 1.0	1.0		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EEA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				7.14	7.42		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EEA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/8/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wichita Hunt Club WWTF — MONITORING GROUP NUMBER: D-001 — PERMIT NUMBER: TP0036251

MONITORING PERIOD: From July 1, 2009 To July 31, 2009

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					1	2	2	#/100ml	0	Weekly	Grab
PARM Code 74055 1	Permit Requirement					Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ml		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement					0.5			mg/l	0	Continuous	Meter
PARM Code 50060 1	Permit Requirement					0.5 (Min.)			mg/l		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement					0			mg/l	0	Daily	Grab
PARM Code 50060 1	Permit Requirement					0.01 (Max.)			mg/l		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement					5.63			mg/l	0	Weekly	16-hr TPC
PARM Code 00600 1	Permit Requirement					Report (Mo. Avg.)			mg/l		Weekly	16-hr TPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement					< .01	< .01		mg/L	0	Weekly	16-hr TPC
PARM Code 00610 1	Permit Requirement					2.5 (Mo. Avg.)	3.0 (Max.)		mg/l		Weekly	16-hr TPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement					5.27			mg/l	0	Weekly	16-hr TPC
PARM Code 00630 1	Permit Requirement					Report (Mo. Avg.)			mg/l		Weekly	16-hr TPC
Phosphorus, Total (as P)	Sample Measurement					< 0.1	< 0.1		mg/l	0	Weekly	16-hr TPC
PARM Code 00665 1	Permit Requirement					0.4 (Mo. Avg.)	0.5 (Max.)		mg/l		Weekly	16-hr TPC
Oxygen, Dissolved (DO)	Sample Measurement					7.08			mg/l	0	Daily	Grab
PARM Code 00300 1	Permit Requirement					6.0 (Min.)			mg/l		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement					0.00276			ug/l	0	Monthly	16-hr TPC
PARM Code 01119 1	Permit Requirement					Report (Max.)			ug/l		Monthly	16-hr TPC
Copper, Total Recoverable (calculated limit)	Sample Measurement					13.1			ug/l	0	Monthly	Calculated
PARM Code 01119 P	Permit Requirement					Report (Max.)			ug/l		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD: From: July 1, 2009 To: July 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				-13.1			ug/L	0	Monthly	Calculated
PARM Code 01119 Q	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Mon Site No. EFF-1											
Hardness, Total (as CaCO3)	Sample Measurement				113			mg/L	0	Monthly	Grab
PARM Code 00900 1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Mon Site No. EFF-1											
Flow, total through plant	Sample Measurement	1.92		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon Site No. FLW-1											
Flow, total through plant	Sample Measurement	1.877	1.99	MGD					0	Continuous	Calculated
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
Mon Site No. FLW-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				179.5			mg/L	0	Weekly	16 hr. TPC
PARM Code 80082 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16 hr. TPC
Mon Site No. INF-1											
Solids, Total Suspended	Sample Measurement				74			mg/L	0	Weekly	16 hr. TPC
PARM Code 00530 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16 hr. TPC
Mon Site No. INF-1											
Percent Capacity, (TMADF / Permitted Capacity) x 100	Sample Measurement				68.6			Percent	0	Monthly	Calculated
PARM Code 00180 1	Permit Requirement				Report			Percent		Monthly	Calculated
Mon Site No. CAL-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - DMR

Mail to: [illegible] Florida Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL [illegible]

[illegible] Utilities Operations
[illegible] Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NO. FLA [illegible]

LIMIT: Final
CLASS SIZE: Major

REPORT [illegible]
GROUP [illegible]

FACILITY: Wekiva Hunt Club WWTF
ADDRESS: 244 Tuscany Drive
Longwood, FL 32779

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JULY 1, 2009 To: JULY 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge PARM Code 00630 P Mon Site No. EFF-1	Sample Measurement		435.08	LB/MO						MONTHLY	CALCULATED
	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total (Surface water discharge PARM Code 00665 P Mon Site No. EFF-1	Sample Measurement		4.13	LB/MO						MONTHLY	CALCULATED
	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MO/DAY/YR)
TOM KEYS, LEAD OPERATOR	Tom Keys	407-682-5511	09/[illegible]/09

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1, 2009 To: July 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.376		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. TLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.235		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon Site No. TLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.33			mg/L	0	Every Two Weeks	16-hr. TPC
PARM Code 80082 Y Mon Site No. TLA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.0	7.0		mg/l	0	Every Two Weeks	16-hr. TPC
PARM Code 80082 A Mon Site No. TLA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. TPC
Solids, Total Suspended	Sample Measurement				1.11			mg/L	0	Every Two Weeks	16-hr. TPC
PARM Code 00530 Y Mon Site No. TLA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. TPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. TPC
PARM Code 00530 A Mon Site No. TLA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. TPC

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/8/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: R-4001 | PERMIT NUMBER: FL0036251
MONITORING PERIOD: From: July 1, 2009 To: July 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.7		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. FLA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. FLA-1	Permit Requirement				200 (An. Avg.)			/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	3.0	/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. FLA-1	Permit Requirement				Report (Mo.Geo Mean)	400 (90%)	800 (Max.)	/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. FLA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.98			mg/L	0	Every Two Weeks	16-hr. FP
PARM Code 00620 A Mon Site No. FLA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FP
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1, 2009 To July 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.11		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.070		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.37			mg/l	0	Weekly	16-hr TPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.75	10		mg/L	0	Weekly	16-hr TPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr TPC
Solids, Total Suspended	Sample Measurement				3.8			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.86	7.98		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/08/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): The minimum % fecal was exceeded by 2% because of probable sampling error.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FL0036234

MONITORING PERIOD: From July 1, 2009 To July 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal - Percent Less than (Detection) PARM Code 51040 A Mon Site No. EFA-1	Sample Measurement				73			Percent	1	1 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		1 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon Site No. EFA-1	Sample Measurement				3.0			100/ml	0	1 Days/Week	Grab
	Permit Requirement				25 (Max.)			100/ml		1 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon Site No. EFB-1	Sample Measurement				2.0			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME	Sanlando Utilities Corporation	PERMIT NUMBER	FL0036251
MAILING ADDRESS	200 Weathersfield Avenue Altamonte Springs FL 32714	LIMIT CLASS SIZE	Final Major
		REPORT GROUP	Effluent Domestic
FACILITY	Wekiva Hunt Club WWTF	MONITORING GROUP NUMBER:	D-001
LOCATION	134 Ledbury Drive Longwood, FL 32779-6000	MONITORING GROUP DESC:	Surface water discharge
COUNTY	Seminole	NO DISCHARGE FROM SITE: ☐	
		MONITORING PERIOD From	July 1, 2009 to July 31, 2009

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

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

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/8/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: July1, 2009 To: July 31, 2009

	CBODS (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.28	7.14	1.0		2.0	
2	7.0			7.28	7.14	0.5		2.0	
3				7.42	7.0	0.5		2.0	
4				7.28	7.0	0.6		3.0	
5				7.7	7.14	3.25		1.0	
6		< 1.0		7.42	7.28	2.6	1.0	3.0	
7	9.0	2.0		7.42	7.14	1.5	1.6	2.0	
8		< 1.0		7.56	7.28	2.25	1.3	1.5	
9		< 1.0		7.42	7.14	1.0	< 1.0	2.0	
10				7.14	7.0	0.5		2.0	
11				7.28	7.0	2.15		1.0	
12				7.28	7.14	3.75		2.3	
13	7.0	< 1.0		7.98	7.14	2.0	2.3	0.5	
14	8.0	< 1.0		7.42	7.14	4.8	1.3	2.0	
15		1.0		7.28	7.0	2.1	1.0	1.6	
16		< 1.0		7.28	7.0	1.9	< 1.0	1.4	
17		3		7.14	7.0	1.5	2.4	2.0	
18				7.14	7.0	2.05		0.4	
19				7.14	7.0	1.75		1.4	
20	10	< 1.0		7.84	7.0	1.0	3.8	2.2	
21		< 1.0		7.7	6.86	1.0	1.4	2.0	
22		< 1.0		7.7	7.0	2.25	< 1.0	1.8	
23		2		7.14	6.86	1.8	< 1.0	2.0	
24		< 1.0		7.14	6.86	1.05	< 1.0	2.0	
25				7.56	6.86	1.25		2.2	
26				7.14	6.86	1.4		0.8	
27	9.0	< 1.0		7.42	6.86	1.0	2.2	2.0	
28	7.0		4.98	7.14	6.86	2.1		1.5	
29		2.0		7.14	6.86	1.3	1.7	2.0	
30		< 1.0		7.14	7.0	1.95	1.2	1.1	
31		< 1.0		7.14	7.14	1.0	1.5	1.4	
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: July 1, 2009 To: July 31, 2009

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1					7.31	7.7	7.42			
2	< 1.0	< 0.01	5.49		7.21	7.7	7.42	< 0.1	< 1.0	
3					7.08	7.7	7.56			
4					7.2	7.56	7.42			
5				6.27		7.7	7.56			
6										
7										
8										
9										
10										
11										
12										
13						7.56	7.14			
14	2.0	< 0.01	5.04	4.99	7.73	7.84	7.28	< 0.1	1.0	
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28	< 1.0								< 1.0	
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: July 1, 2009 To: July 31, 2009

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			2.127	0.813	0.018	1.287			
2	0.00276		2.014	0.0	0.060	1.944			
3			2.032	0.0	0.110	1.966			
4			2.060	0.0	0.442	1.986			
5			1.970	0.0	0.434	1.932			
6			2.034	0.122	0.403	0.0			
7			2.037	0.0	0.444	0.0	183.0	66.0	
8			1.899	1.246	1.429	0.0			
9			1.944	0.031	0.470	0.0			
10			1.950	1.685	0.406	0.0			
11			1.906	1.080	1.984	0.0			
12			1.853	0.0	2.659	0.015			
13			1.930	0.0	0.768	0.0	174.0	76.0	
14		113	1.863	0.144	0.484	0.719			
15			1.816	0.003	2.653	0.05			
16			1.726	0.0	3.038	0.0			
17			1.794	0.0	0.952	0.0			
18			1.782	0.089	0.738	0.0			
19			1.800	0.0	0.756	0.0			
20			1.861	0.0	0.499	0.0	203.0	82.0	
21			1.815	0.0	0.362	0.0			
22			1.776	0.259	1.583	0.0			
23			1.752	0.039	1.766	0.0			
24			1.778	0.0	0.859	0.0			
25			1.698	0.0	1.672	0.0			
26			1.687	0.026	2.684	0.0			
27			1.859	0.0	0.598	0.0	158.0	72.0	
28			1.832	1.266	0.078	0.0			
29			1.774	0.491	1.864	0.0			
30			1.972	0.0	2.542	0.0			
31			1.855	0.0	0.432	0.0			
Total			58.196	7.294	33.178	9.899	718	296	
Mo. Avg.			1.877	0.235	1.070	0.319	179.5	74	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

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

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1, 2009 To August 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.215		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.323		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	9.0		mg/L	0	Weekly	16-hr TPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr TPC
Solids, Total Suspended	Sample Measurement				1.1	1.1		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				7.0	7.7		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/9/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: August 1, 2009 To: August 31, 2009

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100Ml		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0.01			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				6.28			mg/L	0	Weekly	16-hr. TPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. TPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				0.0802	0.0802		mg/L	0	Weekly	16-hr. TPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. TPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.32			mg/L	0	Weekly	16-hr. TPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. TPC
Phosphorus, Total (as P)	Sample Measurement				< 0.04	< 0.04		mg/L	0	Weekly	16-hr. TPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. TPC
Oxygen, Dissolved (DO)	Sample Measurement				7.33			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				0.00318			ug/L	0	Monthly	16-hr. TPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. TPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				14.1			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: August 1, 2009 To August 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				- 14.1			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				123			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.91		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.939	1.95	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				191.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				71			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				67.3			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit - Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1, 2009 To: August 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.407		MGD					1	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.400 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.783		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.33			mg/L	0	Every Two Weeks	16-hr. TPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	9.0		mg/L	0	Every Two Weeks	16-hr. TPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. TPC
Solids, Total Suspended	Sample Measurement				1.23			mg/L	0	Every Two Weeks	16-hr. TPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. TPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. TPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. TPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY MM DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/9/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Percolation pond annual average flow was exceeded slightly, because of trying to minimize stream discharge during wet weather

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: August 1, 2009 To August 31, 2009

PERMIT NUMBER 1140036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.7		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.93			mg/l	0	Every Two Weeks	16-hr TPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr TPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1, 2009 To August 31, 2009

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.064			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)			MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	0.688			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)			MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.3			mg/L	0	Weekly	16-hr. TPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)			mg/L		Weekly	16-hr. TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.25	9		mg/L	0	Weekly	16-hr. TPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. TPC
Solids, Total Suspended	Sample Measurement					1.5			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement					5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement					6.86	7.2		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement					6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/09/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): The 75 % negative coliform was exceeded due to sampling errors. The operators sampling the effluent were also operating our sludge thickening units and measuring solids concentrations on our dewatered digester sludge. They will now wash thoroughly and don new latex gloves before sampling the effluent.

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: August 1, 2009 To: August 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				71.4			Percent	1	1 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				19			#/100ML	0	1 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August1, 2009 to August 31, 2009

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/09/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period: From August 1, 2009 To August 31, 2009

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100Ml)	Nitrogen, Nitrate Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.7	6.86	1.7		1.8	
2				7.0	6.86	2.9		0.9	
3		6		7.0	6.86	1.35	< 1.0	1.3	
4		< 1.0		7.0	6.86	1.0	< 1.0	1.7	
5		< 1.0		7.14	6.86	1.0	1.7	2.0	
6	9.0	19		7.14	6.86	1.0	< 1.0	2.0	
7				7.0	6.86	1.8		2.0	
8				7.0	6.86	2.0		2.9	
9				7.0	6.86	2.65		1.6	
10		< 1.0		7.14	7.0	5.0	1.3	1.6	
11	9.0		4.93	7.14	6.86	2.8		2.0	
12	7.0	< 1.0		7.0	6.86	1.9	< 1.0	2.0	
13		2		7.14	7.0	2.4	1.1	2.0	
14		< 1.0		7.14	7.0	1.9	< 1.0	2.0	
15				7.0	6.86	1.65		1.2	
16				7.14	6.86	2.5		1.2	
17	9.0	< 1.0		7.14	7.0	4.9	1.5	1.1	
18		1		7.28	7.0	4.5	1.6	1.7	
19				7.28	7.14	1.1		1.0	
20				7.28	7.14	1.7		1.3	
21		< 1.0		7.28	7.14	1.05	3.6	1.2	
22				7.14	7.0	0.7		1.5	
23				7.28	7.0	0.5		0.8	
24	9.0			7.28	7.14	1.5		2.9	
25	8.0	< 1.0		7.28	7.14	1.0	1.4	2.9	
26				7.56	7.14	1.0		1.4	
27		< 1.0		7.42	7.14	1.0	< 1.0	2.9	
28		< 1.0		7.70	7.28	1.0	2.1	2.9	
29				7.7	7.28	2.1		4.2	
30				7.56	7.28	1.75		2.6	
31				7.56	7.42	0.8		0.9	
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period: From: August 1, 2009 To: August 31, 2009

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (for Dechlor) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11	< 1.0								< 1.0	
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24	< 1.0	0.0802	5.32	6.28				< 0.04	1.1	
25										
26	1.0								< 1.0	
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lerenzo

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period: From: August1, 2009 To: August 31, 2009

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.853	0.776	0.296	0.0			
2			1.868	1.370	0.813	0.0			
3			1.966	0.445	0.606	0.0	186.0	116.0	
4			1.983	2.160	0.212	0.0			
5			1.897	2.074	0.303	0.0			
6			2.004	1.218	0.548	0.0			
7			1.848	0.684	0.356	0.0			
8			1.890	2.080	0.472	0.0			
9			1.852	0.556	2.305	0.0			
10			1.962	0.008	0.784	0.0			
11			1.893	1.370	0.642	0.0	186.0	28.0	
12			1.777	0.647	0.549	0.0			
13			1.852	0.006	2.232	0.0			
14			1.816	0.015	0.474	0.0			
15			1.866	1.724	0.164	0.0			
16			1.828	0.694	2.043	0.0			
17			1.977	0	0.432	0.0			
18			1.886	1.828	0.552	0.0			
19			1.939	0.868	0.260	0.0	197.0	64.0	
20			2.015	2.328	0.095	0.0			
21			1.969	2.038	0.403	0.0			
22			2.005	0.003	0.135	1.156			
23			2.092	0	0.117	2.002			
24	0.00318	123	2.267	0	0.176	2.233			
25			1.960	0.061	0.412	0.638			
26			1.946	0.057	0.550	1.303	197.0	76.0	
27			1.934	0.001	1.580	0.583			
28			1.960	0.2	0.458	0.665			
29			1.962	0.668	0.464	0.484			
30			1.950	0.009	2.224	0.961			
31			2.078	2.381	0.673	0.0			
Total			60.095	24.269	21.350	10.025	766	284	
Mo. Avg.			1.939	0.783	0.688	0.323	191.5	71	

PLANT STAFFING:

Day Shift Operator Class C Certificate No. 8518 Name Alex Lorenzo

Evening Shift Operator Class C Certificate No. 8241 Name Ras Hearne

Evening Shift Operator Class C Certificate No. 8693 Name Alan Banks

Lead Operator Class A Certificate No. 3680 Name John Nobs

REVISED

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

MONITORING PERIOD From: August 12, 2009 To: August 12, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				43.2			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD,	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				46.8			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				10.2			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.408			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				1.36			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	09/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.708			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.366			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				2.4			mg/m3	0	Quarterly	Grab
PARM Code 32238 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				70.8			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				6.50			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				6.82			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				26.3			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH_3 Nitrogen, Total as N	Sample Measurement				0.154			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

MONITORING PERIOD From: August 12, 2009 To: August 12, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				43.5			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				28.2			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				9.37			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	**Permit Requirement**				**Report (Single Sample)**			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.626			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.818			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	09/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.526			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**
Ortho Phosphorus, Total as P	Sample Measurement				0.452			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**
Chlorophyll-a	Sample Measurement				1.2			mg/m3	0	Quarterly	Grab
PARM Code 32238 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/m3**		**Quarterly**	**Grab**
Alkalinity	Sample Measurement				79.5			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**
Oxygen, Dissolved	Sample Measurement				3.24			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**
pH	Sample Measurement				7.25			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**S.U.**		**Quarterly**	**Grab**
Temperature	Sample Measurement				26.2			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**Degree C**		**Quarterly**	**Grab**
NH_3 Nitrogen, Total as N	Sample Measurement				0.116			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	**Permit Requirement**				**Report (Single Sample)**			**mg/L**		**Quarterly**	**Grab**

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

MONITORING PERIOD From: August 12, 2009 To: August 12, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				39.9			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				2.0			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				9.95			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.582			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				< 0.05			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	09/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.098			mg/L	0	Quarterly	Grab
PARM Code 00665 S Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.378			mg/L	0	Quarterly	Grab
PARM Code 70507 S Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				< 0.500			mg/m3	0	Quarterly	Grab
PARM Code 32211 S Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				74.3			mg/L	0	Quarterly	Grab
PARM Code 00410 S Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				4.0			mg/L	0	Quarterly	Grab
PARM Code 00300 S Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.19			S.U.	0	Quarterly	Grab
PARM Code 00400 S Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				25.7			Degree C	0	Quarterly	Grab
PARM Code 00010 S Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH_3 Nitrogen, Total as N	Sample Measurement				0.093			mg/L	0	Quarterly	Grab
PARM Code 00610 S Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME/ MAILING ADDRESS	Sanlando Utilities Corporation 200 Weathersfield Avenue Altamonte Springs, FL 32714	PERMIT NUMBER LIMIT CLASS SIZE GMS ID NO. DISCHARGE POINT NUMBER PLANT SIZE/TREATMENT TYPE NO DISCHARGE FROM SITE	FL0036251 Final Major 3059P03243 N/A BI [ ]	REPORT GROUP GMS TEST SITE NO	Monthly Domestic 3059X17643
FACILITY LOCATION	Wekiva Hunt Club Wastewater Treatment Facility 1441 Ledbury Drive Longwood, FL 32791			Sweetwater Creek and Cove Lake Water Quality-Station # 1	
COUNTY	Seminole				

MONITORING PERIOD From August 12, 2009 To August 12, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				40.8			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-I	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-I	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				9.6			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-I	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				9.57			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No SWB-I	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO2 Nitrogen, Total as N	Sample Measurement				0.517			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-I	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.676			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-I	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Tom Keys Lead Operator	Tom Keys	407-682-9651	09/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.384			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	Permit Requirement				**Report (Single Sample)**			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.346			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	Permit Requirement				**Report (Single Sample)**			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				9.6			mg/m3	0	Quarterly	Grab
PARM Code 32211 5 Mon.Site No. SWB-1	Permit Requirement				**Report (Single Sample)**			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				69.2			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				**Report (Single Sample)**			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				3.8			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	Permit Requirement				**Report (Single Sample)**			mg/L		Quarterly	Grab
pH	Sample Measurement				7.05			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	Permit Requirement				**Report (Single Sample)**			S.U.		Quarterly	Grab
Temperature	Sample Measurement				25.9			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	Permit Requirement				**Report (Single Sample)**			Degree C		Quarterly	Grab
NH_3 Nitrogen, Total as N	Sample Measurement				0.171			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				**Report (Single Sample)**			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

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

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

Sweetwater Creek and
Cove Lake Water
Quality-Station # 5

MONITORING PERIOD From August 12, 2009 To August 12, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				26.6			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
$CBOD_5$	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				5.2			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				7.82			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO_3 Nitrogen, Total as N	Sample Measurement				< 0.04			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.589			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	09/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.173			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.150			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				9.7			mg/m3	0	Quarterly	Grab
PARM Code 32238 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				71.7			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				2.45			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.18			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				29.1			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH3 Nitrogen, Total as N	Sample Measurement				0.108			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

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

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

Sweetwater Creek and Cove Lake Water Quality-Station # 6

MONITORING PERIOD From: August 12, 2009 To: August 12, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				25.9			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				< 2.0			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				6.0			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				7.9			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				< 0.04			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.395			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	09/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.161			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				0.175			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				6.0			mg/m3	0	Quarterly	Grab
PARM Code 32238 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				76.2			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				2.45			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				6.84			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				29.3			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH3 Nitrogen, Total as N	Sample Measurement				0.216			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	305910003243	GMS TEST SITE NO:	305910613
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	144 Ledbury Drive Longwood, FL 32791	PLANT SIZE/TREATMENT TYPE:	IB	Sweetwater Creek and Cove Lake Water Quality-Station # 7	
		NO DISCHARGE FROM SITE:	FI		
COUNTY:	Seminole				

MONITORING PERIOD From: August 12, 2009 To August 12, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				15.4			mg/L	0	Quarterly	Grab
PARM Code 03940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				< 2.00			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				6.2			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				37.6			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.532			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				< 0.05			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	09/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total as P	Sample Measurement				0.059			mg/L	0	Quarterly	Grab
PARM Code 00665 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Ortho Phosphorus, Total as P	Sample Measurement				< 0.05			mg/L	0	Quarterly	Grab
PARM Code 70507 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Chlorophyll-a	Sample Measurement				< 0.5			mg/m3	0	Quarterly	Grab
PARM Code 32238 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				119			mg/L	0	Quarterly	Grab
PARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Oxygen, Dissolved	Sample Measurement				3.45			mg/L	0	Quarterly	Grab
PARM Code 00300 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.11			S.U.	0	Quarterly	Grab
PARM Code 00400 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				25.6			Degree C	0	Quarterly	Grab
PARM Code 00010 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH_3 Nitrogen, Total as N	Sample Measurement				0.229			mg/L	0	Quarterly	Grab
PARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Sanlando Utilities Corporation	PERMIT NUMBER:	FL0036251		
MAILING ADDRESS:	200 Weathersfield Avenue	LIMIT:	Final	REPORT	Monthly
	Altamonte Springs, FL 32714	CLASS SIZE:	Major	GROUP:	Domestic
		GMS ID NO.:	3059P03243	GMS TEST SITE NO:	3059X17613
FACILITY:	Wekiva Hunt Club Wastewater Treatment Facility	DISCHARGE POINT NUMBER:	N/A		
LOCATION:	144 Ledbury Drive	PLANT SIZE/TREATMENT TYPE:	IB		
	Longwood, FL 32791	NO DISCHARGE FROM SITE:	[ ]	Sweetwater Creek and Cove Lake Water Quality-Station # 8	
COUNTY:	Seminole				

MONITORING PERIOD From: August 12, 2009 To August 12, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex	Frequency of Analysis	Sample Type
Chloride	Sample Measurement				15.5			mg/L	0	Quarterly	Grab
PARM Code 00940 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
CBOD5	Sample Measurement				< 2.00			mg/L	0	Quarterly	Grab
PARM Code 80082 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Suspended Solids	Sample Measurement				3.4			mg/L	0	Quarterly	Grab
PARM Code 00530 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Total Organic Carbon	Sample Measurement				41.8			mg/L	0	Quarterly	Grab
PARM Code 00680 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
NO3 Nitrogen, Total as N	Sample Measurement				0.56			mg/L	0	Quarterly	Grab
PARM Code 00620 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
Kjeldahl Nitrogen, Total as N	Sample Measurement				0.885			mg/L	0	Quarterly	Grab
PARM Code 00625 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys Lead Operator	Tom Keys	407-682-5651	09/09/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
hosphorus, Total as P	Sample Measurement				0.071			mg/L	0	Quarterly	Grab
ARM Code 00665 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
)rtho Phosphorus, Total as P	Sample Measurement				0.0872			mg/L	0	Quarterly	Grab
ARM Code 70507 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
hlorophyll-a	Sample Measurement				< 0.5			mg/m3	0	Quarterly	Grab
ARM Code 32238 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/m3		Quarterly	Grab
Alkalinity	Sample Measurement				119			mg/L	0	Quarterly	Grab
ARM Code 00410 5 Mon.Site No.SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
)xygen, Dissolved	Sample Measurement				3.6			mg/L	0	Quarterly	Grab
ARM Code 00300 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab
pH	Sample Measurement				7.15			S.U.	0	Quarterly	Grab
ARM Code 00400 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			S.U.		Quarterly	Grab
Temperature	Sample Measurement				25.6			Degree C	0	Quarterly	Grab
ARM Code 00010 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			Degree C		Quarterly	Grab
NH_3 Nitrogen, Total as N	Sample Measurement				0.102			mg/L	0	Quarterly	Grab
ARM Code 00610 5 Mon.Site No. SWB-1	Permit Requirement				Report (Single Sample)			mg/L		Quarterly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

MONITORING GROUP NUMBER: D4001
MONITORING GROUP DESC: Surface water discharge, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: September 1, 2009 To: September 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
low (Surface water discharge)	Sample Measurement	0.139		MGD					0	Continuous	Flow meters and totalizers
ARM Code 50050 Y ion Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
low (Surface water discharge)	Sample Measurement	0.554		MGD					0	Continuous	Flow meters and totalizers
ARM Code 50050 1 ion Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
OD, Carbonaceous 5 day, 20C	Sample Measurement				7.67	8.0		mg/L	0	Weekly	16-hr. DN
ARM Code 80082 1 ion Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. DN
olids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Weekly	Grab
ARM Code 00530 1 ion Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
l	Sample Measurement				6.86	7.98		SU	0	Continuous	Meter
ARM Code 00400 1 ion Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
oliform, Fecal	Sample Measurement				1.6			#/100ML	0	Weekly	Grab
ARM Code 74055 Y ion Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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 formation submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge d belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/10/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FLA036251

MONITORING PERIOD: From: September 1, 2009 to: September 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
oliform, Fecal	Sample Measurement				2.557	3	57	#/100	0	Weekly	Grab
ARM Code 74055 1 ion Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90th ct	800 (Max.)	#/100		Weekly	Grab
tal Residual Chlorine (For isinfection)	Sample Measurement				0.5			mg/l	0	Continuous	Meter
ARM Code 50060 A ion Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		Continuous	Meter
tal Residual Chlorine (For echlorination)	Sample Measurement				0			mg/L	0	Daily	Grab
ARM Code 50060 1 on Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/l		Daily	Grab
itrogen, Total (as N)	Sample Measurement				5.73			mg/l	0	Weekly	16-hr TPC
ARM Code 00600 1 on Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr TPC
itrogen, Ammonia Total (as N)	Sample Measurement				0.0176	0.0429		mg/l	0	Weekly	16-hr TPC
ARM Code 00610 1 on Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/l		Weekly	16-hr TPC
itrogen, Nitrate, Total (as N)	Sample Measurement				5.45			mg/l	0	Weekly	16-hr TPC
ARM Code 00620 1 on Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr TPC
osphorus, Total (as P)	Sample Measurement				0.053	0.0887		mg/L	0	Weekly	16-hr TPC
ARM Code 00665 1 on Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/l		Weekly	16-hr TPC
ygen, Dissolved (DO)	Sample Measurement				6.5			mg/l	0	Daily	Grab
ARM Code 00300 1 on Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/l		Daily	Grab
pper, Total Recoverable fluent)	Sample Measurement				0.022			ug/L	0	Monthly	16-hr TPC
ARM Code 01119 1 on Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr TPC
pper, Total Recoverable alculated limit)	Sample Measurement				15.3			ug/l	0	Monthly	Calculated
ARM Code 01119 P on Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: September 1, 2009 To: September 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
opper, Total Recoverable ffluent minus calculated limit)	Sample Measurement				- 15.28			ug/l	0	Monthly	Calculated
ARM Code 01119 Q on Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/l		Monthly	Calculated
ardness, Total (as CaCO3)	Sample Measurement				135			mg/l	0	Monthly	Grab
ARM Code 00900 1 on Site No. EFD-1	Permit Requirement				Report (Max.)			mg/l		Monthly	Grab
ow (Total through plant)	Sample Measurement	1.87		MGD					0	Continuous	Flow meters and totalizers
ARM Code 50050 P on Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
ow (Total through plant)	Sample Measurement	1.82	1.88	MGD					0	Continuous	Calculated
ARM Code 50050 Q on Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
OD, Carbonaceous 5 day, 20C	Sample Measurement				185.5			mg/l	0	Weekly	16 hr. TP
ARM Code 80082 G on Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16 hr. TP
lids, Total Suspended	Sample Measurement				75			mg/l	0	Weekly	16 hr. TP
ARM Code 00530 G on Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16 hr. TP
ecent Capacity, (TMADF/ rmitted Capacity) x 100	Sample Measurement				64.8			Percent	0	Monthly	Calculated
ARM Code 00180 1 on Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART B

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

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

PERMIT NUMBER: FL0038251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP:

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: SEPTEMBER 1 To SEPTEMBER 30, 20[illegible]

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
rogen,Nitrate, Total (as N) rface water discharge RM Code 00620 P n Site No. EFD-1	Sample Measurement		756.0	LB/MO					0	MONTHLY	CALCULATED
	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
sphorus, Total rface water discharge RM Code 00665 P n Site No. EFD-1	Sample Measurement		7.37	LB/MO					0	MONTHLY	CALCULATED
	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO LB/MO						Monthly	Calculated

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
TOM KEYS, LEAD OPERATOR	Tom Keys	407-682-5651	09/10/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 444 Ledbury Drive
Longwood, FL 32779-4880

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: September 1, 2009 To: September 30, 2009

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.386			MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)			MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.268			MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)			MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.125			mg/l	0	Every Two Weeks	16-hr. EPI
PARM Code 80082 Y dion Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. EPI
BOD, Carbonaceous 5 day, 20C	Sample Measurement					6.5	7.0		mg/l	0	Every Two Weeks	16-hr. EPI
PARM Code 80082 A dion Site No. EFA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. EPI
olids, Total Suspended	Sample Measurement					1.2			mg/l	0	Every Two Weeks	16-hr. EPI
ARM Code 00530 Y dion Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. EPI
olids, Total Suspended	Sample Measurement					1	1.5		mg/l	0	Every Two Weeks	16-hr. EPI
ARM Code 00530 A ion Site No. EFA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. EPI

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 formation submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge d belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
om Keys, Lead Operator	Tom Keys	407-682-5651	09/10/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

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

PERMIT NUMBER: FL0036234

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
H	Sample Measurement				6.72	7.98		SU	0	5 Days/Week	Meter
ARM Code 00400 A ion Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
oliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
ARM Code 74055 Y ion Site No. EFA-1	Permit Requirement				200 (An. Avg.)	-		#/100ML		Every Two Weeks	Grab
oliform, Fecal	Sample Measurement				< 1.0	< 1.0	1.5	#/100ML	0	Every Two Weeks	Grab
ARM Code 74055 A ion Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
otal Resitual Chlorine (For isinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Meter
ARM Code 50060 A ion Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
trogen, Nitrate, Total (as N)	Sample Measurement				4.73			mg/L	0	Every Two Weeks	Probe TPC
ARM Code 00620 A ion Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	Probe TPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1, 2009 To: September 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
low (Reclaimed)	Sample Measurement	1.1		MGD					0	Continuous	Flow meters and totalizers
ARM Code 50050 Y ion Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
low (Reclaimed)	Sample Measurement	0.794		MGD					0	Continuous	Flow meters and totalizers
ARM Code 50050 1 ion Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
OD, Carbonaceous 5 day, 20C	Sample Measurement				8.32			mg/l	0	Weekly	16-hr. TP
ARM Code 80082 Y ion Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Weekly	16-hr. TP
OD, Carbonaceous 5 day, 20C	Sample Measurement				9.33	11		mg/l	0	Weekly	16-hr. TP
ARM Code 80082 A on Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Weekly	16-hr. TP
olids, Total Suspended	Sample Measurement				2.0			mg/L	0	1 Days/Week	Grab
ARM Code 00530 B on Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/l		1 Days/Week	Grab
l	Sample Measurement				6.72	7.98		SU	0	Continuous	Meter
ARM Code 00400 A on Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

ertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the formation submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge d 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.

AME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
om Keys, Lead Operator	Tom Keys	407.687-5651	09/10/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD: From: September 1, 2009 To: September 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
oliform, Fecal, % less than ction	Sample Measurement				91			Percent	0	1 Days/ Week	Grab
ARM Code 51005 A ion Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		1 Days/ Week	Grab
oliform, Fecal	Sample Measurement				1.0			#/100ml	0	1 Days/ Week	Grab
ARM Code 74055 A ion Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ml		1 Days/ Week	Grab
otal Residual Chlorine (For isinfection)	Sample Measurement				1.0			mg/l	0	Continuous	Meter
ARM Code 50060 A ion Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/l		Continuous	Meter
urbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
ARM Code 00070 B ion Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 1444 Lidbury Drive
Longwood, FL 32779-0000

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From September 1, 2009 to September 30, 2009

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

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

rtify 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 rmation 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 Ibelief, 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.

TYPED NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MO/DA/YR)
om Keys, Lead Operator	Tom Keys	407-862-5651	10/10/09

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0035025 Facility: Wekiva Hunt Club WWTF
Monitoring Period: From: September 1, 2009 To: September 30, 2009

	CBODS (mg/L)	Fecal Coliform Bacteria (#/100Ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1	7.0			7.56	7.42	0.5		stream	
2				7.56	7.42	0.5		stream	
3				7.56	7.28	0.7		stream	
4				7.42	7.28	1.0		stream	
5				7.28	7.14	1.8		1.1	
6				7.42	7.14	2.0		1.2	
7				7.56	7.0	0.5		1.1	
8	8.0	< 1.0		7.42	7.14	1.0	1.9	1.2	
9	6.0		4.73	7.42	7.28	1.7		1.72	
10		< 1.0		7.56	7.42	2.1	2.0	1.65	
11		< 1.0		7.56	7.42	2.3	1.5	1.8	
12				7.56	7.28	1.95		3.0	
13				7.56	7.0	0.75		2.6	
14		< 1.0		7.56	7.42	2.8	< 1.0	3.0	
15	9.0	1.0		7.56	7.42	1.0	< 1.0	2.0	
16				7.56	7.42	1.0		2.0	
17	8.0			7.7	7.42	2.0		2.0	
18		< 1.0		7.56	7.28	2.3	1.2	2.0	
19				7.42	7.14	1.9		3.0	
20				7.28	7.0	1.35		3.0	
21	11	< 1.0		7.28	7.14	2.1	1.4	3.0	
22		< 1.0		7.42	7.14	3.1	< 1.0	2.0	
23				7.42	7.28	1.5		2.0	
24		< 1.0		7.56	7.42	1.4	1.3	2.0	
25		< 1.0		7.56	7.28	1.0	1.3	2.0	
26				7.56	7.28	1.5		2.8	
27				7.42	7.0	1.0		3.0	
28	7.0		3.08	7.42	6.72	1.75		3.0	
29	8.0			7.98	7.42	1.0		2.0	
30		< 1.0		7.98	6.72	1.0	< 1.0	2.0	
31									
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Weeki Wachee Hunt Club WWTP

Monitoring Period: From September 1, 2009 To: September 30, 2009

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1	< 1.0	< 0.01	4.92	5.33	7.2	7.7	7.56	0.0507	< 1.0	0
2					7.1	7.7	7.42			0
3					6.77	7.7	7.42			0
4					6.76	7.56	7.28			0
5					6.5	7.98	6.86			0
6					7.0	7.0	6.86			0
7										
8										
9	< 1.0								< 1.0	
10										
11										
12										
13										
14										
15					7.1	7.56	7.28			0
16	57				7.0	7.56	7.28			0
17	3	< 0.01	6.49	7.41	7.2	7.42	6.86	< 0.04	< 1.0	
18										
19										
20										
21										
22										
23										
24					6.78	7.56	7.42			0
25					6.65	7.7	6.86			0
26										
27										
28	< 1.0				7.2	7.56	7.14		1.5	0
29	< 1.0	0.0429	4.94	4.46	7.3	7.7	7.14	0.0887	< 1.0	0
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8518 Name: Alex Lorenzo

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DAILY SAMPLE RESULTS - PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF

Monitoring Period From September 1, 2009 To September 30, 2009

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50059	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1	0.0223	107	1.894	0.194	0.510	1.524			
2			1.892	0.014	0.119	1.745			
3			1.936	0.0	0.07	1.814			
4			1.954	0.0	0.02	1.880			
5			1.750	0.0	0.192	1.684			
6			1.881	0.003	1.284	0.440			
7			1.797	0.030	0.480	0.0			
8			1.950	0.096	0.506	0.0	201	78	
9			1.764	1.113	0.480	0.0			
10			1.794	1.634	1.716	0.0			
11			1.764	0.816	1.194	0.0			
12			1.694	0.046	0.490	0.0			
13			1.826	0.239	2.377	0.0			
14			1.976	0.271	0.431	0.0			
15			1.848	0.009	0.539	0.0	173	68	
16			1.707	0.0	0.477	1.372			
17	0.003	135	1.724	0.008	1.794	1.650			
18			1.818	0.0	1.092	0.004			
19			1.692	0.092	0.506	0.0			
20			1.703	0.0	0.427	0.0			
21			1.971	0.458	0.696	0.0	202	90.0	
22			1.794	0.0	0.570	0.0			
23			1.710	0.853	0.501	0.0			
24			1.714	0.549	1.830	0.0			
25			1.732	0.0	0.750	1.116			
26			1.662	0.24	0.336	0.580			
27			1.953	0.178	2.002	0.038			
28			2.022	0.744	0.440	0.0	166	64.0	
29			2.036	0.452	0.453	1.090			
30			1.631	0.003	1.545	1.696			
31									
Total			54.59	8.042	23.827	16.633	742	300	
Mo. Avg.			1.820	0.268	0.794	0.554	185.5	75	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2009 To October 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.139		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.094		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2.0	< 2.0		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Weekly	Grab
PARM Code 00530 I Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				6.44	7.7		SU	0	Continuous	Meter
PARM Code 00400 I Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				1.6			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/11/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: October 1, 2009 To October 31, 2009

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				12.1			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				< .01	< .01		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				14.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				0.4	0.4		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				6.74			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				0.0043			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				16.1			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0036251

MONITORING PERIOD From: October 1, 2009 To October 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit) PARM Code 01119 Q Mon.Site No. EFD-1	Sample Measurement				-16.096			ug/L	0	Monthly	Calculated
	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3) PARM Code 00900 1 Mon.Site No. EFD-1	Sample Measurement				143			mg/L	0	Monthly	Grab
	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant) PARM Code 50050 P Mon.Site No. FLW-1	Sample Measurement	1.84		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant) PARM Code 50050 Q Mon.Site No. FLW-1	Sample Measurement	1.716	1.83	MGD					0	Continuous	Calculated
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				211			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				199			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. CAL-1	Sample Measurement				63.1			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: OCTOBER 1, 2009 to OCTOBER 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N) (Surface water discharge	Sample Measurement		353	LB/MO					0	MONTHLY	CALCULATED
PARM Code 00620 P	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Mon Site No. EFD-1											
Phosphorus, Total (Surface water discharge	Sample Measurement		9.74	LB/MO					0	MONTHLY	CALCULATED
PARM Code 00665 P	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Mon Site No. EFD-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)
TOM KEYS, LEAD OPERATOR	Tom Keys	407-682-5651	09/11/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2009 To October 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.377		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.256		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.125			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	9.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.3			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.55	3.3		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/11/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FL0036251

MONITORING PERIOD From: October 1, 2009_ To October 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.44	7.56		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.44			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2009 To October 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.08		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.094		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.47			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.0	10		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.6			mg/L	0	4 Days/Week	Grab
PARM Code 00530 H Mon Site No EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.44	7.7		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/11/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: October 1, 2009 To October 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				76.5			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				6			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2009 to October 31, 2009

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/11/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF
Monitoring Period From October 1, 2009 To October 31 2009

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1	9.0	< 1.0		7.42	7.14	1.8	< 1.0	1.8	
2		2		7.28	7.14	1.3	1.9	2.0	
3				7.18	7.0	0.5		2.0	
4				7.28	6.86	0.9		2.7	
5	9.0		2.58	7.28	7.0	3.15		1.4	
6	9.0	< 1.0		7.28	7.14	2.9	< 1.0	2.0	
7		< 1.0		7.28	7.14	1.1	< 1.0	2.0	
8		< 1.0		7.42	7.28	1.0	1.7	2.0	
9		1		7.42	7.28	1.3	2.4	2.0	
10				7.28	7.14	2.3		1.3	
11				7.28	7.14	2.5		1.0	
12	9.0	6		7.28	7.14	2.1	< 1.0	1.0	
13				7.28	7.14	1.75		2.0	
14				7.42	7.14	1.0		2.0	
15		4		7.42	7.28	1.0	3.3	2.0	
16		< 1.0		7.42	7.28	1.0	< 1.0	2.0	
17				7.7	7.28	1.0		2.5	
18				7.56	7.28	1.2		2.2	
19	< 2.0			7.56	7.28	1.6		2.4	
20	10	< 1.0		7.42	7.0	0.5	< 1.0	2.2	
21		< 1.0		7.14	7.0	1.0	1.0	2.0	
22	7.0		6.44	7.0	6.44	1.0		2.0	
23		< 1.0		7.14	6.86	1.5	< 1.0	1.0	
24				7.14	6.86	1.6		1.2	
25				7.14	6.86	0.6		1.1	
26	8.0	< 1.0		7.14	6.86	2.3	< 1.0	1.8	
27		< 1.0		7.0	6.86	1.4	2.6	2.0	
28		< 1.0		7.0	6.44	1.4	< 1.0	1.5	
29		< 1.0		7.0	6.86	1.5	< 1.0	1.5	
30				7.14	7.0	1.0		1.4	
31				7.1	6.8	2.1		1.6	
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator	Class: C	Certificate No: 8518	Name: Alex Lorenzo			
Evening Shift Operator	Class: C	Certificate No: 8241	Name: Ray Hogue			
Evening Shift Operator	Class: C	Certificate No: 8003	Name: Alan Bailey			
Lead Operator	Class: A	Certificate No: 3090	Name: Tom Keys			

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: October 1, 2009 To: October 31, 2009

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5	< 1.0								2.6	
6										
7										
8										
9										
10										
11										
12										
13										
14	1								< 1.0	
15	4								3.3	
16					6.74					
17					7.48	7.56	7.28			
18					7.52	7.7	7.28			
19	< 1.0	< .01	14.5	12.1	7.54	6.58	6.44	0.4	< 1.0	
20					7.49					
21										
22	< 1.0								< 1.0	
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: October 1, 2009 To: October 31, 2009

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.742	0.004	2.130	0			
2			1.734	0	0.454	0			
3			1.682	0	0.486	0			
4			1.797	0.353	2.349	0			
5			1.934	0.660	1.089	0	192	130	
6			1.809	0.013	0.457	0			
7			1.682	0.640	0.415	0			
8			1.816	0.725	2.490	0			
9			1.722	0.496	1.600	0			
10			1.620	0.183	0.656	0			
11			1.733	0	2.651	0			
12			1.904	0	1.171	0	198	314	
13			1.749	0.343	0.202	0			
14			1.644	1.778	0.326	0			
15			1.678	0.166	1.876	0			
16			1.692	0.055	0.426	0			
17			1.630	0.123	0.1	0.689			
18			1.676	0	2.017	0.889			
19	0.0043	143	1.837	0	0.839	1.331			
20			1.734	0	0.442	0.010	261	168	
21			1.559	0.141	0.441	0			
22			1.742	0.048	2.329	0			
23			1.762	0.183	1.096	0			
24			1.512	0	0.430	0			
25			1.712	0	2.172	0			
26			1.900	0.246	1.124	0	193	184	
27			1.609	0	0.508	0			
28			1.651	0.768	0.452	0			
29			1.654	0.260	2.214	0			
30			1.648	0.089	0.838	0			
31			1.620	0.670	0.140	0			
Total			53.184	7.944	33.92	2.919	844	796	
Mo. Avg.			1.716	0.256	1.094	0.094	211	199	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2009 To November 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.145		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.065		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				OTH	OTH		mg/L	0	Weekly	16-hr. TPC
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. TPC
Solids, Total Suspended	Sample Measurement				OTH	OTH		mg/L	0	Weekly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				7.0	7.28		SU	0	Continuous	Meter
PARM Code 00400 I Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				OTH			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/12/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): OTH is used because we sampled the first part of December for this week.

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0036251

MONITORING PERIOD From: November 1, 2009 To November 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				OTH	OTH	OTH	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				OTH			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				OTH	OTH		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				OTH			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				OTH	OTH		mg/L	0	Weekly	16-hr. FPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				7.58			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				OTH			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				OTH			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: November 1, 2009 To: November 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pper, Total Recoverable (fluent minus calculated limit)	Sample Measurement				OTH			ug/L	0	Monthly	Calculated
ARM Code 01119 Q on.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
ardness, Total (as CaCO3)	Sample Measurement				OTH			mg/L	0	Monthly	Grab
ARM Code 00900 1 on.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
ow (total through plant)	Sample Measurement	1.82		MGD					0	Continuous	Flow meters and totalizers
ARM Code 50050 P lon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
low (total through plant)	Sample Measurement	1.682	1.74	MGD					0	Continuous	Calculated
ARM Code 50050 Q lon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
OD, Carbonaceous 5 day, 20C	Sample Measurement				189			mg/L	0	Weekly	16-hr. TPC
ARM Code 80082 G lon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. TPC
olids, Total Suspended	Sample Measurement				152			mg/L	0	Weekly	16-hr. TPC
ARM Code 00530 G lon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. TPC
ercent Capacity, (TMADF/ ermitted Capacity) x 100 ARM Code 00180 1 lon.Site No. CAL-1	Sample Measurement				60.0			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2009 To November 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.399		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.403		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.8			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.0	7.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.29			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/12/21

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

(4)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

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

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.44	7.84		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.47			mg/L	0	Every Two Weeks	16-hr FPC*
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr FPC*
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

(5)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2009 To November 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	1.02		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	0.871		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5	12		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				3.8			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.44	7.84		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/12/21

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

6

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: November 1, 2009 To November 32, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				76			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				4			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

(7)

DEP MEMORANDUM Wastewater Section DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2009 to November 30, 2009

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	09/12/21

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

(8)

DAILY SAMPLE RESULTS - PART B

Permit Number: 11(0)56251 Facility: Weksiva Hunt Club WWTF
Monitoring Period: From November 1, 2009 To: November 30, 2009

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.28	6.86	2.5		1.2	
2	12	< 1.0		7.28	7.14	1.2	< 1.0	2.1	
3	7		0.56	7.28	7.14	1.8		1.4	
4		3		7.28	7.0	1.5	< 1.0	1.2	
5		< 1.0		7.28	7.14	2.2	< 1.0	1.8	
6		< 1.0		7.14	7.0	2.15	< 1.0	2.7	
7				7.2	7.0	2.0		1.8	
8				7.14	6.86	1.5		2.0	
9	8.0	1		7.14	6.44	3.2	< 1.0	1.3	
10		4		7.14	7.0	2.8	< 1.0	1.5	
11		< 1.0		7.28	7.0	2.2	< 1.0	1.8	
12		< 1.0		7.28	7.14	2.2	< 1.0	2.1	
13		< 1.0		7.28	7.14	1.9	< 1.0	1.7	
14				7.7	7.2	1.8		2.0	
15				7.84	7.0	1.4		2.2	
16	7.0	< 1.0		7.42	7.14	1.95	< 1.0	2.5	
17		< 1.0		7.28	7.0	3.0	< 1.0	1.8	
18		2		7.28	7.0	2.0	< 1.0	2.0	
19	2.39		8.47	7.28	7.0	1.9		2.0	
20		< 1.0		7.28	7.0	1.1	3.8	2.0	
21				7.7	7.6	2.5		2.1	
22		< 1.0		7.84	6.86	2.1	< 1.0	2.0	
23		1		7.28	7.0	2.0	< 1.0	2.0	
24		< 1.0		7.28	7.0	1.8	< 1.0	2.0	
25	5.62		1.3	7.28	7.0	1.2		1.6	
26				7.42	6.86	0.9		1.4	
27		< 1.0		7.42	7.14	0.9	2.6	2.0	
28				7.28	7.0	0.8		1.9	
29				7.14	6.86	2.5		1.2	
30	7.0	< 1.0		7.28	7.0	3.0	< 1.0	1.3	
31									
Total									
Mo. Avg.									

6

PLANT STAFFING

Day Shift Operator — Class: C — Certificate No: 8518 — Name: Alex Lorenzo

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

Evening Shift Operator — Class: C — Certificate No: 8003 — Name: Alan Bailey

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: November 1, 2009 To: November 30, 2009

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3	< 1.0								< 1.0	
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19	< 1.0								< 1.0	
20										
21										
22										
23										
24										
25	< 1.0								< 1.0	
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

12

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: November1, 2009 To: November 30, 2009

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.814	0.601	2.659	0			
2			1.796	0	0.939	0	264	184	
3			1.719	1.137	0.179	0			
4			1.546	1.695	0.265	0			
5			1.627	0.695	1.894	0			
6			1.704	0.022	0.632	0			
7			1.472	0.025	0.539	0			
8			1.924	0	2.790	0			
9			1.651	0.356	1.411	0	212	64	
10			1.619	0.283	0.561	0			
11			1.683	0.756	0.179	0			
12			1.576	1.535	0.399	0			
13			1.652	0.976	0.242	0			
14			1.584	0.573	0.339	0			
15			1.794	0.833	2.537	0			
16			1.705	0	0.909	0	181	200	
17			1.611	0	0.322	0			
18			1.647	0.096	0.166	0			
19			1.598	0.939	0.542	0			
20			1.678	0	0.596	0			
21			1.568	0	0.500	0			
22			1.782	0.248	2.643	0			
23			1.698	0	0.855	0	167	186	
24			1.648	0	0.417	0			
25			1.710	0.391	0.167	0			
26			1.832	0.932	0.074	0			
27			1.772	0	0.092	0			
28			1.582	0	0.096	1.648			
29			1.648	0	1.636	0.294			
30			1.812	0	1.543	0.012	123	126	
31									
Total			50.452	12.093	26.123	1.954	947	760	
Mo. Avg.			1.682	0.403	0.871	0.065	189	152	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

REVISED 1/04/10

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2009 To December 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.256		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	1.342		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.26	4.56		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	1.5		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				7.0	7.56		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				1.84			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/1/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0036251

MONITORING PERIOD From: December 1, 2009 To December 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 1 Mon.Site No. EFA-1	Sample Measurement				< 1.0	< 1.0	1.5	#/100Ml	0	Weekly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				0.5			mg/L	0	Continuous	Meter
	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination) PARM Code 50060 1 Mon.Site No. EFD-1	Sample Measurement				0			mg/L	0	Daily	Grab
	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N) PARM Code 00600 1 Mon.Site No. EFA-1	Sample Measurement				7.76			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N) PARM Code 00610 1 Mon.Site No. EFD-1	Sample Measurement				.0426	0.177		mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon.Site No. EFD-1	Sample Measurement				7.65			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P) PARM Code 00665 1 Mon.Site No. EFD-1	Sample Measurement				0.083	0.154		mg/L	0	Weekly	16-hr FPC
	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO) PARM Code 00300 1 Mon.Site No. EFD-1	Sample Measurement				7.58			mg/L	0	Daily	Grab
	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent) PARM Code 01119 1 Mon.Site No. EFD-1	Sample Measurement				0.0034			ug/L	0	Monthly	16-hr. FPC
	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit) PARM Code 01119 P Mon.Site No. EFD-1	Sample Measurement				15.5			ug/L	0	Monthly	Calculated
	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: December 1, 2009 To December 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				-15.503			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				137			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.815		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.775	1.725	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				166			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				227			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				59.5			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

REVISED 1/28/10

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: DECEMBER 1 2009 to DECEMBER 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge	Sample Measurement		2655	LB/MO					0	MONTHLY	CALCULATED
PARM Code 00620 P	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Mon.Site No. EFD-1											
Phosphorus, Total (Surface water discharge	Sample Measurement		28.8	LB/MO					0	MONTHLY	CALCULATED
PARM Code 00665 P	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Mon Site No. EFD-1											

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2009 To December 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.389		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.197		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.3			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	3.4		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.29			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	1.2		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/1/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: December 1, 2009_ To December 31, 2009

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				6.72	7.7		SU	0	5 Days/Week	Meter
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				0.5			mg/L	0	5 Days/Week	Meter
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-1	Sample Measurement				5.47			mg/L	0	Every Two Weeks	16-hr. FPC
	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2009 To December 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	0.942		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	0.111		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.1			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.5	8		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.72	7.7		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/1/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: December 1, 2009 To December 31, 2009

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2009 to December 31, 2009

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/1/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From : December 1, 2009 To: December 31, 2009

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1	< 2.0	< 1.0		7.28	7.0	2.1	< 1.0	1.5	
2	< 2.0		5.01	7.28	7.0	0.5		1.8	
3				7.14	7.0	0.6		1.6	
4				7.28	7.0	0.6		2.0	
5				7.28	7.0	0.8		1.6	
6				7.28	6.72	1.5		1.7	
7	< 2.0			7.0	6.86	1.5		2.0	
8				7.14	6.86	0.95		1.7	
9	< 2.0			7.14	6.86	1.0		1.2	
10				7.56	7.0	0.5		1.5	
11				7.7	7.56	1.0		0.8	
12				7.56	7.42	0.6		1.6	
13				7.42	7.28	0.75		1.2	
14	3.76			7.56	7.42	0.8		1.6	
15	3.4		2.91	7.54	7.42	0.8		2.0	
16		< 1.0		7.56	7.42	1.0	< 1.0	1.4	
17	< 2.0			7.7	7.56	1.0		1.4	
18				7.56	7.42	1.0		1.8	
19	2.39			7.7	7.42	1.0		1.8	
20				7.56	7.42	0.8		1.6	
21	4.56			7.7	7.56	0.65		0.8	
22				7.7	7.56	0.75		1.8	
23				7.7	7.56	2.8		1.8	
24		< 1.0		7.7	7.28	0.5	< 1.0	1.9	
25	8			7.56	7.28	0.8		1.8	
26				7.56	7.28	0.5		1.5	
27				7.56	7.28	1.1		1.5	
28	< 2.0			7.7	7.56	0.95		1.5	
29	LS		5.47	7.7	7.56	0.5		2.0	
30				7.84	7.56	0.5		1.6	
31				7.7	7.42	0.6		2.0	
Total									
Mo. Avg.									

PLANT STAFFING

Day Shift Operator	Class: C	Certificate No: 8518	Name: Alex Lorenzo			
Evening Shift Operator	Class: C	Certificate No: 8241	Name: Ray Hogue			
Evening Shift Operator	Class: C	Certificate No: 8003	Name: Alan Bailey			
Lead Operator	Class: A	Certificate No: 3090	Name: Tom Keys			

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: December 1, 2009 To: December 31, 2009

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055 .	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1	< 1.0	< .01	6.22	7.96	7.6	7.42	7.28	< .04	< 1.0	0
2	< 1.0				7.4	7.42	7.28		< 1.0	0
3					7.5	7.42	7.14			0
4					7.7	7.28	7.14			0
5					7.6	7.28	7			0
6					7.68	7.28	7			0
7		0.0256	8.4	7.84	7.82	7.28	7	0.0919	< 1.0	0
8	1				7.5	7.14	7		1.4	0
9	< 1.0				7.58	7.56	7.28		< 1.0	0
10					7.8	7.42	7.28			0
11					7.94	7.28	7.14			0
12					7.84	7.28	7			0
13					7.3	7.28	7			0
14	4	0.177	8.64	6.7	7.5	7.14	7	< .04	1.0	0
15	< 1.0				7.6	7.28	7		1.2	0
16					7.8	7.14	7			0
17					7.7	7.42	7.28			0
18					7.8	7.56	7.28			0
19	< 1.0				7.7	7.42	7.28		< 1.0	0
20					7.8	7.56	7.28			0
21	4	< .01	8.73	9.35	7.7	7.56	7.14	0.126	1.5	0
22					7.8	7.42	7			0
23	3.0				7.7	7.42	7.28		3.0	0
24					7.86	7.42	7.14			0
25					7.52	7.42	7.28			0
26					7.42	7.42	7.14			0
27					7.56	7.42	7.14			0
28	2	< .01	6.27	6.96	7.28	7.42	7.28	0.154	< 1.0	0
29	LS				7.62	7.42	7.28		< 1.0	0
30					7.51	7.42	7.28			0
31					7.68	7.56	7.28			0
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251
Monitoring Period From: December1, 2009 To: December 31, 2009

Facility: Wekiva Hunt Club WWTF

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1	0.0034	137	1.694	0.566	0.365	0.126			
2			1.648	1.074	0.330	0.071			
3			1.686	0.700	0.052	1.501			
4			1.648	1.035	0.044	1.280			
5			1.852	0	0.030	1.900			
6			2.080	0	0.035	2.142			
7	0.00268	130	1.775	0	0.013	1.674	143	306	
8			1.774	0	0.038	1.716			
9			1.754	1.221	0.126	0.725			
10			1.729	1.268	0.134	0.129			
11			1.768	0	0.058	1.564			
12			1.716	0	0.094	1.694			
13			1.693	0	0.049	1.570			
14			1.971	0	0.069	1.544	202	200	
15			1.724	0	0.327	1.366			
16			1.755	0.239	0.256	0.532			
17			1.779	0.008	0.109	0.144			
18			1.762	0	0.006	1.732			
19			1.706	0	0.01	1.458			
20			1.740	0	0.012	1.599			
21			1.839	0	0.004	1.478	160	122	
22			1.840	0	0.033	1.548			
23			1.789	0.002	0.249	1.559			
24			1.804	0	0.222	0.047			
25			1.938	0	0.04	1.443			
26			1.748	0	0.022	1.914			
27			1.724	0	0.005	1.891			
28			1.766	0	0.001	1.818			
29			1.811	0	0.289	1.916	158	280	
30			1.689	0	0.243	1.819			
31			1.816	0	0.186	1.706			
Total			55.018	6.113	3.451	41.606	663	908	
Mo. Avg.			1.775	0.197	0.111	1.342	166	227	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

REVISED 1/25/10

WEKIVA

2010

DMRs

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2010 To January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.362		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	1.266		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.31	5.68		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.37	2.0		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				6.2	7.7		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				1.88			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/2/21

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

FILE COPY

DEP Form 62-620.910(10), Effective November 29, 1994
Revised February 2006 (Revision 012)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0036251

MONITORING PERIOD From: January 1, 2010 To: January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mgL	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mgL		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0			mgL	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mgL		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				8.64			mgL	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mgL		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				1.18	2.83		mgL	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mgL		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.82			mgL	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mgL		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				0.123	0.138		mgL	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mgL		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				6.3			mgL	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mgL		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				0.0034			ugL	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ugL		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				14.9			ugL	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ugL		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0036251

MONITORING PERIOD From: January 1, 2010 To January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit) PARM Code 01119 Q Mon.Site No. EFD-1	Sample Measurement				- 14.89			ug/L	0	Monthly	Calculated
	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3) PARM Code 00900 1 Mon.Site No. EFD-1	Sample Measurement				131			mg/L	0	Monthly	Grab
	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant) PARM Code 50050 P Mon.Site No. FLW-1	Sample Measurement	1.811		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant) PARM Code 50050 Q Mon.Site No. FLW-1	Sample Measurement	1.712	1.724	MGD					0	Continuous	Calculated
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				184			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				173			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. CAL-1	Sample Measurement				59.4			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JANUARY 1, 2010 To JANUARY 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge	Sample Measurement		1,893	LB/MO					0		
PARM Code 00620 P	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total (Surface water discharge	Sample Measurement		40	LB/MO					0		
PARM Code 00665 P	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/2/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2010 To January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.374		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.099		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.6			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2.0	< 2.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.29			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.4	1.4		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/2/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: January 1, 2010_ To January 31, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.42	7.7		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.32			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2010 To January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	0.851		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	0.121		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.68			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7	6.1		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.2			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				7.0	7.7		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/2/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: January 1, 2010 To January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				85			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				4			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2010 to January 31, 2010

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/2/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From : January 1, 2010 To: January 31, 2010

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.7	7.56	0.5		1.8	
2				7.84	7.56	0.9		1.5	
3				7.7	7.28	0.5		1.8	
4	< 2.0			7.7	7.42	0.65		1.8	
5	< 2.0	< 1.0		7.56	7.42	1.9	2.2	2.0	
6		< 1.0		7.7	7.42	0.7	< 1.0	1.6	
7				7.7	7.42	0.7		2.6	
8				7.7	7.28	0.6		2.2	
9				7.7	7.28	0.5		1.5	
10				7.7	7.0	1.5		1.5	
11		< 1.0		7.7	7.42	0.75	< 1.0	1.5	
12	< 2.0		6.32	7.7	7.42	1.0		2.7	
13	< 2.0	< 1.0		7.56	7.28	0.6	< 1.0	2.0	
14		4		7.56	7.28	0.9	< 1.0	1.6	
15				7.56	7.28	0.75		2.5	
16				7.56	7.28	0.75		1.4	
17				7.28	7.0	0.75		1.6	
18	5.68 D			7.42	7.28	2.8		2.0	
19				7.42	7.28	0.7		1.4	
20				7.42	7.28	0.6		2.8	
21				7.42	7.28	0.5		3.0	
22				7.42	7.28	0.5		3.0	
23				7.7	7.14	0.6		1.3	
24		< 1.0		7.56	7.14	1.5	< 1.0	1.8	
25	6.10 D	< 1.0		7.56	7.42	0.7	< 1.0	1.5	
26	3.26			7.56	7.42	0.7		1.6	
27				7.56	7.42	0.5		1.0	
28				7.56	7.42	0.5		0.7	
29				7.56	7.28	0.5		1.4	
30				7.56	7.28	0.6		2.0	
31				7.56	7.28	0.7		1.7	
Total	19.04	7	6.32	235.2	226.8	25.3	5.2	55.3	
Mo. Avg.	2.72	1	6.32	7.58	7.32	0.818	0.74	1.78	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: January 1, 2010 To: January 31, 2010

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1					7.8	7.42	7.28			0
2					7.9	7.42	7.14			0
3					7.7	7.56	7.28			0
4	< 1.0	0.710	7.79	8.61	7.4	7.56	7.28	0.108	1.6	0
5					7.6	7.56	7.28			0
6					7.5	7.42	6.2			0
7					8.0	7.7	7.42			0
8					8.1	7.42	7.14			0
9					7.7	7.42	7.28			0
10					7.7	7.42	7.28			0
11					7.6	7.56	6.4			0
12	< 1.0								1.4	0
13										0
14										0
15					8.0	7.56	7.28			0
16					7.7	7.42	7.14			0
17					7.9	7.42	7.14			0
18	< 1.0	2.83	3.89	10.1	7.3	7.42	7.28	0.138	< 1.0	0
19					7.8	7.42	7.28		< 1.0	0
20					7.4	7.42	7.28			0
21					7.8	7.56	7.28			0
22					7.5	7.42	7.28			0
23					7.2	7.56	7.28			0
24					6.3	7.14	6.58			0
25					7.4	7.42	6.44			0
26	< 1.0	< 0.01	5.79	7.21	7.7	7.42	7.28	0.122	2	0
27					7.6	7.42	7.14			0
28					7.6	7.42	7.28			0
29					7.1	7.56	7.28			0
30					7.28	7.56	7.14			0
31					7.0	7.56	7.14			0
Total	2.0	3.55	17.47	26.92	211.58	209.16	199.5	0.368	6	0
Mo. Avg.	0.5	1.118	5.82	8.97	7.56	7.47	7.125	0.1227	1.2	0

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: January1, 2009 To: January 31, 2009

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.796	0	0.178	1.548			
2			1.884	0	0.03	1.709			
3			1.857	0	0.092	1.706			
4	0.00336	131	1.952	0	0.028	1.535	204	226	
5			1.915	0	0.014	0.426			
6			1.672	0	0.112	0			
7			1.754	0.053	0.056	0.234			
8			1.800	0	0.242	1.900			
9			1.708	0	0.294	2.110			
10			1.819	0	0.326	2.180			
11			1.325	0.349	0.219	1.605	219	140	
12			1.763	1.374	0.075	0.603			
13			1.675	0.8	0.14	0			
14			1.644	0.177	0.214	0			
15			1.594	0.072	0.218	0			
16			1.364	0	0.012	0.942			
17			1.464	0	0.045	1.494			
18			1.549	0	0.003	1.412	158	198	
19			1.774	0	0.181	1.115			
20			1.695	0	0.187	1.067			
21			1.674	0	0.158	1.234			
22			1.718	0	0.034	1.548			
23			1.716	0	0.068	1.534			
24			1.775	0	0.109	1.720			
25			1.922	0.240	0.017	1.640	155	128	
26			1.736	0	0.031	0.706			
27			1.703	0	0.081	1.776			
28			1.696	0	0.004	1.804			
29			1.670	0	0.236	1.826			
30			1.700	0	0.078	1.876			
31			1.764	0	0.277	2.009			
Total	0.00336	131	53.078	3.065	3.759	39.26	736	692	
Mo. Avg.	0.00336	131	1.712	0.099	0.121	1.266	184	173	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518	Name:	Alex Lorenzo
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2010 To February 28, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.482		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	1.442		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.21	4.13		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.4	2.3		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				6.58	7.7		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				1.92			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/3/21

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD: From: January 1, 2010 To: January 28, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					< 1.0	< 1.0	< 1.0	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement					Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement					0.5			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement					0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement					0			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement					0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement					7.98			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement					Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement					0.006	0.01		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement					2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement					6.34			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement					Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement					0.055	0.111		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement					0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement					6.3			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement					6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement					3.4			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement					Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement					15.6			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement					Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: February 1, 2010 To February 28, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				- 12.6			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				138			mg/L	0	Monthly	Grab
PARM Code 00900 I Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.80		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.632	1.71	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				178.3			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				146			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				59.0			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: FEBRUARY 1, 2010 to FEBRUARY 28, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge PARM Code 00620 P Mon Site No. EFD-1	Sample Measurement		2,135	LB/MO					0	MONTHLY	CALCULATED
	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total (Surface water discharge PARM Code 00665 P Mon Site No. EFD-1	Sample Measurement		18.19	LB/MO					0	MONTHLY	CALCULATED
	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
TOM KEYS, LEAD OPERATOR	Tom Keys	407-682-5651	10/3/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2010 To February 28, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.338		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.049		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.98			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2.0	< 2.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.17			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/3/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: February 1, 2010 To February 28, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.14	7.7		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.66			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2010 To February 28, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	0.763		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	0.065		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.15			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6	4.17		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				7.14	7.7		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/3/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: February 1, 2010 To: February 28, 2010

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2010 to February 28, 2010

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/3/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251
Monitoring Period From : February 1, 2010 To: February 28, 2010

Facility: Wekiva Hunt Club WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1	2.71D			7.7	7.42	0 5		3.0	
2				7.7	7.42	1.1		2.8	
3				7.7	7.42	0.85		1.8	
4				7.7	7.56	0.8		3.0	
5				7.7	7.56	0.75		3.0	
6				7.7	7.56	0.8		1.0	
7				7.98	6.86	1.1		1.5	
8	< 2.0			7.98	6.86	1.35		1.4	
9				7.56	7.42	0.65		1.7	
10				7.7	7.56	0.6		2.8	
11		< 1.0		7.7	7.56	0.5	< 1.0	3.0	
12	< 2.0	< 1.0		7.7	7.28	1.3	< 1.0	2.0	
13				7.56	7.28	0.75		1.2	
14				7.7	7.14	0.85		2.2	
15	<2.0		6.66	7.56	7.28	1.0		2.4	
16				7.56	7.28	0.9		2.0	
17				7.42	7.14	1.1		1.0	
18				7.56	7.28	0.5		0.8	
19				7.84	7.42	0.5		2.1	
20				7.7	7.28	0.75		2.1	
21				7.56	7.14	0.75		1.0	
22	4.17 D	< 1.0		7.14	7.0	0.85	< 1.0	1.9	
23		< 1.0		4.14	7.0	1.0	< 1.0	1.5	
24	4.13D			7.28	7.14	0.6		3.0	
25				7.7	7.28	1.25		1.8	
26				7.42	7.14	0.8		3.0	
27				7.56	7.28	0.75		2.8	
28				7.56	7.28	0.75		4	
29									
30									
31									
Total	13.47	2	6.66	213.1	204.1	23.4	2	59.8	
Mo. Avg.	2.25	0.5	6.66	7.6	7.3	0.8	0.5	2.1	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: February 1, 2010 To: February 28, 2010

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1	1	< .01	7.92	6.25	8.0	7.7	7.28	< 0.04	2.3	0
2					7.8	7.42	7.14			0
3					8.3	7.28	7.14			0
4					7.8	7.28	7			0
5					8.0	7.28	7			0
6					8.2	7.14	7			0
7					8.0	7.28	7			0
8	< 1.0	0.01 J	7.09	8.29	6.6	7.14	7	0.0671	2.3	0
9					6.6	7.14	7			0
10					7.6	7.14	7			0
11										
12										
13					8.4	7	6.86			0
14					8.3	7	6.86			0
15	< 1.0	< .01	5.28	7.53	8.3	6.86	6.58	0.111	< 1.0	0
16					6.4	6.72	6.58			0
17					6.3	6.86	6.58			0
18					8.2	7	6.72			0
19					8.2	7	6.72			0
20					8	6.86	6.72			0
21					7.8	7.0	6.86			0
22										
23										
24	< 1.0		5.07	9.84	7.9	7	6.72		< 1.0	0
25		< 0.01			8.3	7.6	6.72	< 0.04		0
26					8.3	7.28	7.0			0
27					8.0	7.28	7.14			0
28					8.3	7.28	6.86			0
29										
30										
31										
Total	2.5	0.025	25.36	31.91	203.8	171.6	165.5	0.218	5.6	0
Mo. Avg.	0.625	0.006	6.34	7.98	7.8	7.1	6.9	0.054	1.4	0

PLANT STAFFING
Day Shift Operator Class: C, A Certificate No: 8518, 12274 Name: Alex Lorenzo, Corey Sudol
Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue
Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey
Lead Operator Class: A Certificate No: 3090 Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: February 1, 2010 To: February 28, 2010

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			0.894	0.253	0.044	0.746	173	154	
2			1.688	0	0.031	1.847			
3			1.670	0	0.002	1.876			
4			1.674	0	0	1.794			
5			1.574	0	0.048	1.740			
6			1.700	0.003	0.07	0.538			
7			1.705	0.280	0.004	1.449			
8	0.0034	138	1.353	0	0.007	1.416	166	136	
9			1.707	0	0.011	1.834			
10			1.751	0	0.001	1.987			
11			1.800	0	0.007	1.908			
12			1.742	0	0.042	0.433			
13			1.804	0.007	0.048	0.461			
14			1.854	0	0.009	2.008			
15			1.423	0	0.005	1.493	192	118	
16			1.819	0	0.038	2.300			
17			1.800	0	0.022	1.561			
18			1.644	0	0.174	1.804			
19			1.792	0	0.007	1.882			
20			1.655	0	0.170	1.817			
21			1.488	0	0.781	1.614			
22			1.533	0.121	0.124	0.075	182	176	
23			1.734	0.293	0.013	0			
24			1.693	0.416	0.124	1.034			
25			1.571	0	0	1.758			
26			1.331	0	0.026	1.401			
27			1.635	0	0.021	1.731			
28			1.667	0	0.001	1.872			
29									
30									
31									
Total	0.0034	138	45.701	1.373	1.830	40.379	713	584	
Mo. Avg.	0.0034	138	1.632	0.049	0.065	1.442	178.3	146	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

FILE COPY

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2010 To March , 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.66		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. TLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	1.368		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.93	4.16		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.6	3.4		mg/L	0	Weekly	Grab
PARM Code 00530 I Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				6.6	7.7		SU	0	Continuous	Meter
PARM Code 00400 I Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				1.95			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/4/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: D-001 | PERMIT NUMBER: FL0036251
MONITORING PERIOD From: March 1, 2010 To March 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1.0	<1.0	4	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100Ml.		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0.0			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				8.8			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				< 0.01	<0.01		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.32			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				.16	.383		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				6.4			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				2.4			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				16.6			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: March 1, 2010 To: March 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				- 14.2			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFF-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				149			mg/L	0	Monthly	Grab
PARM Code 00900 I Mon.Site No. EFF-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.8		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.66	1.67	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				170.6			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				174.4			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				.59			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: MARCH 1, 2010 To MARCH 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge PARM Code 00620 P Mon Site No. EFD-1	Sample Measurement		2942.1	LB/MO					1	MONTHLY	CALCULATED
	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total (Surface water discharge PARM Code 00665 P Mon Site No. EFD-1	Sample Measurement		56.23	LB/MO					1	MONTHLY	CALCULATED
	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
TOM KEYS, LEAD OPERATOR	Tom Keys	407-682-5651	10/4/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): LIMITS WERE EXCEEDED DUE TO WEATHER AND NO DEMAND FOR REUSE.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32214

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-4800

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2010 To March 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.32		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	088		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.9			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.3	2.45		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.14			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				.64	1.2		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/4/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF
MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From: March 1, 2010 To: March 31, 2010
PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.72	7.98		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.75			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.8			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2010 To March 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	0.621		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	0.146		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.32			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3	2.45		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.72	7.98		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/4/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: March 1, 2010 To: March 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal % less than detection PARM Code 51005 A Mon.Site No. EFA-1	Sample Measurement				80			Percent	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				< 1.0			#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement				2.9			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2010 to March 31, 2010

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/4/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From : March 1, 2010 To: March 31, 2010

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1	< 2.0		5.7	7.7	7.14	0.75		2.2	
2				7.42	7.28	0.90		2.3	
3	< 2.0			7.42	7.28	0.60		3.0	
4				7.42	7.14	0.75		3.0	
5				7.56	7.28	0.60		3.0	
6				7.56	7.28	0.50		2.9	
7				7.56	7.14	1.00		1.5	
8		< 1.0		7.42	7.28	0.75	< 1.0	2.3	
9	2.45	< 1.0	3.8	7.28	6.86	1.00	< 1.0	3.0	
10		< 1.0		7.14	6.86	1.10	< 1.0	3.0	
11				7.00	6.86	1.40		3.0	
12	<2.0			7.28	7.00	0.5		3.0	
13				7.28	7.00	0.70		2.9	
14				7.42	7.00	1.50		2.5	
15	4.16			7.42	7.00	1.50		2.7	
16				7.42	7.14	0.90		3.0	
17				7.28	7.14	0.65		3.0	
18				7.42	7.28	0.80		3.0	
19	2.2	< 1.0		7.42	7.14	0.75	< 1.0	3.0	
20				7.43	7.14	0.70		3.0	
21				7.28	7.00	0.65		3.0	
22	4.11			7.42	7.14	1.00		3.0	
23				7.28	7.14	0.60		3.0	
24				7.42	7.14	0.60		3.0	
25				7.28	7.14	0.70		3.0	
26				7.42	7.14	0.50		3.0	
27				7.56	7.14	1.70		3.0	
28				7.98	6.72	0.65		3.0	
29	4.07			7.14	7.00	0.60		2.4	
30				7.14	6.86	0.60		3.0	
31				7.14	7.00	0.60		3.0	
Total	19.99	2	9.5	228.9	219.66	25.55	2	87.65	
Mo. Avg.	2.50	< 1.0	4.75	7.4	7.1	0.8	< 1.0	2.83	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: March 1, 2010 To: March 31, 2010

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1	< 1.0				6.4	7.14	6.72		1.2	0
2					8.3	7.7	7.42			0
3	4.0	< 0.01	5.33	8.03	8.3	7.28	7.14	0.157	1.1	0
4					8.4	7.28	7			0
5					8.3	7.28	7.14			0
6					8.3	7.42	7			0
7					8.1	7.28	6.86			
8										
9	< 1.0								1.3	
10					7.9					0
11					7.9	7.14	7.0			0
12	< 1.0	<0.01	6.54	7.51	8.2	7.14	7.0	0.142	1.2	0
13					8.0	7.28	7.14			0
14					8.3	7.42	7.14			0
15	< 1.0	< 0.01	10.9	9.85	8.3	7.28	7.14	0.0424 i	< 1.0	0
16					8.3	7.28	7.14			0
17					8.2	7.28	7.28			0
18					8.0	7.42	6.72			
19					8.1	6.86	6.86			0
20					8.0	7.7	7.7			0
21					8.1	7.7	7.0			0
22	< 1.0	< 0.01	13.7	9.89	8.1	7.7	7.7	.383	1.9	0
23					8.2	7.42	7.14			0
24					7.8	7.42	7.14			0
25					7.9	7.28	7.28			0
26					8.0	7.28	6.58			0
27					8.1	6.58	6.58			0
28										0
29	< 1.0	< 0.01	5.12	8.47	8.0	7.7	7.56	.0694 i	3.4	0
30					8.1	7.0	7			0
31					7.7	7.14	7.14			0
Total	6.5	0.025	41.59	43.75	225.3	197.4	191.5	.7938	10.6	0
Mo. Avg.	1.1	0.005	8.32	8.75	8.0	7.3	7.1	.159	1.51	0

PLANT STAFFING:

Day Shift Operator	Class: C, A	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class: C	Certificate No:	8241	Name:	Roy Hogue
Evening Shift Operator	Class: C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class: A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: March 1, 2010 To: March 31, 2010

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.729	0.733	0.007	1.098	161	174	
2			1.774	0.937	0.290	0.928			
3	2.4	149	1.666	0	0.056	1.947			
4			1.656	0	0.010	1.771			
5			1.742	0	0.096	1.842			
6			1.622	0	0.198	1.738			
7			1.688	0	0.243	1.820			
8			1.490	0	0.181	0.005	219	148	
9			1.670	0.323	0.315	0			
10			1.708	0.135	0.317	0			
11			1.558	0.065	0.266	0.707			
12			1.952	0	0.040	2.226			
13			2.016	0	0.002	2.312			
14			1.757	0	0	1.956			
15			1.570	0	0.039	1.736	162	166	
16			1.838	0	0.251	2.007			
17			1.755	0	0.236	1.901			
18			1.834	0	0.012	2.006			
19			1.724	0.099	0	0.564			
20			1.652	0	0.194	0.460			
21			1.364	0	0.727	1.505			
22			.801	0	.002	0.938	152	150	
23			1.705	0	0	1.853			
24			1.432	0	0	1.588			
25			1.468	0	0.445	1.610			
26			1.714	0	0.074	1.924			
27			1.800	0.168	0.254	0.279			
28			1.778	0.277	0.251	0			
29			1.496	0	0	1.728	159	234	
30			2.036	0	0.001	2.201			
31			1.566	0	0.02	1.762			
Total	2.4	149	51.561	2.737	4.527	42.412	853	872	
Mo. Avg.	2.4	149	1.663	0.088	0.146	1.368	170.6	174.4	

PLANT STAFFING:

Day Shift Operator	Class:	C, A	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER FL0036251

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

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2010 To April 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.67		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.87		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20°	Sample Measurement				4.33	4.95		mg/l	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.27	3.6		mg/l	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/l		Weekly	Grab
pH	Sample Measurement				6.30	7.84		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				2.06			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY MM DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/5/21

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

FILE COPY

DEP Form 62-620.910(10), Effective November 29, 1994
Revised February 2006 (Revision 012)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: April 1, 2010 To April 30, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				< 1.0	<1.0	<1.0	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				9.12			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				.009	.017		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.3			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				.185	.231		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				6.55			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				2.99			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				16.8			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: April 1, 2010 To April 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit) PARM Code 01119 Q Mon.Site No. EFD-1	Sample Measurement				-13.81			ug/L	0	Monthly	Calculated
	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3) PARM Code 00900 1 Mon.Site No. EFD-1	Sample Measurement				151			mg/L	0	Monthly	Grab
	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant) PARM Code 50050 P Mon.Site No. FLW-1	Sample Measurement	1.80		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant) PARM Code 50050 Q Mon.Site No. FLW-1	Sample Measurement	1.769	1.688	MGD					0	Continuous	Calculated
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				108.25			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				161.5			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. CAL-1	Sample Measurement				58.2			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly
Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: APRIL 1, 2010 To APRIL 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N) (Surface water discharge	Sample Measurement		1639	LB/MO						MONTHLY	CALCULATED
PARM Code 00620 P Mon Site No. EFD-1	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total (Surface water discharge	Sample Measurement		40	LB/MO						MONTHLY	CALCULATED
PARM Code 00665 P Mon Site No. EFD-1	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
TOM KEYS LEAD OPERATOR	Tom Keys	407-6825651	10/5/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2010 To April 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	.355		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	.366		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.81			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.63	5.08		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.05			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.13	1.8		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/5/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: April 1, 2010_ To April 30, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.42		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.26	< 1.0	2	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				.5			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				9.5			mg/L	0	Every Two Weeks	16-hr TPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr TPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER FL0036251

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

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2010 To April 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	.590		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	.448		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.44			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.0	9.86		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.4			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.30	7.42		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/5/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: April 1, 2010 To April 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				85.7			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.9			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2010 to April 30, 2010

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/5/21

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

Permit Number: FL0036251
Monitoring Period From : April 1, 2010 To: April 30, 2010

DAILY SAMPLE RESULTS - PART B

Facility: Wekiva Hunt Club WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.14	6.86	.60		2.5	
2				7.14	7.0	.50		3.0	
3				7.28	7.0	.70		3.0	
4				7.42	7.0	2.25		3.0	
5	4.90			7.28	7.14	.50		3.0	D001
6				7.28	7.14	.50		3.0	
7	4.80		5.45	7.42	7.14	1.7		2.4	~~R002~~ R001
8	4.13			7.42	7.14	1.5		3.0	R002
9		<1.0		7.28	7.0	1.10	1.4	3.0	
10				7.14	7.0	1.15		3.0	
11				7.14	7.0	1.10		3.0	
12	3.14			7.28	7.0	.70		3.0	D001
13				7.28	7.14	1.0		3.0	
14				7.28	7.14	0.6		3.0	
15		1.0		7.42	7.14	2.25	1.4	3.0	
16		<1.0		7.28	7.14	2.1	<1.0	3.0	
17				7.28	6.98	1.85		2.9	
18				7.28	7.00	1.65		2.7	
19	9.86	<1.0		7.28	7.00	0.6	<1.0	2.7	R002
20	4.95			7.14	7.00	0.6		3.0	R001
21	5.08		7.16	7.28	6.86	.6		2.5	~~R002~~ R001
22				7.42	7.00	.6		2.4	
23				7.14	7.00	1.0		2.0	
24				7.00	6.86	1.0		2.9	
25				7.00	6.72	1.35		3.0	
26	< 2.0	<1.0		7.00	6.30	2.75	<1.0	3.0	R002
27	< 2.0		5.65	7.14	6.86	2.1		3.0	~~R002~~ R001
28				7.28	7.00	1.85		3.0	
29		<1.0		7.14	7.00	1.90	<1.0	3.0	
30		<1.0		7.14	6.86	1.60	<1.0	3.0	
31									
Total	38.86	6	18.26	217	209.4	37.7	6.7	86	
Mo. Avg.	4.32	86	6.07	7.23	6.98	1.26	.96	2.9	

PLANT STAFFING

Day Shift Operator	Class: C	Certificate No: 8518, 12274	Name: Alex Lorenzo, Corey Sudol			
Evening Shift Operator	Class: C	Certificate No: 8241	Name: Ray Hogue			
Evening Shift Operator	Class: C	Certificate No: R003	Name: Alan Bailey			
Lead Operator	Class: A	Certificate No: 3090	Name: Tom Keys			

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: April 1, 2010 To: April 30, 2010

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1					7.6	7.28	7.14			0
2					7.8	7.42	7.28			0
3					7.9	7.56	7.42			0
4					7.7	7.42	6.86			0
5	<1.0	< 0.01	5.56	7.95	8.1	7.70	7.56	.133	3.6	0
6					7.5	7.84	7.70			
7	<1.0				7.7	7.84	6.86		<1.0	
8	2.0					6.86	6.72		1.4	
9										
10										
11					7.9					0
12	<1.0	< 0.01	7.49	10.4	8.1	7.42	7.0	.231	1.5	0
13					7.9	7.42	7.28			0
14					6.98	7.56	7.42			0
15						7.42	6.86			
16										
17										
18										
19					7.7	7.70	7.0			0
20	<1.0	.0170 i	9.50	9.0	6.55	7.70	6.86	0.19	1.7	
21	4								1.1	
22					7.02	7.42	6.44			0
23					7.12	7.56	7.28			
24					7.08	7.56	7.14			0
25										
26										
27	1								1.8	
28										
29										
30					7.28	7.28	6.30			
31										
Total	7.0	.027	22.55	27.35	105.5	134.82	127.12	.554	10.3	0
Mo. Avg.	1.23	.009	7.51	9.12	7.03	7.49	7.06	.185	1.72	0

PLANT STAFFING:

Day Shift Operator	Class:	C, A	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251
Monitoring Period From: April 1, 2010 To: April 30, 2010

Facility: Wekiva Hunt Club WWTF

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.718	0	.252	1.892			
2			1.716	0	.280	1.892			
3			1.832	0	.156	2.026			
4			1.844	0	.144	2.053			
5	.00299	151	1.536	0	.147	.731	179	38	
6			1.754	0	.231	1.938			
7			1.776	0	.128	1.986			
8			1.786	.817	1.264	.065			
9			1.722	0	.410	0			
10			1.718	0	.446	0			
11			1.783	0	1.191	0			
12			1.695	0	0	1.364	188	136	
13			1.578	0	.823	1.759			
14			1.714	0	.500	1.920			
15			1.688	0	.410	1.888			
16			1.722	.001	.614	.044			
17			1.650	.145	.434	0			
18			1.744	0	2.133	0	191	182	
19			1.625	0	0.044	0			
20			1.609	0.115	0.035	1.318			
21			1.913	1.395	0.262	0.715			
22			1.737	1.914	0.176	0			
23			1.880	.406	.491	.545			
24			1.683	0	.552	1.904			
25			1.722	0	.604	2.096			
26			1.519	.155	.485	.004	163	290	
27			2.544	1.193	.100	0			
28			1.980	2.192	.310	0			
29			1.972	2.182	.368	0			
30			1.898	.474	.448	0			
31									
Total	.00299	151	53.058	10.989	13.438	26.140	721	646	
Mo. Avg.	.00299	151	1.769	0.366	.448	.871	108.25	161.5	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

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

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2010 To May 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.67		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	(An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.36		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				<1.0	<1.0		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				6.30	8.0		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				2,104			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/6/21

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: May 1, 2010 To May 31, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				7.85			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				<0.01	<0.01		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.34			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				.202	.228		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				7.0			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				1.91			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				13.7			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: May 1, 2010 To: May 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				-11.79			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				119			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow, (total through plant)	Sample Measurement	1.8		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow, (total through plant)	Sample Measurement	1.8	1.8	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				178.5			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				167			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				60			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

REVISED 9/26/10

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: MAY 1, 2010 To MAY 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge PARM Code 00620 P Mon.Site No. EFD-1	Sample Measurement	583	583	LB/MO					0	MONTHLY	CALCULATED
	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total (Surface water discharge PARM Code 00665 P Mon.Site No. EFD-1	Sample Measurement	18.48	18.48	LB/MO					0	MONTHLY	CALCULATED
	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
TOM KEYS, LEAD OPERATOR	Tom Keys	407-682-5659	10/08/02

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

o: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

Holmes Corporation
cosfield Avenue
Springs, FL 32714

nt Club WWTF
y Drive
FL 32779-0000

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2010 To May 31, 2010

	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Sample Measurement	0.30		MGD					0	5 Days/ Week	Flow meters and totalizers
Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Sample Measurement	0.09		MGD					0	5 Days/Week	Flow meters and totalizers
Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Sample Measurement				4.064			mg/L	0	Every Two Weeks	16-hr. FPC
Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Sample Measurement				< 2.0	< 2.0		mg/L	0	Every Two Weeks	16-hr. FPC
Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

IVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
F	Tom Keys	407-682-5651	10/6/21

OF ANY VIOLATIONS (Reference all attachments here):

ective November 29, 1991
m 012)

DISCHARGE MONITORING REPORT - PART A (Continued)

nt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: May 1, 2010 To May 31, 2010

PERMIT NUMBER: FL0036251

	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Sample Measurement				6.3	7.56		SU	0	5 Days/Week	Meter
Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Sample Measurement				5			mg/L	0	5 Days/Week	Meter
Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Sample Measurement				7.0			mg/L	0	Every Two Weeks	16-hr. FPC
Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										

ective November 29, 1994
m 012)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2010 To May 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	0.59		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.089		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20°	Sample Measurement				5.85			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20°	Sample Measurement				< 2.0	<2.0		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.4			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.16	7.56		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/6/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: May 1, 2010 To May 31, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				7.85			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				<0.01	<0.01		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.34			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				.202	.228		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				7.0			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				1.91			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				13.7			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: May 1, 2010 To: May 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-1	Sample Measurement				82			Percent	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				2			#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement				3.0			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2010 to May 31, 2010

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/6/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: 11.0936251 Facility: Wekiva Hunt Club WWTF
Monitoring Period: From : May 1, 2010 To: May 31, 2010

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.00	6.58	1.55		2.8	
2				7.00	6.58	0.85		2.8	
3	<2.0	<1.0		6.86	6.58	1.5	<1.0	3.0	
4	<2.0			6.86	6.58	1.5		3.0	
5				6.86	6.72	1.35		3.0	
6				6.86	6.58	1.30		3.0	
7		<1.0		6.86	6.72	1.0	1.0	2.5	
8				6.86	6.44	1.5		2.6	
9				6.72	6.3	1.0		2.9	
10	<2.0	1.0		6.72	6.58	1.6	1.2	3.0	
11		<1.0		6.72	6.58	1.9	<1.0	2.9	
12				6.72	6.58	1.7		2.0	
13				6.86	6.72	0.6		3.0	
14				6.86	6.72	0.5		3.0	
15				7.0	6.44	1.0		2.2	
16				6.86	6.3	1.0		3.0	
17	<2.0			6.86	6.58	1.2		3.0	
18				6.86	6.58	1.85		3.0	
19				7.28	6.30	1.30		2.5	
20	<2.0	< 1.0	7.0	7.42	6.86	1.9		2.0	
21		<1.0		7.00	6.72	2.65	1.4	2.5	
22				6.86	6.58	2.25		2.0	
23				6.72	6.44	1.75		2.9	
24	<2.0	<1.0		7.00	6.44	2.0	<1.0	2.4	
25		2		6.72	6.16	1.3	<1.0	3.0	
26		<1.0		7.00	6.44	1.3	<1.0	3.0	
27		<1.0		7.14	6.16	1.70	<1.0	2.0	
28		<1.0		6.58	6.16	1.70	<1.0	2.5	
29				7.56	7.00	1.0		2.5	
30				7.42	7.00	1.0		2.4	
31	<2.0			7.42	7.00	1.0		3.0	
Total	7	7.5	7.0	215.46	203.42	42.45	7.1	83.4	
Mo. Avg.	< 2.0	< 1.0	7.0	6.94	6.56	1.37	< 1.0	2.69	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: May 1, 2010 To: May 31, 2010

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1					7.0	7.56	6.72			0
2					7.6	6.44	6.33			0
3					7.8	7.28	6.30			0
4	<1.0	<0.01	7.42	8.14	7.6	7.42	7.28	.228	<1.0	0
5					7.7	7.28	7.7			0
6					7.1	7.28	7.1			0
7					7.1	6.58	7.1			0
8										
9										
10										
11										
12										
13										
14										
15										
16										
17	< 1.0								< 1.0	
18										
19										
20	4.0	<0.01	5.25	7.55	7.0	8.0	7.14	0.175	<1.0	0
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total	5	< .02	12.67	15.69	30.23	50.96	47.74	.403	1.5	0
Mo. Avg.	1.66	< .01	6.34	7.85	7.56	7.28	6.82	0.201	< 1.0	0

PLANT STAFFING:

Day Shift Operator Class: C, A Certificate No: 8518, 12274 Name: Alex Lorenzo, Corey Sudol

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251
Monitoring Period From May 1, 2010 To May 31, 2010

Facility Wekiva Hunt Club WWTF

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.900	0	.434	.990			
2			1.989	0	1.943	.788			
3			1.966	.648	.419	0	184	172	
4	1.91	119	1.807	0	.514	.908			
5			1.854	0	.498	2.132			
6			1.822	0	.146	2.086			
7			1.850	0	.464	2.130			
8			1.804	.081	.506	.174			
9			1.894	0	.292	0			
10			1.899	.464	.325	0	191	296	
11			1.749	0	.567	0			
12			1.752	0	.588	0			
13			1.772	0	2.040	0			
14			1.746	.539	2.602	0			
15			1.700	.086	1.262	0			
16			1.789	.336	.934	0			
17			1.911	.146	1.044	0	154	90	
18			1.904	.260	.071	0			
19			1.794	.035	.565	0			
20			1.784	.012	2.016	1.760			
21			1.776	.001	2.286	.057			
22			1.690	0	2.300	0			
23			1.802	0	2.109	0			
24			1.805	0	1.547	0	185	110	
25			1.715	0	.598	0			
26			1.124	0	.488	0			
27			1.628	0	2.022	0			
28			1.716	0	1.958	0			
29			1.680	.048	1.974	0			
30			1.727	.242	1.077	0			
31			1.772	0	.165	0			
Total	1.91	119	55.121	2.898	33.754	11.025	714	668	
Mo. Avg.	1.91	119	1.778	0.093	1.089	.356	178.5	167	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

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

COUNTY: Seminole

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1, 2010 To June 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.687		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	(An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.241		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.5	1.5		mg/L	0	Weekly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				6.44	7.7		SU	0	Continuous	Meter
PARM Code 00400 I Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				1.958			#/100Ml	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100Ml		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/7/21

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

DEP Form 62-620.910(10), Effective November 29, 1994
Revised February 2006 (Revision 012)

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0036251
MONITORING PERIOD From: June 1, 2010 To June 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100Ml.		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				7.17			mg/L	0	Weekly	16-hr EPC
PARM Code 00600 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr EPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				<0.01	<0.01		mg/L	0	Weekly	16-hr EPC
PARM Code 00610 1 Mon Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr EPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.79			mg/L	0	Weekly	16-hr EPC
PARM Code 00620 1 Mon Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr EPC
Phosphorus, Total (as P)	Sample Measurement				0.0798	0.0798		mg/L	0	Weekly	16-hr EPC
PARM Code 00665 1 Mon Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr EPC
Oxygen, Dissolved (DO)	Sample Measurement				7.0			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				1.85			ug/L	0	Monthly	16-hr EPC
PARM Code 01119 1 Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr EPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				16.6			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: June 1, 2010 To June 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit) PARM Code 01119 Q Mon Site No. EFD-1	Sample Measurement				-14.75			ug/L	0	Monthly	Calculated
	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3) PARM Code 00900 1 Mon Site No. EFD-1	Sample Measurement				149			mg/L	0	Monthly	Grab
	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant) PARM Code 50050 P Mon Site No. FLW-1	Sample Measurement	1.76		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant) PARM Code 50050 Q Mon Site No. FLW-1	Sample Measurement	1.81	1.79	MGD					0	Continuous	Calculated
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF-1	Sample Measurement				165.4			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF-1	Sample Measurement				93.6			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon Site No. CAL-1	Sample Measurement				62			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

REVISED 8/26/10

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JUNE 1, 2010 To JUNE 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge	Sample Measurement	348.6	348.6	LB/MO					0	MONTHLY	CALCULATED
PARM Code 00620 P Mon.Site No. EFD-1	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total (Surface water discharge	Sample Measurement	4.8	4.8	LB/MO					0	MONTHLY	CALCULATED
PARM Code 00665 P Mon.Site No. EFD-1	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
TOM KEYS, LEAD OPERATOR	Tom Keys	407-682-565	10/08/26

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

ITTEE NAME: Sanlando Utilities Corporation
NG ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

ITY: Wekiva Hunt Club WWTF
TION: 144 Ledbury Drive
Longwood, FL 32779-0000

TY: Seminole

PERMIT NUMBER: FL0036251

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

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1, 2010 To June 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
colation ponds)	Sample Measurement	0.251		MGD					0	5 Days/ Week	Flow meters and totalizers
ode 50050 Y No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
colation ponds)	Sample Measurement	0.17		MGD					0	5 Days/Week	Flow meters and totalizers
ode 50050 1 No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
bonaceous 5 day, 20C	Sample Measurement				3.53			mg/L	0	Every Two Weeks	16-hr. FPC
ode 80082 Y No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
bonaceous 5 day, 20C	Sample Measurement				< 2.0	< 2.0		mg/L	0	Every Two Weeks	16-hr. FPC
ode 80082 A No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
tal Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
ode 00530 Y No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
tal Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
ode 00530 A No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

der 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 n 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 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.

LE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
eys, Lead Operator	Tom Keys	407-682-5651	10/7/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From: June 1, 2010 To: June 30, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.58	7.84		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100Ml.	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				0.71	< 1.0	1.0	#/100Ml.	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100Ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.23			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1, 2010 To June 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	0.638		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.159		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.24			mg/L	0	Weekly	16-hr. TPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2.0	<2.0		mg/L	0	Weekly	16-hr. TPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. TPC
Solids, Total Suspended	Sample Measurement				1.4			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.58	7.84		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/7/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: June 1, 2010 To June 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than defection	Sample Measurement				76			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mgL	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mgL		Continuous	Meter
Turbidity	Sample Measurement				3.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1, 2010 to June 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				MNR			percent	0	Annually	24 hr. composite
PARM Code TBP3D P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement				MNR				0	MNR	
PARM Code TBP3D Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				MNR			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement				MNR				0	MNR	
PARM Code TBP6C Q Mon Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY MM DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/4/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF
Monitoring Period From June 1, 2010 To June 30, 2010

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		<1.0		7.28	7.00	1.0	<1.0	3.0	
2				7.84	7.14	1.1		3.0	
3		1.0		7.42	7.28	1.0	<1.0	3.0	
4				7.56	7.14	1.0		3.0	
5				7.42	7.00	1.0		2.5	
6				7.56	7.14	1.0		3.0	
7	<2.0	<1.0		7.56	7.28	1.0	<1.0	3.0	
8		<1.0		7.70	7.14	1.50	<1.0	3.0	
9	<2.0	<1.0		7.56	7.42	2.5	1.4	3.0	
10		<1.0		7.56	7.14	1.6	<1.0	3.0	
11		1.0		7.42	7.14	1.25	<1.0	3.0	
12				7.56	7.0	1.0		3.0	
13				7.56	6.58	1.0		3.0	
14	<2.0	2.0		7.84	6.58	1.0	<1.0	2.6	
15		<1.0		7.28	7.00	1.0	<1.0	2.8	
16		<1.0		7.28	7.0	1.1	<1.0	3.0	
17	<2.0		LS	7.42	7.14	1.05		1.9	
18		<1.0		7.42	6.86	2.4	<1.0	3.0	
19				7.56	7.14	1.65		2.5	
20				7.56	7.00	.95		2.0	
21	<2.0	<1.0		7.28	7.00	1.1	<1.0	1.9	
22	<2.0	<1.0	6.23	7.28	6.72	3.0	<1.0	2.4	
23				7.28	6.72	2.6		2.4	
24		2.0		7.28	7.14	2.5	<1.0	2.2	
25		<1.0		7.28	6.72	2.1	<1.0	2.2	
26				7.28	7.14	2.25		2.2	
27				7.42	7.0	1.95		2.5	
28	<2.0	<1.0		7.28	6.72	3.0	<1.0	2.2	
29		<1.0		7.28	6.72	2.3	<1.0	2.2	
30		<1.0		7.28	6.72	2.3	<1.0	2.4	
31									
Total	7	14	6.23	230.72	209.72	47.75	10.4	78.9	
Mo. Avg.	< 2.0	< 1.0	6.23	7.69	6.99	1.59	< 1.0	2.63	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251
Monitoring Period From June 1, 2010 To June 30, 2010

Facility Weekiva Hunt Club WWTF

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3					7.2	7.70	7.56			0
4					7.4	7.70	7.42			0
5					7	7.70	7.42			0
6					7.35	7.0	6.44			0
7										
8					7.24	7.58	7.4			0
9	<1.0	.0173 i	5.79	7.17	7.35	7.7	7.56	.0798 i	1.5	0
10					7	7	6.86			0
11										
12										
13										
14										
15										
16										
17	<1.0									
18									<1.0	
19										
20										
21										
22	1.0									
23									<1.0	
24										
25										
26										
27										
28										
29										
30										
31										
Total	2	.0173	5.79	7.17	50.54	52.38	50.66	0.0798	3.0	0
Mo. Avg.	< 1.0	.0173	5.79	7.17	7.22	7.48	7.24	0.0798	< 1.0	0

PLANT STAFFING:

Day Shift Operator Class C, A Certificate No 8518, 12274 Name: Alex Lorenzo, Corey Sudol

Evening Shift Operator Class C Certificate No 8241 Name Ray Hogue

Evening Shift Operator Class C Certificate No 8003 Name Alan Bailey

Lead Operator Class A Certificate No 3090 Name Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL003e251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: June 1, 2010 To: June 30, 2010

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.953	.498	.344	0	162	60	
2			1.828	.702	.358	0			
3			1.854	0	1.238	0			
4			1.918	0	0.056	1.835			
5			1.868	0	.160	2.132			
6			1.983	.002	1.866	1.629			
7			1.932	.502	1.649	0	169	114	
8			1.861	.359	1.847	.295			
9	1.85i	149	1.846	0	.593	1.271			
10			1.748	0	1.701	.057			
11			1.752	.074	1.748	0			
12			1.750	0	.850	0			
13			1.775	.073	.808	0			
14			1.802	.244	1.295	0	148	138	
15			1.703	.233	1.125	0			
16			1.776	.139	1.074	0			
17			1.806	.566	1.04	0			
18			1.750	.149	1.146	0			
19			1.692	.209	.962	0			
20			1.808	.014	1.184	0			
21			1.971	.351	.074	0	191	80	
22			1.785	.603	.108	0			
23			1.776	.07	.776	0			
24			1.780	0	2.308	0			
25			1.748	0	2.476	0			
26			1.740	0	1.008	0			
27			1.788	0	2.586	0			
28			1.852	.321	2.190	0	157	76	
29			1.664	0	1.590	0			
30			1.714	0	0.612	0			
31									
Total	1.85i	149	54.223	5.109	34.772	7.219	827	468	
Mo. Avg.	1.85i	149	1.807	0.170	1.159	0.241	165.4	93.6	

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 8518, 12274	Name: Alex Lorenzo, Corey Sudol			
Evening Shift Operator	Class: C	Certificate No: 8241	Name: Ray Hogue			
Evening Shift Operator	Class: C	Certificate No: 8003	Name: Alan Bailey			
Lead Operator	Class: A	Certificate No: 3090	Name: Tom Keys			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1, 2010 To July 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.694		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	(An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.403		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.34	3.68		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.7	4.4		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				6.72	7.56		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				2.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/8/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): We exceeded total phosphorus on 7/12/10 which also caused us to exceed the total pounds of phosphorus for the month. This result was probably a lab error because the ortho phosphate test we use for control was lower than normal on this date, and a test from the composite sample was also lower than normal.

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD: From: July 1, 2010 To: July 31, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 1 Mon Site No. EFA-1	Sample Measurement				1.225	<1.0	3.0	#/100Ml	0	Weekly	Grab
	Permit Requirement				Report (Mo.Geo Mean)	400 (90%)	800 (Max.)	#/100Ml		Weekly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon Site No. EFA-1	Sample Measurement				0.5			mg/L	0	Continuous	Meter
	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination) PARM Code 50060 1 Mon Site No. EFD-1	Sample Measurement				0			mg/L	0	Daily	Grab
	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N) PARM Code 00600 1 Mon Site No. EFA-1	Sample Measurement				8.08			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N) PARM Code 00610 1 Mon Site No. EFD-1	Sample Measurement				<0.01	<0.01		mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon Site No. EFD-1	Sample Measurement				6.76			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P) PARM Code 00665 1 Mon Site No. EFD-1	Sample Measurement				0.429	0.623		mg/L	1	Weekly	16-hr FPC
	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO) PARM Code 00300 1 Mon Site No. EFD-1	Sample Measurement				6.9			mg/L	0	Daily	Grab
	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent) PARM Code 01119 1 Mon Site No. EFD-1	Sample Measurement				3.1			ug/L	0	Monthly	16-hr. FPC
	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit) PARM Code 01119 P Mon Site No. EFD-1	Sample Measurement				14.6			ug/L	0	Monthly	Calculated
	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

FACILITY: Wekiva Hunt Club WWTF

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0036251

MONITORING PERIOD From: July 1, 2010 To: July 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit) PARM Code 01119 Q Mon Site No. EFD-1	Sample Measurement				-11.5			ug/L	0	Monthly	Calculated
	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3) PARM Code 00900 1 Mon Site No. EFD-1	Sample Measurement				128			mg/L	0	Monthly	Grab
	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant) PARM Code 50050 P Mon Site No. FLW-1	Sample Measurement	1.75		MGD					0	Continuous	Flow meters and totalizers
	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant) PARM Code 50050 Q Mon Site No. FLW-1	Sample Measurement	1.74	1.79	MGD					0	Continuous	Calculated
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF-1	Sample Measurement				181.3			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF-1	Sample Measurement				155			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon Site No. CAL-1	Sample Measurement				62			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JULY 1, 2010 To JULY 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge	Sample Measurement	704.17	704.17	LB/MO					0	MONTHLY	CALCULATED
PARM Code 00620 P	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Mon Site No. EFD-1											
Phosphorus, Total (Surface water discharge	Sample Measurement	44.69	44.69	LB/MO					1	MONTHLY	CALCULATED
PARM Code 00665 P	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Mon Site No. EFD-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)
TOM KEYS, LEAD OPERATOR	Tom Keys	407-682565	10/8/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): THE MONTHLY TOTAL LB OF PHOSPHORUS WAS EXCEEDED DUE TO A TEST FROM 7/12/10

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

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

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1, 2010 To July 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	0.242		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	0.124		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.32			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.92	2.83		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/8/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Weeki Wachee Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: July 1, 2010 To July 31, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.16	7.28		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.4			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.22			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1, 2010 To July 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	0.64		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.05		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.77			mgL	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mgL		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.05	5.18		mgL	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mgL		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				2.8			mgL	0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mgL		4 Days/Week	Grab
pH	Sample Measurement				6.16	7.84		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/8/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: July 1, 2010 To July 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				86			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				3.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

REVISED 9/24/10

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1, 2010 to July 31, 2010

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

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

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/4/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: July 1, 2010 To: July 31, 2010

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		2.0		7.14	6.86	1.5	<1.0	2.5	ru
2		<1.0		7.00	6.72	1.25	<1.0	2.4	ru
3				6.86	6.58	1.3		2.4	ru
4				7.0	6.86	3.3		2.5	ru
5				7.0	6.86	3.10		2.7	ru
6	<2.0	<1.0	7.22	7.14	7.0	2.65	1.0	2.6	pond
7		<1.0		7.14	7.0	2.40	<1.0	2.3	ru
8	2.0	<1.0		7.14	7.0	2.50	2.8	2.2	ru
9		<1.0		7.14	6.86	2.40	<1.0	2.2	ru
10		<1.0		7.14	7.0	2.45	<1.0	2.2	ru
11				7.0	6.72	1.25		2.4	ru
12	<2.0			7.0	6.86	.60		2.3	strm
13				7.0	6.86	1.0		2.3	strm
14	4.01			7.0	6.86	1.0		2.2	ru
15				7.56	6.44	.06		2.4	strm
16				7.14	6.58	1.4		2.8	strm
17				7.0	6.58	2.45		2.5	ru
18				6.86	6.58	0.5		2.2	ru
19	2.83	< 1.0	6.78	7.28	6.16	2.95	< 1.0	2.6	pond
20		< 1.0		7.0	6.16	2.1	< 1.0	2.4	ru
21	>2.0	< 1.0		6.86	6.16	1.75	< 1.0	2.0	ru
22		<1.0		6.72	6.58	1.80	<1.0	2.2	ru
23		<1.0		6.72	6.58	1.0	<1.0	2.2	ru
24				7.76	6.16	1.50		2.7	ru
25				7.0	6.86	1.45		2.1	ru
26	5.18			7.84	7.56	0.5	<1.0	2.4	ru
27		4		7.70	7.42	2.35	<1.0	2.1	strm
28				7.70	7.42	0.5		2.0	ru
29	3.68			7.0	6.72	0.5		1.0	strm
30		<1.0		7.0	6.72	0.6	<1.0	1.7	strm
31				7.0	6.58	2.0		2.1	ru
Total	20.79	12.0	14.0	220.56	211.2	50.77	10.3	70.60	
Mo. Avg.	2.60	86	7.0	7.11	6.81	1.64	67	2.27	

PLANT STAFFING

Day Shift Operator Class: C Certificate No: 8518, 12274 Name: Alex Lorenzo, Corey Sudol

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: July 1, 2010 To: July 30, 2010

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6	< 1.0								< 1.0	
7										
8										
9										
10										
11					7.5	7.84	7.56			0
12	< 1.0	<01	7.06	9.32	7.6	7.84	7.70	.623	4.4	0
13					7.6	7.56	6.72			0
14						7.84	7.70			
15					6.9	7.84	7.56			0
16					7.0	7.84	7.56			0
17										
18										
19	< 1.0								< 1.0	
20										
21										
22										
23										
24										
25										
26					7.46	7.84	7.70			0
27					7.84	7.7	7.0			0
28										0
29	3	< 01	6.45	6.83	6.54	7.7	7.28	235	1.0	0
30					6.58	7.56	7.28			0
31										
Total	4	01	13.51	16.15	65.02	77.56	74.06	858	6.4	0
Mo. Avg.	1.33	.005	6.76	8.08	7.22	7.76	7.4	.429	1.6	0

PLANT STAFFING

Day Shift Operator	Class:	C, A	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudul
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF

Monitoring Period From: June 1, 2010 To: June 30, 2010

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.674	.002	2.512	0			ru
2			1.786	0	1.142	0			ru
3			1.768	0	0.134	0			ru
4			1.751	0	1.428	0			ru
5			1.782	0	.235	0			ru
6			1.885	1.285	.087	0	178	116	ru
7			1.812	1.890	1.06	0			ru
8			1.742	0.211	2.164	0			ru
9			1.794	0.003	2.034	0			ru
10			1.740	0.011	1.666	0			ru
11			1.790	.001	2.242	0			ru
12	3.1	128	1.851	0	.850	.857	203	162	strm
13			1.713	.004	.224	1.939			strm
14			1.756	.003	.562	.014			ru
15			1.714	0	.162	1.954			strm
16			1.760	0	.442	2.036			strm
17			1.746	.002	1.018	.041			ru
18			1.750	0	1.780	0			ru
19			1.821	.173	.686	0			pond
20			1.695	.023	1.738	0			ru
21			1.724	.092	.952	0			ru
22			1.678	0	1.310	0	186	176	ru
23			1.624	0	2.208	0			ru
24			1.668	0	.834	0			ru
25			1.745	0	1.480	0			ru
26			1.800	0	0.896	0	158	166	ru
27			1.671	0	.604	1.823			strm
28			1.662	.131	.520	.077			ru
29			1.626	0	.454	1.635			strm
30			1.786	0	.598	2.085			strm
31			1.626	.002	.546	.030			ru
Total	3.1	128	53.940	3.833	32.634	12.491	725	620	
Mo. Avg.	3.1	128	1.740	0.124	1.053	.403	181.3	155	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol	
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue	
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey	
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Kess	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 141 Ledbury Drive
Longwood, FL 32779

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1, 2010 To August 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.675		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	(An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.385		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2.0	< 2.0		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				6.44	7.14		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				1.89			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/9/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Weeki Wachee Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0036251

MONITORING PERIOD: From August 1, 2010 To August 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 1 Mon Site No. EFA-1	Sample Measurement				< 1.0	<1.0	< 1.0	#/100Ml	0	Weekly	Grab
	Permit Requirement				Report (Mo Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon Site No. EFA-1	Sample Measurement				0.5			mg/L	0	Continuous	Meter
	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination) PARM Code 50060 1 Mon Site No. EFD-1	Sample Measurement				0			mg/L	0	Daily	Grab
	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N) PARM Code 00600 1 Mon Site No. EFA-1	Sample Measurement				6.73			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N) PARM Code 00610 1 Mon Site No. EFD-1	Sample Measurement				<0.01	<0.01		mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon Site No. EFD-1	Sample Measurement				6.56			mg/L	0	Weekly	16-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P) PARM Code 00665 1 Mon Site No. EFD-1	Sample Measurement				0.159	0.219		mg/L	0	Weekly	16-hr FPC
	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO) PARM Code 00300 1 Mon Site No. EFD-1	Sample Measurement				6.3			mg/L	0	Daily	Grab
	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent) PARM Code 01119 1 Mon Site No. EFD-1	Sample Measurement				3.96			ug/L	0	Monthly	16-hr. FPC
	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit) PARM Code 01119 P Mon Site No. EFD-1	Sample Measurement				17.6			ug/L	0	Monthly	Calculated
	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: August 1, 2010 To: August 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				- 13.4			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				159			mg/L	0	Monthly	Grab
PARM Code 00900 I Mon Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.780		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	2.9 (Ann. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.795	1.745	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				189			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				199			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				62			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: AUGUST 1, 2010 To AUGUST 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge	Sample Measurement	622.4	622.4	LB/MO					0	MONTHLY	CALCULATED
PARM Code 00620 P Mon Site No. EFD-1	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total (Surface water discharge	Sample Measurement	15.8	15.8	LB/MO					0	MONTHLY	CALCULATED
PARM Code 00665 P Mon Site No. EFD-1	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
TOM KEYS, LEAD OPERATOR	Tom Keys	407-682-9[illegible]	10-7-10

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1, 2010 To: August 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds) PARM Code 50050 Y Mon Site No. FLW-2	Sample Measurement	0.205		MGD					0	5 Days/ Week	Flow meters and totalizers
	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds) PARM Code 50050 1 Mon Site No. FLW-2	Sample Measurement	0.342		MGD					0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon Site No. EFA-1	Sample Measurement				2.8			mg/L	0	Every Two Weeks	16-hr. FPC
	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon Site No. EFA-1	Sample Measurement				2.81	2.9		mg/L	0	Every Two Weeks	16-hr. FPC
	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended PARM Code 00530 Y Mon Site No. EFA-1	Sample Measurement				0.744			mg/L	0	Every Two Weeks	16-hr. FPC
	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended PARM Code 00530 A Mon Site No. EFA-1	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/9/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD: From: August 1, 2010_ To: August 31, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.28		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				0.775			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.71			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1, 2010 To: August 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	0.65		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. EFW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	.769		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. EFW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.39			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.52	6.52		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				8.7			mg/L	1	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.58	7.98		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/9/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): The max fecal coliform was exceeded because the operator used a cup for the first time instead of the normal bags that are used. The inside of the lid on the cup was touched while opening and sampling for coliform. The TSS was exceeded because a sample was taken at the start of a backwash of #1 filter which causes a little temporary turbidity.

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD: From: August 1, 2010 To: August 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon Site No. EFA-1	Sample Measurement				82			Percent	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon Site No. EFA-1	Sample Measurement				29			#/100ML	1	4 Days/Week	Grab
	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon Site No. EFA-1	Sample Measurement				1.0			mg/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon Site No. EFB-1	Sample Measurement				3.0			NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

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

COUNTY: Seminole

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1, 2010 to August 31, 2010

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/9/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period: From : August 1, 2010 To: August 31, 2010

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1				7.0	6.58	1.5		2.0	RU
2	4.98	29		7.0	6.72	0.5	8.7	2.6	RU
3		<1.0		6.86	6.58	1.7	<1.0	2.4	STRM
4				6.86	6.72	0.5		2.5	RU
5	<2.0			6.86	6.58	0.5		2.5	STRM
6		<1.0		6.86	6.44	0.6	<1.0	3.0	STRM
7				7.0	6.30	2.45		2.0	RU
8				6.72	6.44	2.1		2.5	RU
9	5.56	1.0		6.58	6.44	0.5	LS	2.2	RU
10		<1.0		7.0	6.58	1.5	<1.0	2.5	STRM
11				7.0	6.58	0.5		2.4	RU
12	<2.0			7.14	7.0	.5		2.6	STRM
13		<1.0		7.14	7.0	1.0	<1.0	2.7	STRM
14				7.14	6.86	1.25		2.2	RU
15				7.14	6.58	1.80		2.3	RU
16	2.71	1.0	6.71	7.14	7.00	1.00	<1.0	2.5	POND
17	<2.0	<1.0		7.14	7.00	2.0	<1.0	2.6	RU
18		<1.0		7.14	7.00	1.6	<1.0	3.0	RU
19		<1.0		7.14	6.86	1.70	<1.0	2.6	RU
20		<1.0		7.00	6.72	.90	<1.0	3.0	RU
21				7.00	6.86	2.5		3.0	RU
22				7.98	6.58	0.85		3.0	RU
23	2.90	<1.0	5.86	7.00	6.86	1.80	<1.0	2.6	POND
24	6.52	<1.0		7.00	6.86	2.75	<1.0	2.3	RU
25				7.00	6.86	0.50		2.3	RU
26		<1.0		7.00	6.86	1.70	<1.0	2.3	POND
27		<1.0		7.00	6.86	1.15	<1.0	2.4	POND
28				7.00	6.72	1.75		2.4	POND
29				7.28	6.58	1.80		2.0	POND
30		<1.0		7.00	6.86	1.50	1.7	2.0	POND
31	2.19	<1.0		7.28	7.00	1.60	<1.0	2.0	POND
Total	30.86	38	12.57	218.9	209.3	41.23	17.4	77.19	
Mo. Avg.	3.43	2.37	6.29	7.06	6.75	1.33	1.08	2.49	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudal	
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue	
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailes	
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys	

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: August 1, 2010 To: August 31, 2010

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2					6.8	7.84	7.70			0
3										
4					6.9	7.84	7.70			0
5	<1.0	<.01	6.20	6.82	6.3	7.84	7.56	219	<1.0	0
6										
7										
8										
9					6.8	7.7	7.56			0
10										
11					6.7	7.7	7.56			0
12	<1.0	<.01	6.92	6.63	6.3	7.70	7.56	.0996	<1.0	0
13										
14										
15										
16	1.0								<1.0	
17										
18										
19										
20										
21										
22										
23										
24	<1.0								<1.0	
25										
26										
27										
28										
29										
30										
31										
Total	2.5	< .01	12.49	13.45	39.8	46.64	45.64	0.319	2.0	0
Mo. Avg.	< 1.0	< .01	6.25	6.73	6.63	7.77	7.60	0.159	< 1.0	0

PLANT STAFFING:

Day Shift Operator Class C, A Certificate No. 8518, 12273 Name: Alex Lorenzo, Corey Sudol

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

Evening Shift Operator Class C Certificate No. 8003 Name: Alan Bailey

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: August 1, 2010 To: August 31, 2010

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.733	0	.389	0			
2			1.739	0	.409	0	187	122	
3			1.640	0	.456	1.725			STRM
4			1.660	003	.636	.061			
5	3.96	159	1.634	041	.572	1.623			STRM
6			1.698	0	.082	1.974			STRM
7			1.632	.138	.580	.065			
8			1.707	0	.339	0			
9			1.903	.086	058	.001	176	446	
10			1.816	0	049	2.070			STRM
11			1.730	0	.340	.345			
12			1.800	0	.874	1.947			STRM
13			1.808	0	1.668	2.082			STRM
14			1.706	0	.150	.047			
15			1.841	0	1.992	0			
16			2.034	1.553	1.494	0	198	70	POND
17			1.981	0.109	.534	0			
18			1.890	035	1.824	0			
19			1.864	0	.948	0			
20			1.768	0	2.120	0			
21			1.772	.233	1.640	0			
22			1.821	.054	2.179	0			
23			1.993	.914	.797	0	177	146	POND
24			1.876	024	.06	0			
25			1.794	0	394	0			
26			1.816	1.954	602	0			POND
27			1.810	1.428	178	0			POND
28			1.710	.915	093	0			POND
29			1.802	1.228	1.206	0			POND
30			1.964	.897	.573	0	205	212	POND
31			1.718	.996	.591	0			POND
Total	3.96	159	55.660	10.608	23.827	11.940	943	996	
Mo. Avg	3.96	159	1.795	0.342	.769	.385	189	199	

PLANT STAFFING:

Day Shift Operator Class C Certificate No 8518, 12274 Name: Alex Lorenzo, Corey Sudol

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

Evening Shift Operator Class C Certificate No 8003 Name: Alan Bailey

Lead Operator Class A Certificate No 3090 Name: Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

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

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1, 2010 To September 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	.663		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	(An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	.121		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/L	0	Weekly	16-hr. FPC*
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC*
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				6.72	7.42		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				<1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/10/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): The phosphorus limits were exceeded on 9/30/10. This was probably a lab error because the ortho phosphate from the sample was below normal and the control lab results were also below normal during this time.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: September 1, 2010 To: September 30, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100Ml	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0			mg/L	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				7.41			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				<0.01	<0.01		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.40			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				.527	.527		mg/L	2	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				6.1			mg/L	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				3.47			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				15.6			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: September 1, 2010 To September 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				-12.13			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				138			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.732		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.707	1.762	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				175.75			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				207.25			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. CAL-1	Sample Measurement				60			Percent	0	Monthly	Calculated
	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

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

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: SEPTEMBER 1, 2010 To SEPTEMBER 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) Surface water discharge PARM Code 00620 P Mon Site No. EFD-1	Sample Measurement	224.5	15.98	LB/MO						MONTHLY	CALCULATED
	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total Surface water discharge PARM Code 00665 P Mon Site No. EFD-1	Sample Measurement	15.98	15.98	LB/MO						MONTHLY	CALCULATED
	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
TOM KEYS, LEAD OPERATOR	Tom Keys	407-682-5651	10/20/10

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1, 2010 To September 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	.206		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	.285		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.34			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				.789			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				1.3	2.1		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/10/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: September 1, 2010 To September 30, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.00	7.70		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				< 1.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.80			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.8			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1, 2010 To September 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	.667		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.078		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.76			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.34	2.01		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				4			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.58	7.84		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/10/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: September 1, 2010 To September 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				89			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.2			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				3.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity
Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1, 2010 to September 30, 2010

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/10/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: September 1, 2010 _ To September 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				89			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.2			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				3.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: September 1, 2010 To September 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				-12.13			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				138			mg/L	0	Monthly	Grab
PARM Code 00900 I Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.732		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.707	1.762	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				175.75			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				207.25			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				60			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: September 1, 2010 To: September 30, 2010

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		<1.0		7.42	7.28	1.75	<1.0	1.8	R
2		<1.0		7.56	7.42	1.75	<1.0	2.2	R
3		<1.0		7.56	7.28	.50	<1.0	2.1	R
4				7.56	7.14	1.4		1.4	R
5				7.28	7.14	1.0		1.5	R
6	2.01			7.28	7.14	1.0		1.6	R
7		<1.0		7.28	7.00	.50	4	2.4	R
8	<2.0	<1.0	6.9	7.28	7.00	1.25	3.0	1.8	P
9		1.2		7.28	7.00	1.25	<1.0	2.3	R
10		1.1		7.28	7.14	.50	<1.0	1.6	R
11				7.28	7.00	1.45		1.5	R
12				7.00	6.86	0.85		1.4	R
13		<1.0		7.14	6.58	1.70	<1.0	2.8	R
14	<2.0			7.28	6.72	.95		2.2	R
15		<1.0		7.42	7.14	1.20	<1.0	2.2	R
16		<1.0		7.28	7.14	1.45	<1.0	2.1	R
17		<1.0		7.28	7.14	.50	<1.0	2.7	R
18				7.18	7.00	2.0		2.4	R
19				7.56	7.00	1.75		2.1	R
20	<2.0	<1.0		7.84	7.14	1.80	<1.0	2.4	R
21		<1.0		7.70	7.14	2.25	<1.0	2.4	R
22		<1.0		7.28	6.72	1.80	<1.0	2.5	R
23		<1.0		7.42	7.14	1.80	<1.0	2.9	R
24		<1.0		7.28	7.14	2.10	1.0	2.0	R
25				7.28	7.14	2.10		1.7	R
26				7.14	6.86	.85		2.2	R
27	<2.0	<1.0	7.8	7.70	7.00	.80	<1.0	1.8	P
28				6.77	6.58	1.25		2.3	S
29				7.28	6.72	.5		2.0	S
30	<2.0	<1.0		7.42	6.72	.55	<1.0	2.1	S
31									
Total	7.01	10.3	14.7	220.3	210.42	38.55	15.5	64.4	
Mo. Avg.	1.17	< 1.0	7.35	7.34	7.01	1.29	< 1.0	2.08	

PLANT STAFFING

Day Shift Operator	Class: C	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol	
Evening Shift Operator	Class: C	Certificate No:	8241	Name:	Roy Hogue	
Evening Shift Operator	Class: C	Certificate No:	8003	Name:	Alan Bailey	
Lead Operator	Class: A	Certificate No:	3090	Name:	Tom Keys	

DAILY SAMPLE RESULTS - PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF
Monitoring Period From: September 1, 2010 To: September 30, 2010

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8	<1.0								<1.0	
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27	<1.0								2.1	
28					6.10	7.70	7.42			
29					6.68	7.56	7.42			0
30	< 1.0	<0.01	7.40	7.41	6.76	7.70	7.56	.527	< 1.0	0
31										
Total	1.5	< 0.01	7.4	7.41	19.54	22.96	22.4	0.527	3.1	0
Mo. Avg.	< 1.0	< 0.01	7.4	7.41	6.51	7.65	7.47	0.527	1.03	0

PLANT STAFFING:

Day Shift Operator	Class:	C, A	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Revs

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: September 1, 2010 To: September 30, 2010

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.758	.982	.586	0			R
2			1.682	.052	2.186	0			R
3			1.694	.239	2.194	0			R
4			1.606	.064	.996	0			R
5			1.666	0	2.190	0			R
6			1.670	0	.575	0			R
7			1.876	0	.405	0	177	318	R
8			1.680	.761	.578	0			P
9			1.706	.004	1.398	0			R
10			1.790	1.111	.442	0			R
11			1.576	.555	.540	0			R
12			1.733	.001	2.076	0			R
13			1.866	.963	1.268	0	167	125	R
14			1.667	0	.416	0			R
15			1.688	1.482	.552	0			R
16			1.588	.048	1.686	0			R
17			1.676	0	1.934	0			R
18			1.650	.04	.962	0			R
19			1.665	.001	2.059	0			R
20			1.875	0	.776	0	163	180	R
21			1.602	0	.643	0			R
22			1.622	0	1.984	0			R
23			1.608	0	1.960	0			R
24			1.660	.186	1.976	0			R
25			1.744	0	.950	0			R
26			1.773	0	.053	0			R
27			2.037	.879	.421	0	196	206	P
28			1.572	.864	.410	0			S
29			1.756	.309	.050	1.663			S
30	3.47	138	1.728	0	.066	1.974			S
31									
Total	3.47	138	51.214	8.541	32.332	3.637	703	829	
Mo. Avg.	3.47	138	1.707	.285	1.078	.121	175.75	207.25	

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From October 1, 2010 To October 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	679		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-4	Permit Requirement	(An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	287		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.82	2.82		mg/l	0	Weekly	16-hr. TP
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/l		Weekly	16-hr. TP
Solids, Total Suspended	Sample Measurement				<1.0	0.5		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				7.14	7.52		SU	0	Continuous	Meter
PARM Code 00400 1 Mon Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				<1.0			#/100ml	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Tom Keys, Lead Operator	Tom Keys	407-682-8651	11/11/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF — MONITORING GROUP NUMBER: D-001 — PERMIT NUMBER: FL0036374
MONITORING PERIOD: From: October 1, 2010 To: October 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.5	0.5	0.5	[illegible]	0	Weekly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo Mean)	400 (90%)	800 (Max.)	[illegible]		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/l	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0			mg/l	0	Daily	Grab
PARM Code 50060 1 Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/l		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				8.33			mg/l	0	Weekly	16-hr EPC
PARM Code 00600 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr EPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				.03	.03		mg/l	0	Weekly	16-hr EPC
PARM Code 00610 1 Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/l		Weekly	16-hr EPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.93			mg/l	0	Weekly	16-hr EPC
PARM Code 00620 1 Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	16-hr EPC
Phosphorus, Total (as P)	Sample Measurement				.09	.09		mg/l	0	Weekly	16-hr EPC
PARM Code 00665 1 Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/l		Weekly	16-hr EPC
Oxygen, Dissolved (DO)	Sample Measurement				6.9			mg/l	0	Daily	Grab
PARM Code 00300 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/l		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				4.0			ug/l	0	Monthly	16-hr EPC
PARM Code 01119 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/l		Monthly	16-hr EPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				14.8			ug/l	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/l		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: D-001 | PERMIT NUMBER: FL0036781

MONITORING PERIOD: From: October 1, 2010 To: October 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				<10.8			ug/l	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/l		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				130			mg/l	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/l		Monthly	Grab
Flow, (total through plant)	Sample Measurement	1.723		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow, (total through plant)	Sample Measurement	1.619	1.715	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				160			mg/l	0	Weekly	6-hr. FP
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	6-hr. FP
Solids, Total Suspended	Sample Measurement				1448			mg/l	0	Weekly	6-hr. FP
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Weekly	6-hr. FP
Percent Capacity, (TMADF / Permitted Capacity) x 100	Sample Measurement				56			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2010 To October [illegible]

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge	Sample Measurement	617.54	617.54	LB/MO						Monthly	Calculated
PARM Code 00620 P Mon Site No. EFD-1	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total (Surface water discharge	Sample Measurement	6.67	6.67	LB/MO						Monthly	Calculated
PARM Code 00665 P Mon Site No. EFD-1	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
TOM KEYS, LEAD OPERATOR	Tom Keys	407-[illegible]	10/[illegible]/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIME: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: October 1, 2010 To: October 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	20		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	178		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.76			mg/l	0	Every Two Weeks	16-hr. TP
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. TP
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/l	0	Every Two Weeks	16-hr. TP
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. TP
Solids, Total Suspended	Sample Measurement				.756			mg/l	0	Every Two Weeks	16-hr. TP
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	16-hr. TP
Solids, Total Suspended	Sample Measurement				1.1	1.1		mg/l	0	Every Two Weeks	16-hr. TP
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	16-hr. TP

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-4651	10/11/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: R-001 | PERMIT NUMBER: FL0036234
MONITORING PERIOD: From October 1, 2010 To October 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.28	7.42		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				740			#/100Ml	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100Ml		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				5	0.5	0.5	#/100Ml	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100Ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.10			mg/L	0	Every Two Weeks	Grab/ 24Hr TP
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	Grab/ 24Hr TP
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Monthly Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2010 To: October 31, 2010

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	.659			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)			MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	.992			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)			MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.28			mg/l	0	Weekly	8-hr. TP
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)			mg/l		Weekly	8-hr. TP
BOD, Carbonaceous 5 day, 20C	Sample Measurement					~~3.24~~ 4.13	~~2.82~~ 7.54		mg/l	0	Weekly	8-hr. TP
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max.)		mg/l		Weekly	8-hr. TP
Solids, Total Suspended	Sample Measurement					1.1			mg/l	0	1 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement					5.0 (Max.)			mg/l		1 Days/Week	Grab
pH	Sample Measurement					6.44	7.98		SU	0	Continuous	Meter
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement					6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/11/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY - Wekiva Hunt Club WWTF | MONITORING GROUP NUMBER: R-002 | PERMIT NUMBER: FL0036731

MONITORING PERIOD From: October 1, 2010 To: October 31, 2010

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT GROUP: Toxicity Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2010 to October 31, 2010

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-3651	10/11/21

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

DAILY SAMPLE RESULTS – PART B

Permit Number FL0036251 Facility Wekiva Hunt Club WWTF
Monitoring Period From: Octoberber 1, 2010 To: October 30, 2010

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6	<1.0								1.1	
7										
8										
9										
10					6.90	7.70	7.70			0
11	<1.0	.03	5.93	8.33	7.1	7.70	7.56	.09	<1.0	0
12										
13					6.6	7.70	7.56			0
14					6.9	7.70	7.56			0
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total	1.0	.03	5.93	8.33	27.6	30.8	30.4	.09	1.1	0
Mo. Avg	0.5	.03	5.93	8.33	6.9	7.7	7.6	.09	0.8	0

PLANT STAFFING

Day Shift Operator Class: C - N Certificate No: [illegible] Name: [illegible]

Evening Shift Operator Class: C Certificate No: 8231 Name: Ray Gorge

Overnight Shift Operator Class: C Certificate No: 9963 Name: Matt Bailey

Lead Operator Class: A Certificate No: [illegible] Name: Jim Sacks

[illegible]

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period: From: October 1, 2010 To: October 31, 2010

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		<1.0		7.56	7.28	.80	<1.0	2.2	s
2				7.42	7.14	1.55		2.2	s
3				7.28	7.00	1.5		1.91	ru
4	7.34	<1.0		7.42	7.14	1.60	<1.0	2.1	ru
5		<1.0		7.42	7.28	2.5	<1.0	2.5	ru
6	<2.0	<1.0	6.10	7.42	7.28	2.10	<1.0	3.0	p
7		<1.0		7.42	7.14	1.90	<1.0	3.0	ru
8		<1.0		7.28	7.14	.5	<1.0	3.0	ru
9				7.28	7.00	1.90		3.0	ru
10				7.42	7.14	0.8		2.0	ru
11	2.82			7.42	7.14	.5		3.0	s
12		<1.0		7.42	7.28	1.9	<1.0	3.0	s
13	<2.0			7.42	7.28	.5		3.0	p
14				7.42	7.28	65		2.2	s
15		<1.0		7.56	7.28	1.70	<1.0	3.0	s
16				7.56	7.14	2.30		2.6	s
17				7.42	7.00	1.90		1.8	ru
18	2.95	<1.0		7.28	7.00	1.95	<1.0	3.0	ru
19		<1.0		7.14	7.00	2.0	<1.0	2.5	ru
20		<1.0		7.14	7.00	1.15	<1.0	2.3	ru
21		<1.0		7.14	7.00	1.85	<1.0	3.0	ru
22		<1.0		7.84	7.00	1.25	<1.0	3.0	ru
23				7.98	7.00	2.3		3.0	ru
24				7.42	6.44	1.15		3.0	ru
25	2.10	<1.0		7.28	7.14	2.8	<1.0	3.0	ru
26		<1.0		7.14	7.00	2.50	<1.0	3.0	ru
27		<1.0		7.14	7.00	1.45	<1.0	3.0	ru
28		<1.0		7.28	7.14	.50	<1.0	3.0	ru
29		<1.0		7.28	7.14	.80	<1.0	3.0	ru
30				7.42	7.14	2.65		3.0	ru
31				7.28	7.00	1.65		2.1	ru
Total	17.2	0		229	229	48.7	0	85.4	
Mo. Avg.	2.86	0.0	6.10	7.38	7.09	1.57	0.0	2.69	

Day Shift Operator	Class C	Certificate No: 8518 12273	Name:	Alex Lawrence Casey Sudol	
Evening Shift Operator	Class A	Certificate No: 8241	Name:	Ray Hague	
Evening Shift Operator	Class A	Certificate No: 8693	Name:	Matt Bailey	
Lead Operator	Class A	Certificate No: 8258	Name:	Dan Sass	

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: October 1, 2010 To: October 31, 2010

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.742	0	.488	1.934			s
2			1.568	.676	.526	.057			s
3			1.703	.458	.547	0			ru
4			1.811	.346	.946	0	174	158	ru
5			1.544	.371	.507	0			ru
6			1.656	1.144	.682	0			p
7			1.586	.031	1.892	0			ru
8			1.586	.281	.762	0			ru
9			1.574	.227	.540	0			ru
10			1.660*	.749	.513	0			ru
11	4.0	130	2.172	0	.583	1.331	153	172	s
12			1.214	0	.376	1.544			s
13			1.610	.133*	.490	.410			p
14			1.568	0	.484	1.638			s
15			1.594	0	1.784	1.810			s
16			1.510	.049	.892	165			s
17			1.570	.012	1.242	0			ru
18			1.706	0	1.329	0	172	151	ru
19			1.582	0.138	1.225	0			ru
20			1.628	.128	1.340	0			ru
21			1.602	0	1.386	0			ru
22			1.500	.033	1.712	0			ru
23			1.566	.105	1.018	0			ru
24			1.605	0	1.258	0			ru
25			1.800	0	1.130	0	141	98	ru
26			1.651	.090	1.054	0			ru
27			1.564	.295	1.264	0			ru
28			1.560	.089	1.244	0			ru
29			1.608	0	1.206	0			ru
30			1.524	.144	1.110	0			ru
31			1.616	.015	1.210	0			ru
Total	4.0	130	50.180	5.514	30.740	8.589	640	579.2	
Mo. Avg.	4.0	130	1.619	.178	.992	.287	160	144.8	

PLANT STAFFING

Day Shift Operator Class C Certificate No. 8518, 12274 Name Alex Lorenzo, Corey Sisko

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

Evening Shift Operator Class C Certificate No. 8693 Name Alan Hailey

Lead Operator Class A Certificate No. 3690 Name Tom Kelly

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER FL0036251

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

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

COUNTY: Seminole

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2010 To November 30, 2010

Parameter		Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	.682			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	(An. Avg.)			MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	.097			MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)			MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.46	3.46		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement					5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement					<1.0	<1.0		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement					5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement					7.42	7.56		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement					6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement					<1.0			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/12/17

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

FILE COPY

DEP Form 62-620.910(10), Effective November 29, 1994
Revised February 2006 (Revision 012)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: November 1, 2010 To November 30, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ml	0	Weekly	Grab
PARM Code 74055 1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100mL		Weekly	Grab
Mon.Site No. EFA-1											
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2			mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Mon.Site No. EFA-1											
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0			mg/L	0	Daily	Grab
PARM Code 50060 1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Mon.Site No. EFD-1											
Nitrogen, Total (as N)	Sample Measurement				8.81			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Mon.Site No. EFA-1											
Nitrogen, Ammonia, Total (as N)	Sample Measurement				.017	.017		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Mon.Site No. EFD-1											
Nitrogen, Nitrate, Total (as N)	Sample Measurement				9.20			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Mon.Site No. EFD-1											
Phosphorus, Total (as P)	Sample Measurement				.236	.236		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Mon.Site No. EFD-1											
Oxygen, Dissolved (DO)	Sample Measurement				7.81			mg/L	0	Daily	Grab
PARM Code 00300 1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Mon.Site No. EFD-1											
Copper, Total Recoverable (effluent)	Sample Measurement				.007			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Mon.Site No. EFD-1											
Copper, Total Recoverable (calculated limit)	Sample Measurement				16.1			ug/L	0	Monthly	Calculated
PARM Code 01119 P	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated
Mon.Site No. EFD-1											

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0036251

MONITORING PERIOD From: November 1, 2010 To November 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				-16.09			ug/L	0	Monthly	Calculated
PARM Code 01119 Q	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Mon.Site No. EFD-1											
Hardness, Total (as CaCO3)	Sample Measurement				143			mg/L	0	Monthly	Grab
PARM Code 00900 I	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Mon.Site No. EFD-1											
Flow (total through plant)	Sample Measurement	1.723		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-1											
Flow (total through plant)	Sample Measurement	1.687	1.671	MGD					0	Continuous	Calculated
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
Mon.Site No. FLW-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				177			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Mon.Site No. INF-1											
Solids, Total Suspended	Sample Measurement				155			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Mon.Site No. INF-1											
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				58			Percent	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement				Report			Percent		Monthly	Calculated
Mon.Site No. CAL-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: NOVEMBER 1 To NOVEMBER 30 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge	Sample Measurement	222.82	222.82	LB/MO						MONTHLY	CALCULATED
PARM Code 00620 P Mon.Site No. EFD-1	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total (Surface water discharge	Sample Measurement	5.72	5.72	LB/MO						MONTHLY	CALCULATED
PARM Code 00665 P Mon.Site No. EFD-1	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
TOM KEYS LEAD OPERATOR	Tom Keys	407-682-5891	10/12/17

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2010 To November 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	.187		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	.257		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.51			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.07	2.07		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				.756			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				.5	.5		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/11/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: November 1, 2010 To November 30, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.28	7.70		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				.778			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1.0	< 1.0	< 1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.85			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.46			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2010 To November 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	0.678		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	1.104		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.73			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.01	4.34		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				<1.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				7.14	7.84		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/12/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: November 1, 2010 To November 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				95			Percent	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Mon.Site No. EFA-1											
Coliform, Fecal	Sample Measurement				4			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Mon.Site No. EFA-1											
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Mon.Site No. EFA-1											
Turbidity	Sample Measurement				3.0			NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
Mon.Site No. EFB-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2010 to October 30, 2010

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	10/12/17

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From : November 1, 2010 To: November 30, 2010

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1	3.12	<1.0		7.28	7.14	2.20	<1.0	3.0	ru
2		<1.0		7.28	7.14	2.10	<1.0	2.5	ru
3		<1.0		7.42	7.28	1.60	<1.0	3.0	ru
4		<1.0		7.56	7.42	1.85	<1.0	3.0	ru
5				7.70	7.56	.50		3.0	ru
6				7.70	7.56	1.85		3.0	p
7				7.42	7.28	2.0		2.0	ru
8		4		7.70	7.28	2.30	<1.0	3.0	p/ru
9	3.46			7.56	7.42	1.50		3.0	s
10		<1.0		7.56	7.42	1.20	<1.0	3.0	s/ru
11		<1.0		7.56	7.28	2.10	<1.0	3.0	ru
12		<1.0		7.56	7.42	1.10		2.0	ru
13				7.70	7.42	2.45		2.0	ru
14				7.70	7.56	0.5		3.0	ru
15	2.07	<1.0	6.46	7.70	7.56	2.35	<1.0	3.0	p
16	4.34	<1.0		7.70	7.56	2.30	<1.0	2.4	ru
17		<1.0		7.70	7.56	1.60	<1.0	1.7	ru
18		<1.0		7.70	7.56	1.25	<1.0	2.5	ru
19		<1.0		7.70	7.42	.60	<1.0	3.0	ru
20				7.70	7.42	2.45		3.0	ru
21		<1.0		7.56	7.28	1.5	<1.0	3.0	ru
22	2.46	<1.0		7.70	7.42	2.50	<1.0	3.0	ru
23		<1.0		7.56	7.42	3.30	<1.0	3.0	ru
24		<1.0		7.56	7.42	1.50	<1.0	3.0	ru
25				7.56	7.14	.60		2.0	ru
26				7.56	7.14	1.10		3.0	ru
27				7.56	7.42	.95		3.0	ru
28				7.56	7.28	1.5		1.5	ru
29	2.11	<1.0		7.84	7.42	2.60	<1.0	1.5	ru
30		<1.0		7.70	7.42	2.40	<1.0	2.0	ru
31									
Total	17.56	13	6.46	228	221.7	51.9	9	79.2	
Mo. Avg.	2.92	< 1.0	6.46	7.60	7.39	1.73	< 1.0	2.64	

PLANT STAFFING

Day Shift Operator	Class:	C	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol	
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue	
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey	
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys	

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: November 1, 2010 To: November 30, 2010

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3										
4										
5										
6										
7										
8										
9	<1.0	.017	9.20	8.81	7.81	7.70	7.56	.236	<1.0	0
10					8.14	7.70	7.28			0
11										
12										
13										
14										
15	<1.0								<1.0	
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total	1.0	0.17	9.20	8.81	15.95	15.4	14.84	0.236	1	0
Mo. Avg.	< 1.0	0.17	9.20	8.81	7.98	7.70	7.42	0.236	< 1.0	0

PLANT STAFFING:

Day Shift Operator	Class:	C, A	Certificate No:	8518, 12274	Name:	Alex Lorenzo, Corey Sudol
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: November 1, 2010 To: November 30, 2010

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.764	0	1.048	0	151	98	ru
2			1.604	.063	1.618	0			ru
3			1.746	.164	.110	0			ru
4			1.724	0	.082	0			ru
5			1.654	.546	.118	0			ru
6			1.548	1.730	.190	0			p
7			1.704	.686	.376	0			ru
8			1.898	1.247	.573	0	196	222	p/ru
9	0.007	143	1.706	.065	.248	1.166			s
10			1.592	0	1.553	1.677			s/ru
11			1.676	.052	1.524	.049			ru
12			1.650	.045	.738	0			ru
13			1.620	0	1.156	.012			ru
14			1.592	.019	2.381	0			ru
15			1.876	.206	.525	0	195	178	p
16			1.584	.053	.502	0			ru
17			1.608	.016	1.732	0			ru
18			1.682	0	2.264	0			ru
19			1.650	0	1.846	0			ru
20			1.542	.625	.808	0			ru
21			1.794	.307	2.470	0			ru
22			1.850	.212	1.152	0	150	154	ru
23			1.644	.127	.446	0			ru
24			1.684	.135	1.678	0			ru
25			1.772	.003	1.783	0			ru
26			1.720	.488	1.627	0			ru
27			1.594	.443	1.588	0			ru
28			1.680	.464	1.348	0			ru
29			1.839	0	1.553	0	194	124	ru
30			1.613	.009	.077	0			ru
31									
Total	0.007	143	50.610	7.705	33.114	2.904	886	776	
Mo. Avg.	0.007	143	1.687	.257	1.104	0.097	177	155	

PLANT STAFFING:

Day Shift Operator Class: C, A, A Certificate No: 8518, 12274, 7359 Name: Alex Lorenzo, Corey Sudol, Don Hasty

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

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FL0036251

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

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

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

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2010 To December 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Surface water discharge)	Sample Measurement	0.61		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	(An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Surface water discharge)	Sample Measurement	0.43		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2		mg/l	0	Weekly	16-hr. FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/l		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1	< 1		mg/L	0	Weekly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Mo. Avg.)	6.0 (Max.)		mg/L		Weekly	Grab
pH	Sample Measurement				7.00	7.70		SU	0	Continuous	Meter
PARM Code 00400 1 Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				3			#/100ML	0	Weekly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	11/01/22

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

DEP Form 62-620.910(10), Effective November 29, 1994
Revised February 2006 (Revision 012)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0036251

MONITORING PERIOD From: December 1, 2010 To December 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				3	3	3	#/100Ml	0	Weekly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement				0			mg/L	0	Daily	Grab
PARM Code 50060 I Mon.Site No. EFD-1	Permit Requirement				0.01 (Max.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement				9.1			mg/L	0	Weekly	16-hr. FPC
PARM Code 00600 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement				.025	.025		mg/L	0	Weekly	16-hr. FPC
PARM Code 00610 I Mon.Site No. EFD-1	Permit Requirement				2.5 (Mo. Avg.)	3.0 (Max.)		mg/L		Weekly	16-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.0			mg/L	0	Weekly	16-hr. FPC
PARM Code 00620 I Mon.Site No. EFD-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement				.083	.083		mg/L	0	Weekly	16-hr FPC
PARM Code 00665 I Mon.Site No. EFD-1	Permit Requirement				0.4 (Mo. Avg.)	0.5 (Max.)		mg/L		Weekly	16-hr. FPC
Oxygen, Dissolved (DO)	Sample Measurement				6.45			mg/L	0	Daily	Grab
PARM Code 00300 I Mon.Site No. EFD-1	Permit Requirement				6.0 (Min.)			mg/L		Daily	Grab
Copper, Total Recoverable (effluent)	Sample Measurement				.012			ug/L	0	Monthly	16-hr. FPC
PARM Code 01119 I Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	16-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement				16.7			ug/L	0	Monthly	Calculated
PARM Code 01119 P Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

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

MONITORING PERIOD From: December 1, 2010 To December 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement				-16.69			ug/L	0	Monthly	Calculated
PARM Code 01119 Q Mon.Site No. EFD-1	Permit Requirement				0.00 (Max.)			ug/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement				150			mg/L	0	Monthly	Grab
PARM Code 00900 1 Mon.Site No. EFD-1	Permit Requirement				Report (Max.)			mg/L		Monthly	Grab
Flow (total through plant)	Sample Measurement	1.718		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	2.9 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total through plant)	Sample Measurement	1.708	1.679	MGD					0	Continuous	Calculated
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				196.3			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				224.3			mg/L	0	Weekly	16-hr. FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	16-hr. FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				59			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge, including influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: DECEMBER 1, 2011 To DECEMBER 31, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen,Nitrate, Total (as N) (Surface water discharge	Sample Measurement	892.3	892.3	LB/MO						Monthly	Calculated
PARM Code 00620 P Mon.Site No. EFD-1	Permit Requirement	2,805 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated
Phosphorus, Total (Surface water discharge	Sample Measurement	9.26	9.26	LB/MO						Monthly	Calculated
PARM Code 00665 P Mon.Site No. EFD-1	Permit Requirement	40 (Mo. Total)	Report (Mo. Total)	LB/MO						Monthly	Calculated

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
TOM KEYS LEAD OPERATOR	Tom Keys	407-682-565	11/1/22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Toxicity
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESC: Surface water discharge

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2010 to December 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement				MNR			percent	0	Annually	24 hr. composite
PARM Code TBP3B P Mon.Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		Annually	24 hr. composite
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement				MNR				0	MNR	
PARM Code TBP3B Q Mon.Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement				MNR			percent	0	annually	24 hr. composite
PARM Code TBP6C P Mon.Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		annually	24 hr. composite
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement				MNR				0	MNR	
PARM Code TBP6C Q Mon.Site No. EFD-2	Permit Requirement				100 (Min.)			Percent		As needed	As required by the permit
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	11/01/22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation Ponds

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2010 To: December 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (percolation ponds)	Sample Measurement	.21		MGD					0	5 Days/ Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.40 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow (percolation ponds)	Sample Measurement	.444		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.5			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.9	3.73		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				81			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	16-hr. FPC
Solids, Total Suspended	Sample Measurement				< 1.0	< 1.0		mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	16-hr. FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	11/01/22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: December 1, 2010 To December 31, 2010

PERMIT NUMBER: FL0036251

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.86	7.56		SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				21			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				.5	.5	.5	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				.75			mg/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.1			mg/L	0	Every Two Weeks	16-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	16-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Sanlando Utilities Corporation
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0036251

LIMIT: Final
CLASS SIZE: Major

REPORT: Monthly
GROUP: Domestic

FACILITY: Wekiva Hunt Club WWTF
LOCATION: 144 Ledbury Drive
Longwood, FL 32779-0000

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Public access irrigation

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2010 To: December 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reclaimed)	Sample Measurement	677		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	2.603 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (Reclaimed)	Sample Measurement	548		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)		MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4			mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	16-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		mg/L	0	Weekly	16-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				4.4			mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.58	7.56		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Tom Keys, Lead Operator	Tom Keys	407-682-5651	11/01/22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

(B) REVISED 2/1/11

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wekiva Hunt Club WWTF MONITORING GROUP NUMBER: R-002 PERMIT NUMBER: FL0036251

MONITORING PERIOD From: December 1, 2010 To December 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				80			Percent	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			Percent		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				3.0			NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: December 1, 2010 To: December 31, 2010

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	
Code	80082	74055	00620	00400	00400	50060	00530	00070	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	
1		<1.0		7.56	7.42	1.70	<1.0	2.6	r
2		<1.0		7.42	7.28	1.10	<1.0	3.0	r
3				7.56	7.42	.90		3.0	pr
4				7.56	7.28	1.70		2.3	pr
5				7.56	7.14	1.70		2.4	r
6	<2	1.0		7.56	7.42	2.85	<1.0	3.0	r
7	<2	<1.0	5.29	7.56	7.42	1.90	<1.0	3.0	p
8		<1.0		7.42	6.86	1.50	4.4	1.7	pr
9		3.0		7.42	6.86	2.00	<1.0	3.0	r
10		<1.0		7.42	6.86	1.40	<1.0	2.0	pr
11				7.42	7.00	1.00		3.0	r
12				7.42	7.00	1.15		2.0	r
13		<1.0		7.56	7.28	.75	<1.0	3.0	P
14		<1.0		7.56	6.86	1.90	<1.0	3.0	P
15	<2	1.0		7.42	7.28	1.60	<1.0	2.8	Pr
16		1.0		7.42	7.28	2.05	<1.0	2.5	P
17				7.42	7.28	1.05		3.0	Pr
18				7.56	7.00	0.80		3.0	P
19				7.42	7.14	.70		2.4	Pr
20	3.73	<1.0	8.1	7.42	7.14	1.80	<1.0	3.5	Pr
21				7.98	7.28	1.20		3.8	Sp
22	<2			7.98	7.28	.5		3.0	S
23				7.98	7.28	.7		3.0	S
24				7.70	6.72	1.0		3.0	S
25				7.0	6.72	.8		3.0	Sp
26				7.0	6.72	1.0		3.0	Sp
27	<2	<1.0		7.14	6.72	2.5	<1.0	3.0	Srp
28		<1.0		7.00	6.86	1.9	<1.0	3.0	Pr
29		<1.0		7.00	6.72	1.25	<1.0	3.0	Pr
30		<1.0		7.00	6.58	.75	<1.0	3.0	Sr
31				7.28	6.72	.70		3.0	S
Total	5.73	12	13.39	230.6	218.9	41.9	11.9	86.8	
Mo. Avg.	955	.75	6.7	7.44	7.06	1.35	.74	2.80	

PLANT STAFFING

Day Shift Operator Class: C Certificate No: 8518, 12274 Name: Alex Lorenzo, Corey Sudol

Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

Lead Operator Class: A Certificate No: 3090 Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF
Monitoring Period From: December 1, 2010 To: December 31, 2010

	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Ammonia, Total (as N) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Nitrogen (mg/L)	Oxygen, Dissolved (DO) (mg/L)	pH (Max)	pH (Min)	Phosphorus (mg/L)	TSS (mg/L)	TRC (For Dechlor.) (mg/L)
Code	74055	00610	00620	00600	00300	00400	00400	00665	00530	50060
Mon. Site	EFA-1	EFD-1	EFD-1	EFA-1	EFD-1	EFD-1	EFD-1	EFD-1	EFA-1	EFD-1
1										
2										
3	<1									
4										
5										
6										
7	<1								< 1.0	
8										
9										
10										
11										
12										
13										
14										
15										
16	1								< 1.0	
17										
18										
19										
20	<1								1.4	
21					7.98	7.42	7.28			0
22	3	.025	8.0	9.1	8.04	7.56	7.28	.083	<1	0
23					6.45	7.42	7.28			0
24					6.94	7.42	7.28			0
25					7.56	7.56	7.28			0
26					7.4	7.70	7.28			0
27										
28										
29					7.58	7.56	7.28			0
30					7.05	7.56	7.00			0
31					7.13	7.42	7.28			0
Total	5	.025	8.0	9.1	66.06	67.59	65.25	.083	2.4	0
Mo. Avg.	1.3	.025	8.0	9.1	7.34	7.51	7.25	.083	0.6	0

PLANT STAFFING:

Day Shift Operator Class: C, A Certificate No: 8518, 12274 Name: Alex Lorenzo, Corey Sudol

Evening Shift Operator Class: C Certificate No: 8241 Name: Ray Hogue

Evening Shift Operator Class: C Certificate No: 8003 Name: Alan Bailey

Lead Operator Class: A Certificate No: 3090 Name: Tom Keys

DAILY SAMPLE RESULTS – PART B

Permit Number: FL0036251 Facility: Wekiva Hunt Club WWTF

Monitoring Period From: October 1, 2010 To: October 31, 2010

	Copper, Total Recoverable (effluent) (ug/L)	Hardness, Total (as CaCO3) (mg/L)	Flow (MGD) Total through Plant	Flow (MGD) percolation ponds	Flow (MGD) Public access irrigation	Flow (MGD) Surface water discharge	CBOD5 (mg/L)	TSS (mg/L)	
Code	01119	00900	50050	50050	50050	50050	80082	00530	
Mon. Site	EFD-1	EFD-1	FLW-1	FLW-2	FLW-3	FLW-4	INF-1	INF-1	
1			1.694	.086	.193	0			r
2			1.552	0	1.488	0			r
3			1.702	.162	.414	0			pr
4			1.530	.901	.509	0			pr
5			1.658	0	2.296	0			r
6			1.890	.045	1.781	0			r
7			1.564	.010	.212	0			p
8			1.674	1.400	.481	0			p
9			1.640	0	1.588	0	169	109	r
10			1.658	.201	.416	0			pr
11			1.548	0	.470	0			r
12			1.748	0	2.153	0			r
13			1.869	1.028	.085	0	228	302	p
14			1.641	1.831	.328	0			p
15			1.650	.491	.306	0			pr
16			1.744	1.555	.572	0			p
17			1.708	.186	.418	0			pr
18			1.692	1.889	.450	0			p
19			1.764	0.608	.033	0	184	144	pr
20			1.903	2.121	.180	0			pr
21			1.719	.014	.236	854			sp
22	.012	150	1.795	0	.305	1.923			s
23			1.739	0	.320	1.896			s
24			1.834	0	.348	1.988			s
25			1.818	.154	.048	1.690			sp
26			1.711	0	.000	1.914			sp
27			1.637	.245	.166	1.538	204	342	srp
28			1.680	.265	.182	.007			pr
29			1.758	558	228	0			pr
30			1.748	.022	.426	.439			sr
31			1.694	0	344	1.098			s
Total	.012	150	52.962	13.772	16.976	13.347	785	897	
Mo. Avg.	.012	150	1.708	.444	.548	.431	196.3	224.3	

PLANT STAFFING:

Day Shift Operator	Class:	C, A, A	Certificate No:	8518, 12274, 7359	Name:	Alex Lorenzo, Corey Sudol, Don Hasty
Evening Shift Operator	Class:	C	Certificate No:	8241	Name:	Ray Hogue
Evening Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	A	Certificate No:	3090	Name:	Tom Keys

REVISED 2/1/11

WEKIVA

2009

MORs

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: January 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Allan Finch	C	7806	Days Sun

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E. Keys	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: January 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	5,082,000										1.2	
2	24	3,994,000										1.4	
3	24	4,854,000										1.0	
4	24	5,314,000										1.1	
5	24	4,703,000										1.2	
6	24	4,005,000										1.0	
7	24	4,840,000										1.2	
8	24	5,006,000										1.6	
9	24	4,222,000										1.0	
10	24	4,782,000										0.6	
11	24	5,227,000										1.2	
12	24	4,691,000										1.1	
13	24	3,880,000										1.2	
14	24	4,748,000										1.0	
15	24	4,882,000										1.2	
16	24	4,116,000										1.4	
17	24	4,758,000										0.8	
18	24	4,819,000										1.1	
19	24	4,179,000										1.0	
20	24	4,048,000										1.8	
21	24	4,466,000										0.8	
22	24	3,900,000										1.0	
23	24	3,832,000										1.2	
24	24	4,634,000										0.8	
25	24	5,515,000										1.1	
26	24	5,293,000										1.0	
27	24	4,136,000										1.6	
28	24	4,958,000										0.8	
29	24	5,110,000										1.0	
30	24	3,870,000										1.2	
31	24	4,380,000										1.0	
Total		142,244,000											
Average		4,731,000											
Maximum		5,515,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

REVISED 3/12/09

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: February 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Allan Finch	C	7806	Days Sun

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E Keys 3-3-09	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: February 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	4,523,000										1.2	
2	24	3,954,000										1.0	
3	24	3,619,000										1.6	
4	24	4,428,000										1.4	
5	24	4,332,000										1.6	
6	24	3,310,000										2.4	
7	24	4,354,000										1.8	
8	24	4,668,000										1.3	
9	24	4,340,000										0.9	
10	24	4,000,000										1.4	
11	24	4,792,000										1.1	
12	24	5,304,000										1.8	
13	24	4,370,000										1.4	
14	24	4,984,000										1.2	
15	24	5,339,000										1.1	
16	24	4,166,000										1.0	
17	24	3,901,000										1.1	
18	24	4,838,000										1.4	
19	24	5,378,000										1.1	
20	24	3,926,000										1.6	
21	24	4,784,000										1.6	
22	24	5,006,000										1.8	
23	24	4,888,000										1.7	
24	24	4,126,000										1.5	
25	24	5,319,000										1.6	
26	24	4,961,000										1.1	
27	24	4,404,000										1.1	
28	24	5,012,000										1.0	
29	24												
30	24												
31	24												
Total		127,026,000											
Average		4,537,000											
Maximum		5,378,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: March 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Allan Finch	C	7806	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys — Signature and Date

Thomas E. Keys — Printed or Typed Name

A2181 — License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: March 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	5,480,000										1.2	
2	24	4,126,000										1.0	
3	24	4,282,000										1.4	
4	24	5,183,000										1.2	
5	24	5,157,000										1.0	
6	24	4,560,000										0.8	
7	24	5,204,000										1.4	
8	24	6,095,000										1.3	
9	24	5,329,000										1.2	
10	24	4,512,000										0.8	
11	24	5,458,000										0.8	
12	24	6,456,000										0.9	
13	24	5,526,000										1.1	
14	24	5,012,000										1.8	
15	24	6,946,000										1.2	
16	24	5,552,000										1.4	
17	24	4,600,000										1.2	
18	24	5,636,000										1.4	
19	24	6,796,000										1.2	
20	24	5,609,000										1.4	
21	24	5,530,000										1.2	
22	24	6,632,000										1.3	
23	24	5,288,000										1.5	
24	24	4,003,000										1.3	
25	24	5,326,000										1.4	
26	24	5,976,000										1.2	
27	24	4,951,000										1.4	
28	24	5,065,000										1.0	
29	24	6,104,000										1.2	
30	24	3,632,000										1.4	
31	24	4,160,000										1.2	
Total		164,186,000											
Average		5,296,000											
Maximum		6,946,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: April 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Allan Finch	C	7806	Days Sun

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 5-4-09 | Thomas E. Keys | A2181

Signature and Date | Printed or Typed Name | License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: April 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			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	24	4,919,000										1.0	
2	24	4,401,000										1.2	
3	24	4,150,000										1.4	
4	24	4,768,000										1.0	
5	24	5,156,000										1.1	
6	24	4,400,000										0.8	
7	24	4,050,000										1.2	
8	24	5,110,000										1.4	
9	24	5,864,000										0.6	
10	24	5,016,000										1.6	
11	24	5,342,000										1.4	
12	24	6,197,000										1.5	
13	24	5,211,000										1.4	
14	24	4,281,000										1.2	
15	24	4,479,000										1.8	
16	24	5,398,000										1.4	
17	24	4,624,000										0.8	
18	24	5,166,000										1.0	
19	24	6,411,000										1.0	
20	24	5,164,000										1.4	
21	24	4,201,000										1.6	
22	24	5,064,000										2.0	
23	24	6,758,000										1.4	
24	24	5,386,000										1.6	
25	24	5,938,000										2.0	
26	24	7,062,000										1.5	
27	24	6,350,000										1.2	
28	24	5,242,000										1.0	
29	24	5,588,000										0.6	
30	24	7,252,000										0.8	
31	24												
Total		158,948,000											
Average		5,298,000											
Maximum		7,252,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: May 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP		PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825	
PWS Owner: Utilities Inc. of Fla.		
Contact Person: Patrick Flynn	Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961	
Contact Person's E-Mail Address: pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club			Plant Telephone Number: 407 6825651
Plant Address: 144 Ledbury Dr.	City: Longwood	State: FL	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): B	

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Allan Finch	C	7806	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E. Keys 6-3-09	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: May 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l.	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	24	5,908,000										0.8	
2	24	6,258,000										1.0	
3	24	8,199,000										1.1	
4	24	5,973,000										1.3	
5	24	4,924,000										1.1	
6	24	5,664,000										1.2	
7	24	7,368,000										1.8	
8	24	6,306,000										1.6	
9	24	6,490,000										1.2	
10	24	8,029,000										1.2	
11	24	7,158,000										1.5	
12	24	4,741,000										1.4	
13	24	4,333,000										1.2	
14	24	5,658,000										0.8	
15	24	3,670,000										1.4	
16	24	4,012,000										1.8	
17	24	6,182,000										1.4	
18	24	4,323,000										1.2	
19	24	3,130,000										1.4	
20	24	1,057,000										1.2	
21	24	3,840,000										1.8	
22	24	2,686,000										1.4	
23	24	2,454,000										1.0	
24	24	2,718,000										1.2	
25	24	2,305,000										1.1	
26	24	1,763,000										1.2	
27	24	2,290,000										1.0	
28	24	2,466,000										1.6	
29	24	1,572,000										1.1	
30	24	2,476,000										1.8	
31	24	3,462,000										1.4	
Total		137,716,000											
Average		4,442,452											
Maximum		8,199,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: June 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP		PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825	
PWS Owner: Utilities Inc. of Fla.		
Contact Person: Patrick Flynn	Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961	
Contact Person's E-Mail Address: pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651
Plant Address: 144 Ledbury Dr.	City: Longwood	State: FL Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B	

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Allan Finch	C	7806	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 7-8-09

Signature and Date

Thomas E. Keys

Printed or Typed Name

A2181

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month Year of: June 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	5,189,000										1.4	
2	24	3,419,000										1.4	
3	24	3,972,000										1.2	
4	24	3,876,000										1.8	
5	24	2,542,000										1.4	
6	24	2,536,000										1.2	
7	24	3,748,000										1.4	
8	24	2,666,000										1.8	
9	24	1,735,000										1.4	
10	24	3,167,000										1.2	
11	24	4,872,000										0.8	
12	24	4,914,000										0.6	
13	24	4,726,000										1.4	
14	24	4,727,000										1.3	
15	24	4,555,000										1.2	
16	24	3,102,000										1.3	
17	24	3,284,000										0.8	
18	24	4,504,000										0.6	
19	24	3,100,000										0.8	
20	24	3,612,000										1.0	
21	24	5,351,000										0.7	
22	24	5,126,000										1.0	
23	24	4,296,000										1.0	
24	24	3,267,000										1.2	
25	24	4,080,000										0.8	
26	24	3,284,000										1.0	
27	24	3,212,000										1.0	
28	24	3,511,000										1.1	
29	24	3,758,000										1.1	
30	24	2,371,000										1.2	
31	24												
Total		111,502,000											
Average		3,717,000											
Maximum		5,351,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: July 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
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Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
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Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Allan Finch	C	7806	Days Sun

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Signature and Date	Thomas E. Keys Printed or Typed Name	A2181 License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: July 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	2,532,000	8,640,000	2.3	109	251	25.3	7.7	2	NA	NA	0.8	
2	24	3,120,000	7,200,000	4.0	141	564	25.4	7.6	2			1.2	
3	24	2,784,000	5,472,000	3.8	185	399	25.4	7.5	2			2.0	
4	24	2,708,000	8,640,000	1.5	109	164	25.6	7.6	2			1.6	
5	24	3,883,000	10,800,000	5.0	74	370	25.6	7.7	2			1.6	
6	24	3,831,000	6,048,000	1.1	160	176	25.5	7.8	2			1.5	
7	24	4,763,000	7,632,000	2.7	172	464	25.5	7.68	2			1.4	
8	24	3,653,000	10,800,000	2.0	88	176	25.6	7.68	2			1.2	
9	24	5,746,000	11,088,000	1.9	88	167	25.6	7.68	2			1.4	
10	24	4,642,000	5,040,000	2.1	188	395	25.7	7.63	2			0.8	
11	24	5,034,000	10,800,000	1.9	88	167	27.3	7.7	2			1.2	
12	24	6,123,000	11,232,000	1.6	84	134	25.6	7.66	2			1.0	
13	24	5,773,000	6,192,000	1.55	164	254	25.6	7.68	2			1.2	
14	24	5,089,000	6,480,000	1.5	149	224	25.8	7.68	2			1.2	
15	24	5,949,000	12,384,000	1.8	76	137	25.7	7.72	2			1.2	
16	24	6,498,000	12,528,000	1.7	76	129	30.7	7.56	2			1.2	
17	24	6,320,000	5,760,000	2.4	164	394	25.8	7.63	2			0.8	
18	24	6,714,000	12,816,000	1.8	68	122	26.3	7.68	2			1.0	
19	24	7,504,000	13,680,000	2.8	62	174	25.4	7.65	2			1.0	
20	24	7,157,000	8,064,000	1.5	119	179	26.0	7.62	2			1.2	
21	24	4,629,000	6,624,000	2.7	151	408	25.7	7.55	2			1.2	
22	24	5,888,000	12,960,000	1.7	76	129	25.6	7.48	2			1.0	
23	24	7,442,000	14,256,000	3.1	62	192	25.8	7.55	2			1.2	
24	24	6,728,000	8,352,000	2.5	118	295	26.3	7.52	2			1.6	
25	24	7,104,000	13,680,000	1.6	59	94	26.0	7.58	2			1.4	
26	24	8,268,000	14,256,000	1.4	62	87	25.8	7.56	2			1.3	
27	24	6,378,000	7,920,000	1.6	118	189	25.8	7.52	2			1.4	
28	24	5,280,000	6,480,000	1.9	144	274	25.9	7.52	2			1.6	
29	24	6,028,000	13,392,000	1.8	60	108	25.8	7.51	2			1.4	
30	24	6,050,000	11,376,000	1.7	77	131	25.8	7.47	2			1.2	
31	24	5,221,000	5,616,000	3.2	176	563	25.9	7.48	2			1.4	
Total		168,839,000											
Average		5,446,000											
Maximum		8,268,000											

** Refer to the instructions for this report to determine which plants must provide this information.* minimum CT is based on 25 C.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: August 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Allan Finch	C	7806	Days Sun

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E Keys	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: August 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	4,945,000	11,232,000	2.0	75	150.0	26.0	7.5	2	NA	NA	1.1	
2	24	6,255,000	6,480,000	2.5	172	430.0	25.8	7.55	2			1.3	
3	24	5,873,000	6,480,000	2.5	160	400.0	26.0	7.53	2			1.2	
4	24	3,760,000	12,240,000	1.9	81	153.9	25.9	7.5	2			1.4	
5	24	5,786,000	12,096,000	1.9	84	159.6	26.2	7.57	2			0.6	
6	24	5,222,000	6,048,000	1.5	184	276.0	25.6	7.5	2			1.4	
7	24	3,974,000	11,664,000	1.7	83	141.1	25.8	7.47	2			1.0	
8	24	4,780,000	12,240,000	2.0	85	170.0	25.7	7.47	2			0.8	
9	24	5,047,000	6,768,000	3.1	166	514.6	25.9	7.48	2			1.2	
10	24	4,687,000	8,496,000	1.6	121	193.6	25.8	7.44	2			1.4	
11	24	4,287,000	10,080,000	1.3	102	132.6	26.1	7.42	2			1.2	
12	24	5,001,000	12,816,000	2.2	75	165.0	25.9	7.39	2			0.6	
13	24	5,436,000	6,480,000	2.0	172	344.0	25.8	7.38	2			0.6	
14	24	4,106,000	10,944,000	2.1	94	197.4	25.6	7.42	2			0.8	
15	24	4,672,000	11,877,600	1.7	77	130.9	25.6	7.4	2			0.8	
16	24	5,078,000	6,768,000	2.7	148	399.6	25.8	7.41	2			0.9	
17	24	4,507,000	6,336,000	1.6	176	281.6	25.7	7.47	2			1.0	
18	24	4,014,000	10,368,000	1.6	97	155.2	25.7	7.43	2			1.2	
19	24	4,553,000	10,224,000	1.4	96	134.4	25.7	7.41	2			1.1	
20	24	4,783,000	5,767,200	2.0	187	374.0	25.8	7.4	2			1.2	
21	24	3,686,000	9,360,000	1.1	107	117.7	25.7	7.37	2			1.1	
22	24	4,331,000	9,504,000	2.7	105	283.5	25.7	7.41	2			1.3	
23	24	4,338,000	6,336,000	3.2	176	563.2	25.7	7.42	2			1.1	
24	24	4,109,000	6,192,000	3.0	180	540.0	25.7	7.40	2			1.2	
25	24	3,946,000	11,088,000	3.1	90	279.0	25.7	7.44	2			1.2	
26	24	4,653,000	9,504,000	1.7	102	173.4	25.8	7.40	2			1.0	
27	24	4,470,000	5,767,200	1.2	183	219.6	25.6	7.46	2			1.2	
28	24	3,788,000	10,656,000	1.7	94	159.8	25.8	7.68	2			0.8	
29	24	4,600,000	12,096,000	1.8	80	144.0	25.9	7.59	2			1.1	
30	24	5,201,000	8,928,000	1.6	116	185.6	25.8	7.55	2			1.2	
31	24	5,035,000	6,192,000	2.8	168	470.4	25.9	7.57	2			1.3	
Total		144,923,000											
Average		4,675,000											
Maximum		6,255,000											

** Refer to the instructions for this report to determine which plants must provide this information.* minimum CT is based on 25 C.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: September 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP		PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825	
PWS Owner: Utilities Inc. of Fla.		
Contact Person: Patrick Flynn	Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961	
Contact Person's E-Mail Address: pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 5825651
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl. Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Allan Finch	C	7806	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E Keys 10-2-09	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month Year of: September 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	4,014,000	10,224,000	2.2	100.9	222	26.0	7.62	2	NA	NA	1.2	
2	24	4,354,000	9,504,000	2.4	110.3	265	26.2	7.64	2			1.2	
3	24	4,526,000	6,048,000	1.6	187	299	26.2	7.71	2			1.2	
4	24	3,690,000	10,224,000	2.2	101.67	224	25.9	7.29	2			1.4	
5	24	4,566,000	11,232,000	1.9	91.9	175	25.6	7.34	2			1.2	
6	24	4,913,000	6,048,000	2.3	184	423	25.7	7.30	2			1.4	
7	24	3,921,000	6,768,000	2.7	156	421	25.9	7.32	2			1.2	
8	24	4,035,000	12,240,000	2.6	84.3	219	25.6	7.30	2			1.3	
9	24	4,749,000	13,248,000	2.8	76	213	25.8	7.34	2			1.2	
10	24	5,536,000	6,768,000	1.6	159	254	25.7	7.69	2			0.6	
11	24	3,438,000	12,240,000	2.1	79	166	26.3	7.61	2			1.0	
12	24	5,026,000	11,520,000	1.5	91.5	137	25.9	7.59	2			1.2	
13	24	5,067,000	6,192,000	1.5	149	224	25.8	7.49	2			1.1	
14	24	3,897,000	6,048,000	2.4	183	439	26.1	7.51	2			1.2	
15	24	3,892,000	12,096,000	2.3	84	193	25.7	7.49	2			1.1	
16	24	4,630,000	12,816,000	2.2	78	172	25.6	7.41	2			2.8	
17	24	5,346,000	6,336,000	2.6	176	458	25.9	7.60	2			1.0	
18	24	4,708,000	12,528,000	2.1	82	172	25.7	7.54	2			1.2	
19	24	4,930,000	13,680,000	2.1	68	143	25.8	7.56	2			1.4	
20	24	5,831,000	8,640,000	1.5	120	180	25.9	7.49	2			1.3	
21	24	5,283,000	8,640,000	2.0	119	238	26.1	7.51	2			1.3	
22	24	4,324,000	13,392,000	2.5	60	150	25.7	7.53	2			1.3	
23	24	4,944,000	13,968,000	2.8	64	179	25.8	7.49	2			1.4	
24	24	6,048,000	6,336,000	2.2	176	387	25.3	7.34	2			1.2	
25	24	4,508,000	13,248,000	3.5	73	256	25.6	7.62	2			1.0	
26	24	5,190,000	10,080,000	1.4	90	126	25.4	7.59	2			1.2	
27	24	5,331,000	6,192,000	2.3	192	442	25.6	7.55	2			1.3	
28	24	4,041,000	6,480,000	2.5	176	440	25.8	7.51	2			1.2	
29	24	4,025,000	13,536,000	2.5	68	170	25.4	7.58	2			1.4	
30	24	4,781,000	13,104,000	2.0	74	148	25.5	7.62	2			1.6	
31	24												
Total		140,544,000											
Average		4,685,000											
Maximum		6,048,000											

** Refer to the instructions for this report to determine which plants must provide this information.* minimum CT is based on 25 C*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: October 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Allan Finch	C	7806	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 11-3-09
Signature and Date

Thomas E. Keys
Printed or Typed Name

A2181
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month Year of: October 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant In Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, If Applicable									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	5,428,000	6,192,000	2.0	180	360	25.4	7.5	2	NA	NA	1.0	
2	24	4,522,000	13,104,000	2.2	71	156	25.4	7.57	2			1.2	
3	24	5,268,000	13,824,000	2.0	65	130	25.4	7.6	2			1.0	
4	24	5,889,000	8,784,000	2.0	120	240	25.6	7.54	2			1.3	
5	24	5,033,000	6,480,000	2.0	160	320	25.5	7.61	2			1.2	
6	24	4,112,000	13,104,000	2.0	69	138	25.5	7.6	2			1.3	
7	24	4,766,000	13,968,000	2.5	61	153	25.6	7.54	2			1.6	
8	24	6,054,000	6,912,000	3.6	150	540	25.5	7.58	2			1.4	
9	24	4,998,000	13,248,000	2.5	70	175	25.6	7.59	2			1.4	
10	24	5,112,000	13,680,000	2.3	62	143	25.6	7.6	2			1.2	
11	24	6,118,000	8,640,000	2.2	129	284	25.5	7.58	2			1.4	
12	24	4,656,000	8,640,000	2.2	116	255	25.7	7.6	2			1.3	
13	24	4,247,000	10,080,000	1.0	74	74	25.4	7.54	2			1.2	
14	24	5,129,000	13,824,000	4.0	92	368	25.6	7.56	2			0.8	
15	24	5,878,000	6,336,000	2.3	65	150	25.6	7.43	2			2.4	
16	24	4,338,000	12,384,000	2.5	162	405	25.8	7.53	2			1.2	
17	24	4,914,000	12,960,000	2.7	78	211	25.5	7.55	2			1.0	
18	24	5,512,000	6,768,000	2.4	74	178	25.6	7.52	2			1.2	
19	24	4,551,000	6,912,000	2.25	154	347	25.8	7.49	2			1.3	
20	24	4,211,000	13,104,000	1.9	153	291	25.5	7.5	2			1.2	
21	24	4,516,000	13,536,000	3.2	71	227	27.2	7.58	2			1.0	
22	24	5,760,000	6,048,000	2.2	172	378	25.4	7.42	2			1.2	
23	24	4,768,000	13,248,000	2.1	73	153	25.4	7.5	2			1.4	
24	24	5,037,000	13,968,000	1.5	49	74	25.5	7.52	2			0.4	
25	24	6,279,000	7,056,000	2.6	126	328	25.8	7.5	2			1.2	
26	24	5,259,000	8,928,000	1.2	116	139	26.2	7.48	2			1.4	
27	24	3,965,000	12,528,000	2.5	77	193	25.5	7.53	2			1.6	
28	24	4,925,000	13,824,000	2.7	71	178	25.5	7.46	2			1.5	
29	24	5,596,000	6,480,000	2.5	166	415	25.6	7.37	2			1.2	
30	24	4,903,000	12,528,000	2.3	80	184	25.4	7.45	2			1.0	
31	24	5,074,000	13,536,000	1.75	71.3	125	25.2	7.43	2			1.2	
Total		156,818,000											
Average		5,059,000											
Maximum		6,279,000											

** Refer to the instructions for this report to determine which plants must provide this information.* minimum CT is based on 25 C.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: November 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP | PWS Identification Number: 3591121-3

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 7,950 | Total Population Served at End of Month: 27,825

PWS Owner: Utilities Inc. of Fla.

Contact Person: Patrick Flynn | Contact Person's Title: Manager

Contact Person's Mailing Address: 200 Weathersfield Ave. | City: Altamonte Springs | State: Fl. | Zip Code: 32714

Contact Person's Telephone Number: 407 869 1919 | Contact Person's Fax Number: 407 8696961

Contact Person's E-Mail Address: pcflynn@uiwater.com

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club | Plant Telephone Number: 407 6825651

Plant Address: 144 Ledbury Dr. | City: Longwood | State: Fl. | Zip Code: 32779

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000

Plant Category (per subsection 62-699.310(4), F.A.C.): IV | Plant Class (per subsection 62-699.310(4), F.A.C.): B

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Allan Finch	C	7806	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 12-3-09
Signature and Date

Thomas E. Keys
Printed or Typed Name

A2181
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month Year of: November 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * x☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines) ☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: x☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Immediately Prior to Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L*	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	4,275,000	6,336,000	2.1	172	361	25.1	7.45	2	NA	NA	1.4	
2	24	4,974,000	6,912,000	2.2	150	330	24.7	7.51	2			1.2	
3	24	4,355,000	11,808,000	2.2	88	194	24.9	7.48	2			1.3	
4	24	4,908,000	12,384,000	2.1	78	164	25.2	7.50	2			1.2	
5	24	5,741,000	6,048,000	2.9	190	551	25.0	7.49	2			1.3	
6	24	4,599,000	11,232,000	2.8	73	204	25.2	7.51	2			1.2	
7	24	5,480,000	13,968,000	2.5	64	160	25.0	7.54	2			1.2	
8	24	6,270,000	7,056,000	2.1	166	349	24.7	7.52	2			1.4	
9	24	4,455,000	6,270,000	2.4	166	398	25.0	7.48	2			1.2	
10	24	4,208,000	9,504,000	2.3	109	251	24.9	7.51	2			1.4	
11	24	4,581,000	10,512,000	1.8	95	171	25.2	7.49	2			1.4	
12	24	4,612,000	5,904,000	2.6	206	536	25.0	7.56	2			1.4	
13	24	4,276,000	12,240,000	2.4	83	199	24.8	7.56	2			1.2	
14	24	5,105,000	13,680,000	2.4	73	175	25.0	7.48	2			1.2	
15	24	6,649,000	6,048,000	2.4	178	427	25.2	7.54	2			1.2	
16	24	4,661,000	6,624,000	2.5	151	378	24.8	7.48	2			1.4	
17	24	4,156,000	10,512,000	2.0	99	198	24.6	7.50	2			1.6	
18	24	4,769,000	10,800,000	2.4	93	223	24.8	7.42	2			1.0	
19	24	4,845,000	5,760,000	2.4	193	463	25.0	7.46	2			0.6	
20	24	4,205,000	13,104,000	2.0	74	148	24.8	7.47	2			1.4	
21	24	5,316,000	13,824,000	2.0	67	134	24.9	7.50	2			1.2	
22	24	6,353,000	5,904,000	2.2	189	416	25.1	7.48	2			1.4	
23	24	4,776,000	6,048,000	2.3	184	423	24.8	7.45	2			1.4	
24	24	3,981,000	11,232,000	2.6	119	309	24.7	7.50	2			1.2	
25	24	4,694,000	8,642,000	2.0	120	240	25.5	7.60	2			1.6	
26	24	4,450,000	5,184,000	2.2	214	471	24.8	7.53	2			1.2	
27	24	3,704,000	11,952,000	1.8	84	151	25.2	7.55	2			1.0	
28	24	4,908,000	13,536,000	2.0	69	138	24.8	7.51	2			0.6	
29	24	5,450,000	6,624,000	2.1	157	330	25.1	7.57	2			1.4	
30	24	5,080,000	5,760,000	2.1	193	405	24.6	7.59	2			1.3	
31	24												
Total		146,836,000											
Average		4,895,000											
Maximum		6,649,000											

** Refer to the instructions for this report to determine which plants must provide this information.* minimum CT is based on 25 C.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: December 2009

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Allan Finch	C	7806	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E Keys 1-6-09
Signature and Date

Thomas E. Keys
Printed or Typed Name

A2181
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: December 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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	3,802,000	10,080,000	2.7	105	284	24.8	7.48	2	NA	NA	2.0	
2	24	4,602,000	9,216,000	2.5	122	305	23.4	7.51	2			2.0	
3	24	4,460,000	6,048,000	2.2	215	473	24.6	7.46	2			1.8	
4	24	3,622,000	10,224,000	2.7	118	319	23.8	7.44	2			1.9	
5	24	4,290,000	8,928,000	3.2	111	355	23.7	7.54	2			1.2	
6	24	4,727,000	4,608,000	1.5	267	401	23.9	7.64	2			1.2	
7	24	3,146,000	4,320,000	2.2	249	548	24.3	7.68	2			1.3	
8	24	3,732,000	4,464,000	2.0	236	472	24.8	7.54	2			1.2	
9	24	3,928,000	7,200,000	2.2	145	319	24.8	7.49	2			1.4	
10	24	4,209,000	3,600,000	1.25	299	374	24.5	7.55	2			1.2	
11	24	3,578,000	8,928,000	1.4	112	157	24.5	7.52	2			1.0	
12	24	4,236,000	9,750,000	1.4	104	146	24.5	7.55	2			1.0	
13	24	4,511,000	4,608,000	1.5	234	351	24.7	7.59	2			1.5	
14	24	3,651,000	5,040,000	1.9	220	418	23.4	7.49	2			1.2	
15	24	3,647,000	9,216,000	2.0	109	218	24.9	7.40	2			1.3	
16	24	4,096,000	7,056,000	1.8	142	256	24.6	7.51	2			1.0	
17	24	4,109,000	4,032,000	1.4	267	374	24.7	7.59	2			1.2	
18	24	3,732,000	9,504,000	1.6	105	168	22.9	7.58	2			1.0	
19	24	4,318,000	9,648,000	2.5	104	260	23.7	7.52	2			0.8	
20	24	4,392,000	4,320,000	1.7	249	423	23.2	7.56	2			1.8	
21	24	3,569,000	4,320,000	1.5	249	374	22.6	7.59	2			1.2	
22	24	3,500,000	7,200,000	1.5	155	233	23.4	7.42	2			0.7	
23	24	4,053,000	7,056,000	2.0	142	284	23.6	7.48	2			0.8	
24	24	4,132,000	3,888,000	2.2	285	627	23.5	7.41	2			2.4	
25	24	3,626,000	8,781,000	1.9	114	217	23.4	7.40	2			2.6	
26	24	4,262,000	9,504,000	2.5	105	263	23.6	7.38	2			3.0	
27	24	4,370,000	3,888,000	2.1	306	643	23.4	7.46	2			1.2	
28	24	3,635,000	4,320,000	2.0	249	498	22.8	7.44	2			1.0	
29	24	3,626,000	7,056,000	2.5	142	355	23.4	7.48	2			0.7	
30	24	3,995,000	7,056,000	2.9	142	412	23.8	7.57	2			0.9	
31	24	4,032,000	3,888,000	1.5	296	444	24.2	7.53	2			3.0	
Total		123,588,000											
Average		3,987,000											
Maximum		4,727,000											

** Refer to the instructions for this report to determine which plants must provide this information.* * minimum CT is based on 25 C.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3	Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year:

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm = NA	Acrylamide Level, %† = NA

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm = NA	Epichlorohydrin Level, %† = NA

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): Sodium Polyphosphate (Corrosion Inhibitor)
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 0.9
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 = NA

* *Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.*

† *Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.*

WEKIVA

2010

MORs

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: January 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Corey Sudol	C	14271	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 2-4-10

Signature and Date

Thomas E. Keys

Printed or Typed Name

A2181

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month Year of: January 2010

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	3,602,000	8,928,000	1.7	116	197	23.2	7.51	2	NA	NA	1.0	
2	24	4,288,000	8,928,000	1.7	116	197	23.6	7.55	2			1.1	
3	24	4,335,000	3,600,000	1.2	299	359	23.3	7.54	2			1.0	
4	24	3,324,000	3,888,000	1.3	296	385	23.5	7.46	2			2.1	
5	24	3,582,000	6,048,000	2.4	178	427	23.2	7.51	2			1.8	
6	24	3,909,000	11,520,000	1.6	92	147	23.4	7.45	2			1.4	
7	24	4,326,000	3,600,000	1.4	312	437	19.8	7.67	2			1.2	
8	24	4,124,000	7,776,000	2.2	120	264	20.2	7.63	2			1.0	
9	24	4,078,000	6,912,000	2.5	145	363	20.8	7.65	2			1.8	
10	24	4,124,000	5,760,000	1.7	309	525	20.7	7.67	2			2.0	
11	24	3,485,000	4,320,000	1.4	156	218	21.1	7.58	2			2.5	
12	24	3,698,000	5,760,000	2.1	183	384	21.4	7.52	2			1.6	
13	24	4,055,000	5,904,000	2.6	179	465	22.3	7.58	2			2.8	
14	24	4,022,000	3,744,000	2.5	288	720	23.5	7.62	2			0.8	
15	24	3,604,000	9,504,000	1.7	105	179	23.6	7.58	2			1.0	
16	24	4,562,000	9,504,000	2.0	113	226	22.9	7.52	2			1.4	
17	24	4,052,000	5,328,000	1.4	277	388	21.8	7.48	2			2.0	
18	24	3,488,000	4,176,000	1.4	249	349	21.4	7.55	2			1.6	
19	24	3,574,000	6,192,000	2.1	164	344	21.2	7.52	2			1.8	
20	24	4,084,000	6,768,000	2.0	154	308	21.1	7.47	2			1.4	
21	24	4,048,000	5,760,000	1.0	312	312	24.4	7.60	2			2.6	
22	24	3,662,000	8,928,000	1.2	112	134	24.5	7.57	2			2.0	
23	24	4,200,000	9,504,000	1.4	105	147	24.4	7.63	2			1.4	
24	24	4,361,000	3,600,000	1.2	299	359	24.1	7.55	2			2.2	
25	24	3,500,000	3,888,000	1.0	305	305	24.3	7.68	2			2.0	
26	24	3,361,000	6,336,000	1.0	157	157	23.7	7.54	2			1.8	
27	24	3,949,000	6,192,000	2.8	177	496	24.1	7.61	2			1.7	
28	24	4,035,000	4,032,000	1.4	267	374	24.3	7.58	2			1.8	
29	24	3,632,000	9,504,000	1.7	105	179	24.2	7.56	2			2.0	
30	24	4,256,000	8,784,000	2.1	114	239	22.8	7.58	2			2.4	
31	24	4,438,000	3,744,000	1.5	288	432	23.9	7.53	2			2.0	
Total		121,758,000											
Average		3,928,000											
Maximum		4,562,000											

** Refer to the instructions for this report to determine which plants must provide this information.* minimum CT is based on 25 C.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: February 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP		PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825	
PWS Owner: Utilities Inc. of Fla.		
Contact Person: Patrick Flynn	Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl. / Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961	
Contact Person's E-Mail Address: pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	C	14256	Nights Wed - Sat
	Corey Sudol	C	14271	Days Sun

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E Keys 3-5-10
Signature and Date

Thomas E. Keys
Printed or Typed Name

A2181
License Number

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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month Year of: February 2010

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	3,534,000	4,320,000	2.1	129	271	23.1	7.55	2.4	NA	NA	2.2	
2	24	3,385,000	6,048,000	1.6	125	200	24.2	7.55	2.2			2.4	
3	24	3,349,000	5,760,000	2.2	197	433	23.4	7.59	2.4			1.2	
4	24	3,818,000	3,744,000	1.8	299	538	23.4	7.44	2.4			1.4	
5	24	3,538,000	7,200,000	2.1	142	298	21.7	7.36	2.6			1.6	
6	24	4,092,000	8,784,000	1.4	117	164	23.1	7.41	2.4			1.8	
7	24	4,281,000	3,888,000	2.1	288	605	22.7	7.44	2.4			2.0	
8	24	3,566,000	4,320,000	2.1	297	624	23.2	7.54	2.4			1.6	
9	24	3,498,000	5,184,000	1.8	222	399	22.6	7.45	2.4			1.8	
10	24	3,367,000	5,472,000	1.6	204	326	23.1	7.58	2.4			1.6	
11	24	3,628,000	3,744,000	1.2	320	391	23.9	7.27	2.2			2.0	
12	24	3,398,000	6,336,000	1.8	176	317	23.1	7.51	2.4			1.6	
13	24	4,036,000	8,784,000	1.3	123	160	22.5	7.11	2.4			1.2	
14	24	4,075,000	3,744,000	1.3	309	402	22.4	7.25	2.6			2.5	
15	24	3,518,000	3,888,000	1.3	297	386	23.4	7.32	2.4			2.1	
16	24	3,566,000	5,760,000	2.2	193	425	22.8	7.27	2.4			1.8	
17	24	3,907,000	5,472,000	1.8	204	361	22.5	7.12	2.4			1.2	
18	24	3,818,000	3,744,000	1.5	297	446	23.0	7.22	2.4			1.6	
19	24	3,704,000	8,640,000	1.2	103	124	23.2	7.21	2.4			1.2	
20	24	4,256,000	9,792,000	1.4	91	127	23.5	7.1	2.2			1.6	
21	24	4,358,000	5,328,000	1.6	204	422	23.7	7.24	2.2			2.0	
22	24	3,977,000	3,888,000	1.5	297	671	23.4	7.19	2.4			1.8	
23	24	3,568,000	8,640,000	1.2	125	150	24.1	7.22	2.2			2.2	
24	24	3,794,000	9,360,000	1.4	127	178	23.5	6.88	2.2			2.4	
25	24	3,735,000	3,600,000	1.6	309	494	23.7	6.84	2.2			1.6	
26	24	3,596,000	8,640,000	1.5	114	171	23.8	7.31	2.2			1.8	
27	24	4,262,000	9,216,000	1.2	109	131	23.1	7.37	2.4			2.2	
28	24	4,183,000	3,888,000	2.5	286	716	23.4	7.28	2.4			2.0	
29	24												
30	24												
31	24												
Total		105,807,000											
Average		3,779,000											
Maximum		4,358,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: March 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP		PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825	
PWS Owner: Utilities Inc. of Fla.		
Contact Person: Patrick Flynn	Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961	
Contact Person's E-Mail Address: pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	B	14256	Nights Wed - Sat
	Corey Sudol	C	14271	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E Keys — Signature and Date

Thomas E. Keys — Printed or Typed Name

A2181 — License Number

FILE COPY

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month Year of: March 2010

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	3,606,000	5,904,000	1.8	309	556	23.2	7.35	2.4	NA	NA	1.1	
2	24	3,830,000	5,616,000	1.6	203	325	23.6	7.32	2.4			1.4	
3	24	3,563,000	5,760,000	1.4	185	259	23.1	7.28	2.4			1.8	
4	24	3,778,000	3,600,000	1.4	318	445	22.3	7.26	2.6			1.2	
5	24	3,624,000	9,072,000	2.6	231	601	20.6	7.96	3.0			0.8	
6	24	4,326,000	9,792,000	2.7	107	289	20.3	8.11	3.0			2.0	
7	24	4,598,000	6,048,000	1.8	176	317	21.4	7.98	2.8			.9	
8	24	4,324,000	5,472,000	3.0	209	627	22.1	7.86	2.6			.9	
9	24	3,743,000	7,200,000	4.6	146	671	22.5	7.74	2.6			1.6	
10	24	3,871,000	6,912,000	2.3	163	375	26.6	7.72	2.0			1.8	
11	24	3,956,000	4,176,000	1.4	287	402	23.0	7.16	2.4			1.4	
12	24	3,486,000	6,624,000	2.4	167	401	22.1	7.78	2.6			1.2	
13	24	3,582,000	9,360,000	1.6	112	179	22.4	7.59	2.6			1.1	
14	24	4,058,000	5,760,000	1.4	187	262	23.0	7.05	2.4			1.2	
15	24	3,636,000	5,328,000	1.8	209	376	22.2	7.68	2.6			1.1	
16	24	3,746,000	6,912,000	5.0	156	780	22.4	6.85	2.6			2.6	
17	24	3,876,000	7,056,000	2.5	149	373	22.8	7.66	2.6			0.8	
18	24	3,318,000	6,912,000	1.4	167	234	21.5	7.96	2.8			1.4	
19	24	2,926,000	9,792,000	1.5	109	164	24.1	7.50	2.2			2.0	
20	24	3,868,000	10,656,000	1.4	110	154	22.0	7.63	2.6			1.8	
21	24	4,994,000	10,656,000	1.4	110	154	23.3	7.68	2.4			1.4	
22	24	3,885,000	6,624,000	2.4	287	689	22.7	7.40	2.6			2.0	
23	24	2,783,000	9,216,000	1.4	114	160	23.4	7.51	2.4			1.8	
24	24	3,184,000	8,928,000	1.4	115	161	23.2	7.86	2.4			2.4	
25	24	3,706,000	6,768,000	1.8	178	320	23.7	7.89	2.4			2.0	
26	24	3,126,000	9,648,000	1.6	105	168	21.4	7.75	2.8			0.8	
27	24	3,816,000	10,368,000	1.1	97	107	23.4	7.68	2.4			1.6	
28	24	4,959,000	3,168,000	1.4	365	511	25.0	7.46	2.0			1.9	
29	24	3,833,000	3,456,000	1.8	326	589	24.7	7.57	2.2			1.8	
30	24	3,620,000	9,360,000	1.9	141	268	24.7	7.38	2.2			2.2	
31	24	3,384,000	9,072,000	2.3	115	265	24.4	7.76	2.2			1.6	
Total		117,005,000											
Average		3,774,000											
Maximum		4,994,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: April 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: ~~Utilities Inc. of Fla.~~ Sanlando Utilities Corporation			
Contact Person: Patrick Flynn	Contact Person's Title: ~~Manager~~ Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club			Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood		State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	B	14256	Nights Wed - Sat
	Corey Sudol	C	14271	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 5-4-10	Thomas E. Keys	A2181
Signature and Date	Printed or Typed Name	License Number

FILE COPY

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: April 2010

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	4,338,000	4,896,000	2.2	227	499	25.1	7.60	2.0	NA	NA	1.0	
2	24	3,574,000	10,224,000	1.5	99	149	24.3	7.81	2.2			1.4	
3	24	4,440,000	11,952,000	1.4	82	115	24.3	7.69	2.2			1.8	
4	24	5,865,000	5,328,000	2.2	209	460	24.6	7.75	2.2			0.7	
5	24	4,482,000	5,904,000	2.0	194	388	27.5	7.33	2.0			0.9	
6	24	3,529,000	11,232,000	1.6	90	144	26.9	7.36	2.0			0.8	
7	24	4,534,000	12,384,000	2.7	79	213	24.7	8.22	2.2			0.8	
8	24	5,070,000	6,048,000	2.1	187	393	22.8	8.03	2.6			1.4	
9	24	4,092,000	11,952,000	3.0	86	258	26.6	7.70	2.0			1.0	
10	24	4,638,000	13,248,000	2.3	72	166	25.9	7.75	2.0			1.0	
11	24	5,587,000	8,496,000	0.8	119	95	24.7	7.89	2.2			1.1	
12	24	4,374,000	5,184,000	0.9	223	201	21.8	7.94	2.8			1.4	
13	24	4,037,000	11,808,000	1.5	86	129	22.4	7.81	2.6			1.6	
14	24	4,734,000	12,816,000	1.3	79	103	26.9	7.95	2.0			1.8	
15	24	5,932,000	7,200,000	1.4	153	214	26.8	7.35	2.0			0.8	
16	24	4,576,000	12,672,000	3.2	77	243	25.5	7.95	2.0			1.6	
17	24	4,888,000	13,680,000	1.4	69	97	27.0	7.26	2.0			1.0	
18	24	6,966,000	5,616,000	1.2	196	235	24.8	7.38	2.2			0.7	
19	24	4,098,000	5,616,000	2.2	196	431	24.6	7.31	2.2			0.8	
20	24	3,210,000	9,648,000	1.1	106	117	23.8	7.60	2.4			1.0	
21	24	4,591,000	10,656,000	1.0	96	96	24.6	7.71	2.2			1.8	
22	24	3,897,000	5,472,000	2.5	206	515	26.1	7.74	2.0			1.4	
23	24	4,379,000	12,240,000	1.5	83	125	27.0	7.96	2.0			1.6	
24	24	4,991,000	5,472,000	2.2	206	453	26.3	7.11	2.0			1.9	
25	24	5,440,000	12,960,000	2.1	76	160	25.6	7.61	2.0			0.8	
26	24	3,949,000	5,328,000	3.0	212	636	26.7	7.88	2.0			0.9	
27	24	3,087,000	10,224,000	2.5	100	250	24.8	7.51	2.2			0.6	
28	24	4,534,000	8,640,000	2.6	119	309	24.7	7.60	2.2			1.6	
29	24	5,002,000	8,640,000	4.7	260	1222	24.1	7.33	2.2			1.4	
30	24	4,512,000	11,808,000	2.3	87	200	24.8	7.55	2.2			1.2	
31													
Total		137,366,000											
Average		4,579,000											
Maximum		6,966,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: May 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	B	14256	Nights Wed - Sat
	Corey Sudol	C	14271	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E. Keys 6-4-10	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month Year of: May 2010

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	4,860,000	13,536,000	2.1	69	145	24.5	7.50	2.2	NA	NA	1.8	
2	24	6,404,000	7,776,000	1.1	132	145	24.5	7.40	2.2			0.6	
3	24	5,220,000	6,768,000	3.5	162	567	25.2	7.55	2.0			1.2	
4	24	4,166,000	12,960,000	2.9	73	212	24.8	7.68	2.2			1.6	
5	24	5,090,000	12,240,000	2.7	84	227	25.2	7.86	2.0			1.6	
6	24	5,158,000	5,616,000	3.5	194	679	24.2	7.04	2.2			1.4	
7	24	3,643,000	12,960,000	3.2	73	234	24.7	7.49	2.2			1.6	
8	24	5,023,000	13,968,000	3.0	60	180	24.9	7.68	2.2			0.6	
9	24	5,981,000	7,488,000	4.8	137	658	25.1	7.82	2.0			0.6	
10	24	4,799,000	7,200,000	5.0	146	730	24.3	6.82	2.2			0.6	
11	24	3,944,000	12,248,000	2.5	66	165	24.9	7.24	2.2			2.4	
12	24	4,938,000	13,824,000	3.9	66	257	24.3	7.41	2.2			0.6	
13	24	6,508,000	9,216,000	4.5	111	500	23.9	7.10	2.4			1.4	
14	24	5,256,000	13,536,000	1.5	72	108	23.8	7.41	2.4			1.0	
15	24	5,562,000	14,112,000	3.5	59	207	24.2	7.02	2.2			0.4	
16	24	7,201,000	7,056,000	2.5	160	400	23.8	7.14	2.4			0.6	
17	24	4,963,000	3,600,000	2.0	301	602	24.7	8.16	2.2			1.2	
18	24	3,404,000	12,816,000	3.7	74	274	24.8	8.00	2.2			1.8	
19	24	4,848,000	13,392,000	4.5	68	306	24.8	8.37	2.2			1.6	
20	24	5,586,000	7,488,000	5.0	137	685	24.9	7.98	2.2			0.4	
21	24	4,938,000	13,392,000	4.8	68	326	24.6	8.03	2.2			2.0	
22	24	5,344,000	14,112,000	5.0	62	310	24.2	7.89	2.2			1.8	
23	24	7,147,000	9,648,000	2.4	106	254	24.4	7.95	2.2			1.2	
24	24	5,691,000	5,328,000	3.5	217	760	23.8	6.94	2.4			1.6	
25	24	4,166,000	13,104,000	5.0	71	355	24.2	7.77	2.2			2.4	
26	24	5,160,000	13,968,000	5.0	61	305	24.0	7.84	2.2			2.6	
27	24	6,388,000	8,928,000	3.1	113	350	24.2	7.70	2.2			2.0	
28	24	5,200,000	13,392,000	4.8	68	326	24.5	7.75	2.2			2.2	
29	24	5,334,000	13,104,000	4.7	78	367	23.8	7.68	2.4			1.8	
30	24	5,551,000	7,056,000	5.0	156	780	24.1	7.71	2.2			2.0	
31	24	4,218,000	7,056,000	5.0	157	780	25.0	8.10	2.0			2.1	
Total		161,691,000											
Average		5,216,000											
Maximum		7,201,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

DEP Form 62-555.900(3)
Effective August 28, 2003

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: June 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950		Total Population Served at End of Month: 27,825	
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn		Contact Person's Title: Manager	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919		Contact Person's Fax Number: 407 8696961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club			Plant Telephone Number: 407 6825651
Plant Address: 144 Ledbury Dr.		City: Longwood	State: Fl. Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): B	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun - Tues
	Ray Hogue	B	14756	Nights Wed - Sat
	Corey Sudol	B	14271	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E Keys 7-7-10 — Signature and Date

Thomas E. Keys — Printed or Typed Name

A2181 — License Number

FILE COPY

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month Year of: June 2010

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	3,655,000	8,242,000	3.8	78	296	24.5	7.96	2.2	NA	NA	0.6	
2	24	4,708,000	10,368,000	2.6	106	276	25.1	8.18	2.0			1.4	
3	24	4,758,000	6,480,000	2.7	179	483	24.1	7.79	2.2			1.8	
4	24	3,672,000	10,368,000	0.8	97	78	24.8	7.91	2.2			0.8	
5	24	4,560,000	12,384,000	3.1	77	239	24.2	7.96	2.2			1.2	
6	24	5,023,000	6,768,000	2.9	171	496	24.1	8.04	2.2			2.5	
7	24	3,822,000	8,064,000	1.8	140	252	26.6	7.90	2.0			2.0	
8	24	3,715,000	12,240,000	3.4	78	265	24.7	8.20	2.2			0.8	
9	24	5,005,000	13,248,000	5.0	72	360	25.0	7.68	2.0			1.6	
10	24	5,543,000	8,784,000	5.0	98	490	24.1	7.69	2.2			1.0	
11	24	4,812,000	14,256,000	4.6	72	331	24.4	7.81	2.2			1.8	
12	24	5,474,000	14,400,000	4.9	58	284	24.6	7.84	2.2			2.0	
13	24	7,013,000	9,792,000	3.7	105	389	24.3	7.80	2.2			2.2	
14	24	6,027,000	5,760,000	4.5	157	707	25.4	7.80	2.0			1.8	
15	24	4,396,000	12,384,000	4.3	79	340	24.8	7.68	2.2			2.0	
16	24	4,882,000	13,536,000	4.2	72	302	25.8	7.64	2.0			2.2	
17	24	5,056,000	6,480,000	4.8	170	816	25.3	7.67	2.0			1.8	
18	24	4,152,000	12,816,000	4.0	79	316	25.3	7.92	2.0			2.0	
19	24	3,862,000	11,808,000	3.6	86	310	25.2	8.07	2.0			1.6	
20	24	4,831,000	10,368,000	2.2	112	246	25.3	7.84	2.0			1.2	
21	24	3,679,000	6,192,000	4.2	189	794	25.3	7.91	2.0			1.4	
22	24	3,312,000	12,384,000	3.2	79	253	24.8	7.86	2.2			1.0	
23	24	3,260,000	12,960,000	4.0	72	288	25.5	7.78	2.0			1.6	
24	24	4,942,000	8,352,000	3.5	123	430	25.2	7.85	2.0			2.0	
25	24	5,174,000	13,392,000	3.7	65	241	25.2	7.99	2.0			1.8	
26	24	5,118,000	14,400,000	4.6	58	267	25.3	7.84	2.0			2.0	
27	24	8,260,000	7,488,000	1.7	141	240	25.6	7.91	2.0			0.6	
28	24	7,266,000	7,200,000	3.4	153	520	25.2	7.88	2.0			1.2	
29	24	4,980,000	13,536,000	4.2	65	273	24.8	7.67	2.2			1.4	
30	24	4,504,000	13,392,000	4.3	68	292	25.5	7.91	2.0			1.4	
31													
Total		146,491,000											
Average		4,883,000											
Maximum		4,994,000											

** Refer to the instructions for this report to determine which plants must provide this information.*

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: July 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Corporation - Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Sanlando Utilities Corporation			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	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:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	B	14256	Nights Wed - Sat
	Corey Sudol	B	14271	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E Keys 8-6-10
Signature and Date

Thomas E. Keys
Printed or Typed Name

A2181
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month Year of: July 2010

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	6,132,000	6,624,000	2.5	281	703	25.5	7.93	2.0	NA	NA	1.2	
2	24	3,378,000	11,664,000	1.7	88	150	25.2	7.76	2.0			1.6	
3	24	2,486,000	11,664,000	2.6	87	226	25.3	7.39	2.0			2.0	
4	24	3,417,000	6,624,000	4.0	175	700	25.0	7.42	2.0			1.4	
5	24	2,172,000	9,792,000	1.4	112	157	25.2	7.55	2.0			1.2	
6	24	1,943,000	11,808,000	2.7	87	235	25.4	7.81	2.0			1.0	
7	24	2,632,000	12,816,000	3.5	71	249	25.2	7.79	2.0			1.0	
8	24	4,978,000	8,496,000	3.7	124	459	25.2	7.36	2.0			1.2	
9	24	4,840,000	12,960,000	3.0	70	210	25.5	7.69	2.0			1.6	
10	24	5,026,000	14,112,000	3.6	59	121	25.4	7.85	2.0			1.4	
11	24	7,734,000	7,056,000	3.3	156	516	25.2	7.71	2.0			0.4	
12	24	5,626,000	7,344,000	2.7	144	389	25.5	7.48	2.0			1.0	
13	24	3,874,000	13,536,000	3.0	75	225	25.5	7.66	2.0			1.2	
14	24	4,964,000	13,392,000	3.9	68	265	25.3	7.95	2.0			0.8	
15	24	4,596,000	7,056,000	2.2	160	352	25.5	7.90	2.0			1.2	
16	24	3,948,000	12,672,000	3.2	77	246	28.5	7.78	2.0			1.0	
17	24	3,386,000	13,824,000	4.0	62	248	23.1	8.01	2.4			1.2	
18	24	5,583,000	8,496,000	4.6	121	557	24.8	7.85	2.2			1.0	
19	24	6,255,000	6,192,000	3.7	163	603	25.3	7.62	2.0			1.1	
20	24	4,336,000	13,680,000	3.9	64	250	25.7	8.14	2.0			1.2	
21	24	4,838,000	14,400,000	3.9	56	218	25.6	7.95	2.0			1.2	
22	24	5,818,000	9,072,000	2.6	112	294	25.4	7.75	2.0			1.0	
23	24	5,454,000	13,104,000	3.1	75	232	25.5	7.63	2.0			0.8	
24	24	3,576,000	13,104,000	3.1	66	205	25.5	7.88	2.0			1.2	
25	24	7,096,000	8,640,000	1.5	117	176	25.6	7.72	2.0			1.1	
26	24	6,589,000	8,064,000	2.5	131	328	25.6	8.03	2.0			1.4	
27	24	4,675,000	14,112,000	4.4	72	317	25.6	7.88	2.0			1.2	
28	24	5,836,000	14,400,000	5.0	56	280	26.0	8.13	2.0			1.0	
29	24	7,392,000	9,072,000	1.3	113	147	29.1	7.68	2.0			1.2	
30	24	5,799,000	13,824,000	3.5	66	231	25.5	7.94	2.0			1.0	
31	24	5,555,000	14,400,000	4.4	63	277	28.0	7.73	2.0			1.4	
Total		149,934,000											
Average		4,837,000											
Maximum		7,734,000											

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: August 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utility Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Utilities Inc. of Fla.			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): B		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	B	14256	Nights Wed - Sat
	Corey Sudol	B	14271	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E Keys 9-7-10	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month Year of: August 2010

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	8,873,000	8,496,000	3.3	136	449	27.1	7.88	2.0	NA	NA	0.7	
2	24	6,475,000	6,768,000	3.3	171	564	26.8	7.71	2.0			0.8	
3	24	4,530,000	14,256,000	4.2	58	244	31.0	7.92	2.0			1.0	Bact's Sampled #1-7
4	24	5,824,000	14,400,000	5.0	70	350	26.5	6.59	2.0			1.40	Bact's Sampled #8-14
5	24	6,738,000	9,216,000	3.2	111	355	29.6	7.87	2.0			1.6	Bact's Sampled #15-21
6	24	6,320,000	14,400,000	4.2	58	243	31.5	7.86	2.0			1.4	
7	24	6,952,000	14,400,000	4.3	63	271	28.8	7.50	2.0			1.2	
8	24	8,484,000	7,200,000	3.9	146	569	28.2	7.91	2.0			1.4	
9	24	6,122,000	8,352,000	4.2	123	517	25.4	8.28	2.0			1.8	
10	24	3,854,000	13,104,000	5.0	41	205	24.5	8.32	2.2			2.0	
11	24	3,388,000	12,672,000	3.4	83	282	22.1	8.44	2.6			1.0	Bact's Sampled #22-28
12	24	3,994,000	6,912,000	4.2	157	659	28.8	7.89	2.0			0.8	Bact's Sampled #29-32
13	24	4,576,000	12,384,000	2.7	82	221	29.7	7.91	2.0			1.4	
14	24	3,034,000	13,680,000	3.0	74	222	30.6	7.70	2.0			1.8	
15	24	6,341,000	8,496,000	3.4	129	439	28.8	7.92	2.0			2.0	
16	24	6,578,000	6,912,000	5.0	146	730	29.4	8.06	2.0			2.4	
17	24	2,447,000	12,816,000	3.5	73	256	30.0	8.02	2.0			3.2	
18	24	3,584,000	13,824,000	4.2	66	277	29.1	7.33	2.0			2.0	
19	24	5,132,000	8,496,000	2.6	124	322	29.0	7.43	2.0			1.2	
20	24	5,630,000	13,680,000	3.9	64	250	31.3	7.65	2.0			0.8	
21	24	5,040,000	13,680,000	3.6	63	227	30.0	7.69	2.0			1.0	
22	24	6,878,000	6,624,000	3.6	167	601	28.2	7.81	2.0			0.6	
23	24	3,798,000	8,352,000	4.0	130	520	28.1	8.26	2.0			0.8	
24	24	2,766,000	12,240,000	3.8	80	304	27.8	8.12	2.0			1.6	
25	24	2,740,000	12,528,000	3.7	78	289	29.2	8.17	2.0			1.8	
26	24	4,440,000	6,912,000	2.2	159	350	29.2	8.15	2.0			1.4	
27	24	3,972,000	11,808,000	3.0	87	261	25.5	8.05	2.0			0.6	
28	24	2,562,000	12,528,000	3.3	76	251	28.3	8.04	2.0			1.2	
29	24	4,996,000	9,216,000	1.2	128	154	27.1	8.11	2.0			1.0	
30	24	5,500,000	8,496,000	3.8	121	460	27.3	8.01	2.0			1.6	
31	24	3,880,000	13,392,000	4.3	73	314	26.4	7.92	2.0			0.8	
Total		155,448,000											
Average		5,014,000											
Maximum		8,873,000											

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: September 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Corporation			PWS Identification Number: 3591121
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Sanlando Utilities Corporation			
Contact Person: Patrick Flynn	Contact Person's Title: Manager		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	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:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	B	14256	Nights Wed - Sat
	Corey Sudol	B	14271	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E. Keys	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121 | Plant Name: Wekiva Hunt Club

III. Daily Data for the Month Year of: September 2010

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	4,536,000	13,392,000	5.0	60	300	25.6	7.98	2.0	NA	NA	1.4	Bact's #1-7
2	24	5,784,000	7,056,000	3.0	122	366	30.2	8.09	2.0			1.0	Bact's #8-14
3	24	5,376,000	13,824,000	4.3	62	267	25.9	8.09	2.0			0.6	
4	24	5,834,000	14,000,000	4.1	56	230	27.1	8.03	2.0			0.8	
5	24	7,221,000	6,912,000	2.7	159	429	26.5	8.08	2.0			0.3	
6	24	6,890,000	6,624,000	5.0	155	775	27.2	8.02	2.0			0.6	
7	24	3,709,000	13,536,000	4.4	67	294	26.8	7.89	2.0			1.0	
8	24	4,126,000	12,960,000	3.7	72	266	24.4	8.25	2.2			1.8	Bact's #15-21
9	24	4,566,000	5,616,000	2.8	193	540	29.6	7.95	2.0			1.4	Bact's #22-32
10	24	5,142,000	11,376,000	2.8	79	221	28.0	8.30	2.0			0.8	
11	24	4,382,000	14,400,000	4.2	58	244	30.5	7.86	2.0			1.0	
12	24	7,353,000	5,904,000	3.7	191	707	29.2	8.05	2.0			0.8	
13	24	6,585,000	6,480,000	3.1	167	518	28.1	8.24	2.0			1.2	
14	24	4,156,000	13,680,000	4.2	72	302	28.8	8.15	2.0			1.0	
15	24	4,532,000	13,968,000	4.4	62	273	29.7	8.11	2.0			0.8	
16	24	5,656,000	6,768,000	3.1	151	468	29.7	8.01	2.0			1.2	
17	24	5,904,000	13,680,000	4.2	64	269	26.4	8.06	2.0			1.0	
18	24	5,614,000	14,400,000	4.6	56	258	28.6	8.03	2.0			1.4	
19	24	8,252,000	6,912,000	2.7	148	400	27.9	8.18	2.0			1.0	
20	24	7,688,000	8,928,000	3.1	115	359	31.6	8.18	2.0			1.6	
21	24	4,360,000	13,968,000	4.4	60	264	27.4	8.11	2.0			1.8	
22	24	5,400,000	14,400,000	5.0	61	305	29.5	8.00	2.0			1.4	
23	24	6,462,000	10,080,000	3.4	151	529	29.5	8.06	2.0			1.2	
24	24	5,966,000	10,949,000	2.0	99	198	26.6	7.86	2.0			0.9	
25	24	2,838,000	13,248,000	3.5	71	249	26.5	8.01	2.0			1.6	
26	24	4,489,000	6,048,000	2.5	192	480	27.6	8.00	2.0			1.4	
27	24	6,011,000	6,768,000	3.0	160	480	26.8	8.14	2.0			1.4	
28	24	2,666,000	10,368,000	2.0	99	198	25.5	7.95	2.0			1.2	
29	24	2,340,000	11,664,000	2.0	87	174	25.5	7.97	2.0			1.3	
30	24	4,196,000	6,624,000	1.5	143	215	25.5	8.17	2.0			1.1	
31	24												
Total		158,034,000											
Average		5,268,000											
Maximum		8,252,000											

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: October 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Corporation ~~Wekiva Hunt Club WTP~~		PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825	
PWS Owner: ~~Utilities Inc. of Fla.~~ Sanlando Utilities Corporation		
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961	
Contact Person's E-Mail Address: pcflynn@uiwater.com		

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	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:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Sun - Thurs
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	B	14256	Nights Wed - Sat
	Corey Sudol	B	14271	Days Sun

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I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E. Keys 11-2-10
Signature and Date

Thomas E. Keys
Printed or Typed Name

A2181
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3	Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month Year of: October 2010

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	4,950,000	12,960,000	3.2	73	234	24.3	8.08	2.2	NA	NA	1.2	
2	24	3,460,000	13,824,000	3.6	51	223	25.3	7.63	2.0			1.4	
3	24	6,839,000	6,336,000	1.7	178	303	25.8	7.81	2.0			0.8	
4	24	7,356,000	7,056,000	2.5	160	400	25.1	7.88	2.0			1.1	
5	24	4,019,000	13,536,000	4.3	65	280	24.5	7.64	2.2			1.1	
6	24	5,046,000	13,824,000	4.2	63	265	25.4	7.98	2.0			1.0	
7	24	6,006,000	6,912,000	2.4	148	355	25.0	8.14	2.0			1.8	
8	24	5,784,000	13,536,000	3.7	75	278	26.8	7.96	2.0			1.6	
9	24	5,562,000	14,400,000	4.3	58	249	26.0	8.04	2.0			1.8	
10	24	7,696,000	7,200,000	2.5	153	383	25.7	8.08	2.0			2.0	
11	24	8,752,000	5,184,000	1.6	223	357	25.2	8.14	2.0			1.0	
12	24	3,438,000	13,824,000	4.6	63	290	25.8	8.09	2.0			1.6	
13	24	5,242,000	14,256,000	3.7	58	215	27.4	8.16	2.0			1.3	
14	24	6,464,000	7,056,000	2.8	122	342	26.7	8.21	2.0			1.9	
15	24	6,268,000	13,824,000	4.4	62	273	27.1	8.09	2.0			1.3	
16	24	5,524,000	14,400,000	3.6	71	256	27.4	8.06	2.0			2.4	
17	24	7,772,000	7,200,000	2.5	142	355	26.7	8.17	2.0			1.8	
18	24	7,764,000	5,328,000	1.8	212	382	26.2	8.21	2.0			1.5	
19	24	5,542,000	13,968,000	4.7	60	282	25.4	8.04	2.0			1.4	
20	24	5,784,000	14,400,000	4.5	58	261	24.4	8.21	2.2			1.6	
21	24	6,228,000	6,912,000	2.8	148	414	24.2	8.23	2.2			1.2	
22	24	6,408,000	13,968,000	4.7	62	291	22.7	8.27	2.4			1.4	
23	24	5,268,000	14,400,000	4.6	55	253	26.5	8.25	2.0			2.0	
24	24	7,866,000	8,640,000	3.3	119	393	25.1	8.17	2.0			2.6	
25	24	7,806,000	7,344,000	3.0	144	432	25.8	8.21	2.0			1.5	
26	24	5,154,000	7,488,000	3.4	106	360	26.1	8.38	2.0			1.6	
27	24	5,866,000	13,968,000	4.0	57	228	25.5	8.20	2.0			1.4	
28	24	6,412,000	14,256,000	2.4	47	113	26.3	8.01	2.0			1.2	
29	24	6,156,000	6,768,000	1.5	154	231	24.5	8.22	2.2			1.6	
30	24	4,746,000	13,824,000	3.7	59	218	25.3	8.21	2.0			0.8	
31	24	7,748,000	14,256,000	2.5	52	130	25.8	21.4	2.0			1.4	
Total		188,926,000											
Average		6,094,000											
Maximum		8,752,000											

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: November 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950		Total Population Served at End of Month: 27,825	
PWS Owner: Sanlando Utilities Corporation			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919		Contact Person's Fax Number: 407 8696961	
Contact Person's E-Mail Address: pcflynn@aquawater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club			Plant Telephone Number: 407 6825651
Plant Address: 144 Ledbury Dr.		City: Longwood State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Tue - Sat
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	B	14256	Nights Wed - Sat
	Corey Sudol	B	14271	Days Sun

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Thomas E Keys 12-2-10	Thomas E. Keys	A2181
Signature and Date	Printed or Typed Name	License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: November 2010

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1	24	7,086,000	7,488,000	2.5	137	343	25.1	8.17	2.0	NA	NA	1.4	
2	24	5,138,000	11,376,000	2.6	87	226	24.4	8.21	2.2			1.6	
3	24	3,122,000	12,816,000	2.7	74	200	25.7	8.19	2.0			2.0	
4	24	4,670,000	6,336,000	2.1	181	380	25.8	8.15	2.0			1.4	
5	24	3,448,000	11,520,000	2.3	85	196	24.5	8.25	2.2			1.2	
6	24	2,772,000	13,104,000	4.0	71	284	23.5	8.20	2.4			1.8	
7	24	5,066,000	6,192,000	2.0	182	364	23.2	8.24	2.4			1.6	
8	24	6,414,000	5,040,000	1.3	224	291	23.8	8.15	2.4			1.5	
9	24	3,952,000	12,960,000	3.3	73	241	24.2	8.11	2.2			1.9	
10	24	4,402,000	12,960,000	3.0	72	216	23.7	8.44	2.4			1.6	
11	24	5,514,000	6,336,000	2.1	171	359	24.2	8.58	2.2			1.7	Bact's #1-14
12	24	5,470,000	12,960,000	4.3	76	327	22.8	8.26	2.6			1.3	
13	24	4,064,000	13,824,000	2.7	68	184	24.5	8.26	2.2			2.4	
14	24	7,144,000	6,480,000	1.7	170	289	23.4	8.21	2.4			1.8	
15	24	7,560,000	6,768,000	2.0	162	324	24.2	8.28	2.2			1.6	
16	24	4,048,000	12,096,000	2.9	81	235	24.6	8.18	2.2			0.8	
17	24	3,494,000	13,104,000	3.5	78	273	23.9	8.26	2.4			1.7	Bact's #15-21
18	24	5,330,000	5,040,000	4.0	224	896	24.4	8.19	2.2			1.6	Bact's #22-32
19	24	5,006,000	12,960,000	3.0	73	219	23.7	8.29	2.4			1.4	
20	24	2,568,000	13,28,000	2.4	72	173	24.2	8.24	2.2			1.6	
21	24	7,118,000	6,192,000	0.9	177	159	24.6	8.10	2.2			3.0	
22	24	5,924,000	4,896,000	3.3	231	762	24.3	8.18	2.2			2.2	
23	24	2,208,000	12,824,000	3.4	79	269	24.5	8.20	2.2			1.9	
24	24	2,822,000	11,376,000	2.6	89	231	25.0	8.23	2.0			1.6	
25	24	5,832,000	5,328,000	1.7	213	362	24.5	7.91	2.2			1.5	
26	24	5,686,000	11,390,000	2.6	93	242	24.6	8.15	2.2			1.6	
27	24	2,448,000	12,960,000	3.7	72	266	24.4	8.27	2.2			1.8	
28	24	4,746,000	5,184,000	2.2	217	477	24.2	8.11	2.2			2.0	
29	24	5,644,000	5,328,000	2.0	212	424	24.0	8.17	2.2			1.5	
30	24	1,492,000	10,512,000	2.9	97	281	23.7	8.29	2.4			2.0	
31	24												
Total		140,188,000											
Average		4,673,000											
Maximum		7,560,000											

REVISED 12/07/10

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: December 2010

A. Public Water System (PWS) Information

PWS Name: Sanlando Utilities Corporation Wekiva Hunt Club WTP			PWS Identification Number: 3591121-3
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 7,950	Total Population Served at End of Month: 27,825		
PWS Owner: Sanlando Utilities Corporation			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407 869 1919	Contact Person's Fax Number: 407 8696961		
Contact Person's E-Mail Address: pcflynn@uiwater.com			

B. Water Treatment Plant Information

Plant Name: Wekiva Hunt Club		Plant Telephone Number: 407 6825651	
Plant Address: 144 Ledbury Dr.	City: Longwood	State: Fl.	Zip Code: 32779
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 11,088,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	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:	Thomas E. Keys	A	2181	Days Mon - Fri
Other Operators:	Alex Lorenzo	C	13756	Days Tue - Sat
	Alan Bailey	C	8003	Nights Sun-Tues
	Ray Hogue	B	14256	Nights Wed - Sat
	Corey Sudol	B	14271	Days Sun

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
Thomas E. Keys	Thomas E. Keys	A2181

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3591121-3 | Plant Name: Sanlando Utilities Corporation, Wekiva Hunt Club

III. Daily Data for the Month/Year of: December 2010

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, Gallons	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	24	2,978,000	10,224,000	3.2	99	317	23.4	8.21	2.4	NA	NA	1.5	
2	24	3,578,000	5,040,000	1.9	224	426	23.3	8.15	2.4			1.4	
3	24	2,726,000	11,232,000	2.9	97	281	22.9	8.24	2.6			1.7	
4	24	3,500,000	12,960,000	3.3	78	257	22.4	8.27	2.6			1.6	
5	24	5,314,000	5,328,000	1.7	212	360	24.3	8.18	2.2			1.5	
6	24	5,630,000	5,040,000	2.5	224	560	22.6	8.22	2.6			1.2	
7	24	1,438,000	9,360,000	3.7	117	433	21.8	8.07	2.8			1.7	
8	24	2,128,000	10,224,000	3.3	106	350	21.5	8.13	2.8			1.6	
9	24	2,848,000	5,328,000	1.8	206	371	22.1	7.98	2.6			1.8	
10	24	4,452,000	10,368,000	1.8	105	189	21.6	8.08	2.8			1.4	
11	24	2,606,000	11,664,000	2.2	84	185	22.0	8.14	2.6			2.0	
12	24	7,064,000	4,752,000	2.9	228	661	21.6	8.00	2.8			1.9	
13	24	2,652,000	4,896,000	4.5	224	1008	21.5	8.07	2.8			2.4	
14	24	2,350,000	6,624,000	3.3	166	548	22.4	8.11	2.6			2.0	
15	24	2,000,000	7,056,000	3.3	156	515	19.4	7.18	3.2			1.2	
16	24	1,084,000	5,040,000	1.8	230	414	21.8	8.15	2.8			0.6	
17	24	4,038,000	9,936,000	1.4	106	148	22.7	8.04	2.6			1.3	
18	24	3,824,000	7,920,000	3.4	129	439	21.9	7.80	2.8			2.0	
19	24	3,046,000	4,752,000	1.8	247	445	21.3	7.94	2.8			2.9	
20	24	2,170,000	4,608,000	3.0	238	714	21.7	8.00	2.8			2.4	
21	24	1,590,000	7,205,000	3.5	151	529	21.7	8.01	2.8			1.7	
22	24	2,546,000	9,792,000	3.4	111	377	22.1	8.04	2.6			1.5	
23	24	2,910,000	4,752,000	1.7	247	420	22.2	8.02	2.6			1.4	
24	24	3,906,000	9,792,000	1.6	111	178	21.8	7.96	2.8			1.6	
25	24	3,556,000	9,936,000	1.3	106	138	21.0	7.66	2.8			1.2	
26	24	4,328,000	4,608,000	1.7	245	417	22.3	8.00	2.6			2.1	
27	24	1,264,000	4,752,000	1.8	238	428	18.7	7.85	3.4			1.6	
28	24	1,486,000	8,640,000	4.3	131	563	20.8	7.91	3.0			1.4	
29	24	1,888,000	9,216,000	2.1	111	233	18.7	7.85	3.4			1.0	
30	24	3,974,000	5,040,000	1.7	224	381	21.5	7.59	2.8			1.2	
31	24	4,184,000	9,963,000	1.7	114	194	22.4	8.06	2.6			1.4	
Total		99,218,000											
Average		3,201,000											
Maximum		7,064,000											

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year:

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm = NA

Acrylamide Level, %[†] = NA

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm = NA

Epichlorohydrin Level, %[†] = NA

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): Sodium Polyphosphate (Corrosion Inhibitor)

Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 1.09

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 = NA

* *Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.*

† *Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.*

Sanlando Utilities Corporation

Docket No. 110257-WS

Seminole County

25.30.440 (5)
INSPECTION REPORTS

Test Year Ended December 31, 2010

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 E-MAIL TO: pcflynn@uiwater.com

May 18, 2010

OCD-C-WW-10-0329

UTILITIES INC
200 WEATHERSFIELD AVE
ALTAMONTE SPRINGS FL 32714

ATTENTION PATRICK FLYNN
REGIONAL DIRECTOR

Seminole County - DW
Woodlands (Des Pinar) WWTF
Wastewater Facility - Permit No. FLA011080
Noncompliance Letter

Dear Mr. Flynn:

On April 7, 2010, Department personnel conducted a Compliance Sampling Inspection (CSI) of the above-referenced facility. A copy of the inspection report is attached for your review. Please note the items listed below which need to be addressed:

1. According to Part VI, Schedules, of the wastewater permit, the facility was to implement the proposed modifications required to comply with the Wekiva Rule 62-600.550, F.A.C., by April 1, 2010. This was submitted to the Department on April 22, 2010.
2. There was a gap between the clarifier skimmer arm and the weir, which was preventing the proper skimming of the clarifier surface.
3. A review of the groundwater files for this facility indicates the following deficiencies:
    a) The Department has not received the groundwater monitoring reports for the second and fourth quarters of 2009. These reports were due by the end of July 2009 and the end of January 2010, respectively. Please submit these reports as soon as possible.
    b) The pH measurements of 4.8 Standard Units (SU) and 6.85 SU were reported for the groundwater samples from background well MW-5 for the first and third quarters of 2009. What conditions would cause the wide range of measurements?

The Department requests a written response addressing the items listed above within 14 days from the date of this letter. Your response should include an explanation of any corrective actions that have either been taken or that you plan to take. Please note that this letter and report, being part of the Department's investigation, is preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. Ground water questions should be

Utilities, Inc.

May 25, 2010

Mr. Gary P. Miller, Program Manager
Florida Department of Environmental Protection
Central District
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767

RE: Woodlands (Des Pinar) WWTF
Wastewater Facility - Permit No. FLA011080
Noncompliance Letter

Dear Mr. Miller:

This correspondence has been developed to address those deficiencies noted as a result of the Department's inspection of the above referenced facility on April 7, 2010. The Department's comments have been reiterated in italics followed by the Utility's response.

1. *According to Part VI, Schedules, of the wastewater permit, the facility was to implement the proposed modifications required to comply with the Wekiva Rule 62-600.550, F.A.C., by April 1, 2010. This was submitted to the Department on April 22, 2010.*

   Acknowledged.

2. *There was a gap between the clarifier skimmer arm and the weir, which was preventing the proper skimming of the clarifier surface. .*

   Repairs to the clarifier skimmer arm have been completed.

3. *A review of the groundwater files for this facility indicates the following deficiencies:*

   a) *The Department has not received the groundwater monitoring reports for the second and fourth quarters of 2009. These reports were due by the end of July 2009 and the end of January 2010, respectively. Please submit these reports a soon as possible.*

      We apologize for this oversight. Please find the enclosed reports as requested.

   b) *The pH measurements of 4.8 Standard Units (SU) and 6.85 SU were reported for the groundwater samples from background well MW-5 for the first and third quarters of 2009. What conditions would cause the wide range of measurements?*

      Results of pH measurements taken at MW-5 through calendar year 2009 were, Q1:4.80 SU, Q2:4.92 SU, Q3:6.85 SU and Q4:4.89 SU. Therefore Q1, Q2 and Q4 appear relatively consistent with Q3 being the only anomaly. This value could have been errantly provided for a number of different reasons none of which can be singled out in this response. We will continue to monitor this well for this parameter.

C/E 680.19

We hope this information adequately addresses the Department's concerns. Should you require additional information, please contact me directly at 407.869.8588, extension 226.

Sincerely,
SANLANDO UTILITIES CORPORATION

Bryan K. Gongre
Regional Manager

Enclosures: (2)

Ec: Patrick Flynn, Regional Director, SUC
Scotty Haws, Regional Compliance & Safety Manager, SUC
Scott Gosnell, Area Manager, SUC

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Woodlands (Des Pinar) WWTF / Seminole County

Address 125 Western Fork

City Longwood Zip 32750

Telephone Number (407)260-5065

(2) The GMS Identification Number 3059P01774

(3) DEP Permit Number FLA011080

(4) Authorized Representative Name James Swegheimer

Address 125 Western Fork

City Longwood Zip 32750

Telephone Number (407) 260-5065

(5) Type of Discharge Domestic Wastewater Treatment Facility

(6) Method of Discharge Rapid Infiltration Basins and Slow Rate Restricted Access Land Application

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 7/20/09

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Enviromental Laboratories,Inc.

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advanced Enviromental Labratories, Inc.

Address 5810 D Breckenridge Parkway

Phone Number (813)630-9616

Printed 9/20/2004

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774

Month/Year: April 2009 – June 2009

Date Sample Obtained: 4/28/09

Was the well purged before sampling? X Yes ___ No

Monitoring Location Site Number: MW-5

Well Type: Background

Ground Water Class: G-II

WAFR Number 7012

Input WAFR Number MWB-7012

GMS Well # 3059P13042

Parameter	Parm Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545					69.18 ft	
Nitrate (mg/L as N)	00620	Pump	N	Ice	SM4500NO3-F	9.4 mg/L	0.039 mg/L
TDS (mg/L)	70296	Pump	N	Ice	E160.1	210 mg/L	10 mg/L
Chloride (mg/L)	00940	Pump	N	Ice	E325.2	51 mg/L	3.8 mg/L
Fecal Coliform (#/100ML)	74055	Pump	N	Ice	SM9222D	1.0 Col/100 mL U	1.0 Col/100 mL
pH (standard units)	00400	Pump	N	Ice	Field	4.92	
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	5.1 NTU	0.016 NTU

Comments and Explanation:

DEP Form 62-620.910(10), Effective November 29, 1994

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774

Month/Year: April 2009 – June 2009

Date Sample Obtained: 4/28/09

Was the well purged before sampling? X Yes ___ No

Monitoring Location Site Number: MW-6

Well Type: Background

Ground Water Class: G-II

WAFR Number 7012

Input WAFR Number MWB-7012

GMS Well # 3059P13042

Parameter	Parm Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545					76.92 ft	
Nitrate (mg/L as N)	00620	Pump	N	Ice	SM4500NO3-F	90 mg/L	0.39 mg/l
TDS (mg/L)	70296	Pump	N	Ice	E160.1	1000 mg/L	10 mg/L
Chloride (mg/L)	00940	Pump	N	Ice	E325.2	84 mg/L	3.8 mg/L
Fecal Coliform (#/100ML)	74055	Pump	N	Ice	SM9222D	1.0 Col/100 mL U	1.0 Col/100 mL
pH (standard units)	00400	Pump	N	Ice	Field	6.33	
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	1.5 NTU	0.016 NTU

Comments and Explanation:

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774
Month/Year: April 2009 – June 2009
Date Sample Obtained: 06/16/09
Was the well purged before sampling? X Yes ___ No

Monitoring Location Site Number: MW-6
Well Type: Background
Ground Water Class: G-II
WAFR Number 7012
Input WAFR Number MWB-7012
GMS Well # 3059P13042

Parameter	Parm Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545					77.64 ft	
Nitrate (mg/L as N)	00620	Pump	N	Ice	SM4500NO3-F	9.6 mg/L	0.39 mg/L
TDS (mg/L)	70296	Pump	N	Ice	E160.1		10 mg/L
Chloride (mg/L)	00940	Pump	N	Ice	E325.2		3.8 mg/L
Fecal Coliform (#/100ML)	74055	Pump	N	Ice	SM9222D		1.0 Col/100 mL
pH (standard units)	00400	Pump	N	Ice	Field		
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1		0.016 NTU

Comments and Explanation:

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774

Month/Year: April 2009 – June 2009

Date Sample Obtained: 4/28/09

Was the well purged before sampling? X Yes ___ No

Monitoring Location Site Number: MW-7

Well Type: Background

Ground Water Class: G-II

WAFR Number 7012

Input WAFR Number MWB-7012

GMS Well # 3059P13042

Parameter	Parm Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545					66.29 ft	
Nitrate (mg/L as N)	00620	Pump	N	Ice	SM4500NO3-F	3.9 mg/L	0.039 mg/L
TDS (mg/L)	70296	Pump	N	Ice	E160.1	330 mg/L	10 mg/L
Chloride (mg/L)	00940	Pump	N	Ice	E325.2	61 mg/L	3.8 mg/L
Fecal Coliform (#/100ML)	74055	Pump	N	Ice	SM9222D	1.0 Col/100 mL U	1.0 Col/100 mL
pH (standard units)	00400	Pump	N	Ice	Field	6.58	
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	22 NTU	0.016 NTU

Comments and Explanation:

DEP Form 62-520.910(10), Effective November 29, 1994

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name **Woodlands (Des Pinar) WWTF / Seminole County**

Address 125 Western Fork Ave.

City Longwood, FL. Zip 32791

Telephone Number (407) 260-5065

(2) The GMS Identification Number **3059P01774**

(3) DEP Permit Number **FLA011080**

(4) Authorized Representative Name Jim Swegheimer

Address 125 Western Fork Ave.

City Longwood, FL. Zip 32791

Telephone Number (407) 260-5065

(5) Type of Discharge Treated Domestic Wastewater

(6) Method of Discharge Reclaimed Rapid Infiltration Basins and Slow Rate Restricted Public Access Irrigation

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 12/15/09

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advance Environmental Laboratories Inc.

Address 5810 D Breckenridge Parkway Tampa, FL. 33610

Phone Number (813)630-9616

11/30/2009

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774
Month/Year: October 2009 – December 2009
Date Sample Obtained: 11/18/09
Was the well purged before sampling? X Yes ___ No

Monitoring Location Site Number: MW-5
Well Type: Background
Ground Water Class: G-II
WAFR Number 7012
Input WAFR Number MWB-7012
GMS Well # 3059P13042

TOC 92.61

Parameter	Parm Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (fl. NGVD)	82545					69.90 fl	
Nitrate (mg/L as N)	00620	Pump	N	Ice	IC 300.0	3.0 mg/L	0.078 mg/L
TDS (mg/L)	70296	Pump	N	Ice	E160.1	190 mg/L	10 mg/L
Chloride (mg/L)	00940	Pump	N	Ice	IC 300.0	48 mg/L	0.61 mg/L
Fecal Coliform (#/100ML)	74055	Pump	N	Ice	SM9222D	1.0 Col/100 mL U	1.0 Col/100 mL
pH (standard units)	00400	Pump	N	Ice	Field	4.89	
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	0.55 NTU	0.016 NTU

Comments and Explanation:

DEP Form 62-520.910(10), Effective November 29, 1994

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774

Month/Year: October 2009 – December 2009

Date Sample Obtained: 11/18/09

Was the well purged before sampling? X Yes ___ No

DRY WELL

Monitoring Location Site Number: MW-6

Well Type: Background

Ground Water Class: G-II

WAFR Number 7012

Input WAFR Number MWB-7012

GMS Well # 3059P13042

TOC 87.04

Parameter	Parm Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545					ft	
Nitrate (mg/L as N)	00620	Pump	N	Ice	IC 300.0	mg/L	0.078 mg/L
TDS (mg/L)	70296	Pump	N	Ice	E160.1	mg/L	10 mg/L
Chloride (mg/L)	00940	Pump	N	Ice	IC 300.0	mg/L	1.2 mg/L
Fecal Coliform (#/100ML)	74055	Pump	N	Ice	SM9222D	Col/100 mL U	1.0 Col/100 mL
pH (standard units)	00400	Pump	N	Ice	Field		
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	NTU	0.016 NTU

Comments and Explanation:

DEP Form 62-620.910(10), Effective November 29, 1994

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774

Month/Year: October 2009 – December 2009

Date Sample Obtained: 11/18/09

Was the well purged before sampling? X Yes ___ No

Monitoring Location Site Number: MW-7

Well Type: Background

Ground Water Class: G-II

WAFR Number 7012

Input WAFR Number MWB-7012

GMS Well # 3059P13042

TOC 93.17

Parameter	Parm Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545					66.32 ft	
Nitrate (mg/L as N)	00620	Pump	N	Ice	IC 300.0	10 mg/L	0.078 mg/L
TDS (mg/L)	70296	Pump	N	Ice	E160.1	360 mg/L	10 mg/L
Chloride (mg/L)	00940	Pump	N	Ice	IC 300.0	75 mg/L	2.5 mg/L
Fecal Coliform (#/100ML)	74055	Pump	N	Ice	SM9222D	1.0 Col/100 mL U	1.0 Col/100 mL
pH (standard units)	00400	Pump	N	Ice	Field	6.46	
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	8.3 NTU	0.016 NTU

Comments and Explanation:

DEP Form 62-620.910(10), Effective November 29, 1994

GROUNDWATER MONITORING REPORT - PART D (Woodlands Des Pinar / Seminole County)

Permit Number: FLA011080-001 GMS# 3059P01774
Month/Year: October 2009 – December 2009
Date Sample Obtained: 11/18/09
Was the well purged before sampling? X Yes ___ No

Monitoring Location Site Number: Equipment Blank
Well Type:
Ground Water Class:
WAFR Number
Input WAFR Number
GMS Well #

TOC

Parameter	Parm Code	Sampling Methods	Samples Filtered in field (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level (ft. NGVD)	82545						
Nitrate (mg/L as N)	00620	Pump	N	Ice	IC 300.0	0.078 mg/L U	0.078 mg/L
TDS (mg/L)	70296	Pump	N	Ice	E160.1	10 mg/L U	10 mg/L
Chloride (mg/L)	00940	Pump	N	Ice	IC 300.0	0.61 mg/L U	0.61 mg/L
Fecal Coliform (#/100ML)	74055	Pump	N	Ice	SM9222D	1.0 Col/100 mL U	1.0 Col/100 mL
pH (standard units)	00400	Pump	N	Ice	Field		
Turbidity (NTU lab)	82079	Pump	N	Ice	E180.1	0.016 NTU	0.016 NTU

Comments and Explanation:

DEP Form 62-620.910(10), Effective November 29, 1994

Page 1 of 1

Advanced Environmental Laboratories, Inc.

6481 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E
9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • EM
6916 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.9439 • E
☒ 208 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1994 • Fa

A0905977

CLIENT NAME: Utilities, Inc.
ADDRESS:
PHONE:
FAX:
CONTACT:
SAMPLED BY: Frankie
TURN AROUND TIME:
☐ STANDARD ____ ☐ RUSH ____

PROJECT NAME: Qtrly wells
P.O. NUMBER/PROJECT NUMBER:
PROJECT LOCATION: Deerfield
REMARKS/SPECIAL INSTRUCTIONS:

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION	ANALYSIS REQUIRED: Fecal	Cl, NO3	Tds, Turb	LABORATORY I.D. NUMBER
	MW-5	G	11-8-09	1414	GW	3		✓	✓	✓	01
	~~MW-6~~			—	GW						DRY
	MW-7			1455	GW						02
	EQ Blank			1357	DI						03

Matrix Codes: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge

Preservation Codes: I = Ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice ☐ Yes ☐ No ☑ Temp taken from sample ☐ Temp from blank ☐ Where required, pH checked Temperature when received 3 (in degrees celsius)

Form revised 2/1/08

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A Q: LT-1 LT-2 T: 10A A: 3A

	Relinquished by:	Date	Time	Received by:	Date	Time
1		11-8-09	1355	C. Fauyn	11/8/09	1355
2						
3						
4						

FOR DRINKING WATER USE:
(When PWS information not otherwise supplied) PWS ID:
Contact Person: Phone:
Supplier of Water:
Site Address:

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

VIA E-MAIL
PCFLYNN@UIWATER.COM

July 30, 2010

Patrick Flynn, Regional Director
Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

OCD -PW-SS-10-0547

Seminole County - PW
Sanlando Utilities
PWS ID Number 3591121

Dear Mr. Flynn:

This confirms a visit to the subject community public water system on July 14, 2010, by Reggie Phillips to conduct a sanitary survey.

Deficiencies noted during the inspection and/or determined from records on file in this office are listed on the report. Corrective actions are required to bring the subject system into complete compliance with relevant Department rules 62-532, 62-550, 62-555, 62-560, 62-602, and 62-699 of the *Florida Administrative Code* (F.A.C.).

Please correct and/or provide information on the indicated deficiencies and provide a written statement to the Department no later than **August 31, 2010**, stating that all deficiencies are corrected.

If you have any questions, please contact Reggie Phillips at the address listed above or by phone at (407) 893-3319.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/rp
Enclosures

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name SANLANDO UTILITIES – DES PINAR County Seminole PWS ID # 3591121-01
Plant Location 125 Western Fork, Longwood, FL 32750 Phone 407-682-5651
Owner Name Utilities Inc., c/o Patrick Flynn, Regional Director Phone 407-869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Scott Gosnell Title Area Manager Phone 407-682-5651
This Survey Date 7/14/10 Last Survey Date 6/27/07 Last C.I. Date 8/10/06

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 6.261 MGD

PWS STATUS: Approved

TREATMENT PROCESSES IN USE
Hypochlorination, corrosion control (phosphate), aeration for secondaries

SERVICE AREA CHARACTERISTICS
Subdivision
Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connections 10,558
Population Served 36,953 Basis 05/10 MOR

OPERATION & MAINTENANCE LOG: Yes
Location Each plant
Comments

CERTIFIED OPERATOR: Yes
Operator(s) & Certification Class-Number:
Jim Swegheimer C-7173, see MORs for complete list.

Hrs/day: *Required* 6+visits *Actual* 8+visits
Days/wk: *Required* 5+2 *Actual* 5+2
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
Comments

MONTHLY OPERATION REPORTS (MORs)
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Average Day (from MORs) 2.703 MGD
Maximum Day (from MORs) 6.373 MGD 05/10
Comments Category and class on MORs is incorrect. Exceeded design capacity in May 2010.

Flow Measuring Device Flow Meter
Meter Size & Type 12" and 6" orifice plate
Date Last Calibrated 01/10

RAW WATER SOURCE
☒ GROUND; Number of Wells 4
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

STANDBY POWER SOURCE: Yes
Source Onan diesel generator
Capacity of Standby (kW) 300
Switchover: ☒ Automatic ☐ Manual
Hrs Operated Under Load 1 hrs/mo.
What equipment does it operate?
☒ Well Pumps #2
☒ High Service Pumps 1-4
☒ Treatment Equipment All
Satisfy avg. daily demand? ☒Yes ☐No ☐Unknown
Audio-visual alarm? ☒Yes ☐No
Comments

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

CROSS CONNECTION CONTROL
BFPAs Unknown # Tested Unknown
WWTP RPZ Yes Date Tested Annual
Written Plan Yes Date 1/7/08

Comments Accepted by V. Hoofnagle (FDEP) 1/25/08.

PWS ID # 3591121-01
Date 7/14/10

GROUND WATER SOURCE

Well Number		1 (AAH7333)	1A (AAH7332)	2 (AAH7331)	2A (AAH7334)
Year Drilled		1969	1983	1971	1977
Depth Drilled		925'	500'	420'	495'
Drilling Method		Unknown	Unknown	Unknown	Unknown
Type of Grout		Unknown	Unknown	Unknown	Unknown
Static Water Level		Unknown	Unknown	Unknown	Unknown
Pumping Water Level		Unknown	Unknown	Unknown	Unknown
Design Well Yield		Unknown	Unknown	Unknown	Unknown
Test Yield		Unknown	Unknown	Unknown	Unknown
Actual Yield (if different than rated capacity)		Unknown	Unknown	Unknown	Unknown
Strainer		Unknown	Unknown	Unknown	Unknown
Length (outside casing)		405'	160'	103'	150'
Diameter (outside casing)		8"	16"	12"	12"
Material (outside casing)		Steel	Steel	Steel	Steel
Well Contamination History		None	None	None	None
Is inundation of well possible?		No	No	No	No
6' X 6' X 4" Concrete Pad		Yes	Yes	Yes	Yes
SET BACKS	Septic Tank	N/A	N/A	N/A	N/A
	Reuse Water	N/A	N/A	N/A	N/A
	WW Plumbing	>100'	>100'	>100'	>100'
	Other Sanitary Hazard	None Observed	None Observed	None Observed	None Observed
PUMP	Type	Vertical Turbine	Vertical Turbine	Vertical Turbine	Vertical Turbine
	Manufacturer Name	Layne	Peerless	Layne	Worthington
	Model Number	Unknown	Unknown	Unknown	Unknown
	Rated Capacity (gpm)	469	2,412	1,766	1,525
	Motor Horsepower	30	100	60	60
Well casing 12" above grade?		Yes	Yes	Yes	Yes
Well Casing Sanitary Seal		OK	OK	OK	OK
Raw Water Sampling Tap		Yes	Yes	Yes	Yes
Above Ground Check Valve		Yes	Yes	Yes	Yes
Fence/Housing		Yes	Yes	Yes	Yes
Well Vent Protection		Yes	Yes	Yes	Yes

COMMENTS _____

PWS ID # 3591121-01
Date 7/14/10

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Iwaki Capacity 2 x 20 gph
Chlorine Feed Rate Pre-65%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 2.2 Remote 1.8
Remote tap location 97 Tollgate Trail
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Into tanks
Booster Pump Info N/A
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Cascade Tray Capacity See Comment
Aerator Condition Appears satisfactory
Bloodworm Presence None observed
Visible Algae Growth None observed
Protective Screen Condition Appears satisfactory
Comments #1 – 1,800 gpm, 2 – 3,500 gpm
Aerators cleaned and inspected every 6 months.

STORAGE FACILITIES
(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	G1	G2	
Capacity (gal)	250,000	875,000	
Material	Concrete	Concrete	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	N/A	
Sight Glass or Level Indicator	SCADA	SCADA	
Fittings for Sight Glass	SCADA	SCADA	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	N/A	
On/Off Pressure	N/A	N/A	
Access Padlocked	Yes	Yes	
Date Last Cleaned	2006	2006	
Date Last Inspected	2006	2006	

Comments Tanks were inspected in 2006. The reports did not contain sufficient information. Additionally, none were signed and sealed by a PE licensed in FL.

HIGH SERVICE PUMPS

Pump Number	1	2	3	4	5
Type	Centrifugal				
Make	Aurora				
Model	411-BF	411-BF	411-BF	411-BF	411-SF
Capacity (gpm)	600	1200	1200	2000	2000
Motor HP	40	75	75	100	100
Date Installed	Unknown				
Maintenance	As Needed				

Comments Pumps 1, 2, and 3 are Variable Frequency Drive (VFD).

ADDITIVES
Meets NSF 60 & 61 Yes
Comments Corrosion control uses 2 x 1.21 gph pumps for application of Stiles-Kem SK-7641 orthophosphate. Injected prior to the ground storage tanks. Check residuals at the POE and distribution every 2 weeks.

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name SANLANDO UTILITIES – KNOLLWOOD County Seminole PWS ID # 3591121-02
Plant Location North Pressview Avenue at SR 434, Altamonte Springs, FL Phone 407-682-5651
Owner Name Utilities Inc., c/o Patrick Flynn, Regional Director Phone 407-869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Scott Gosnell Title Area Manager Phone 407-682-5651
This Survey Date 7/14/10 Last Survey Date 6/27/07 Last C.I. Date 8/10/06

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 0.576 MGD

PWS STATUS: Approved

TREATMENT PROCESSES IN USE
Hypochlorination, corrosion control (phosphate), aeration for secondaries

SERVICE AREA CHARACTERISTICS
Subdivision
Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connections 10,558
Population Served 36,953 Basis 05/10 MOR

OPERATION & MAINTENANCE LOG: Yes
Location Each plant
Comments

CERTIFIED OPERATOR: Yes
Operator(s) & Certification Class-Number:
Jim Swegheimer C-7173, see MORs for complete list.

Hrs/day: *Required* Visits *Actual* Visits
Days/wk: *Required* 5+1 *Actual* 5+2
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
Comments

MONTHLY OPERATION REPORTS (MORs)
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Average Day (from MORs) 0.246 MGD
Maximum Day (from MORs) 1.075 MGD 07/09
Comments Category and class on MORs is incorrect. Exceeded design capacity in July 2009.

Flow Measuring Device Flow Meter
Meter Size & Type Unknown, impeller
Date Last Calibrated 01/10

RAW WATER SOURCE
☒ GROUND; Number of Wells 2
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

STANDBY POWER SOURCE: Not Required
Source
Capacity of Standby (kW)
Switchover: ☐ Automatic ☐ Manual
Hrs Operated Under Load
What equipment does it operate?
☐ Well Pumps
☐ High Service Pumps
☐ Treatment Equipment
Satisfy avg. daily demand? ☐Yes ☐No ☐Unknown
Audio-visual alarm? ☐Yes ☐No
Comments

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

CROSS CONNECTION CONTROL
BFPAs Unknown # Tested Unknown
WWTP RPZ Yes Date Tested Annual
Written Plan Yes Date 1/7/08
Comments Accepted by V. Hoofnagle (FDEP) 1/25/08.

PWS ID # 3591121-02
Date 7/14/10

GROUND WATER SOURCE

Well Number		3 (AAH7335)	4 (AAH7330)		
Year Drilled		1965	1972		
Depth Drilled		830'	550'		
Drilling Method		Unknown	Unknown		
Type of Grout		Unknown	Unknown		
Static Water Level		Unknown	Unknown		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (outside casing)		604'	197'		
Diameter (outside casing)		6"	10"		
Material (outside casing)		Steel	Steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	N/A	N/A		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None Observed	None Observed		
PUMP	Type	Vertical Turbine	Vertical Turbine		
	Manufacturer Name	Layne	Goulds		
	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)	300	900		
	Motor Horsepower	25	40		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		OK	OK		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		Yes	Yes		
Well Vent Protection		N/A	Yes		

COMMENTS _____

PWS ID # 3591121-02
Date 7/14/10

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity See Comments
Chlorine Feed Rate 100%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 2.0 Remote 1.8
Remote tap location 97 Tollgate Trail
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Into aerator
Booster Pump Info N/A
Comments Pre – 2 x 85 gpd, Post – 1 x 85 gpd

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Cascade Tray Capacity 2,000 gpm
Aerator Condition Appears satisfactory
Bloodworm Presence None observed
Visible Algae Growth None observed
Protective Screen Condition Appears satisfactory
Comments Aerator cleaned and inspected every 6 months.

STORAGE FACILITIES
(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	G1	H1	
Capacity (gal)	100,000	10,000	
Material	Concrete	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	No	Yes	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	Yes	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	PRV	
On/Off Pressure	N/A	56/61	
Access Padlocked	Yes	Yes	
Date Last Cleaned	2006	2006	
Date Last Inspected	2006	2006	

Comments Tanks were inspected in 2006. The reports did not contain sufficient information. Additionally, none were signed and sealed by a PE licensed in FL.

HIGH SERVICE PUMPS

Pump Number	1	2
Type	Centrifugal	
Make	Allis Chalmers	
Model	Unknown	Unknown
Capacity (gpm)	400	400
Motor HP	25	25
Date Installed	Unknown	
Maintenance	As Needed	

Comments

ADDITIVES
Meets NSF 60 & 61 Yes
Comments Corrosion control uses 2 x 1.21 gph pumps for application of Stiles-Kem SK-7641 orthophosphate. Injected prior to the ground storage tanks. Check residuals at the POE and distribution every 2 weeks.

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name SANLANDO UTILITIES – WEKIVA County Seminole PWS ID # 3591121-03
Plant Location 144 Ledbury Drive, Longwood, Fl 32779 Phone 407-682-5651
Owner Name Utilities Inc., c/o Patrick Flynn, Regional Director Phone 407-869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Scott Gosnell Title Area Manager Phone 407-682-5651
This Survey Date 7/14/10 Last Survey Date 6/27/07 Last C.I. Date 8/10/06

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 11.088 MGD

PWS STATUS: Approved

TREATMENT PROCESSES IN USE
Hypochlorination, corrosion control (phosphate), aeration for secondaries

SERVICE AREA CHARACTERISTICS
Subdivision
Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connections 10,558
Population Served 36,953 Basis 05/10 MOR

OPERATION & MAINTENANCE LOG: Yes
Location Each plant
Comments

CERTIFIED OPERATOR: Yes
Operator(s) & Certification Class-Number:
Thomas Keys A-2181, see MORs for complete list.

Hrs/day: *Required* 6+visits *Actual* 16
Days/wk: *Required* 5+2 *Actual* 7
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
Comments

MONTHLY OPERATION REPORTS (MORs)
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Average Day (from MORs) 5.942 MGD
Maximum Day (from MORs) 8.268 MGD 07/09
Comments Category and class on MORs is incorrect.

Flow Measuring Device Flow Meter
Meter Size & Type 2 x unknown, orifice plate
Date Last Calibrated 11/09

RAW WATER SOURCE
☒ GROUND; Number of Wells 5
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

STANDBY POWER SOURCE: Yes
Source Cummins diesel generator
Capacity of Standby (kW) 600
Switchover: ☒ Automatic ☐ Manual
Hrs Operated Under Load 1 hrs/mo.
What equipment does it operate?
☒ Well Pumps Well #8
☒ High Service Pumps 1-5
☒ Treatment Equipment All
Satisfy avg. daily demand? ☒Yes ☐No ☐Unknown
Audio-visual alarm? ☒Yes ☐No
Comments Well #5 has its own manual propane generator. The other wells are fed by two substations.

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

CROSS CONNECTION CONTROL
BFPAs Unknown # Tested Unknown
WWTP RPZ Yes Date Tested Annual
Written Plan Yes Date 1/7/08

Comments Accepted by V. Hoofnagle (FDEP) 1/25/08.

PWS ID # 3591121-03
Date 7/14/10

GROUND WATER SOURCE

Well Number		5 (AAH7338)	6 (AAH7337)	7 (AAH7336)	8 (AAF0873)
Year Drilled		1972	1973	1978	1979
Depth Drilled		500'	554'	570'	925'
Drilling Method		Unknown	Unknown	Unknown	Unknown
Type of Grout		Unknown	Unknown	Unknown	Unknown
Static Water Level		Unknown	Unknown	Unknown	Unknown
Pumping Water Level		Unknown	Unknown	Unknown	Unknown
Design Well Yield		Unknown	Unknown	Unknown	Unknown
Test Yield		Unknown	Unknown	Unknown	Unknown
Actual Yield (if different than rated capacity)		Unknown	Unknown	Unknown	Unknown
Strainer		Unknown	Unknown	Unknown	Unknown
Length (outside casing)		132'	196'	205'	181'
Diameter (outside casing)		12"	12"	16"	18"
Material (outside casing)		Steel	Steel	Steel	Steel
Well Contamination History		None	None	None	None
Is inundation of well possible?		No	No	No	No
6' X 6' X 4" Concrete Pad		Yes	Yes	Yes	Yes
SET BACKS	Septic Tank	N/A	N/A	N/A	N/A
	Reuse Water	N/A	N/A	N/A	N/A
	WW Plumbing	>100'	>100'	>100'	>100'
	Other Sanitary Hazard	None Observed	None Observed	None Observed	None Observed
PUMP	Type	Vertical Turbine	Vertical Turbine	Vertical Turbine	Vertical Turbine
	Manufacturer Name	Layne	Layne	Worthington	Peerless
	Model Number	Unknown	12RM	UHF/12HH165	16DHLO-1
	Rated Capacity (gpm)	1,491	1,130	1,883	3,500
	Motor Horsepower	40	60	60	100
Well casing 12" above grade?		Yes	Yes	Yes	Yes
Well Casing Sanitary Seal		OK	OK	OK	OK
Raw Water Sampling Tap		Yes	Yes	Yes	Yes
Above Ground Check Valve		Yes	Yes	Yes	Yes
Fence/Housing		Yes	Yes	Yes	Yes
Well Vent Protection		Yes	Yes	Yes	Yes

COMMENTS Well #5 has its own manual propane generator. Two different substations feed the other wells.

PWS ID # 3591121-03
Date 7/14/10

GROUND WATER SOURCE

Well Number		9 (AAH7339)			
Year Drilled		1982			
Depth Drilled		550'			
Drilling Method		Rotary			
Type of Grout		Unknown			
Static Water Level		Unknown			
Pumping Water Level		Unknown			
Design Well Yield		Unknown			
Test Yield		Unknown			
Actual Yield (if different than rated capacity)		Unknown			
Strainer		Unknown			
Length (outside casing)		210'			
Diameter (outside casing)		16'			
Material (outside casing)		Steel			
Well Contamination History		Microbial			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	N/A			
	Reuse Water	N/A			
	WW Plumbing	>100'			
	Other Sanitary Hazard	None Observed			
PUMP	Type	Vertical Turbine			
	Manufacturer Name	Goulds			
	Model Number	12FRHO-3			
	Rated Capacity (gpm)	2,000			
	Motor Horsepower	100			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		OK			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		Yes			

COMMENTS Repeated total coliform-positive samples from well 9 indicate the source may be susceptible to microbial contamination. The Department approved 4-log virus inactivation calculations for the Wekiva Plant on 6/26/09.

PWS ID # 3591121-03
Date 7/14/10

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Iwaki Capacity See Comments
Chlorine Feed Rate 55%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 2.2 Remote 1.5
Remote tap location 205 Albrighton Court
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Pre-Into aerators, Post-HSP suction
Booster Pump Info N/A
Comments Pre – 2 x 20 gph pumps
Post – 1 x 8 gph pump. Spare - 1 x 8 gph pump.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Cascade Tray Capacity See Comment
Aerator Condition Appears satisfactory
Bloodworm Presence None observed
Visible Algae Growth None observed
Protective Screen Condition Appears satisfactory
Comments #1 – 2,500 gpm, #2 – 3,500 gpm, #3 – 3,800 gpm, Aerators cleaned and inspected every 6 months.

STORAGE FACILITIES
(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	G1	G2	G3
Capacity (MG)	0.5	0.750	1.0
Material	Concrete	Concrete	Concrete
Gravity Drain	Yes	Yes	Yes
By-pass Piping	Yes	Yes	Yes
Pressure Gauge	N/A	N/A	N/A
Sight Glass or Level Indicator	SCADA	Indirect	SCADA
Fittings for Sight Glass	SCADA	Indirect	SCADA
Protected Openings	Yes	Yes	Yes
PRV/ARV	N/A	N/A	N/A
On/Off Pressure	N/A	N/A	N/A
Access Padlocked	Yes	Yes	Yes
Date Last Cleaned	2006	2006	N/A
Date Last Inspected	2006	2006	N/A

Comments Tanks were inspected in 2006. The reports did not contain sufficient information. Additionally, none were signed and sealed by a PE licensed in FL.

HIGH SERVICE PUMPS

Pump Number	1	2	3	4	5
Type	Centrifugal				
Make	Aurora				
Model	411-BF	411-BF	411-BF	411-BF	411-BF
Capacity (gpm)	2000	2000	3600	2400	2400
Motor HP	125	125	200	150	150
Date Installed	Unknown				
Maintenance	As Needed				

Comments All pumps are Variable Frequency Drive.

ADDITIVES
Meets NSF 60 & 61 Yes
Comments Corrosion control uses 2 x 1.21 gph pumps for application of Stiles-Kem SK-7641 orthophosphate. Injected prior to the ground storage tanks. Check residuals at the POE and distribution every 2 weeks.

DEFICIENCIES:

1. **Failure to submit correct and complete monthly operations reports (MORs) to the Department.** The category and class for each plant are not entered as "5" and "C", respectively.

   Suppliers of water shall describe in the monthly operation reports all emergency or abnormal operating conditions and all maintenance or repair work that involves taking out of operation public water system components other than water service lines. [Rule 62-555.350(10)(e), F.A.C.]

   Suppliers of water shall submit monthly operation reports to the appropriate Department of Environmental Protection District Office within ten days after each month of operation per paragraph 62-550.730(1)(d), F.A.C. [Rule 62-555.350(12)(b), F.A.C.]

2. **Failure to implement one or more elements of a written cross-connection control program.** The total number of devices/assemblies and their testing dates were not available at the time of the inspection.

   It is essential that the program administrator of a cross-connection control program keep adequate records of all transactions. In addition to keeping records of all correspondence, particular emphasis must be placed on developing a record system which accommodates monitoring of the following:

   - Installation date of assemblies,
   - Location of backflow-prevention assemblies,
   - Inspection and testing of backflow-prevention assemblies,
   - The performance of backflow-prevention assemblies, and
   - The performance of licensed testers.

   [*Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14 2ND Edition, Section 2.6, as incorporated into Rule 62-555.360(2), F.A.C.]

3. **Failure to operate the water treatment plants within their designated maximum-day operating capacities**. A review of records indicates Des Pinar flows exceeded the maximum-day design capacity during May 2010. Additionally, the Knollwood flows exceeded the maximum-day design capacity during July 2009.

   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.]

DEFICIENCIES (continued):

4. **Failure to keep adequate records documenting that finished-drinking-water storage tanks have been cleaned and inspected during the past five years.** The tank inspection records provided for inspection contained insufficient information and were not signed and sealed by a professional engineer licensed in the State of Florida.

   All suppliers of water shall keep records documenting that their 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, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

5. **During the April 2010 compliance period, a bacteriological monitoring violation was generated for failure to collect sufficient numbers of samples.** Several samples were analyzed outside of the required hold time and were not valid for compliance purposes.

COMMENTS/REMINDERS:

- Suppliers of water shall telephone the SWP at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]

- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television by no later than the previous business day before taking public water system (PWS) components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality or interrupt water service to any service connection. [Rule 62-555.350(10)(d), F.A.C.]

- Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]

- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]

- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as possible, but never later than noon of the next business day, in the event of any of the following emergency or abnormal operating conditions:

  - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
  - The failure of a public water system to comply with applicable disinfection requirements; or
  - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]

PWS ID # 3591121
Date 7/14/10

COMMENTS/REMINDERS (continued):

- For monitoring schedules and information about the Drinking Water Program, please visit the Central District's Drinking Water website at http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm.

  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.

Inspector _____ Title Env. Supervisor II Date 7/28/10

Approved by _____ Title Environmental Manager Date 7/29/10

Utilities, Inc.

August 20, 2010

Ms. Kim Dodson, Environmental Manager
Florida Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767

RE: Sanlando Utilities Corporation
PWS ID Number 3591121
Sanitary Survey Deficiency Response

Dear Ms. Dodson:

The Utility has received the Department's correspondence dated July 30, 2010 regarding the above referenced subject and offers the following information in response to the deficiencies indentified therein. For your reference the Department's comments have been reiterated in italics followed by the Utility's response.

1. *A) Failure to submit correct and complete monthly operations reports (MORs) to the Department. The category and class for each plant are not entered as "5" and "C", respectively.*

   B) Suppliers of water shall describe in the monthly operation reports all emergency or abnormal operating conditions and all maintenance or repair work that involves taking out of operation public water system components other than water service lines.

   C) Suppliers of water shall submit monthly operation reports to the appropriate Department of Environmental Protection District Office within ten days after each month of operation per paragraph 62-550.730(1)(d), F.A.C.

   A) In the treatment process, the Wekiva, Des Pinar and Knollwood facilities provide aeration, corrosion control and disinfection. The Utility believes that this translates to the Sanlando plants being classified as Category "4" Class "C". We respectfully request that the Department re-evaluate the classification designation and advise the Utility of the outcome in order to complete future MOR submittals in accordance with FDEP rules.

   B) The Utility acknowledges the Department's comment. However, should there be a particular instance that the Department would like the Utility to address, please provide further details.

   C) The Utility acknowledges the Department's comment. However, should there be a particular instance that the Department would like the Utility to address, please provide further details.

2. *Failure to implement one or more elements of a written cross-connection control program. The total number of devices/assemblies and their testing dates were not available at the time of the inspection.*

   Please find the enclosed copies of the backflow device testing results.

3. *Failure to operate the water treatment plants within their designated maximum-day operating capacities. A review of records indicates Des Pinar flows exceeded the maximum-day design capacity during May 2010. Additionally, the Knollwood flows exceeded the maximum-day design capacity during July 2009.*

   An internal review of the MORs and back up data was performed for the specific plants and months the Department details within item #3. Several errors were discovered that skewed the recorded water produced values entered upon the reports. Therefore neither plant actually exceeded the permitted design maximum-day capacity. The Utility has revised the respective MORs and enclosed copies for the Department's files.

4. *Failure to keep adequate records documenting that finished-drinking-water storage tanks have been cleaned and inspected during the past five years. The tank inspection records provided for inspection contained insufficient information and were not signed and sealed by a professional engineer licensed in the State of Florida.*

   The Utility acknowledges the inspector's comments regarding the inspection reports as performed and provided by Liquid Engineering on February 22, 2006. All of the Sanlando Utilities storage tanks will again be inspected by a more suitable vendor under the direct charge of a Florida licensed P.E. within the first quarter of 2011. We respectfully request the Department's permission in allowing the Utility to proceed under this plan of action and to provide the Department with the results of such inspections when the Utility receives the finished reports.

5. *During the April 2010 compliance period, a bacteriological monitoring violation was generated for failure to collect sufficient numbers of samples. Several samples were analyzed outside of the required holding time and were not valid for compliance purposes.*

   The Utility acknowledges this comment. All required procedures were taken by the Utility to notify the Department and public of this occurrence. Furthermore, as required, this event will be described within the 2010 Consumer Confidence Report.

We hope the information provided herein adequately addresses the Department's concerns. Should you require additional information, please contact me directly at 1.800.272.1919, extension 1360.

Sincerely,
SANLANDO UTILITIES CORPORATION

Bryan K. Gongre
Regional Manager

Enclosures: (2) Revised MORs
Backlfow Device Certifications

Ec: Patrick Flynn, Regional Director
Scotty Haws, Regional Compliance & Safety Manager
Scott Gosnell, Area Manager

Due 10/10/10

Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Mimi A. Drew
Secretary

SENT VIA E-MAIL TO: pcflynn@uiwater.com

October 28, 2010

SANLANDO UTILITIES CORP
200 WEATHERSFIELD AVE
ALTAMONTE SPRINGS FL 32714

OCD-C-WW-10-0761

ATTENTION PATRICK FLYNN
REGIONAL DIRECTOR

Seminole County - DW
Wekiva Hunt Club WWTF
Wastewater Facility - Permit No. FL0036251
Noncompliance Letter

Dear Mr. Flynn:

On October 6, 2010, Department personnel conducted a routine inspection of the above-referenced facility. A copy of the inspection report is attached for your review. Please note the items listed below which need to be addressed:

1. There was an excessive buildup of sludge and algae in the v-notch weirs of the clarifier of Plant #2.
2. The facility was sending water to the reuse system while the inline turbidity meter was not in operation. The facility was taking turbidity grab samples every hour instead of every fifteen minutes, as required by the Reuse Operating Protocol.
3. The CBOD max result reported on the Discharge Monitoring Report (DMR) for D-001 in September 2009 was 8.0 milligrams per Liter (mg/L), exceeding the permit limit of 6.0 mg/L for any one sample. No further response to this exceedance is needed at this time.
4. The CBOD monthly average reported on the DMR for D-001 in September 2009 was 7.67 mg/L, exceeding the permit limit of 5.0 mg/L. No further response to this exceedance is needed at this time.
5. Total Nitrogen monthly loading reported on the March 2010 DMR was 2,942.1 lbs/month, exceeding the permit limit of 2,805 lbs/month. No further response to this exceedance is needed at this time.
6. Total Phosphorus monthly loading values of 56.23 lbs/month and 44.69 lbs/month were reported on the March 2010 and July 2010 DMRs, respectively, both exceeding the permit limit of 40 lbs/month. No further response to this exceedance is needed at this time.

7. Total Phosphorus maximum reported on the July 2010 DMR for D-001 was 0.623 mg/L, exceeding the permit limit of 0.5 mg/L. No further response to this exceedance is needed at this time.

The Department requests a written response addressing the items listed above within 14 days from the date of this letter. Your response should include an explanation of any corrective actions that have either been taken or that you plan to take. Please note that this letter and report, being part of the Department's investigation, is preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. Please direct any questions to Blake Vahlsing at (407) 893-3313, or via e-mail: blake.vahlsing@dep.state.fl.us.

Sincerely,

Christianne C. Ferraro

Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

CCF/bv/ar

Enclosure: Inspection Report

cc: Cari Butler, FDEP Tallahassee, cari.butler@dep.state.fl.us
Tom Keyes, Operator, wekivaplant@uiwater.com

COMET ENTRY DATE
__ / __ / __

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
Wekiva Hunt Club WWTF	FL0036251	Seminole	10/6/2010 8:57 AM
144 Ledbury Drive		Phone	@ Exit Date/Time
Longwood, FL 32779			10/6/2010 11:05 AM

Name(s) of Field Representative(s)	Title	Phone
Tom Keyes	Lead Operator	(407) 682-5651

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Patrick Flynn	Regional Director		
Utilities Inc of Florida			
200 Weatherfield Avenue			
Altamonte Springs, FL 32714			

Inspection Type:	C	E	I		Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):
☒ Domestic ☐ Industrial					Were Photos Taken(Y/N): N	@ Log book Volume : VIII	@ Page 367-372

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 "♦"

	PERMITTING		SELF-MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
IC	1.♦Permit	NE	3. Laboratory	NC	6. Facility Site Review	NC	9.♦Effluent Quality
NA	2.♦Compliance Schedules	IC	4. Sampling	IC	7. Flow Measurement	IC	10.♦Effluent Disposal
		IC	5.♦Records & Reports	NC	8.♦Operation & Maintenance	IC	11. Residuals/Sludge
	13. Other:					IC	12. Groundwater

Facility and/or Order Compliance Status: ☐ In-Compliance ☒ Out-Of-Compliance ☐ Significant-Out-Of-Compliance

Recommended Actions: Noncompliance Letter

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Blake W. Vahlsing	Central District Office 407 – 893-3313	October 21, 2010
@ Signature of Reviewer: David Smicherko	District Office/Phone Number	Date: October 27, 2010

INSPECTION FINDINGS

Facility Name: Wekiva Hunt Club WWTF
Facility ID: FL0036251
Inspection Type: CEI
Date: 10/6/2010 8:57 AM

FACILITY BACKGROUND:

Address: 144 Ledbury Drive, Longwood, FL, 32779, Seminole County
Permit Information: Wastewater Permit issued: 1/4/2005, and expired: 1/2/2010.
Treatment Summary: Wastewater treatment facility consisting of three contiguous package plants connected in parallel with manual influent screenings, aeration, clarification, chemical feed facilities, disinfection by chlorination, tertiary filtration, dechlorination, and aerobic digestion of residuals.
Permitted Capacity: 2.9 MGD

1. **Permit:** IN COMPLIANCE

   1.1 Observation: A copy of the permit was on-site. It expires January 2, 2010.

   1.2 Observation: The facility has submitted the application for permit renewal. The new permit has not been issued yet.

2. **Compliance Schedules:** NOT APPLICABLE

3. **Laboratory:** NOT EVALUATED

4. **Sampling:** IN COMPLIANCE

   4.1 Observation: *Influent sampler* – The ISCO 3710 composite sampler was set to 16-hour flow proportional samples, and the sample aliquot was set at 150 mL. The sampler is filled with ice on sampling days. The tubing of the sampler appeared in good condition.

   4.2 Observation: *Effluent sampler* – The ISCO 3710 sampler was set to 16-hour flow proportional samples, and the sample aliquot was set at 600 mL. A test aliquot was pulled and was 600 mL. The thermometer inside the sampler was dated 6/8/10, and the temperature was 4° C. The tubing of the sampler appeared in good condition.

   4.3 Observation: *Discharge sampler* – The ISCO 3710 sampler was set up but not in use. The sampler is filled with ice on sampling days. The tubing of the sampler appeared in good condition.

   4.4 Observation: *Chlorine meter* – The HACH pocket chlorine meter is calibrated daily with secondary standards, and compared to the inline meter. The meter comparisons are recorded daily, and are within 20% of each other. The secondary gels were within limits, and appeared in good condition. The two handheld meters and two secondary gel sets were last verified January 12, 2010.

   4.5 Observation: *pH meter*- The HACH Sension 2 pH bench meter is calibrated daily, and compared to the inline meter. The meter comparisons are recorded, and are within 0.2 SU of each other. The meter log notes the buffer lot and expiration dates. Buffers of 4.0, 7.0, and 10.0 were on-site. The buffers expire in January 2014, April 2012, and June 2011, respectively. New buffer solution is used daily.

   4.6 Observation: *Turbidity meter* – The handheld meter is calibrated daily, and compared to the inline meter. The meter comparisons are recorded, and are within 20% of each other. The inline meter was last calibrated with primary standards on August 31, 2010. The handheld HACH 2100P turbidimeter is calibrated daily with standards of 0.1 NTU and 20 NTU. The inline turbidity meter was not in operation at the time of inspection. The facility reported the malfunction to the Department on October 2, 2010, stating the inline turbidity meter was not working and grab turbidity samples were being collected while the facility was sending water to reuse. A new inline turbidity meter was just received by the facility and was to be installed on the day of inspection.

   4.7 Observation: *Thermometers*- All thermometers had a Statement of Accuracy dated June 4, 2010. The thermometers are replaced annually. The temperature of the sample holding refrigerator was 1° C. A temperature log was kept for the samplers and sample holding refrigerator.

5. **Records and Reports:** IN COMPLIANCE

   5.1 Observation: Entries in the operator log were clear, concise, informative, and relevant. The plant is operated seven days per week, 16 hours a day. The logbook was bound with numbered pages.

5.2 Observation: A copy of the current laboratory certifications were on-site (Tri Tech Laboratories and Advanced Environmental Laboratories). Both expire June 30, 2011.

5.3 Observation: Copies of the operator certification were on-site. They expire April 30, 2011.

5.4 Observation: A copy of the Operating Protocol was on-site. The Protocol was last updated June 2006.

5.5 Observation: The Pathogen Monitoring report was last submitted December 23, 2009.

5.6 Observation: The facility is submitting Quarterly Status Reports.

5.7 Observation: The Annual Reuse Report was last received on December 23, 2009.

5.8 Observation: A letter stating no new nondomestic wastewater was added to the collection system was received by the Department on December 12, 2009 in lieu of the Annual Reclaimed Water or Effluent Analysis report.

5.9 DMR review: September 2009 – July 2010: All DMRs were received by the Department on time.

5.10 DMR review: No discrepancies or transcription errors were noted during the period reviewed.

6. **Facility Site Review: OUT OF COMPLIANCE**

6.1 Observation: The facility grounds were clean and well maintained. The facility grounds were secured properly.

6.2 Observation: *Headworks* – The facility has a manual bar-screen at the headworks, and three other manual bar-screens (one at beginning of each plant). All bar-screens were in good condition. The screens are manually raked four times per day. Screenings are stored in a bucket then carried to the dumpster. The dumpster is hauled to the landfill weekly.

6.3 Observation: *Aeration Basins/Act. Sludge* - The contents in the aeration chambers of all three plants appeared to be adequately mixed. No dead spots or excessive foam were noticed in the plants. All three plants were receiving sufficient air.

6.4 Observation: *Clarifiers* – The clarifier of Plant #1 had some grease on the surface, but the weir and trough were clean and the skimmer arms were working properly. **The clarifier of Plant #2 had excessive build-up of sludge and algae in the v-notch weirs.** The skimmer arms appeared in good condition. The clarifier of Plant #3 appeared to be operating properly, and the weir and trough were clean.

6.5 Observation: *Filters* – The sand filters appeared in good condition. The filters automatically backwash to the in-plant lift station. The traveling bridges were working properly. The filters were clear, and the final effluent tank was clean.

6.6 Observation: *Disinfection* - The chlorine contact chambers (2) appeared clean, and the effluent leaving the plant was clear. The chambers were kept covered. **Some vegetation was observed growing on the surface on the chlorine contact chamber covers.** One of the contact chambers was off-line at the time of inspection.

6.7 Observation: *Chemical storage* – The facility had 2,000 gallons of liquid chlorine on-site. The chlorine pumps were working properly. The facility has Sodium Aluminate on-site for phosphorus removal, and it is stored with secondary containment.

6.8 Observation: The generators are exercised one hour a week. A generator log of exercise times is kept.

6.9 Observation: Reclaimed advisory signs are posted on all reuse hose bibs. The signs are bilingual with the universal "Do Not Drink" symbol.

6.10 Observation: *Dechlorination room* – The facility adds sodium bisulfate for dechlorination. There is an in-line meter to monitor chlorine residuals while discharging. The area was dry at the time of inspection.

7. **Flow Measurement**: IN COMPLIANCE

7.1 Observation: The effluent discharge flow meter was last calibrated on March 10, 2010.

7.2 Observation: The percolation pond flow meter was last calibrated on April 16, 2010.

7.3 Observation: The reuse flow meter was last calibrated on April 16, 2010.

7.4 Observation: The chlorine contact chamber flow meter was last calibrated on April 16, 2010.

8. **Operation and Maintenance: OUT OF COMPLIANCE**

8.1 Observation: No problems or deficiencies were observed.

8.2 Observation: **While the inline turbidity meter was not working, the facility was performing turbidity grab samples every hour while going sending flow to the reuse system, instead of every fifteen minutes as required.**

9. **Effluent Quality: OUT OF COMPLIANCE**

9.1 Inline meters: TRC: 3.82 mg/L, at time of inspection.

9.2 Inline meters: The inline turbidity meter was not in operation at the time of inspection.

9.3 Inline meters: pH: 7.03, at the time of inspection.

9.4 DMR review: **The following exceedances were reported during the review period:**

Date	Parameter , Units, and Site	Limit	Result
September 2009	CBOD max mg/L (D-001)	6.0	8.0
	CBOD Monthly Avg. mg/L (D-001)	5.0	7.67
March 2010	Total Nitrogen Loading lb/month (D-001)	2,805	2,942.1
	Total Phosphorus Loading lb/month (D-001)	40	56.23
July 2010	Total Phosphorus max mg/L (D-001)	0.5	0.623
	Total Phosphorus Loading lb/month (D-001)	40	44.69

10. **Effluent Disposal**: IN COMPLIANCE

10.1 Observation: The four percolation ponds were well kept and the berms appeared in good condition. The ponds were completely fenced and locked, and advisory signs were posted. The ponds were completely dry.

10.2 Observation: Reuse advisory signs were observed on the Wekiva Golf Course cart paths and at the entrance of Bella Vista neighborhood. The signs were bilingual with the universal "Do Not Drink" symbol.

10.3 Observation: The surface water discharge was not in use at the time of inspection.

10.4 Observation: The facility had two 3 million gallon storage tanks on-site. The tanks appeared in good condition.

11. **Residuals/Sludge**: IN COMPLIANCE

11.1 Observation: The three digesters appeared in good condition. Digesters #1 and #2 were receiving air, and Digester #3 was decanting at the time of inspection.

11.2 Observation: The facility uses a Somat thickener. The sludge mixes with a polymer and is collected in a dumpster.

11.3 Observation: The facility has a hauling contract with Shelley's Septic. All hauling tickets are kept on-site. Residuals are spread on Shelley's fields. The facility has loads hauled approximately twice per week.

11.4 Observation: The facility creates a Class B residual using the SOUR test for vector attraction reduction and fecal coliform monitoring pathogen reduction verification.

12. **Groundwater Quality**: IN COMPLIANCE

12.1 Observation: A review of the ground water files for this facility indicates no deficiencies at this time.

Utilities, Inc.

November 9, 2010

Ms. Christianne C. Ferraro, P.E.
Florida Department of Environmental Protection
Central District
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803 - 3767

RE: Wekiva Hunt Club WWTF
Wastewater Facility - Permit No. FL0036251
Noncompliance Letter

Dear Ms. Ferraro:

This office has received your letter dated October 28, 2010 regarding the results of a compliance inspection by Department personnel at the above referenced facility on October 6, 2010. In response the Utility offers the following information. For your convenience the Department's comments have been reiterated in italics followed by the Utility's response.

1. *There was an excessive buildup of sludge and algae in the v-notch weirs of the clarifier of Plant #2.*

Utility personnel have cleaned the v-notch weirs of Plant #2 and will continue to maintain them on a routine basis.

2. *The facility was sending water to the reuse system while the inline turbidimeter was not in operation. The facility was taking turbidity grab samples every hour instead of every fifteen minutes, as required by the Reuse Operating Protocol.*

During the inspection the Utility discovered that staff had on hand an earlier version of the Monitoring and Operating Protocol dating back to 2003 wherein it was stated that during an equipment failure the operator was required to take turbidity grab samples on an hourly basis. This error was recognized some time ago and revised in 2007. The occurrence observed by the inspector was an oversight that has since been corrected. In fact, the entire Monitoring and Operating Protocol has been thoroughly reviewed and corrected as needed. A copy has been enclosed for your review.

We hope you find this reply adequate in addressing the Department's concerns. If you should require any additional information, please do not hesitate to contact me at 1.800.272.1919, extension 1360.

Sincerely,

SANLANDO UTILITIES CORPORATION

Bryan K. Gongre

Bryan K. Gongre
Regional Manager

Enclosure

Ec: Patrick C. Flynn, Regional Director
Scotty L. Haws, Regional Compliance & Safety Director
Scott Gosnell, Area Manager

Monitoring and Operating Protocol

Sanlando Utilities Corporation
Effluent Disposal/Reuse System

Revised November 2010

I. INTRODUCTION

The Monitoring and Operating Protocol program for the Sanlando Utilities Corp. Wekiva Hunt Club Wastewater Treatment Facility (WWTF) is described herein in compliance with FDEP Rule 62-610.463. This short form addresses all items requested by Rule 62-610.463 and includes the following:

1. Site description of monitoring parameters and locations, monitoring equipment (including maintenance and calibration), and all pertinent control equipment and devices.

2. Normal operation when reclaimed water is of acceptable quality.

3. Procedures for effluent with unacceptable quality for public access, slow rate land application.

4. Procedure while continuous monitoring equipment is down.

5. Water quality verification.

6. Procedures when monitoring parameters approach set point levels.

II. SITE DESCRIPTION

Monitoring Locations and Equipment

Two water quality parameters are monitored continuously to determine if the wastewater treatment plant effluent is of an acceptable quality for public access, slow rate land application. The Wastewater Treatment Plant operates under Permit No. FLA0036251, which identifies the water quality requirements for Wekiva Hunt Club WWTF. Basic treatment required is secondary treatment plus filtration and high level disinfection producing an effluent with less than 5 mg/L TSS with a chlorine residual greater than 1 mg/L. The reclaimed water shall be considered acceptable for public access slow rate land application (spray irrigation) if the following two guidelines are met:

1. Continuous monitoring of the filter effluent to verify that the TSS is less than 5 mg/L. As a reference point for continuous monitoring, a turbidity of < 3 NTU is used.

2. Continuous monitoring of effluent from the chlorine contact chamber to verify that the chlorine residual > 1 mg/L.

Reclaimed water is unacceptable for public access disposal if either the TSS is greater than 5 mg/L or the chlorine residual is less than 1 mg/L, and shall be routed to the percolation ponds.

Turbidity is monitored continuously at the turbidimeter sample point, EFB-1, located after the filtration process and before addition of chlorine disinfectant. The chart recorder is mounted inside the reuse building to minimize the adverse effects of weather. The following equipment will be utilized for continuous turbidity readings: HF Scientific MicroTol 3 Turbidimeter and a Partlow MRC 5000 Recorder. This meter shall be calibrated once every month with standards provided by the manufacturer in accordance with EPA and the American Public Health Association Standard Methods for the Examination of Water and Wastewater, latest edition. Further, the turbidity is checked daily against a calibrated HACH Pocket Turbidimeter.

Chlorine residual is monitored continuously at the chlorine residual sample point, EFA-1, located at the discharge of the chlorine contact chamber and after the effluent flow meter. The chart recorder is mounted inside the reuse building to minimize the adverse effects of weather. The following equipment is utilized for continuous readings of chlorine residual: Hach Chlorine Analyzer Model CL17 and a Partlow MRC 5000 Recorder. Output readings shall be monitored daily. The indicator and buffer reagents shall be checked weekly and replenished at least once per month in the original one pint, factory supplied bottles. The sample cell will be checked weekly and cleaned at least once per month, at the time of reagent replenishment. The pump module tubing requires replacement every six months while the remainder of the tubing is replaced annually. This chlorine analyzer is factory calibrated only, but separate samples shall be taken weekly and tested for total chlorine residual. The results of the separate sample test will be checked against the analyzer output to ensure the analyzer results are accurate and reliable. The chlorine residual is also checked daily with a calibrated HACH Pocket Colorimeter to verify the accuracy of the chlorine analyzer.

The spare parts inventory for the turbidimeter shall include lamp bulbs. The spare parts inventory for the chlorine analyzer shall include the chemical reagents, necessary tubing, and lamp bulbs. The spare parts inventory for the recorders will include pens and chart paper. Refer to the Wastewater Treatment Plant's Operation and Maintenance Manual to identify the correct part numbers when reordering.

Control Equipment

The effluent discharge piping system is equipped with electrically operated valves connected to the monitoring equipment. Direction of effluent flow is controlled by these automatic valves and is determined by the results of the monitoring equipment. The

valves are equipped with a manual reset located in the reuse building. If the automatic system is activated, and flow is diverted, the valves can only be reset by manual operation. Flow to the ground storage tanks is controlled by valve v-2, which is normally open, and flow to the percolation ponds is controlled by valve v-1, which is normally closed. These valves are operated simultaneously by an automatic control system connected to the turbidimeter and the chlorine analyzer. The control panels are equipped with an alarm system that sounds and activates the remote alarm panel when either the turbidimeter reads are equal to or greater than 3 NTU or the chlorine analyzer reads are equal to or less than 1.0 mg/L.

Chemical Feed Facilities

The Facility currently feeds sodium aluminate into the aeration basins in order to maximize phosphorus removal, but it also provides a benefit to the filtration process. In the event the turbidity goes out of compliance, the sodium aluminate feed can be increased to further increase the performance of the filters.

III. OPERATION AND CONTROL

Normal Operation Procedures

An operator will be present for 16 hours seven days a week. Normally, operator staffing is scheduled from 7:00 am to 11:00 pm.

During normal operation, the effluent control shall be on automatic, in which case valve v-2 is open and valve v-1 is closed. This condition sends effluent of acceptable quality to the ground storage tanks. If at any time the turbidity equals or exceeds 3 NTU or the chlorine residual is equal to or less than 1.0 mg/L an audible alarm will sound and the remote alarm panel will be activated, valve v-2 automatically closes and valve v-1 automatically opens to send the unacceptable effluent to the percolation pond. If the chlorine residual drops below 0.5 mg/L, the transfer pumps will be manually shut down and the effluent will flow over a weir in the transfer pump station to the de-chlorination structure and Sweetwater Creek outfall. The actions taken to bring the effluent back to acceptable quality and return to normal operation are described in Section IV, Procedures for Effluent of Unacceptable Quality.

Normal Operation Without Operator Present

An operator is not normally present from 11:00 pm to 7:00 am.

During normal night-time operation (11:00 pm to 7:00 am) the control panel is left in the automatic setting. If at any time during the night the turbidity equals or exceeds 3 NTU or the chlorine residual is equal to or less than 1.0 mg/L the alarm sounds and the flow is automatically diverted to the percolation pond. If the chlorine residual drops below 0.5 mg/L, the transfer pumps will be manually shut down and the effluent will flow over a weir in the transfer pump station to the de-chlorination structure and Sweetwater Creek

outfall. If either parameter goes out of compliance, the remote alarm panel will contact the on-call operator. When the operator returns to the facility, he checks the turbidimeter, chlorine meter and charts. If the meters indicate the turbidity is below 3 NTU and the chlorine is greater than 1.0 mg/L minimum the effluent is tested to verify that the meters are correct. The automatic valves are then manually reset closing the valve to the percolation pond and opening the valve to the transfer station.

If the operator verifies that the effluent quality is unacceptable, steps are then taken to bring the wastewater plant back into compliance.

IV. PROCEDURES FOR EFFLUENT OF UNACCEPTABLE QUALITY

The effluent will continue to be discharged to the percolation pond while the effluent is of unacceptable quality. The operator will determine which water quality parameter is out of compliance and take appropriate corrective action. The corrective actions are described in Section VII, Procedures When Monitoring Parameters Approach Set Point Levels. Once the monitoring equipment and lab testing indicates that the effluent is again acceptable for public access, slow rate land application, the effluent will be routed to the transfer station by manually resetting the automatic valves.

The operator shall report all activities, including corrective actions taken, in the log book.

V. PROCEDURES WHILE CONTINUOUS MONITORING EQUIPMENT IS DOWN

If the effluent water quality equipment goes down for repair, samples shall be manually collected and tested every fifteen minutes. Turbidity samples will be collected between the filtration process and the point of chlorine addition, while chlorine samples will be collected at the discharge point of the chlorine contact chamber. Sampling and testing will continue in this manner until the monitoring equipment is back on line and properly operating. The plant effluent will go to the percolation ponds until all the monitoring equipment is back on line.

If either the effluent turbidity or chlorine residual test result is at an unacceptable level for public access, slow rate land application, the valve to the ground storage tanks, v-2, shall be manually closed and the valve to the percolation pond, v-1, shall be manually opened. The actions taken to bring the effluent back to an acceptable quality and return to normal operation are described in Section IV, Procedures for Effluent of Unacceptable Quality and Section VII, Procedures When Monitoring Parameters Approach Set Point Levels.

VI. WATER QUALITY VERIFICATION

TSS and fecal grab samples shall be taken four times per week during the time when reclaimed water is being produced. For each sample taken, the NTU reading and chlorine residual reading shall be noted at the same time. The TSS results will be correlated with the NTU reading and the fecal results will be correlated with the chlorine residual

reading. This correlation data must be maintained at the treatment facility and a summary included with the protocol for annual approval.

On a daily basis, the effluent shall be tested for fecal coliforms in compliance with the facility's permit specific conditions. The sampling program results will be compared with the turbidity, TSS and chlorine residual readings to verify that reclaimed water of acceptable quality for public access land application (turbidity < 3 NTU, and chlorine residual > 1 mg/L) maintains fecal coliform levels below detectable limits.

VII. PROCEDURES WHEN MONITORING PARAMETERS APPROACH SET POINT LEVELS

The WWTF Operator will proceed with the following treatment operation adjustments when monitoring parameters approach or exceed their respective set point levels.

Turbidity

1. If turbidity readings approach 3 NTU, the operator may control further increases in the turbidity concentration by increasing the dosage of sodium aluminate to the clarifiers, not to exceed maximum dosage limits as determined by the lead operator. A separate feed system exists, including storage facilities, mixing tanks, and feed pumps, for the sodium aluminate system which meet Class I Reliability. The chemical feed system is placed on line manually. The operator will monitor turbidity, adjusting the chemical addition as required until the turbidity concentration is under control (less than 3 NTU) and within a safe operating range.

2. The operator must also verify that the aeration and clarification processes are operating correctly and if they are not, adjust the process to achieve proper performance. The corrective actions are described in the Operation and Maintenance Manual for the Wekiva Hunt Club WWTF.

Chlorine Residual

1. If total chlorine residual approaches 1 mg/L, the operator may control any further reductions in the residual concentration by increasing the dosage of chlorine. This may be accomplished by manually adjusting the flow pacing unit to increase the chlorine dosage. If the flow pacing unit is not operating properly, the operator will manually override the unit to provide the required chlorine dosage. The operator will monitor total chlorine residual, adjusting the chlorine dosage as required until the residual concentration is under control (greater than 1 mg/L) and within a safe operating range.