

North Peninsula Utilities Corp.

P.O. Box 2803
Ormond Beach, FL 32175
386-677-7847 phone
developershw@gmail.com

October 10, 2018

Phillip Ellis
Florida Public Service Commission
Division of Engineering
2540 Shumard Oak Blvd.
Tallahassee FL 32399

RE: Docket Number 20180138-SU

Dear Mr. Ellis,

Attached are responses to all inquiries from your letter dated September 11, 2018 with the exception of items 3, 10, 15, 17, 18, and 19. Per our conversation last week we will have the remaining by October 19th.

Thank you for your cooperation. Let us know if any other information is needed.

Sincerely



Robert L. Hillman
NPUC

COM ____
AFD ____
APA ____
ECO ____
ENG 12 Maps
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RECEIVED-FPSC
2018 OCT 23 AM 8:24
COMMISSION
CLERK

For: Jun 28 2017 to Jul 27 2017 (29 days)
Customer name: NORTH PENINSULA
Service address: 16 SEABRIDGE DR # LFT STA

Account number: 78768-08689

Statement date: Jul 27 2017
Next meter reading: Aug 28 2017

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
904.74	904.74 CR	0.00	0.00	886.39	\$886.39	Aug 17 2017

Meter reading - Meter KJ34294

Current reading 21038
 Previous reading - 11856
 kWh used 9182

Demand reading 21.54
 Demand kW 22

Energy usage

	Last Year	This Year
kWh this month	11572	9182
Service days	30	29
kWh per day	385	316

****The electric service amount includes the following charges:**

Customer charge: \$25.00
 Fuel: \$258.93
 (\$0.028200 per kWh)
 Non-fuel: \$227.25
 (\$0.024750 per kWh)
 Demand: \$233.20
 (\$10.60 per kW)

Enroll now in FPL Budget Billing by paying \$825.59 in 1 payment by the due date instead of \$886.39. Your bill will be about the same each month & stabilized year-round. Learn more at FPL.com/bb

Amount of your last bill 904.74
 Payment received - Thank you 904.74 CR
 Balance before new charges \$0.00

New charges (Rate: GSD-1 GENERAL SERVICE DEMAND)

Electric service amount	744.38**
Storm charge	7.71
Gross receipts tax	19.28
Utility tax	57.54
Florida sales tax	53.61
Discretionary sales surtax	3.87
Total new charges	\$886.39

Total amount you owe \$886.39

- Payments received after **August 17, 2017** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

8/9/17

886.39
 + 14.95

\$901.34

Conf #

10072169



Please have your account number ready when contacting FPL.
 Customer service: 1-800-375-2434
 Outside Florida: 1-800-226-3545
 To report power outages: 1-800-4OUTAGE (468-8243)
 Hearing/speech impaired: 711 (Relay Service)
 Online at: www.fpl.com

Your electric statement

For: Jun 28 2017 to Jul 27 2017 (29 days)

Customer name: NORTH PENINSULA

Service address: 3219 JOHN ANDERSON DR # PUMP

Account number: 57243-00628

Statement date: Jul 27 2017

Next meter reading: Aug 28 2017

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
43.89	43.89 CR	0.00	0.00	51.98	\$51.98	Aug 17 2017

Meter reading - Meter KJ34260

Current reading 10199

Previous reading - 09882

kWh used 317

Energy usage

	Last Year	This Year
kWh this month	331	317
Service days	30	29
kWh per day	11	10

****The electric service amount includes the following charges:**

Customer charge: \$10.00

Fuel: \$8.94

(\$0.028200 per kWh)

Non-fuel: \$20.25

(\$0.063890 per kWh)

Amount of your last bill

43.89

Payment received - Thank you

43.89 CR

Balance before new charges

\$0.00

New charges (Rate: GS-1 GENERAL SVC NON-DEMAND / BUSINESS)

Electric service amount 39.19**

Storm charge 0.37

Gross receipts tax 1.01

Utility tax 3.36

Florida sales tax 2.82

Discretionary sales surtax 0.21

Late payment charge 5.00

Total new charges \$51.98**Total amount you owe \$51.98**

- Payments received after **August 17, 2017** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

8/9/17
PV



Please have your account number ready when contacting FPL.

Customer service: 1-800-375-2434

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

For: Jul 27 2017 to Aug 28 2017 (32 days)
 Customer name: NORTH PENINSULA
 Service address: 3219 JOHN ANDERSON DR # PUMP

Account number: 57243-00628

Statement date: Aug 28 2017
 Next meter reading: Sep 27 2017

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
51.98	51.98 CR	0.00	0.00	46.87	\$46.87	Sep 18 2017

Meter reading - Meter KJ34260

Current reading 10515
 Previous reading - 10199
 kWh used 316

Energy usage

	Last Year	This Year
kWh this month	274	316
Service days	33	32
kWh per day	8	9

****The electric service amount includes the following charges:**

Customer charge: \$10.00
 Fuel: \$8.91
 (\$0.028200 per kWh)
 Non-fuel: \$20.19
 (\$0.063890 per kWh)

Amount of your last bill 51.98
 Payment received - Thank you 51.98 CR
 Balance before new charges \$0.00

New charges (Rate: GS-1 GENERAL SVC NON-DEMAND / BUSINESS)

Electric service amount	39.10**
Storm charge	0.37
Gross receipts tax	1.01
Utility tax	3.37
Florida sales tax	2.82
Discretionary sales surtax	0.20
Total new charges	\$46.87

Total amount you owe \$46.87

- Payments received after **September 18, 2017** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The Florida Public Service Commission is reviewing a routine storm charge adjustment that would apply to your bill beginning in September. To learn more about your energy bill, visit FPL.com/rates.

9/15/17



Please have your account number ready when contacting FPL.
 Customer service: 1-800-375-2434
 Outside Florida: 1-800-226-3545
 To report power outages: 1-800-4OUTAGE (468-8243)
 Hearing/speech impaired: 711 (Relay Service)
 Online at: www.FPL.com

For: Jul 27 2017 to Aug 28 2017 (32 days)
 Customer name: NORTH PENINSULA
 Service address: 16 SEABRIDGE DR # LFT STA

Account number: 78768-08689

Statement date: Aug 28 2017
 Next meter reading: Sep 27 2017

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
886.39	886.39 CR	0.00	0.00	953.86	\$953.86	Sep 18 2017

Meter reading - Meter KJ34294

Current reading 31704
 Previous reading - 21038
 kWh used 10666

Demand reading 19.65
 Demand kW 20

Energy usage

	Last Year	This Year
kWh this month	12349	10666
Service days	33	32
kWh per day	374	333

****The electric service amount includes the following charges:**

Customer charge: \$25.00
 Fuel: \$300.78
 (\$0.028200 per kWh)
 Non-fuel: \$263.98
 (\$0.024750 per kWh)
 Demand: \$212.00
 (\$10.60 per kW)

Enroll now in FPL Budget Billing by paying \$822.88 in 1 payment by the due date instead of \$953.86. Your bill will be about the same each month & stabilized year-round. Learn more at FPL.com/bb

Amount of your last bill 886.39
 Payment received - Thank you 886.39 CR
 Balance before new charges \$0.00

New charges (Rate: GSD-1 GENERAL SERVICE DEMAND)

Electric service amount	801.76**
Storm charge	8.96
Gross receipts tax	20.79
Utility tax	60.39
Florida sales tax	57.79
Discretionary sales surtax	4.17
Total new charges	\$953.86

Total amount you owe \$953.86

- Payments received after **September 18, 2017** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The Florida Public Service Commission is reviewing a routine storm charge adjustment that would apply to your bill beginning in September. To learn more about your energy bill, visit FPL.com/rates.

\$953.86
 14.95
 978.91

Con #

10369112



FPL

Please have your account number ready when contacting FPL.
 Customer service: 1-800-375-2434
 Outside Florida: 1-800-226-3545
 To report power outages: 1-800-4-OUTAGE (468-8243)
 Hearing/speech impaired: 711 (Relay Service)
 Online at: www.FPL.com

For: Aug 28 2017 to Sep 27 2017 (30 days)
 Customer name: NORTH PENINSULA
 Service address: 16 SEABRIDGE DR # LFT STA

Account number: 78768-08689

Statement date: Sep 27 2017
 Next meter reading: Oct 27 2017

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
953.86	963.86 CR	0.00	10.00 CR	885.99	\$875.99	Oct 18 2017

Meter reading - Meter KJ34294

Current reading 40679
 Previous reading - 31704
 kWh used **8975**

Demand reading 22.68
 Demand kW **23**

Energy usage

	Last Year	This Year
kWh this month	9563	8975
Service days	30	30
kWh per day	318	299

****The electric service amount includes the following charges:**

Customer charge: \$25.00
 Fuel: \$253.10
 (\$0.028200 per kWh)
 Non-fuel: \$222.13
 (\$0.024750 per kWh)
 Demand: \$243.80
 (\$10.60 per kW)

Amount of your last bill 953.86
 Payment received - Thank you 963.86 CR
 Balance before new charges \$10.00 CR

New charges (Rate: GSD-1 GENERAL SERVICE DEMAND)

Electric service amount	744.03**
Storm charge	7.36
Gross receipts tax	19.27
Utility tax	57.91
Florida sales tax	53.57
Discretionary sales surtax	3.85
Total new charges	\$885.99

Total amount you owe

\$875.99

- Payments received after **October 18, 2017** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

\$ 875.99
 + 14.95

 890.94

Con # 10604322



Please have your account number ready when contacting FPL.
 Customer service: 1-800-375-2434
 Outside Florida: 1-800-226-3545
 To report power outages: 1-800-4OUTAGE (468-8243)
 Hearing/speech impaired: 711 (Relay Service)
 Online at: www.fpl.com

First Electric Statement

For: Aug 28 2017 to Sep 27 2017 (30 days)

Customer name: NORTH PENINSULA

Service address: 3219 JOHN ANDERSON DR # PUMP

Account number: 57243-00628

Statement date: Sep 27 2017

Next meter reading: Oct 27 2017

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
46.87	46.87 CR	0.00	0.00	48.74	\$48.74	Oct 18 2017

Meter reading - Meter KJ34260

Current reading 10848

Previous reading - 10515

kWh used 333

Energy usage

	Last Year	This Year
kWh this month	444	333
Service days	30	30
kWh per day	14	11

**The electric service amount includes the following charges:

Customer charge: \$10.00

Fuel: \$9.39

(\$0.028200 per kWh)

Non-fuel: \$21.29

(\$0.063890 per kWh)

Amount of your last bill

46.87

Payment received - Thank you

46.87 CR

Balance before new charges

\$0.00

New charges (Rate: GS-1 GENERAL SVC NON-DEMAND / BUSINESS)

Electric service amount

40.68**

Storm charge

0.37

Gross receipts tax

1.05

Utility tax

3.50

Florida sales tax

2.93

Discretionary sales surtax

0.21

Total new charges

\$48.74

Total amount you owe

\$48.74

- Payments received after **October 18, 2017** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

10/17/17
PO



Please have your account number ready when contacting FPL.

Customer service: 1-800-375-2434

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at: www.fpl.com

For: Sep 27 2017 to Oct 27 2017 (30 days)
 Customer name: NORTH PENINSULA
 Service address: 3219 JOHN ANDERSON DR # PUMP

Account number: 57243-00628

Statement date: Oct 27 2017
 Next meter reading: Nov 28 2017

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
48.74	48.74 CR	0.00	0.00	58.68	\$58.68	Nov 17 2017

Meter reading - Meter KJ34260

Current reading 11226
 Previous reading - 10848
 kWh used 378

Energy usage

	Last Year	This Year
kWh this month	474	378
Service days	29	30
kWh per day	16	12

****The electric service amount includes the following charges:**

Customer charge: \$10.00
 Fuel: \$10.66
 (\$0.028200 per kWh)
 Non-fuel: \$24.15
 (\$0.063890 per kWh)

Amount of your last bill 48.74
 Payment received - Thank you 48.74 CR
 Balance before new charges \$0.00

New charges (Rate: GS-1 GENERAL SVC NON-DEMAND / BUSINESS)

Electric service amount	44.81**
Storm charge	0.42
Gross receipts tax	1.16
Utility tax	3.83
Florida sales tax	3.23
Discretionary sales surtax	0.23
Late payment charge	5.00
Total new charges	\$58.68

Total amount you owe \$58.68

- Payments received after **November 17, 2017** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

11/17/17
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Please have your account number ready when contacting FPL.
 Customer service: 1-800-375-2434
 Outside Florida: 1-800-226-3545
 To report power outages: 1-800-4OUTAGE (468-8243)
 Hearing/speech impaired: 711 (Relay Service)
 Online at: www.fpl.com

For: Sep 27 2017 to Oct 27 2017 (30 days)
 Customer name: NORTH PENINSULA
 Service address: 16 SEABRIDGE DR # LFT STA

Account number: 78768-08689

Statement date: Oct 27 2017
 Next meter reading: Nov 28 2017

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
875.99	875.99 CR	0.00	0.00	989.26	\$989.26	Nov 17 2017

Meter reading - Meter KJ34294

Current reading 51303
 Previous reading - 40679
 kWh used **10624**

Demand reading 23.04
 Demand kW 23

Energy usage

	Last Year	This Year
kWh this month	7863	10624
Service days	29	30
kWh per day	271	354

****The electric service amount includes the following charges:**

Customer charge: \$25.00
 Fuel: \$299.60
 (\$0.028200 per kWh)
 Non-fuel: \$262.94
 (\$0.024750 per kWh)
 Demand: \$243.80
 (\$10.60 per kW)

Amount of your last bill 875.99
 Payment received - Thank you 875.99 CR
 Balance before new charges \$0.00

New charges (Rate: GSD-1 GENERAL SERVICE DEMAND)

Electric service amount 831.34**
 Storm charge 8.71
 Gross receipts tax 21.54
 Utility tax 63.48
 Florida sales tax 59.89
 Discretionary sales surtax 4.30
 Total new charges \$989.26

Total amount you owe

\$989.26

- Payments received after **November 17, 2017** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

989.26

Con # 10921834

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Please have your account number ready when contacting FPL.
 Customer service: 1-800-375-2434
 Outside Florida: 1-800-226-3545
 To report power outages: 1-800-4OUTAGE (468-8243)
 Hearing/speech impaired: 711 (Relay Service)
 Online at: www.fpl.com

For: Oct 27 2017 to Nov 28 2017 (32 days)
 Customer name: NORTH PENINSULA
 Service address: 3219 JOHN ANDERSON DR # PUMP

Account number: 57243-00628

Statement date: Nov 28 2017
 Next meter reading: Dec 28 2017

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
58.68	58.68 CR	0.00	0.00	53.60	\$53.60	Dec 19 2017

Meter reading - Meter KJ34260

Current reading 11603
 Previous reading - 11226
 kWh used 377

Energy usage

	Last Year	This Year
kWh this month	292	377
Service days	32	32
kWh per day	9	11

****The electric service amount includes the following charges:**

Customer charge: \$10.00
 Fuel: \$10.63
 (\$0.028200 per kWh)
 Non-fuel: \$24.10
 (\$0.063890 per kWh)

Amount of your last bill 58.68
 Payment received - Thank you 58.68 CR
 Balance before new charges \$0.00

New charges (Rate: GS-1 GENERAL SVC NON-DEMAND / BUSINESS)

Electric service amount	44.73**
Storm charge	0.42
Gross receipts tax	1.16
Utility tax	3.83
Florida sales tax	3.23
Discretionary sales surtax	0.23
Total new charges	\$53.60

Total amount you owe \$53.60

- Payments received after **December 19, 2017** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

12/13/17
 PD



Please have your account number ready when contacting FPL.
 Customer service: 1-800-375-2434
 Outside Florida: 1-800-226-3545
 To report power outages: 1-800-4OUTAGE (468-8243)
 Hearing/speech impaired: 711 (Relay Service)
 Online at: www.fpl.com

For: Oct 27 2017 to Nov 28 2017 (32 days)
 Customer name: NORTH PENINSULA
 Service address: 16 SEABRIDGE DR # LFT STA

Account number: 78768-08689

Statement date: Nov 28 2017
 Next meter reading: Dec 28 2017

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
989.26	989.26 CR	0.00	0.00	1,111.36	\$1,111.36	Dec 19 2017

Meter reading - Meter KJ34294

Current reading 63672
 Previous reading - 51303
 kWh used 12369

Demand reading 24.45
 Demand kW 24

Energy usage

	Last Year	This Year
kWh this month	9223	12369
Service days	32	32
kWh per day	288	386

****The electric service amount includes the following charges:**

Customer charge: \$25.00
 Fuel: \$348.81
 (\$0.028200 per kWh)
 Non-fuel: \$306.13
 (\$0.024750 per kWh)
 Demand: \$254.40
 (\$10.60 per kW)

Amount of your last bill 989.26
 Payment received - Thank you 989.26 CR
 Balance before new charges \$0.00

New charges (Rate: GSD-1 GENERAL SERVICE DEMAND)

Electric service amount 934.34**
 Storm charge 10.15
 Gross receipts tax 24.22
 Utility tax 70.47
 Florida sales tax 67.33
 Discretionary sales surtax 4.85
 Total new charges \$1,111.36

Total amount you owe \$1,111.36

- Payments received after **December 19, 2017** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

1111.36
 + 14.95
 1126.31

Con# 11167580



Please have your account number ready when contacting FPL.
 Customer service: 1-800-375-2434
 Outside Florida: 1-800-226-3545
 To report power outages: 1-800-4OUTAGE (468-8243)
 Hearing/speech impaired: 711 (Relay Service)
 Online at: www.fpl.com

Four electric statement

For: Nov 28 2017 to Dec 28 2017 (30 days)

Customer name: NORTH PENINSULA

Service address: 3219 JOHN ANDERSON DR # PUMP

Account number: 57243-00628

Statement date: Dec 28 2017

Next meter reading: Jan 29 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
53.60	53.60 CR	0.00	0.00	45.32	\$45.32	Jan 18 2018

Meter reading - Meter KJ34260

Current reading 11905

Previous reading - 11603

kWh used 302

Energy usage

	Last Year	This Year
kWh this month	239	302
Service days	30	30
kWh per day	7	10

****The electric service amount includes the following charges:**

Customer charge: \$10.00

Fuel: \$8.52

(\$0.028200 per kWh)

Non-fuel: \$19.29

(\$0.063890 per kWh)

Amount of your last bill

53.60

Payment received - Thank you

53.60 CR

Balance before new charges

\$0.00

New charges (Rate: GS-1 GENERAL SVC NON-DEMAND / BUSINESS)

Electric service amount 37.81**

Storm charge 0.34

Gross receipts tax 0.98

Utility tax 3.27

Florida sales tax 2.72

Discretionary sales surtax 0.20

Total new charges \$45.32**Total amount you owe \$45.32**

- Payments received after **January 18, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- As part of a four-year rate agreement approved in 2016, a base rate increase will take effect in January that includes costs for new solar power plants. It will be largely offset by decreases in other charges that also change in January. Learn more: FPL.com/rates.

1/18/18
pa

Please have your account number ready when contacting FPL

Customer service: 1-800-375-2434

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at: www.fpl.com

Final Electric Statement

For: Nov 28 2017 to Dec 28 2017 (30 days)

Customer name: NORTH PENINSULA

Service address: 16 SEABRIDGE DR # LFT STA

Account number: 78768-08689

Statement date: Dec 28 2017

Next meter reading: Jan 29 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
1,111.36	1,111.36 CR	0.00	0.00	904.09	\$904.09	Jan 18 2018

Meter reading - Meter KJ34294

Current reading 73344

Previous reading - 63672

kWh used 9672

Demand reading 21.08

Demand kW 21

Energy usage

	Last Year	This Year
kWh this month	8030	9672
Service days	30	30
kWh per day	267	322

**The electric service amount includes the following charges:

Customer charge: \$25.00

Fuel: \$272.75

(\$0.028200 per kWh)

Non-fuel: \$239.38

(\$0.024750 per kWh)

Demand: \$222.60

(\$10.60 per kW)

Amount of your last bill

1,111.36

Payment received - Thank you

1,111.36 CR

Balance before new charges

\$0.00

New charges (Rate: GSD-1 GENERAL SERVICE DEMAND)

Electric service amount 759.73**

Storm charge 7.93

Gross receipts tax 19.68

Utility tax 58.09

Florida sales tax 54.73

Discretionary sales surtax 3.93

Total new charges \$904.09

Total amount you owe

\$904.09

- Payments received after **January 18, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- As part of a four-year rate agreement approved in 2016, a base rate increase will take effect in January that includes costs for new solar power plants. It will be largely offset by decreases in other charges that also change in January. Learn more: FPL.com/rates.

\$904.09
+ 14.95 Fee

919.04

1/18/18
Cdn# 1148.5118



Please have your account number ready when contacting FPL.

Customer service: 1-800-375-2434

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at: www.FPL.com

Your electric statement

For: Dec 28 2017 to Jan 29 2018 (32 days)

Customer name: NORTH PENINSULA

Service address: 16 SEABRIDGE DR # LFT STA

Account number: 78768-08689

Statement date:

Jan 29 2018

Next meter reading:

Feb 26 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
904.09	904.09 CR	0.00	0.00	887.31	\$887.31	Feb 19 2018

Meter reading - Meter KJ34294

Current reading 83116

Previous reading - 73344

kWh used **9772**

Demand reading 20.29

Demand kW **20**

Energy usage

	Last Year	This Year
kWh this month	8761	9772
Service days	30	32
kWh per day	292	305

****The electric service amount includes the following charges:**

Customer charge: \$25.23

Fuel: \$259.45

(\$0.026550 per kWh)

Non-fuel: \$242.06

(\$0.024770 per kWh)

Demand: \$216.20

(\$10.81 per kW)

Amount of your last bill

904.09

Payment received - Thank you

904.09 CR

Balance before new charges

\$0.00

New charges (Rate: GSD-1 GENERAL SERVICE DEMAND)

Electric service amount 742.94**

Storm charge 9.58

Gross receipts tax 19.30

Utility tax 57.98

Florida sales tax 53.64

Discretionary sales surtax 3.87

Total new charges \$887.31

Total amount you owe

\$887.31

- Payments received after **February 19, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

AMEX 2/16/18
887.31
13.95

902.26

Com# 11736760



Please have your account number ready when contacting FPL.

Customer service: 1-800-375-2434

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at: www.FPL.com

First Electric Statement

For: Dec 28 2017 to Jan 29 2018 (32 days)

Customer name: NORTH PENINSULA

Service address: 3219 JOHN ANDERSON DR # PUMP

Account number: 57243-00628

Statement date: Jan 29 2018

Next meter reading: Feb 26 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
45.32	45.32 CR	0.00	0.00	56.87	\$56.87	Feb 19 2018

Meter reading - Meter KJ34260

Current reading 12264

Previous reading - 11905

kWh used 359

Energy usage

	Last Year	This Year
kWh this month	275	359
Service days	30	32
kWh per day	9	11

**The electric service amount includes the following charges:

Customer charge: \$10.09

Fuel: \$9.53

(\$0.026550 per kWh)

Non-fuel: \$23.60

(\$0.065770 per kWh)

Amount of your last bill

45.32

Payment received - Thank you

45.32 CR

Balance before new charges

\$0.00

New charges (Rate: GS-1 GENERAL SVC NON-DEMAND / BUSINESS)

Electric service amount

43.22**

Storm charge

0.42

Gross receipts tax

1.12

Utility tax

3.77

Florida sales tax

3.12

Discretionary sales surtax

0.22

Late payment charge

5.00

Total new charges

\$56.87

Total amount you owe

\$56.87

- Payments received after **February 19, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

2/16/18 *Al*



Please have your account number ready when contacting FPL.

Customer service: 1-800-375-2434

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at:

Your electric statement

For: Jan 29 2018 to Feb 26 2018 (28 days)

Customer name: NORTH PENINSULA

Service address: 16 SEABRIDGE DR # LFT STA

Feb Account number: 78768-08689

Statement date: Feb 26 2018

Next meter reading: Mar 28 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
887.31	887.31 CR	0.00	0.00	768.15	\$768.15	Mar 19 2018

Meter reading - Meter KJ34294

Current reading 90936

Previous reading - 83116

kWh used **7820**

Demand reading 19.68

Demand kW **20****Energy usage**

	Last Year	This Year
--	-----------	-----------

kWh this month 8045 7820

Service days 28 28

kWh per day 287 279

****The electric service amount includes the following charges:**

Customer charge: \$25.23

Fuel: \$207.62

(\$0.026550 per kWh)

Non-fuel: \$193.71

(\$0.024770 per kWh)

Demand: \$216.20

(\$10.81 per kW)

Amount of your last bill

887.31

Payment received - Thank you

887.31 CR

Balance before new charges

\$0.00

New charges (Rate: GSD-1 GENERAL SERVICE DEMAND)

Electric service amount

642.76**

Storm charge

7.66

Gross receipts tax

16.68

Utility tax

51.34

Florida sales tax

46.37

Discretionary sales surtax

3.34

Total new charges

\$768.15

Total amount you owe**\$768.15**

- Payments received after **March 19, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- Several rate changes take effect in March: a base rate increase and fuel charge decrease for new solar plants; a routine storm charge adjustment; and decreases in other charges to reflect a coal plant closure and the end of the temporary storm charge. Learn more: FPL.com/rates.

3/15/18

AMEX

\$768.15
+ 14.95

\$783.10



Con# 11974706

Please have your account number ready when contacting FPL.

Customer service:

1-800-375-2434

Outside Florida:

1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at:

Your Electric Statement

For: Jan 29 2018 to Feb 26 2018 (28 days)

Customer name: NORTH PENINSULA

Service address: 3219 JOHN ANDERSON DR # PUMP

Account number: 57243-00628

Statement date: Feb 26 2018

Next meter reading: Mar 28 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
56.87	56.87 CR	0.00	0.00	40.16	\$40.16	Mar 19 2018

Meter reading - Meter KJ34260

Current reading 12517

Previous reading - 12264

kWh used **253****Energy usage**

	Last Year	This Year
kWh this month	270	253
Service days	28	28
kWh per day	9	9

****The electric service amount includes the following charges:**

Customer charge: \$10.09

Fuel: \$6.72

(\$0.026550 per kWh)

Non-fuel: \$16.64

(\$0.065770 per kWh)

Amount of your last bill

56.87

Payment received - Thank you

56.87 CR

Balance before new charges

\$0.00

New charges (Rate: GS-1 GENERAL SVC NON-DEMAND / BUSINESS)

Electric service amount 33.45**

Storm charge 0.30

Gross receipts tax 0.87

Utility tax 2.96

Florida sales tax 2.41

Discretionary sales surtax 0.15

Total new charges \$40.16**Total amount you owe****\$40.16**

- Payments received after **March 19, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- Several rate changes take effect in March: a base rate increase and fuel charge decrease for new solar plants; a routine storm charge adjustment; and decreases in other charges to reflect a coal plant closure and the end of the temporary storm charge. Learn more: FPL.com/rates.



Please have your account number ready when contacting FPL.

Customer service: 1-800-375-2434

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at:

Your electric statement

For: Feb 26 2018 to Mar 28 2018 (30 days)

Customer name: NORTH PENINSULA

Service address: 3219 JOHN ANDERSON DR # PUMP

Account number: 57243-00628

Statement date: Mar 28 2018

Next meter reading: Apr 26 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
40.16	40.16 CR	0.00	0.00	45.96	\$45.96	Apr 18 2018

Meter reading - Meter KJ34260

Current reading 12832

Previous reading - 12517

kWh used **315****Energy usage**

	Last Year	This Year
kWh this month	325	315
Service days	32	30
kWh per day	10	10

****The electric service amount includes the following charges:**

Customer charge: \$10.18

Fuel: \$8.22

(\$0.026110 per kWh)

Non-fuel: \$19.87

(\$0.063050 per kWh)

Amount of your last bill

40.16

Payment received - Thank you

40.16 CR

Balance before new charges

\$0.00

New charges (Rate: GS-1 GENERAL SVC NON-DEMAND / BUSINESS)

Electric service amount 38.27**

Storm charge 0.38

Gross receipts tax 0.99

Utility tax 3.36

Florida sales tax 2.76

Discretionary sales surtax 0.20

Total new charges \$45.96**Total amount you owe \$45.96**

- Payments received after **April 18, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

4/13/18



Please have your account number ready when contacting FPL.

Customer service: 1-800-375-2434

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at: www.fpl.com

Your Electric Statement

For: Feb 26 2018 to Mar 28 2018 (30 days)

Customer name: NORTH PENINSULA

Service address: 16 SEABRIDGE DR # LFT STA

Account number: 78768-08689

Statement date: Mar 28 2018

Next meter reading: Apr 26 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
768.15	768.15 CR	0.00	0.00	836.57	\$836.57	Apr 18 2018

Meter reading - Meter KJ34294

Current reading 00350

Previous reading - 90936

kWh used **9414**

Demand reading 20.03

Demand kW **20****Energy usage**

	Last Year	This Year
--	-----------	-----------

kWh this month 9675 9414

Service days 32 30

kWh per day 302 313

****The electric service amount****includes the following charges:**

Customer charge: \$25.46

Fuel: \$245.80

(\$0.026110 per kWh)

Non-fuel: \$213.70

(\$0.022700 per kWh)

Demand: \$216.60

(\$10.83 per kW)

Amount of your last bill

768.15

Payment received - Thank you

768.15 CR

Balance before new charges

\$0.00

New charges (Rate: GSD-1 GENERAL SERVICE DEMAND)

Electric service amount 701.56**

Storm charge 7.91

Gross receipts tax 18.19

Utility tax 54.69

Florida sales tax 50.58

Discretionary sales surtax 3.64

Total new charges \$836.57**Total amount you owe****\$836.57**

- Payments received after **April 18, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

AMEY

\$836.57

+14.95

851.52

Cn# -

12318499



Please have your account number ready when contacting FPL.

Customer service: 1-800-375-2434

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at: www.fpl.com

For: Apr 26 2018 to May 29 2018 (33 days)

Customer name: NORTH PENINSULA

Service address: 16 SEABRIDGE DR # LFT STA

Statement date:

May 29 2018

Next meter reading:

Jun 27 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
837.60	0.00	0.00	837.60	871.41	\$1,709.01	Jun 19 2018

Meter reading - Meter KJ34294

Current reading 19806
Previous reading - 09782
kWh used 10024

Demand reading 18.79
Demand kW 19

Energy usage

	Last Year	This Year
kWh this month	9107	10024
Service days	30	33
kWh per day	303	303

****The electric service amount includes the following charges:**

Customer charge: \$25.49
Fuel: \$261.73
(\$0.026110 per kWh)
Non-fuel: \$227.54
(\$0.022700 per kWh)
Demand: \$205.77
(\$10.83 per kW)

3/26 - 4/29
Amount of your last bill

837.60

Balance before new charges

\$837.60

New charges (Rate: GSD-1 GENERAL SERVICE DEMAND)

Electric service amount 720.50**
Storm charge 8.43
Gross receipts tax 18.69
Utility tax 55.52
Florida sales tax 51.97
Discretionary sales surtax 3.74
Late payment charge 12.56

Total new charges

\$871.41

Total amount you owe

\$1,709.01

- Did you forget? \$837.60 of this bill is past due. If payment has been made, we thank you and apologize for this reminder.
- Payments received after **June 19, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The number of days included in your bill can vary month to month. So even if you use the same amount of energy per day, your bill may be higher this month due to greater number of service days. Visit www.FPL.com for more information.
- The Florida Public Service Commission is reviewing a routine storm charge adjustment that would apply to your bill beginning in June. To learn more about your energy bill, visit FPL.com/rates.

1709.01
14.95

Can# 1263 7358



Please have your account number ready when contacting FPL.

Customer service: 1-800-375-2434

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at: www.FPL.com

For: Apr 26 2018 to May 29 2018 (33 days)

Customer name: NORTH PENINSULA

Service address: 3219 JOHN ANDERSON DR # PUMP

Account number: 37243-00020

Statement date: May 29 2018

Next meter reading: Jun 27 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
45.73	0.00	0.00	45.73	49.02	\$94.75	Jun 19 2018

Meter reading - Meter KJ34260

Current reading 13442

Previous reading - 13145

kWh used 297

Energy usage

	Last Year	This Year
kWh this month	240	297
Service days	30	33
kWh per day	8	9

****The electric service amount includes the following charges:**

Customer charge: \$10.18

Fuel: \$7.75

(\$0.026110 per kWh)

Non-fuel: \$18.73

(\$0.063050 per kWh)

Amount of your last bill 45.73

Balance before new charges \$45.73

New charges (Rate: GS-1 GENERAL SVC NON-DEMAND / BUSINESS)

Electric service amount	36.66**
Storm charge	0.35
Gross receipts tax	0.95
Utility tax	3.23
Florida sales tax	2.64
Discretionary sales surtax	0.19
Late payment charge	5.00

Total new charges \$49.02

Total amount you owe \$94.75

- Did you forget? \$45.73 of this bill is past due. If payment has been made, we thank you and apologize for this reminder.
- Payments received after **June 19, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The number of days included in your bill can vary month to month. So even if you use the same amount of energy per day, your bill may be higher this month due to greater number of service days. Visit www.FPL.com for more information.
- The Florida Public Service Commission is reviewing a routine storm charge adjustment that would apply to your bill beginning in June. To learn more about your energy bill, visit FPL.com/rates.



Please have your account number ready when contacting FPL.

Customer service: 1-800-375-2434

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at: www.FPL.com

Your electric statement

For: May 29 2018 to Jun 27 2018 (29 days)

Customer name: NORTH PENINSULA

Service address: 16 SEABRIDGE DR # LFT STA

Account number: 78768-08689

Statement date: Jun 27 2018

Next meter reading: Jul 27 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
1,709.01	1,709.01 CR	0.00	0.00	796.08	\$796.08	Jul 18 2018

Meter reading - Meter KJ34294

Current reading 28508

Previous reading - 19806

kWh used **8702**

Demand reading 20.14

Demand kW **20****Energy usage**

	Last Year	This Year
--	-----------	-----------

kWh this month 10086 8702

Service days 33 29

kWh per day 305 300

****The electric service amount****includes the following charges:**

Customer charge: \$25.46

Fuel: \$227.21

(\$0.026110 per kWh)

Non-fuel: \$197.54

(\$0.022700 per kWh)

Demand: \$216.60

(\$10.83 per kW)

Amount of your last bill

1,709.01

Payment received - Thank you

1,709.01 CR

Balance before new charges

\$0.00

New charges (Rate: GSD-1 GENERAL SERVICE DEMAND)

Electric service amount 666.81**

Storm charge 7.92

Gross receipts tax 17.30

Utility tax 52.50

Florida sales tax 48.09

Discretionary sales surtax 3.46

Total new charges \$796.08**Total amount you owe****\$796.08**

- Payments received after **July 18, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.

- The Florida Public Service Commission is reviewing a one-time refund for Hurricane Matthew recovery costs that will be included in your bill once approved. The PSC is also reviewing a reduction to other bill components beginning in July to reflect recent federal tax law changes.

7/10/18

PM EF

Con#

796.08

\$811.03



12950282

Please have your account number ready when contacting FPL.

Customer service: 1-800-375-2434

Outside Florida: 1-800-226-3545

To report power outages: 1-800-4OUTAGE (468-8243)

Hearing/speech impaired: 711 (Relay Service)

Online at: www.fpl.com

For: May 29 2018 to Jun 27 2018 (29 days)
 Customer name: NORTH PENINSULA
 Service address: 3219 JOHN ANDERSON DR # PUMP

5

Account number: 57243-00628

Statement date: Jun 27 2018
 Next meter reading: Jul 27 2018

Amount of your last bill	Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges (+)	Total amount you owe (=)	New charges due by
94.75	94.75 CR	0.00	0.00	40.51	\$40.51	Jul 18 2018

Meter reading - Meter KJ34260

Current reading 13706
 Previous reading - 13442
 kWh used 264

Energy usage

	Last Year	This Year
kWh this month	289	264
Service days	33	29
kWh per day	8	9

****The electric service amount includes the following charges:**

Customer charge: \$10.18
 Fuel: \$6.89
 (\$0.026110 per kWh)
 Non-fuel: \$16.64
 (\$0.063050 per kWh)

Amount of your last bill 94.75
 Payment received - Thank you 94.75 CR
 Balance before new charges \$0.00

New charges (Rate: GS-1 GENERAL SVC NON-DEMAND / BUSINESS)

Electric service amount	33.71**
Storm charge	0.34
Gross receipts tax	0.87
Utility tax	2.99
Florida sales tax	2.43
Discretionary sales surtax	0.17
Total new charges	\$40.51

Total amount you owe \$40.51

- Payments received after **July 18, 2018** are considered late; a late payment charge, the greater of \$5.00 or 1.5% of your past due balance will apply. Your account may also be billed a deposit adjustment.
- The Florida Public Service Commission is reviewing a one-time refund for Hurricane Matthew recovery costs that will be included in your bill once approved. The PSC is also reviewing a reduction to other bill components beginning in July to reflect recent federal tax law changes.

OK # 2432
 7/10/18
 pd



Please have your account number ready when contacting FPL.
 Customer service: 1-800-375-2434
 Outside Florida: 1-800-226-3545
 To report power outages: 1-800-4OUTAGE (468-8243)
 Hearing/speech impaired: 711 (Relay Service)
 Online at: www.fpl.com

#2

Chemicals used in Wastewater Treatment at
NPUC during Test Year

Total Gallons:	3,166.99
Total Paid:	\$5,386.59
Unit Price:	\$1.70/gal.
Treatment dosage:	5 oz. / 100gal.

Blue Water of Daytona, Inc.
1751 South Ridgewood Ave
South Daytona, FL 32119-2234
Tele 761-1763 Fax 756-1862

Statement

Date
7/31/2017

To:

2

North Peninsula Utilities Corp ***
(Delivery Address: 16 Seabridge OBS)
PO Box 2803
Ormond Beach, FL 32175

1.70/gal

Amount Due

\$1,891.96

Date	Transaction	Amount	Balance
06/30/2017	Balance forward		1,276.40
07/07/2017	INV #11068		1,430.29
07/14/2017	INV #11243		1,584.18
07/21/2017	INV #11415		1,738.07
07/28/2017	INV #11527		1,891.96

64LS

90.52 153.89
" 153.89
" 153.89
" 153.89

362.08

Full statement balance due August 23, 2017.

Amount Due

\$1,891.96

Blue Water of Daytona, Inc.
1731 South Ridgewood Ave
South Daytona, FL 32119-2234
Tele 761-1763 Fax 756-1862

Statement

Date
8/31/2017

To:

North Peninsula Utilities Corp ***
(Delivery Address: 16 Seabridge OBS)
PO Box 2803
Ormond Beach, FL 32175

PAST DUE

Amount Due

\$2,516.58

Date	Transaction	Amount	Balance
07/31/2017	Balance forward		
08/05/2017	INV #10799.		1,891.96
08/11/2017	INV #12084.	95.35 162.95	2,054.91
08/18/2017	INV #12574.	90.52 153.89	2,208.80
08/26/2017	INV #12387.	" 153.89	2,362.69
		" 153.89	2,516.58

365.91

FILE

Full statement balance due September 20, 2017.

Amount Due

\$2,516.58

Blue Water of Daytona, Inc.
1731 South Ridgewood Ave
South Daytona, FL 32119-2234
Tele 761-1763 Fax 756-1862

Statement

Date
9/30/2017

To:

North Peninsula Utilities Corp
(Delivery Address: 16 Seabridge OBS)
PO Box 2803
Ormond Beach, FL 32175

10/07/17
pu

Amount Due

\$153.90

Date	Transaction	Amount	Balance
08/31/2017	Balance forward		
09/01/2017	INV #12731.		2,516.58
09/07/2017	PMT #cc. pmt on acct	90.52 153.89	2,670.47
09/07/2017	PMT #cc. Pmt on acct	-1,000.00	1,670.47
09/07/2017	PMT #cc. pmt on acct	-1,000.00	670.47
09/08/2017	INV #12854.	-670.47	0.00
09/29/2017	INV #13653.	31.95 54.32	54.32
		58.58 99.58	153.90
		<u>181.05</u>	

Full statement balance due October 24, 2017.

Amount Due

\$153.90

Blue Water of Daytona, Inc.
1731 South Ridgewood Ave
South Daytona, FL 32119-2234
Tele 761-1763 Fax 756-1862

Statement

Date
10/31/2017

To:

North Peninsula Utilities Corp
(Delivery Address: 16 Seabridge OBS)
PO Box 2803
Ormond Beach, FL 32175

Amount Due

\$525.05

Date	Transaction	Amount	Balance
09/30/2017	Balance forward		153.90
10/06/2017	INV #13738.		307.79
10/13/2017	INV #14310.	90.52 153.89	461.68
10/20/2017	INV #14519.	11 153.89	552.21
10/23/2017	PMT #2231. 9/30 Stmt	53.25 90.53	398.31
10/27/2017	INV #14719.	153.90	525.05
		74.55 126.74	
		<u>308.84</u>	

Full statement balance due November 24th,
2017.

We must receive in writing any change or
cancellation to your pool service. Please email us

Amount Due

\$525.05

Blue Water of Daytona, Inc.
1731 South Ridgewood Ave
South Daytona, FL 32119-2234
Tele 761-1763 Fax 756-1862

Statement

Date
11/30/2017

To:

North Peninsula Utilities Corp
(Delivery Address: 16 Seabridge OBS)
PO Box 2803
Ormond Beach, FL 32175

Amount Due

\$832.84

Date	Transaction	Amount	Balance
10/31/2017	Balance forward		
11/04/2017	INV #13934.		
11/10/2017	INV #14124.		
11/17/2017	INV #15362.		
11/25/2017	INV #14994.		
		✓ Pay 12/4/17 →	525.05
		53.25 90.53	615.58
		37.27 63.37	678.95
		42.60 72.42	751.37
		47.92 81.47	832.84
		<hr/> 181.04	

Full statement balance due December 22, 2017.
We must receive in writing any change or
cancellation to your pool service. Please email us
at poolserviceupdates@gmail.com

Amount Due

\$832.84

Blue Water of Daytona, Inc.
1731 South Ridgewood Ave
South Daytona, FL 32119-2234
Tele 761-1763 Fax 756-1862

~~Statement~~

Date
12/31/2017

To:

North Peninsula Utilities Corp
(Delivery Address: 16 Seabridge OBS)
PO Box 2803
Ormond Beach, FL 32175

Due 1/24/18

1.70/gal

Amount Due

\$769.48

Date	Transaction	Amount	Balance
11/30/2017	Balance forward		832.84
12/02/2017	INV #15196.		887.16
12/07/2017	PMT #2275. 10/31 Stmt	31.95	887.16
12/08/2017	INV #15275.	54.32	362.11
12/15/2017	INV #15630.	525.05	434.53
12/22/2017	INV #15803.	42.60	525.06
12/30/2017	INV #15882.	53.25	660.85
		79.88	769.48
		63.90	
		<u>271.58</u>	

Happy New Year!

Full statement balance due January 24, 2018.

Please email us at poolserviceupdates@gmail.com
for any changes or cancellation to your pool
service.

Amount Due

\$769.48

Blue Water of Daytona, Inc.

d/b/a Blue Water Pool Supplies &
Service

1731 S. Ridgewood Avenue

South Daytona, FL 32119-2234

(O) 386-761-1763 (F)

386-756-1862

Statement

Date

1/31/2018

To:

North Peninsula Utilities Corp

(Delivery Address: 16 Seabridge OBS)

PO Box 2803

Ormond Beach, FL 32175

Amount Due

\$325.90

Date	Transaction	Amount	Balance
12/31/2017	Balance forward		769.48
01/06/2018	INV #16239.		841.90
01/12/2018	INV #16015.	42.60 72.42	932.43
01/19/2018	INV #16089.	53.25 90.53	1,004.85
01/26/2018	INV #16199.	42.60 72.42	1,095.38
01/29/2018	PMT #2321. 12/31 Stmt	53.25 90.53	325.90
		<u>191.70</u>	

Full statement balance is due on February 23,
2018.

bluewaterpoolsupplies@msn.com

Amount Due

\$325.90

P. 2/28/18

Blue Water of Daytona, Inc.

d/b/a Blue Water Pool Supplies & Service
1731 S. Ridgewood Avenue
South Daytona, FL 32119-2234
(O) 386-761-1763 (F) 386-756-1862

Statement

Date

4/30/2018

To:

North Peninsula Utilities Corp
(Delivery Address: 16 Seabridge Dr. OBS)
PO Box 2803 ***
Ormond Beach, FL 32175

Amount Due

\$1,204.88

Date	Transaction	Amount	Balance
01/30/2018	Balance forward		325.90
02/03/2018	INV #16596.	85.20 144.84	470.74
02/09/2018	INV #16723.	74.55 126.74	597.48
02/16/2018	INV #16923.	90.53 153.89	751.37
02/23/2018	INV #17089.	95.85 162.95	914.32
03/02/2018	PMT #2360. Jan Statement (underpaid \$.90)	325.00	589.32
03/02/2018	INV #17407.	90.52 153.89	743.21
03/09/2018	INV #17613.	90.52 153.89	897.10
03/16/2018	INV #17808.	90.52 153.89	1,050.99
03/23/2018	INV #17893.	90.52 153.89	1,204.88
		708.21	

Full statement balance due March 23, 2018. Please email poolserviceupdates@gmail.com with any changes or cancellation to your pool service.

Amount Due

\$1,204.88

Blue Water of Daytona, Inc.

d/b/a Blue Water Pool Supplies & Service
1731 S. Ridgewood Avenue
South Daytona, FL 32119-2234
(O) 386-761-1763 (F) 386-756-1862

Statement

Date
3/31/2018

To:

North Peninsula Utilities Corp
(Delivery Address: 16 Seabridge Dr. OBS)
PO Box 2803 ***
Ormond Beach, FL 32175

Amount Due

\$1,331.62

Date	Transaction	Amount	Balance
02/28/2018	Balance forward		014.32
03/02/2018	PMT #2360. Jan Statement (underpaid \$.90)	325.00	589.32
03/02/2018	INV #17407.	153.89	743.21
03/09/2018	INV #17613.	153.89	897.10
03/16/2018	INV #17808.	153.89	1,050.99
03/23/2018	INV #17899.	153.89	1,204.88
03/30/2018	INV #18198.	74.55 126.74	1,331.62

74.55

Full statement balance due April 23, 2018.

4/6/18 Pd.

Amount Due

\$1,331.62

Blue Water of Daytona, Inc.

d/b/a Blue Water Pool Supplies & Service
1731 S. Ridgewood Avenue
South Daytona, FL 32119-2234
(O) 386-761-1763 (F) 386-756-1862

Statement

Date

6/20/2018

To:

North Peninsula Utilities Corp
PO Box 2803
Ormond Beach, FL 32175

Amount Due

\$742.63

Date	Transaction	Amount	Balance
04/19/2018	Balance forward		153.89
04/20/2018	INV #19926. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$102.00 --- Tax: FLA Sales Tax @ 6.5% = 6.63	63.90 108.63	262.52
04/26/2018	INV #20131. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$68.00 --- Tax: FLA Sales Tax @ 6.5% = 4.42	42.60 72.42	334.94
05/05/2018	INV #20302. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$85.00 --- Tax: FLA Sales Tax @ 6.5% = 5.53	53.25 90.53	425.47
05/11/2018	INV #20732. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$76.50 --- Tax: FLA Sales Tax @ 6.5% = 4.97	47.92 81.47	506.94
05/18/2018	PMT #2421. 18606	153.89	353.05
05/18/2018	PMT #2422. 20131	72.42	280.63
05/19/2018	INV #2082820826. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$136.00 --- Tax: FLA Sales Tax @ 6.5% = 8.84	85.20 144.84	425.47
05/25/2018	INV #20549. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$68.00 --- Tax: FLA Sales Tax @ 6.5% = 4.42	42.60 72.42 335.47	497.89

Amount Due

\$742.63

Blue Water of Daytona, Inc.

d/b/a Blue Water Pool Supplies & Service
1731 S. Ridgewood Avenue
South Daytona, FL 32119-2234
(O) 386-761-1763 (F) 386-756-1862

Statement

Date

6/20/2018

To:

North Peninsula Utilities Corp
PO Box 2803
Ormond Beach, FL 32175

Amount Due

\$742.63

Date	Transaction	Amount	Balance
06/03/2018	INV #18083. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$76.80 --- Tax: FLA Sales Tax @ 6.5% = 4.99	48.11 81.79	579.68
06/09/2018	INV #18815. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$85.00 --- Tax: FLA Sales Tax @ 6.5% = 5.53	53.25 90.53	670.21
06/16/2018	INV #18964. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$68.00 --- Tax: FLA Sales Tax @ 6.5% = 4.42	42.60 72.42 <u>143.96</u>	742.63
			Amount Due
			\$742.63

Blue Water of Daytona, Inc.

d/b/a Blue Water Pool Supplies & Service
1731 S. Ridgewood Avenue
South Daytona, FL 32119-2234
(O) 386-761-1763 (F) 386-756-1862

Statement

Date

7/31/2018

To:

North Peninsula Utilities Corp
PO Box 2803
Ormond Beach, FL 32175

Amount Due

\$461.68

Date	Transaction	Amount	Balance
06/29/2018	Balance forward		742.63
06/30/2018	INV #19431. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$68.00 --- Tax: FLA Sales Tax @ 6.5% = 4.42	42.60 72.42	815.05
07/06/2018	PMT #2493. 19926,20302,20732,2082820826,20549,18083,1881 5,18964	-742.63	72.42
07/08/2018	INV #19633. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$127.50 --- Tax: FLA Sales Tax @ 6.5% = 8.29	135.79	208.21
07/21/2018	INV #0312. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$136.00 --- Tax: FLA Sales Tax @ 6.5% = 8.84	144.84	353.05
07/30/2018	INV #0410. Chems. --- 2 - Chlorine (Liq/Tabs/Misc) \$102.00 --- Tax: FLA Sales Tax @ 6.5% = 6.63	108.63 42.60	461.68

Amount Due

\$461.68

pd
8/30/18

Wetherell Treatment Systems

600 Hull Road

Ormond Beach, FL 32174

Phone #(386) 673-4162

Over 46 Years Experience

4

5

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 7/31/2017

Invoice # 4615

Description	Amount
Sewage Treatment Plant supervision	825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for July 2017	110.00
Monthly State required (2) Fecal Coliform Tests	110.00
Monthly State required (2) Nitrate Tests	90.00
State required influent (2) CBOD Tests	144.00
State required influent (2) TSS Tests	100.00
2 Extra TDS and Chloride analysis for July 2017	140.00
Monthly Total Nitrogen Test as required by DEP	85.00
Monthly Total Phosphorus Test as required by DEP	60.00
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	
Terms Net 30	Subtotal \$1,664.00
	Sales Tax (6.5%) \$0.00
	Total \$1,664.00

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 8/31/2017

Invoice # 4649

Description	Amount
Sewage Treatment Plant supervision	825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for August 2017	110.00
Monthly State required (2) Fecal Coliform Tests	110.00
Monthly State required (2) Nitrate Tests	90.00
State required influent (2) CBOD Tests	144.00
State required influent (2) TSS Tests	100.00
2 Extra TDS and Chloride analysis for August 2017	140.00
Monthly Total Nitrogen Test as required by DEP	85.00
Monthly Total Phosphorus Test as required by DEP	60.00
1-Resample for Fecal Coliform Test	55.00
8/4/17 Repair sewage treatment plant chlorinator:	
**1-Index pin	29.56
**1-Variable cam	22.83
**Labor-1 Man 1.0 hour @ \$70.00/hr	70.00
8/15/17 2-New belts for lift station @ \$29.78/ea	59.56
**Labor-1 Man 1.0 hour @ \$70.00/hr	70.00
8/24/17 Installed 1-new 5 H.P. single phase motor for surge pump	867.55
**Labor-2 Men 2.50 hours @ \$108.00/hr	270.00
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	Subtotal
Terms Net 30	Sales Tax (6.5%)
	Total See Page 2

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 8/31/2017
Invoice # 4649

Description	Amount
8/30/17 Repair bad air leak on surge plant blower: **1-New connection hose **Labor-1 Man 2.0 hours @ \$70.00/hr	 61.45 140.00
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	Subtotal \$3,309.95
Terms Net 30	Sales Tax (6.5%) \$0.00
	Total \$3,309.95

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 9/30/2017

Invoice # 4677

Description	Amount
Sewage Treatment Plant supervision	825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for September 2017	110.00
Monthly State required (2) Fecal Coliform Tests	110.00
Monthly State required (2) Nitrate Tests	90.00
State required influent (2) CBOD Tests	144.00
State required influent (2) TSS Tests	100.00
2 Extra TDS and Chloride analysis for September 2017	140.00
Monthly Total Nitrogen Test as required by DEP	85.00
Monthly Total Phosphorus Test as required by DEP	60.00
9/18/17 Removed lift station pump took to shop to rebuild: **Labor-1 Man 2.50 hours @ \$70.00/hr	175.00
9/19/17 Rebuild lift station pump with all new bearings, seals, seal lines and gaskets:	887.52
9/20/17 Re-install rebuilt pump at lift station at plant, prime pump and check-out operation: **Labor-1 Man 3.0 hours @ \$70.00/hr	210.00
9/25/17 2-New belts for blower @ \$28.42/ea **Labor-1 Man .50 hour @ \$70.00/hr	56.84 35.00
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	
Terms Net 30	Subtotal \$3,028.36 Sales Tax (6.5%) \$0.00 Total \$3,028.36

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 10/31/2017

Invoice # 4719

Description	Amount
Sewage Treatment Plant supervision	825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for October 2017	110.00
Monthly State required (2) Fecal Coliform Tests	110.00
Monthly State required (2) Nitrate Tests	90.00
State required influent (2) CBOD Tests	144.00
State required influent (2) TSS Tests	100.00
2 Extra TDS and Chloride analysis for October 2017	140.00
Monthly Total Nitrogen Test as required by DEP	85.00
Monthly Total Phosphorus Test as required by DEP	60.00
1-Resample for Fecal Coliform Test	55.00
10/14/17 Repair chlorinator:	114.86
**1-New rotor assembly	43.17
**1-New variable cam	28.52
**1-New head hose	70.00
**Labor to repair-1 Man 1.0 hour @ \$70.00/hr	
10/18/17 Replace belts:	238.24
**8-New V belts @ \$29.78/ea	114.52
**4-New V belts @ \$28.63/ea	35.00
**Labor to pick-up & deliver-1 Man .50 hour @ \$70.00/hr	
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	
Subtotal	\$2,363.31
Sales Tax (6.5%)	\$0.00
Total	\$2,363.31

Terms Net 30

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 11/30/2017

Invoice # 4750

Description	Amount
Sewage Treatment Plant supervision	825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for November 2017	110.00
Monthly State required (2) Fecal Coliform Tests	110.00
Monthly State required (2) Nitrate Tests	90.00
State required influent (2) CBOD Tests	144.00
State required influent (2) TSS Tests	100.00
2 Extra TDS and Chloride analysis for November 2017	140.00
Monthly State required Total Nitrogen Test	85.00
Monthly State required Total Phosphorus Test	60.00
11/9/17 Remove the East lift station pump to rebuild pump and replace all bearings, seals, seal liners, shims and gaskets	736.42
**Labor to pull and re-install pump-1 Man 4.50 hours @ \$70.00/hr	315.00
11/15/17 Install new bolts on splitter box flange:	
**Bolts	15.85
**Labor-1 Man 1.0 hour @ \$70.00/hr	70.00
11/15/17 2-New motors for mechanical sludge collectors @ \$488.75/ea	977.50
**Labor to install motors-1 Man 3.0 hours @ \$70.00/hr	210.00
<div> <div>**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)</div> <div> <div>Terms Net 30</div> <div> Subtotal Sales Tax (6.5%) Total See Page 2 ? </div> </div> </div>	

Wetherell Treatment Systems

600 Hull Road

Ormond Beach, FL 32174

Phone #(386) 673-4162

Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 11/30/2017

Invoice # 4750

Description		Amount
11/28/17 Heated bolts and nuts on lift station pump with torch so belts could be tightened. Unplug pump suction line to remove sand to allow pump to work: **Labor-1 Man 4.0 hours @ \$70.00/hr		280.00
11/30/17 1-New 7.5 H.P. blower motor delivered to plant (motor base on order)		786.33
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)		
Subtotal		\$5,055.10
Sales Tax (6.5%)		\$0.00
Total		\$5,055.10

Terms Net 30

Wetherell Treatment Systems

600 Hull Road

Ormond Beach, FL 32174

Phone #(386) 673-4162

Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 12/31/2017

Invoice # 4784

Description	Amount
Sewage Treatment Plant supervision	825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for December 2017	110.00
Monthly State required (2) Fecal Coliform Tests	110.00
Monthly State required (2) Nitrate Tests	90.00
State required influent (2) CBOD Tests	144.00
State required influent (2) TSS Tests	100.00
2 Extra TDS and Chloride analysis for December 2017	140.00
Monthly State required Total Nitrogen Test	85.00
Monthly State required Total Phosphorus Test	60.00
11/30/17 Cleaned floats and re-primed pumps at John Anderson lift station: **Labor-2 Men 3.0 hours @ \$108.00/hr	324.00
12/1/17 Cleaned grease off top of lift station: **Labor-1 Man 2.0 hours @ \$70.00/hr	140.00
12/2/17 Cleaned sand from bottom of main station and remove sand from West lift station suction line at main lift station: **Labor-2 Men 4.0 hours @ \$108.00/hr	432.00
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	
	Subtotal
Terms Net 30	Sales Tax (6.5%)
	Total See Page 2

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 12/31/2017

Invoice # 4784

Description	Amount
12/7/17 Check out RTU and alarm system and install new high angle level control. Alarm unit bad. Mission control sending new one: **1-High angle level control **Labor-2 Men 3.0 hours @ \$108.00/hr	164.58 324.00
12/14/17 Install new wetwell alarm from Mission Control: **Labor-2 Men 2.0 hours @ \$108.00/hr	216.00
12/20/17 Install 1 new alarm panel from Mission Control & troubleshoot: **Labor-2 Men 2.50 hours @ \$108.00/hr	270.00
12/26/17 Install new motor base for new motor at plant: **Labor-1 Man 3.0 hours @ \$70.00/hr	87.63 210.00
12/28/17 4-New belts delivered to sewage treatment plant @ \$31.28/ea	125.12
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	
Terms Net 30	
Subtotal	\$3,957.33
Sales Tax (6.5%)	\$0.00
Total	\$3,957.33

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

52N
/

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 1/31/2018

Invoice # 4816

Description	Amount
Sewage Treatment Plant supervision	825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for January 2018	110.00
Monthly State required (2) Fecal Coliform Tests	110.00
Monthly State required (2) Nitrate Tests	90.00
State required influent (2) CBOD Tests	144.00
State required influent (2) TSS Tests	100.00
2 Extra TDS and Chloride analysis for January 2018	140.00
Monthly State required Total Nitrogen Test	85.00
Monthly State required Total Phosphorus Test	60.00
1-Resample for Fecal Coliform Test	55.00
1/14/18 Weld motor base back on surge pump and reattach motor base with adjustable all thread.	894
X **Parts, all thread & materials	153.61
**1-V belt	29.87
**Labor-1 Man 6.0 hours @ \$70.00/hr	420.00
X 1/19/18 1-New switch head, limit switch base, limit switch body for Travel-aire	546.52
**Labor-1 Man 1.50 hours @ \$70.00/hr	105.00
X 1/24/18 4-New belts for plant blowers & pumps @ \$29.73/ea	118.92
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	
Subtotal	
Sales Tax (6.5%)	
Total See Page 2	

Terms Net 30

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 1/31/2018
Invoice # 4816

Description	Amount
**Labor-1 Man .75 hour @ \$70.00/hr	52.50
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	Subtotal \$3,145.42
Terms Net 30	Sales Tax (6.5%) \$0.00
	Total \$3,145.42

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

E

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 2/28/2018

Invoice # 4849

Description	Amount
Sewage Treatment Plant supervision	825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for February 2018	110.00
Monthly State required (2) Fecal Coliform Tests	110.00
Monthly State required (2) Nitrate Tests	90.00
State required influent (2) CBOD Tests	144.00
State required influent (2) TSS Tests	100.00
2 Extra TDS and Chloride analysis for February 2018	140.00
Monthly State required Total Nitrogen Test	85.00
Monthly State required Total Phosphorus Test	60.00
1-Resample for Fecal Coliform Test	55.00
2/1/18 Install 1-New duplex receptacle	7.83
**1-New Stenner hose	31.58
**2-New belts for surge pumps @ \$28.72/ea	57.44
**Labor-1 Man 1.50 hours @ \$70.00/hr	105.00
2/6/18 Repair sewage treatment plant #2 chlorinator:	
**1-New complete head assembly	74.85
**1-New variable cam assembly	32.43
**Labor to repair-1 Man 1.0 hour @ \$70.00/hr	70.00
<div> <div>**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)</div> <div> <div>Terms Net 30</div> <div> <div>Subtotal</div> <div>Sales Tax (6.5%)</div> <div>Total See Page 2</div> </div> </div> </div>	

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 2/28/2018

Invoice # 4849

Description	Amount
2/13/18 Work on surge pump to get it operational: **Labor-2 Men 4.0 hours @ \$108.00/hr	432.00
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	Subtotal \$2,530.13
Terms Net 30	Sales Tax (6.5%) \$0.00
	Total \$2,530.13

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

M

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 3/31/2018
Invoice # 4886

Description	Amount
Sewage Treatment Plant supervision	825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for March 2018	110.00
Monthly State required (2) Fecal Coliform Tests	110.00
Monthly State required (2) Nitrate Tests	90.00
State required Influent (2) CBOD Tests	144.00
State required Influent (2) TSS Tests	100.00
2 Extra TDS and Chloride analysis for March 2018	140.00
Monthly State required Total Nitrogen Test	85.00
Monthly State required Total Phosphorus Test	60.00
3/1/18 3" Galvanized pipe, nipples and fittings for Gorman Rupp surge pump	829 214.56
3/13/18 & 3/14/18 Steel work and replating on Sewage Treatment Plant #1 & #3:	
*1/4" Steel plate	186.50
**Labor-1 Man with welding equipment	1,120.00
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	
Terms Net 30	Subtotal \$3,185.06 Sales Tax (6.5%) \$0.00 Total \$3,185.06

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

A

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 4/30/2018
Invoice # 4897

Description	Amount
Sewage Treatment Plant supervision	825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for April 2018	110.00
Monthly State required (2) Fecal Coliform Tests	110.00
Monthly State required (2) Nitrate Tests	90.00
State required Influent (2) CBOD Tests	144.00
State required Influent (2) TSS Tests	100.00
2 Extra TDS and Chloride analysis for April 2018	140.00
Monthly State required Total Nitrogen Test	85.00
Monthly State required Total Phosphorus Test	60.00
4/25/18 Trouble shoot lift station problem and repair broken wire on motor: **Labor-2 Men 2.50 hours @ \$108.00/hr	270.00
<div> <div>**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)</div> <div> <div>Terms Net 30</div> <div> <div>Subtotal \$1,934.00</div> <div>Sales Tax (6.5%) \$0.00</div> <div>Total \$1,934.00</div> </div> </div> </div>	

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 5/31/2018

Invoice # 4940

Description	Amount
Sewage Treatment Plant supervision	825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for May 2018	110.00
Monthly State required (2) Fecal Coliform Tests	110.00
Monthly State required (2) Nitrate Tests	90.00
State required Influent (2) CBOD Tests	144.00
State required Influent (2) TSS Tests	100.00
2 Extra TDS and Chloride analysis for May 2018	140.00
Monthly State required Total Nitrogen Test	85.00
Monthly State required Total Phosphorus Test	60.00
5/14/18 Repair sewage treatment plant chlorinator: **Parts **Labor-1 Man 1.50 hours @ \$70.00/hr	83.71 105.00
5/16/18 Service call to correct wiring for sewage treatment plant pump: **Labor-1 Man 2.0 hours @ \$70.00/hr	140.00
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	
Terms Net 30	Subtotal \$1,992.71 Sales Tax (6.5%) \$0.00 Total \$1,992.71

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone # (386) 673-4162
Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 6/30/2018

Invoice # 4963

Description	Amount
Sewage Treatment Plant supervision	825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for June 2018	110.00
Monthly State required (2) Fecal Coliform Tests	110.00
Monthly State required (2) Nitrate Tests	90.00
State required Influent (2) CBOD Tests	144.00
State required Influent (2) TSS Tests	100.00
2 Extra TDS and Chloride analysis for June 2018	140.00
Monthly State required Total Nitrogen Test	85.00
Monthly State required Total Phosphorus Test	60.00
6/18/18 Service call to John Anderson lift station to check electrical. Had to replace fuses.	839.00
* **4 fuses to get station working @ \$12.14/ea	48.56
* **Labor-1 Man 2.0 hours @ \$75.00/hr	150.00
6/20/18 Install one (1) new 5 H.P. 3 Phase motor on John Anderson lift station:	
* **New motor with freight	672.48
* **2-New belts @ \$21.83/ea	43.66
* **Labor to install new motor-2 Men 4.0 hours @ \$109.00/hr	436.00
* 6/22/18 2-New belts delivered to sewage treatment plant @ \$23.15/ea	46.30
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	
Subtotal	
Sales Tax (6.5%)	
Total See Page 2	

Terms Net 30

Wetherell Treatment Systems
600 Hull Road
Ormond Beach, FL 32174
Phone #(386) 673-4162
Over 46 Years Experience

North Peninsula Utilities Corp
P.O. Box 2803
Ormond Beach, FL 32175-2803

Date 6/30/2018

Invoice # 4963

Description	Amount
**Labor to pick-up & deliver-1 Man .50 hour @ \$75.00/hr	37.50
6/25/18 Run test on RTU for main lift station. Found out it needed a new transformer.	
**Labor-2 Men 2.0 hours @ \$109.00/hr	218.00
6/29/18 Install new transformer for RTU for main lift station. Ran test on unit.	
**Labor-2 Men 2.0 hours @ \$109.00/hr	218.00
<div> <div>**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)</div> <div> <div>Terms Net 30</div> <div> <div>Subtotal \$3,534.50</div> <div>Sales Tax (6.5%) \$0.00</div> <div>Total \$3,534.50</div> </div> </div> </div> <div></div>	



Nitrogreen, Inc.
406 Bostrom Ln.
Ormond Beach, FL 32174
(386)615-8084
cnitrogreen@bellsouth.net
<http://www.nitrogreenlawns.com>

Invoice

BILL TO
Bob Hillman
North Peninsula Utilities
P.O. Box 2802
Ormond Beach, FL 32175

SHIP TO
Bob Hillman
North Peninsula Utilities
Seabridge Common Area

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
29230	07/25/2017	\$400.00	08/24/2017	Net 30	

ACTIVITY	QTY	RATE	AMOUNT
Landscaping bush hog seabridge	1	400.00	400.00

We provide mulching, sod, landscaping, irrigation, inside/outside pest control, tree work, shrub & lawn fertilization care, and lawn maintenance!

"Invoices not paid within 30 days are subject to a 10% monthly finance charge."

Write your e-mail address on the pay stub to go paperless.

BALANCE DUE

\$400.00

We appreciate your business!



Nitrogreen, Inc.
406 Bostrom Ln.
Ormond Beach, FL 32174
(386)615-8084
cnitrogreen@bellsouth.net
<http://www.nitrogreenlawns.com>

Invoice

BILL TO
Bob Hillman
North Peninsula Utilities
P.O. Box 2802
Ormond Beach, FL 32175

LIFT. STA.
J.A.

SHIP TO
Bob Hillman
North Peninsula Utilities
Seabridge Common Area

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
29314	07/30/2017	\$275.00	08/29/2017	Net 30	

ACTIVITY	QTY	RATE	AMOUNT
Landscaping clean up around fence and inside of fence	1	275.00	275.00

We provide mulching, sod, landscaping, irrigation, inside/outside pest control, tree work, shrub & lawn fertilization care, and lawn maintenance!

"Invoices not paid within 30 days are subject to a 10% monthly finance charge."

Write your e-mail address on the pay stub to go paperless.

BALANCE DUE

\$275.00

We appreciate your business!



Nitrogreen, Inc.
406 Bostrom Ln.
Ormond Beach, FL 32174
(386)615-8084
office@nitrogreenlawns.com
http://www.nitrogreenlawns.com

Invoice

BILL TO
Bob Hillman
North Peninsula Utilities
P.O. Box 2802
Ormond Beach, FL 32175

SHIP TO
Bob Hillman
North Peninsula Utilities
Seabridge Common Area

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
31102	11/30/2017	\$550.00	12/30/2017	Net 30	

ACTIVITY	QTY	RATE	AMOUNT
Landscaping Bush hog	1	550.00	550.00

We provide mulching, sod, landscaping, irrigation, inside/outside pest control, tree work, shrub & lawn fertilization care, and lawn maintenance!

"Invoices not paid within 30 days are subject to a 10% monthly finance charge."

Write your e-mail address on the pay stub to go paperless.

BALANCE DUE

\$550.00

OK
2320
1/24/18

We appreciate your business!



Nitrogreen, Inc.
406 Bostrom Ln.
Ormond Beach, FL 32174
(386)615-8084
office@nitrogreenlawns.com
http://www.nitrogreenlawns.com

Invoice

BILL TO
Bob Hillman
North Peninsula Utilities
P.O. Box 2802
Ormond Beach, FL 32175

SHIP TO
Bob Hillman
North Peninsula Utilities
Seabridge Common Area

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
32502	03/01/2018	\$250.00	03/31/2018	Net 30	

ACTIVITY	QTY	RATE	AMOUNT
Landscaping Bush Hog and tilled	1	250.00	250.00

We provide mulching, sod, landscaping, irrigation, inside/outside pest control, tree work, shrub & lawn fertilization care, and lawn maintenance!

"Invoices not paid within 30 days are subject to a 10% monthly finance charge."

Write your e-mail address on the pay stub to go paperless.

BALANCE DUE

\$250.00

4/20/18
pa

We appreciate your business!



Nitrogreen, Inc.
406 Bostrom Ln.
Ormond Beach, FL 32174
(386)615-8084
office@nitrogreenlawns.com
http://www.nitrogreenlawns.com

Invoice

BILL TO

Bob Hillman
North Peninsula Utilities
P.O. Box 2802
Ormond Beach, FL 32175

SHIP TO

Bob Hillman
North Peninsula Utilities
Seabridge Common Area

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
33824	06/08/2018	\$600.00	07/08/2018	Net 30	

ACTIVITY	RATE	AMOUNT
Landscaping Bush hog at sea bridge	600.00	600.00

"We provide mulching, sod, landscaping, irrigation, inside/outside pest control, tree work, shrub & lawn fertilization care, and lawn maintenance!"

"Invoices not paid within 30 days are subject to a 10% monthly finance charge."

Write your e-mail address on the pay stub to go paperless.

BALANCE DUE

\$600.00

6/16/18
PA

We appreciate your business!



Hillman Wilson <developershw@gmail.com>

Invoices

Wed, Oct 10, 2018 at 8:30 AM

Jeff Baylor <Jeff.Baylor@pacelabs.com>
To: developershw@gmail.com
Cc: Aaron Crump <Aaron.Crump@pacelabs.com>

Looking at past history, it appears Pace charges approximately \$600 per quarter for the Seabridge WWTP quarterly event. I cc'd your project manager, Aaron Crump in case you have any further questions.
Thank you

Jeff Baylor
Project Manager
Pace Analytical Services
8 East Tower Circle
Ormond Beach, FL 32174
386.676.4806 | 386.262.9180 | 386.672.5668
www.pacelabs.com

>>> Hillman Wilson Development Offices <developershw@gmail.com> 10/8/2018 11:27 AM >>>
[Quoted text hidden]

STATEMENT



Date:	9/1/2017
Account:	35-000274

Payment Terms: NET 30 DAYS

To: NORTH PENINSULA UTILITIES
ACCOUNTS PAYABLE
P.O. BOX 2803
ORMOND BEACH FL 32175

Sample

Amy Kuniholm
Phone # (206) 852-1721
Amy.Kuniholm@pacelabs.com

Invoice No.	Date	Code	Pace Project No.	Client Reference No. / Client Project	Original Invoice Amount	Current Invoice Balance
1735171576	4/14/2017	SLS	Proj# 35304300	Seabridge WWTP	\$600.00	\$600.00
<div style="position: absolute; left: 140px; top: 550px; font-family: cursive;"> 10/31/17 pl Amex Receipt </div>						
Amount Due:						\$600.00

Please Remit Payment To:

Pace Analytical Services, LLC
Box 684056
Chicago IL 60695-4056

1.5% Finance Charge Assessed on all Past Due Invoices

Aged as of: 9/1/2017

0-30 Days	31 - 60 Days	61 - 90 Days	91 -120 Days	121 and Over
\$0.00	\$0.00	\$0.00	\$0.00	\$600.00

Codes: SLS = Sales / Invoices

DR = Debit Memos

PMT = Payments

CR = Credit Memos

FIN = Finance Charges



American In-Line
Inspection Service, Inc.
415 Timaquan Trail
Edgewater, FL 32132

PHONE
386/409-5446
FAX 386/957-4919

North Peninsula Utilities Corp.
115 East Granada Blvd.
Suite 12
Ormond Beach, FL. 32175

INVOICE

DATE	INVOICE #
11/7/2017	2017573

JOB NAME	TERMS	DUE DATE	PURCHASE ORDER	
3214 John Anderson Dr.	Net 30	12/7/2017		
DESCRIPTION	QTY	RATE	AMOUNT	
Four hour minimum for vactor unit & crew to clean sanitary pipe on 24-October-2017	4	200.00	800.00	
Four hour minimum to video inspect sanitary pipe on 24-October-2017	4	185.00	740.00	
Mobilization / travel time for 24-October-2017	1	150.00	150.00	
Eight hours for vactor unit & crew to clean sanitary pipe on 25-October-2017	8	200.00	1,600.00	
Four hour minimum to video inspect sanitary pipe on 25-October-2017	4	185.00	740.00	
Mobilization / travel time for 25-October-2017	1	150.00	150.00	
Eight hours for vactor unit & crew to clean sanitary pipe on 01-November-2017	8	200.00	1,600.00	
Four hour minimum to video inspect sanitary pipe on 01-November-2017	4	185.00	740.00	
Mobilization / travel time for 01-November-2017	1	150.00	150.00	
Four hour minimum for vactor unit & crew to clean sanitary sewer on 03-November-2017	4	200.00	800.00	
Four hour minimum to video inspect sanitary pipe on 03-November-2017	4	185.00	740.00	
Thank you for your business.		Total		



American In-Line
Inspection Service, Inc.
415 Timaquan Trail
Edgewater, FL 32132

PHONE
386/409-5446
FAX 386/957-4919

INVOICE

North Peninsula Utilities Corp.
115 East Granada Blvd.
Suite 12
Ormond Beach, FL. 32175

DATE	INVOICE #
11/7/2017	2017573

JOB NAME	TERMS	DUE DATE	PURCHASE ORDER
3214 John Anderson Dr.	Net 30	12/7/2017	
DESCRIPTION	QTY	RATE	AMOUNT
Mobilization / travel time	1	150.00	150.00
Discount per Robin Vallance, Owner of American In-Line	1	-2,780.00	-2,780.00
Thank you for your business.			
Total			\$5,580.00

INVOICES UNPAID AFTER 30 DAYS WILL BE SUBJECT TO A 1.5% LATE CHARGE. ANY SERIOUSLY DELINQUENT ACCOUNTS WILL BE TURNED OVER TO OUR COLLECTION AGENCY OR ATTORNEY. PLEASE NOTE: THE PARTY ORDERING THE MATERIALS AND SERVICES AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES.

4/20 \$750 pd

830 due Ch # 2428

5/21/18 dia lull

Page 2

\$2580.00 due

- 1,000 3/14

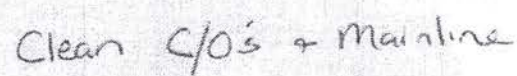
\$1580

- 2000.00

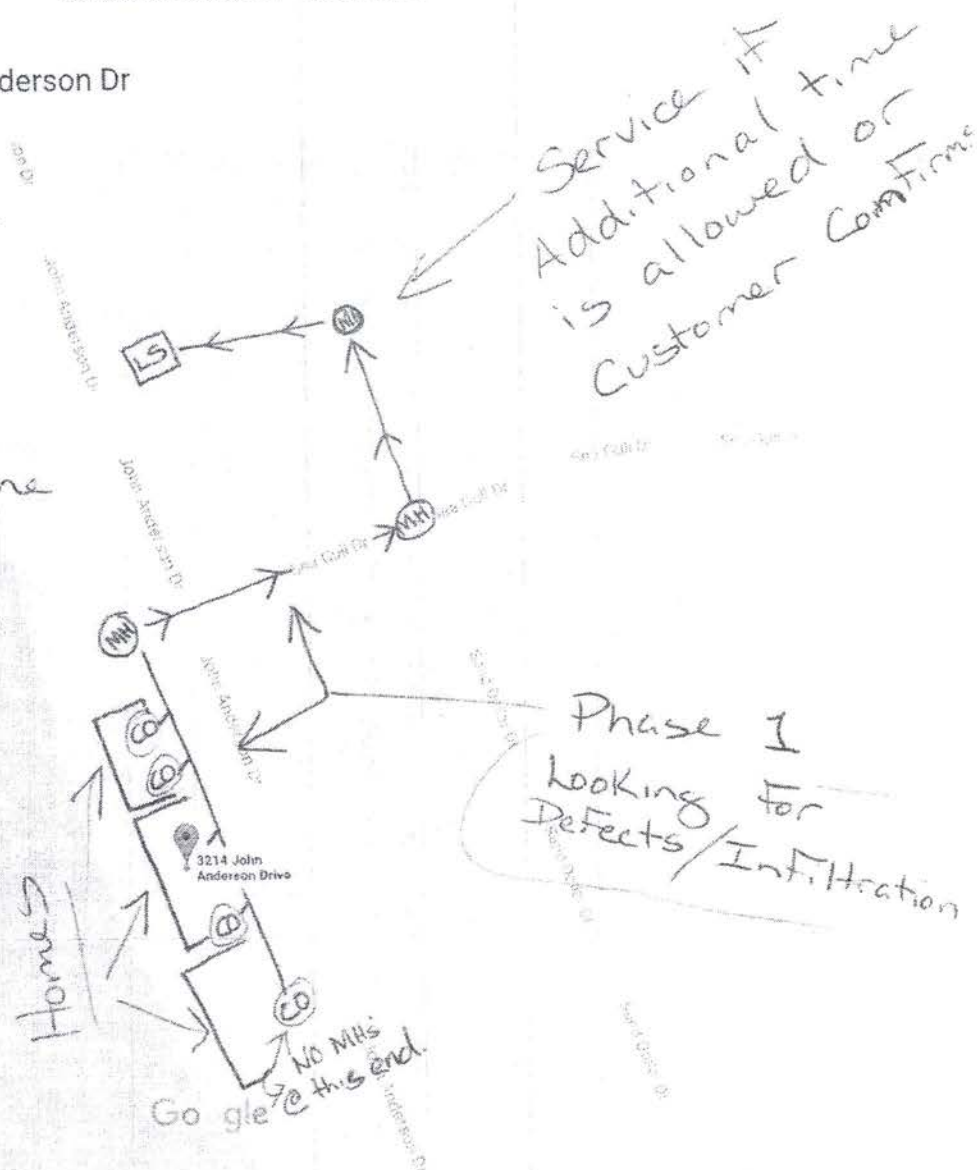
- 1000.00 12/28

2/8

Go gle Maps 3214 John Anderson Dr



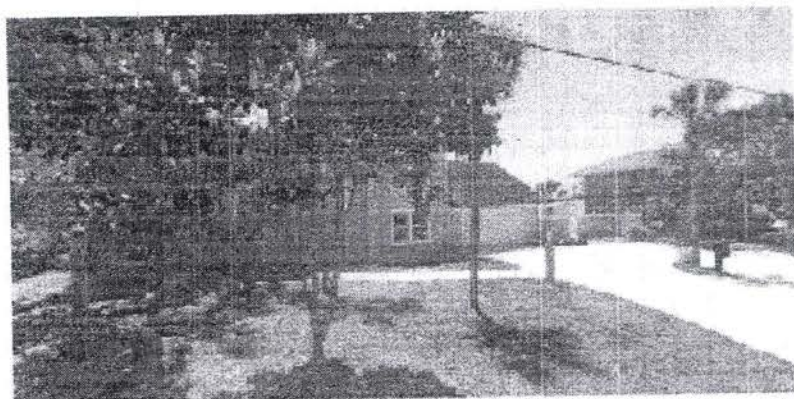
Push Cam 9/0's +
CCTV mainlines



Phase I
Looking For
Defects/Infiltration

Go gle @ this end

Map data ©2017 Google United States 50 ft





1-800-GET-ROTO (438-7686)

SEE BINDING TERMS ON REVERSE

Roto-Rooter
P.O. Box 6142
Daytona Beach, FL 32122
(386) 252-4303 • (386) 253-1128 Fax
License CFC #1427721

Operated as an Independent Contractor

DATE OF SERVICE: 7/25/17
LOCATION: Daytona Beach
SERVICE TECHNICIAN'S NAME: Terry #96
INVOICE NO.: 154561

SEWER & DRAIN ☒ PLUMBING ☐ PUMPING ☐
INDUSTRIAL ☐ EXCAVATION ☐ DRAIN TILE ☐
CUSTOMER CLASS: ☐ RESIDENTIAL ☒ COMMERCIAL

CUSTOMER NAME: North peninsula Utilities
SERVICE ADDRESS: 13 E. SEA HARBOR
CITY: Orlando Bch STATE/PROVINCE: FL ZIP/POSTAL: 32816
CUSTOMER NO.: APT. NUMBER: FEDERAL I.D. # 59-3424211
BILLING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS): CITY: STATE/PROVINCE: ZIP/POSTAL:

REPAIR CODE	ESTIMATE AND DESCRIPTION OF WORK TO BE PERFORMED (The approximate starting date is _____, and the approximate completion date is _____). Neither date is guaranteed. Unexpected conditions or problems could cause delays. A definite completion date is not of the essence.)	\$ AMOUNT
	Homeowner kept having back up issue recently and city c/o to verify where problem it was. Ran camera from c/o by house, was able to locate c/o by street was 40 ft. from toilet. I was able to clear roots but he had camera +	

WORK ORDER AUTHORIZATION I authorize the services indicated and agree to pay the amounts specified. I have read and agree to the terms on the reverse side, including the limits on Roto-Rooter's responsibility specified in those terms.

(SIGNATURE) [Signature] (PRINT NAME) [Name]

CHANGES TO ESTIMATE: I authorize these changes. ADJUSTMENTS/CHANGES IN WORK TO BE PERFORMED (Use additional invoice if needed to describe changes): [Handwritten notes]

COMMENTS: c/o by street 17 ft off road towards house + [Handwritten notes]

COMPLETION I acknowledge completion of the above described work which has been done to my complete satisfaction. (SIGNATURE) [Signature] (PRINT NAME) [Name]

(E-MAIL ADDRESS) [Address] Send plumbing tips, product/services information and coupons via email.

PAYMENT: ☐ CASH ☐ CHECK NO. _____ * ☐ CREDIT CARD ☒ NET 10 DAYS
OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH * In the event check is returned, the CUSTOMER is responsible for all related bank fees.

LABOR \$ _____
PARTS \$ _____
PRODUCTS \$ _____
OTHER \$ _____
TAX \$ 650.00
INVOICE TOTAL \$ _____

NEXT VISIT: [Blank] PLEASE PAY FROM THIS INVOICE

RESIDENTIAL GUARANTEE		COMMERCIAL GUARANTEE	
LABOR		LABOR	
<input type="checkbox"/> Main/Branch Lines	6 months	<input type="checkbox"/> Main/Branch Lines	30 days
<input type="checkbox"/> Toilet Auger	7 days	<input type="checkbox"/> Toilet Auger	24 hours
<input type="checkbox"/> Plumbing Repair	6 months	<input type="checkbox"/> Plumbing Repair	90 days
<input type="checkbox"/> Plumbing Replacement	1 year	<input type="checkbox"/> Plumbing Replacement	90 days
<input type="checkbox"/> Extended Guarantee	1 year		
REASON FOR NO GUARANTEE: [Handwritten notes]			

(Service Technician's Signature) [Signature] (Print Service Technician's Name and Number) Terry #96

Rely on the experts at Roto-Rooter for complete plumbing and drain services. Call 1-800-GET-ROTO (438-7686). Visit us at rotorooter.com for coupons, helpful hints and more. Complete our customer survey at: rotorooter.com/contact-us/customer-survey. And, follow us online for news, timely updates, and other plumbing and drain information.

- facebook.com/rotorooter
- twitter.com/rotorooter
- rotorooter.com/blog
- youtube.com/rotorootertv



1-800-GET-ROTO (438-7686)

SEE BINDING TERMS ON REVERSE

Roto-Rooter
P.O. Box 5142
Daytona Beach, FL 32122
(386) 252-4303 • (386) 253-1128 Fax
License CFC #1427721

Operated as an Independent Contractor

DATE OF SERVICE: 6/16/17
LOCATION: Daytona Beach
SERVICE TECHNICIAN'S NAME: Jon Molihan # 87
INVOICE NO.: 154117

SEWER & DRAIN ☒ PLUMBING ☐ PUMPING ☐
INDUSTRIAL ☐ EXCAVATION ☐ DRAIN TILE ☐

CUSTOMER NAME: North Peninsula Utilities
SERVICE ADDRESS: 3565 John Anderson
CITY: Ormond Beach
BILLING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS):
CUSTOMER NO.:
APT. NUMBER:
FEDERAL I.D. #: 59-3424211
STATE/PROVINCE: FL
ZIP/POSTAL: 32176
CUSTOMER PHONE NO.:
CITY:
STATE/PROVINCE:
ZIP/POSTAL:

REPAIR CODE:
ESTIMATE AND DESCRIPTION OF WORK TO BE PERFORMED (The approximate starting date is 6-16-17, and the approximate completion date is 6-16-17. Neither date is guaranteed. Unexpected conditions or problems could cause delays. A definite completion date is not of the essence.)
CUSTOMER STATES THE MAINLINE IS CLOGGED.
Ran line from C/O on pool deck 80' and cleared blockage. Ran 100' to clean line. Pulled roots from line.
\$ AMOUNT: 225.00

WORK ORDER AUTHORIZATION I authorize the services indicated and agree to pay the amounts specified. I have read and agree to the terms on the reverse side, including the limits on Roto-Rooter's responsibility specified in those terms.

(SIGNATURE) _____ (PRINT NAME) _____

CHANGES TO ESTIMATE: I authorize these changes.
ADJUSTMENTS/CHANGES IN WORK TO BE PERFORMED (Use additional invoice if needed to describe changes)
Estimate to Camera line, and locate Root
Introduction
385.00

COMMENTS:

COMPLETION I acknowledge completion of the above described work which has been done to my complete satisfaction.
(SIGNATURE) _____ (PRINT NAME) _____
(E-MAIL ADDRESS) _____
Send plumbing tips, product/services information and coupons via email.

PAYMENT
☐ CASH ☐ CHECK NO. _____ * ☐ CREDIT CARD ☒ NET 10 DAYS
OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH * In the event check is returned, the CUSTOMER is responsible for all related bank fees.
LABOR \$ _____
PARTS \$ _____
PRODUCTS \$ _____
OTHER \$ _____
\$ _____
\$ _____
TAX \$ _____
INVOICE TOTAL \$ 225.00

NEXT VISIT: _____
PLEASE PAY FROM THIS INVOICE

RESIDENTIAL GUARANTEE	COMMERCIAL GUARANTEE
LABOR	LABOR
<input checked="" type="checkbox"/> Main/Branch Lines 6 months	<input type="checkbox"/> Main/Branch Lines 30 days
<input type="checkbox"/> Toilet Auger 7 days	<input type="checkbox"/> Toilet Auger 24 hours
<input type="checkbox"/> Plumbing Repair 6 months	<input type="checkbox"/> Plumbing Repair 90 days
<input type="checkbox"/> Plumbing Replacement 1 year	<input type="checkbox"/> Plumbing Replacement 90 days
<input type="checkbox"/> Extended Guarantee 1 year	
REASON FOR NO GUARANTEE	

(Service Technician's Signature) Jon Molihan #87
(Print Service Technician's Name and Number)

Rely on the experts at Roto-Rooter for complete plumbing and drain services. Call 1-800-GET-ROTO (438-7686).

Visit us at rotorooter.com for coupons, helpful hints and more. Complete our customer survey at: rotorooter.com/contact-us/customer-survey.

And, follow us online for news, timely updates, and other plumbing and drain information.

- facebook.com/rotorooter
- twitter.com/rotorooter
- rotorooter.com/blog
- youtube.com/rotorootertv



Roto-Rooter
P.O. Box 6142
Daytona Beach, FL 32122

License CFC #1427721

(386) 252-4303 Daytona Beach
(386) 761-5002 Port Orange
(386) 677-5145 Ormond Beach
(386) 427-4220 New Smyrna
(386) 253-1128 Fax
1-800-GET-ROTO

Operated as an Independent Contractor

Billed To: North Peninsula Utilities ID# 3092
PO Box 2803
Ormond Beach FL 32175
Attn:BOB

Accounts Receivable Statement

Invoice# - 156655	Current	
Work Completed	01/29/2018	230.00
Work Site - North Peninsula Utilities 12 Sea Swallow Ter		
	Due	\$230.00
	Total Due	\$230.00

3/15/18
pd



Operated as an Independent Contractor

Roto-Rooter
P.O. Box 6142
Daytona Beach, FL 32122

License CFC #1427721

(386) 252-4303 Daytona Beach
(386) 761-5002 Port Orange
(386) 677-5145 Ormond Beach
(386) 427-4220 New Smyrna
(386) 253-1128 Fax
1-800-GET-ROTO

Billed To: North Peninsula Utilities ID# 3092
PO Box 2803
Ormond Beach FL 32175
Attn:BOB

Accounts Receivable Statement

Invoice# - 155214	30 Days Past Due	
Work Completed	09/27/2017	595.00
Work Site - North Peninsula Utilities 3214 John Anderson		
Interest	10/29/2017	8.93
	Due	\$603.93
	Total Due	\$603.93

1/15/18
PO

**Mission Communications, LLC**

3170 Reps Miller Rd
Suite 190
Norcross, GA 30071-5403

Phone: 678-969-0021

Fax: 678-969-0541

PLEASE UPDATE TO
OUR NEW ADDRESS

INVOICE

Invoice Date

6/27/2018

Invoice Number

1021547

Bill To

North Peninsula Utilities
Accounts Payable
115 E. Granada Blvd. Suite 12
Ormond Beach, FL 32175

Ship To

North Peninsula Utilities
Attn: Glenn Wetherell
115 E. Granada Blvd., Suite 12
Ormond Beach, FL 32175

CUSTOMER PO			END USER		SHIPPING METHOD		DUE DATE	
Verbal: Glenn Wetherell			North Peninsula Utilities				7/27/2018	
S.O. No.			SALES REP ID	TERRITORY	SHIP DATE		PAYMENT TERMS	
118063			AWF C	C	6/25/2018		Net 30	
QTY	Item	Description	Serial No.	Unit Name	Svc. Start	Svc. End	Unit Price	Extension
2	PW429	Transformer - Flying Lead (Replacement, UL Listed, Class 2, 120 VAC step-down to 12.6 VAC)					15.00	30.00
1	FREIGHT	FREIGHT CHARGES 1ZV3973E0361727038					10.00	10.00

Please make checks payable to Mission Communications, LLC

For your convenience Mission accepts credit cards. Card payments less than \$3,000 received within (7) days of the invoice date may avoid the 3% credit card processing fee.

If you have any questions concerning this invoice please contact our accounting department, 877-993-1911 option 5, accounting@123mc.com

Subtotal	USD 40.00
Sales Tax (0.0%)	USD 0.00
Payment Received	USD 0.00
Balance Due	USD 40.00

Mission provides this service according to the published provisions under Mission's customer service agreement and terms of use.

**Mission Communications, LLC**

3170 Reys Miller Rd
Suite 190
Norcross, GA 30071-5403
Phone: 678-969-0021
Fax: 678-969-0541

PLEASE UPDATE TO
OUR NEW ADDRESS

INVOICE

Invoice Date

3/8/2018

Invoice Number

1019193

Bill To

North Peninsula Utilities
Accounts Payable
115 E. Granada Blvd. Suite 12
Ormond Beach, FL 32175

Ship To

A

CUSTOMER PO			END USER		SHIPPING METHOD		DUE DATE	
Annual Service							4/7/2018	
S.O. No.			SALES REP ID	TERRITORY	SHIP DATE		PAYMENT TERMS	
			AWF C	C	3/8/2018		Net 30	
QTY	Item	Description	Serial No.	Unit Name	Svc. Start	Svc. End	Unit Price	Extension
1	SP110-12R	Service Package - M110 Series - 1 year, NON-SHIP, Renewal	689MIS7974	Seabridge WWTP	4/1/2018	3/31/2019	347.40	347.40
1	SP110-12R	Service Package - M110 Series - 1 year, NON-SHIP, Renewal	689MIS7975	John Anderson Lift Stat..	4/1/2018	3/31/2019	347.40	347.40
4/2/18 Pd								

Please make checks payable to Mission Communications, LLC

For your convenience Mission accepts credit cards. Card payments less than \$3,000 received within (7) days of the invoice date may avoid the 3% credit card processing fee.

If you have any questions concerning this invoice please contact our accounting department, 877-993-1911 option 5, accounting@123mc.com

Subtotal	USD 694.80
Sales Tax (0.0%)	USD 0.00
Payment Received	USD 0.00
Balance Due	USD 694.80

Mission provides this service according to the published provisions under Mission's customer service agreement and terms of use.



INVOICE

Mission Communications, LLC

3170 Reps Miller Rd
Suite 190
Norcross, GA 30071-5403
Phone: 678-969-0021
Fax: 678-969-0541

PLEASE UPDATE TO
OUR NEW ADDRESS

Invoice Date

12/4/2017

Invoice Number

1012364

Bill To

North Peninsula Utilities
Accounts Payable
115 E. Granada Blvd.
Suite 12
Ormond Beach, FL 32175

Ship To

North Peninsula Utilities
Attn: Glenn Wetherell
115 E. Granada Blvd., Suite 12
Ormond Beach, FL 32175
TAG: Seabridge WWTP

CUSTOMER PO			END USER		SHIPPING METHOD		DUE DATE	
Verbal: Glenn Wetherell			Ormond Beach FL				1/3/2018	
S.O. No.			SALES REP ID	TERRITORY	SHIP DATE		PAYMENT TERMS	
116457			AWF C	C	12/1/2017		Net 30	
QTY	Item	Description	Serial No.	Unit Name	Svc. Start	Svc. End	Unit Price	Extension
1	OP651	Wet Well Module (Revision 2; Includes: Wet Well Module Printed Circuit Board, (2) AC Strap-On Current Sensors and Mounting Hardware)	689MIS7974				165.00	165.00
1	FREIGHT	FREIGHT CHARGES 1ZV3973E0345717650					10.00	10.00

Please make checks payable to Mission Communications, LLC

For your convenience Mission accepts credit cards. Card payments less than \$3,000 received within (7) days of the invoice date may avoid the 3% credit card processing fee.

If you have any questions concerning this invoice please contact our accounting department, 877-993-1911 option 5, accounting@123mc.com

Subtotal	USD 175.00
Sales Tax (0.0%)	USD 0.00
Payment Received	USD 0.00
Balance Due	USD 175.00

Mission provides this service according to the published provisions under Mission's customer service agreement and terms of use.



887 Brentwood Drive
Daytona Beach, FL 32117

Invoice

Date: 8/31/2017
Reference: Work Order 44451
Invoice No.: 39071

Bill to: North Peninsula Utilities Corp.
P.O. Box 2803
Ormond Beach, FL 32175-2803

Service at: North Peninsula Utilities Corp.
16 Seabridge
Ormond Beach, FL 32175

Description: Work Order 44451 Certify Backflow Preven

Customer ID: NORT02

WO Number: 049471 D

Terms: Payable on Receipt Visa and Master Card Accepted

Item	Description	Quantity	Unit Price	Amount
Labor				
	Certified Backflow Preventer	0.00	0.00	0.00
	Inspected and certified (1) 3/4" other backflow preventer. The device has met certification requirements. A copy of the certification will be sent to the customer and the appropriate city. Work completed 8/30/17.			
	Certified Backflow Preventer	1.00	95.00	95.00
	Repaired Backflow Device	0.25	80.00	20.00
Labor Subtotal				115.00
Parts				
	FUEL01 Fuel Surcharge	1.00	5.00	5.00
Parts Subtotal				5.00

Should you have any problems with your service, Please call the Daytona office 386-252-7047. Our goal is to satisfy your service needs.
State Lic. CFC 023634, 19448700012010, CMC 1250152
Feedback: mastercraftfl.com/feedback | Facebook: facebook.com/mastercraftfl

Subtotal:	120.00
Sales Tax:	0.00
Balance Due:	120.00

Plumbing, Fire Protection and Air Conditioning Contractor serving all of Volusia, Flagler and St. Johns Counties since 1977

CUBERT, INC.

P.O. Drawer 787
BUNNELL, FL. 32110-0787

Phone #386.313.2629 Fax #386.313.2657

INVOICE

Bill To:

North Peninsula Utilities Corp.
P.O. Box 2803
ORmond Beach, Fl. 32175

Date	Invoice #
1/25/2018	2508

PO /Contract No.	Terms

Item	Description	Quantity	Unit	Amount
Asphalt	Millings	1		375.00
Grade Work	Grade Work	1		200.00
	Project : Lift station drive			
Total				\$575.00
Payments/Credits				\$0.00
Balance Due				\$575.00

To Be Installed
11/21/17

Riva Fence, Inc.

916 NORTH U.S. #1 Unit #10

ORMOND BEACH, FLORIDA 32174
PHONE: (386) 673-0711 • FAX: (386) 676-0702

11

PROPOSAL TO

North Peninsula Utilities

DATE

10-10-17

ADDRESS

FAX #

LOCATION

Along Sea Island Dr. North
Developer shw@gmail.com

TELEPHONE
NUMBER

299-3111

JOB LOG NO

Bob Hillman

SPECIFICATIONS: All work will be performed in a workmanlike manner and in accordance with standard practice. All posts set in concrete.

Total Height

4

Post Spaced

10 max

Style Fence

CL

Gauge

9 11/2

Knuckled

XXX

Safeguard

XXX

TERMS

Cash Upon Completion

☒

Check Caption Preferred

☒ 1 1/2" O.D.

☒ 1 3/8" O.D.

☒ 2 1/2" O.D.

☒ 2 1/2" O.D.

☒ 2 1/2" O.D.

☒ 2 1/2" O.D.

☒ 2 1/2" O.D.

☒ 1 1/2" O.D.

KEY

Fence to be erected

Terminal post

Existing fence

Walk gate

Double gate

Chutes and location must be shown on plan

Indicate if sides are shared

Additional Specifications

Top Rail

Line Post

End Post

Corner Post

Walk Gate Post

Drive Gate Posts

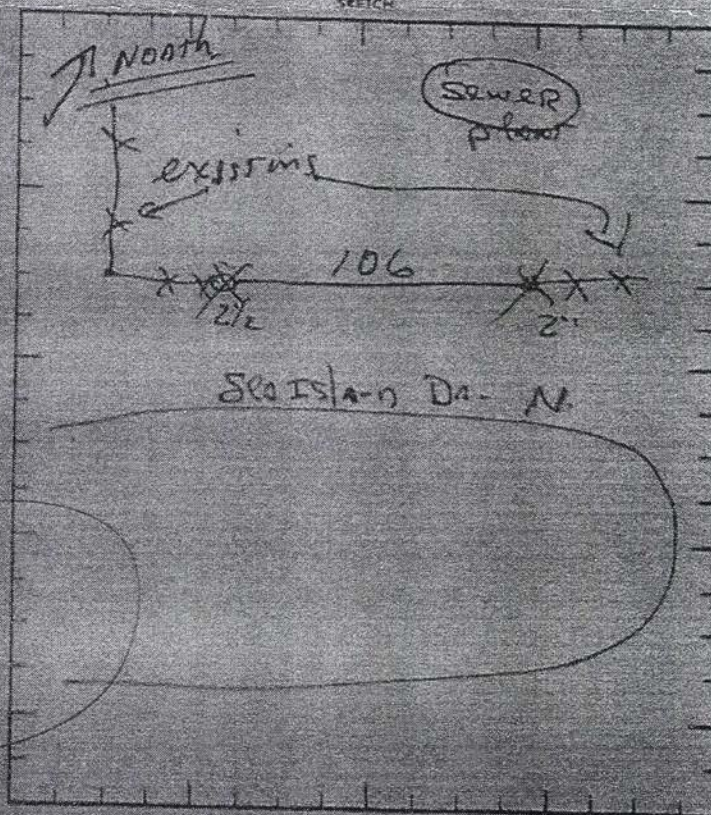
Gate Frames

QUANTITY

106	4	Mt. Complete Fence With-Without Top Rail	Chain Link
		Mt. Complete Fence With-Without Top Rail	
		In. O. D. Terminal Post	
		In. O. D. Terminal Post	
		Fe. Wide Single Swing Walk Gates	
		Fe. Wide Double Swing Drive Gates	
		Chutes Poles	
1		2" - 1-2 1/2	Replace wood fence damaged by Hurricane Irma.
			Remove and haul away old with clearing.

Top Rail of Fence to Follow Ground ☐
Be Level With Lowest Grade ☐
Be Level With Highest Grade ☐

SKETCH



TOTAL CONTRACT PRICE \$1375.00

Salesman

ACCEPTED

Building permits, location of property lines and damage to underground objects or utilities are the owner's responsibility. If payment is not made as specified the company reserves the right to repossess all material delivered to or installed on the job. This proposal becomes a contract when accepted by both parties. 1 1/2% interest will be charged per month on accounts over 30 days. Collection costs and attorney fees, if any will be added.

RIVA FENCE, INC.
RESIDENTIAL & COMMERCIAL
FENCING
rivafence@gmail.com
386-673-0711
915 N. US 1, #10
DEMOND BCH, FL 32174
FAX: 386-676-0702

INVOICE

TO: NPU

JOB # 18070
DATE 7-4-18

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	COMPLETION OF WOOD FENCE INSTALL AT PUMP AREA.		
	TOTAL DUE:		\$400.00

Thank you
Due on Receipt

8/1/30

017

RIVA FENCE, INC.
RESIDENTIAL & COMMERCIAL
FENCING

INVOICE

2100 US 1, #10
CHASSAUX, LA 70114
389-673-0711
FAX: 389-679-0702

TO: NPH

JOB # 17133

DATE: 10-6-17

NPHC

18677-8146

RE: Seat of 7 Sea Dunes Terr.

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Completion of wood fence replacement as quoted.		
	Total due:		\$395.00
<div><div><i>12/4/17</i></div><div><i>DO</i></div><div><i>Handwritten signature</i></div></div>			

395.-

20171010_075140.jpg



EC1334

804 ROOT STREET
DAYTONA BEACH, FL 32114

Phone (386) 252-2287

Fax (386) 257-1920

Invoice

Bill To

North Peninsula Utilities Corp
Attn Bob Hillman
115 E Granada Blvd Suite 12
Ormond Beach, FL 32176
developershw@gmail.com

Date	Invoice #
10/2/2017	33612

P.O. No.	Terms	Due Date	Project
	Due on receipt	10/2/2017	Seabridge Lift Station OBTS

Description of Work Performed	Item	Qty	Amount
Remounted contactor box damaged by storm and assessed other issues.	Labor	1.5	145.25
		11/17/17 PUL	
Total			\$145.25

A FINANCE CHARGE OF 1 1/2% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% WILL BE ADDED TO ALL ACCOUNTS 30 DAYS PAST DUE.

We now accept all major credit cards.

NOTE: Sales Tax has been paid on all material supplied on this billing!



EC1334

804 ROOT STREET
DAYTONA BEACH, FL 32114

Phone (386) 252-2287

Fax (386) 257-1920

Bill To

North Peninsula Utilities Corp
Attn Bob Hillman
115 E Granada Blvd Suite 12
Ormond Beach, FL 32176
developershw@gmail.com

Invoice

Date	Invoice #
12/6/2017	33812

P.O. No.	Terms	Due Date	Project
	Due on receipt	12/6/2017	12/6/2017 - Addendum Dr

Description of Work Performed	Item	Qty	Amount
Replaced outside outlet with 20 amp.	Material		2.48
	Labor	1	83.00

GD 12/12/17
✓ 2284

	Total	\$85.48
--	--------------	---------

A FINANCE CHARGE OF 1 1/2% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% WILL BE ADDED TO ALL ACCOUNTS 30 DAYS PAST DUE.

We now accept all major credit cards.

NOTE: Sales Tax has been paid on all material supplied on this billing!

TRANSPORTATION EXPENSE NPUC

PERSONAL VEHICLES

Elizabeth Hillman- Avg. 28 miles/month
2013 Mazda CX-9 2 visits/ week

Robert Hillman- Avg. 370 miles/month
2006 Chevrolet Tahoe Avg. 6 visits/week @ 66 miles
Misc. meetings and supply pickup
Avg. 100 Miles/ month

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3399 Maguire Blvd., Suite 212, Orlando, FL 32804-4797

PERMITTEE NAME: South Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA01188-003-DW-2P

Expiration Date:

September 3, 2018

FACILITY LOCATION: #7
Seabridge WWTF
Seabridge Drive
Ormond Beach, FL 32176

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From:

Final
N/A
R-001

REPORT FREQUENCY:
PROGRAM:

Monthly
Domestic

Rapid infiltration basins (RIBs), including Influent

COUNTY: Volusia
OFFICE: Central District

06/04/2017 To 06/30/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement		045	MGD							
PARM Code 50050 Y	Permit Requirement		0.181 (An.Avg.)	MGD					0	5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1										5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement		045	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I	Permit Requirement		0.181 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1										5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement		052	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1										5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.1			mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg.)			mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Mon. Site No. EFA-1										Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				11.7	11.7	10.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Mon. Site No. EFA-1										Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				7.3			mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y	Permit Requirement				20.0 (An.Avg.)			mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Mon. Site No. EFA-1										Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4162	07/25/2017

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): * Second sampling for Influent COD and Influent TSS was inadvertently missed. This will be corrected for July 2017 samplings.

MONITORING GROUP

R-001

PERMIT NUMBER: ET-00188-003-4W-2P

NUMBER

MONITORING PERIOD

From 06/01/2017

To 06/30/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				11.5	11.5	11.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement					95.4		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					7.3	9.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				6.9		7.0	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.066	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						33.7	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						1.7	mg/L	0	Monthly	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	1052	1047	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 R Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						26	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement						Report (Mo. Avg.)	percent		Monthly	Calculated

[illegible]

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-4767

06/01/2017 To: 06/30/2017

[illegible]

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/yyyy)
Glenn Wetherell	<i>Glenn Wetherell</i>	(386) 673-4162	07/25/07

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011188-003-DW2P

From: 06/01/2017

To: 06/30/2017

Facility: Seabridge WWT

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (influent) mg/L	Solids, Total Suspended (influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1		0.7						7.0	0.61		
2		0.9						7.0	0.52		
3											
4											
5		0.8						7.0	1.46		
6		0.8						7.0	1.50		
7		1.1						7.0	1.047	201.0	152.0
8	11.7	1.0		<0.015	33.7	1.7	11.5	7.0	1.046		
9		0.8						7.0	1.061		
10											
11											
12		0.9						7.0	1.49		
13		1.0						7.0	1.040		
14		0.8						7.0	1.058		
15		0.9						6.9	1.053		
16		1.0						6.9	1.047		
17											
18											
19		0.9						6.9	1.50		
20		1.1						7.0	1.031		
21		0.8						7.0	1.057		
22	9.8	1.0	9.0	0.0066			10.5	7.0	1.040		
23		0.7						7.0	1.000		
24											
25											
26		0.9						7.0	1.45		
27		0.8						7.0	1.055		
28		0.8	620					7.0	1.055		
29		1.0						7.0	1.044		
30		1.0						7.0	1.042		
31											
Total	21.5	19.7	15.0	0.1675	33.7	1.7	22.0	153.7	1.588	201.0	152.0
Mo. Avg	10.8	0.9	7.5	0.35	33.7	1.7	11.0	7.0	0.52	201.0	152.0

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 7365 Name: Scott Kelley

06/06/2017
Chloride 102.0 mg/L
TDS 323.0 mg/L

ISSUANCE/REISSUANCE DATE: August 14, 2013

06/22/2017
Chloride 115.0 mg/L
TDS 335.0 mg/L

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011188-003-DW2P

Expiration Date: September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

Final
N/A
R-001
Rapid infiltration basins (RIBs), including Influent

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

COUNTY: Volusia
OFFICE: Central District

From: 07/10/2017 To: 07/31/2017

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement	1045	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement	1045	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	1055	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.4	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			13.6	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			7.8	mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4162	08/25/2017

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

MONITORING PERIOD

From: 07/01/2017

To: 07/31/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				20.5	20.5	12.5	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement					18.9		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					1.0	2.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				6.8		6.9	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.67	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						43.5	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						1.3	mg/L	0	Monthly	8-hr/FPC
PARM Code 00665 A	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	1,055	1,051	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 R	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						28	Percent	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

To: 07/31/2007

[illegible]

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

07/10/2017 To: 07/31/2017

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.

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011188-003-DW2P

From: 07/10/2017

To: 07/13/2017

Facility: Seabridge WWTf

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1											
2											
3		0.7						6.9	1.206		
4											
5		0.8						6.9	1.134		
6		1.0						6.9	1.057		
7		1.0						6.9	1.051		
8											
9											
10		0.8						6.9	1.186		
11		1.0						6.9	1.051		
12		1.2						6.9	1.048	250.0	164.0
13	13.6	1.2	2.0	0.027	43.5	1.3	20.5	6.9	1.050		
14		0.8						6.9	1.060		
15											
16											
17		0.8						6.9	1.181		
18		0.9						6.9	1.054		
19		1.1						6.8	1.046		
20		0.9						6.8	1.054		
21		1.1						6.8	1.040		
22											
23											
24		1.0						6.8	1.165		
25		1.2						6.8	1.035		
26		1.2						6.8	1.025	291.0	80.0
27	12.5	0.9	<1.0	0.167			8.5	6.9	1.054		
28		0.7						6.9	1.070		
29											
30											
31		0.7						6.9	1.153		
Total	26.1	19.0	2.5	0.1697	43.5	1.3	29.0	137.4	1.720	541.0	244.0
Mo. Avg.	13.1	1.0	1.3	0.348	43.5	1.3	14.5	6.9	1.055	270.5	122.0

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

7365

Name:

Scott Kelley

07/13/2017

Chloride

TDS

104.0 mg/L

334.0 mg/L

ISSUANCE/REISSUANCE DATE: August 14, 2013

5

07/13/2017

Chloride

TDS

98.8 mg/L

313.0 mg/L

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011188-003-DW2P

Expiration Date:

September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

Final
N/A
R-001

REPORT FREQUENCY:
PROGRAM:

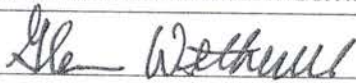
Monthly
Domestic

COUNTY: Volusia
OFFICE: Central District

From: 08/01/2017 To: 08/31/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement		1046	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement		0.181 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement		1046	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement		0.181 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement		1064	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					9.5		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<60.0	<60.0	18.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					8.1		mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator		(386) 673-4162	09/26/2017

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER FLA011188-003-DW2P

NUMBER:

MONITORING PERIOD

From: 08/01/2017

To: 08/31/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				17.5	17.5	12.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement					16.5		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					1.0	2.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				6.8		7.4	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						8.3	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						43.8	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.4	mg/L	0	Monthly	8-hr/FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	1064	1057	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 R Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						31	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

MONITORING GROUP
NUMBER:

R-001

PERMIT NUMBER: FLA011188-003-DW2P

MONITORING PERIOD

From: 08/01/2017

To: 08/31/2017

ISSUANCE/REISSUANCE DATE: August 14, 2013

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER: FLA01188-003-DW2P

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176-

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: RMP-Q
MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

COUNTY: Volusia
OFFICE: Central District

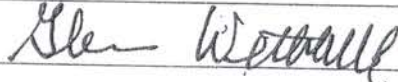
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

From:

08/01/2017 To: 08/31/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		0.6171	ton (d)					0	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo. Total)	ton (d)						Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement		0	ton (d)					0	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo. Total)	ton (d)						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 (mm/dd/yyyy)
Glenn Wetherell		(386) 673-4162	09/26/2017

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011188-003-DW2P

From: 08/01/2017

To: 08/31/2017

Facility: Seabridge WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1		1.0						6.9	1.046	180.0	144.0
2	60.0	1.2		0.081	43.8	4.4	17.5	6.9	1.037		
3		1.0						6.9	1.047		
4		0.9						6.9	1.046		
5											
6											
7		0.8						6.8	1.154		
8		0.6						6.8	1.064		
9		0.6						6.9	1.066		
10		1.0						6.9	1.048		
11		1.2						6.8	1.049		
12											
13											
14		0.9						6.8	1.169		
15		1.0						6.9	1.053	123.0	58.0
16		1.1						7.0	1.064		
17		1.2						7.1	1.048		
18		1.3						7.3	1.064		
19											
20											
21		1.1						7.0	1.170		
22		1.2						7.1	1.048		
23		1.3	2.0					7.2	1.065		
24		1.3						7.3	1.060		
25		1.4						7.4	1.049		
26											
27											
28		0.5						7.0	1.498		
29		0.8						6.9	1.058		
30	6.0	1.2	<1.0	8.3			8.0	6.9	1.047		
31		0.9						6.9	1.057		
Total	36.0	23.5	2.5	8.381	43.8	4.4	25.5	153.7	2.007	303.0	202.0
Mo. Avg.	18.0	1.0	1.3	4.2	43.8	4.4	12.8	6.7	1.064	151.5	101.0

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

08/02/2017
chloride 101.0 mg/L
TPS 328.0 mg/L

ISSUANCE/REISSUANCE DATE: August 14, 2013

08/30/2017
chloride 93.1 mg/L
TPS 367.0 mg/L

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011188-003-DW2P

Expiration Date:

September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: ☐

Final
N/A
R-001

REPORT FREQUENCY:
PROGRAM:

Monthly
Domestic

COUNTY: Volusia
OFFICE: Central District

Rapid infiltration basins (RIBs), including Influent

09/01/2017 To: 09/30/2017

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement	2,048	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement	1,048	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	1,064	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.2	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			3.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4162	10/24/2017

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): ** No reads on 09/01/2017 due to Hurricane Irma.
No Flow reads on 09/06/2017 - 09/15/2017 due to Hurricane Irma and power outage due to the hurricane.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Seabridge WWT

MONITORING GROUP
NUMBER:
MONITORING PERIOD

R-001

PERMIT NUMBER: FLA011188-003-DW2P

From: 09/01/2017 To: 09/30/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				45.0	MNR	45.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement					14.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					41.0	41.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				6.8		7.0	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.032	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						12.5	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						1.0	mg/L	0	Monthly	8-hr/FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	0.64	0.61	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 R Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						3.4	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

From: 09/01/2017 To: 09/30/2017

[illegible]

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

09/01/2017 To: 09/30/2017

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.

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA01188-003-DW2P

From: 09/10/2017

To: 09/30/2017

Facility: Seabridge WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1		0.8						6.9	1.061		
2											
3											
4											
5		0.7						7.0	1.284		
6		0.8						7.0	1.067	226.0	64.0
7	5.0	0.6	<1.0	<0.025			<5.0	7.0	1.066		
8		0.5						7.0	1.072		
9											
10											
11		OTH						OTH	OTH		
12		0.5						6.9	OTH		
13		0.5						6.9	OTH		
14		0.5						6.8	OTH		
15		0.6						6.8	OTH		
16											
17											
18		0.5						6.9	1.357		
19		0.7						6.9	1.096		
20		0.5						6.9	1.114	123.0	84.0
21	2.7	0.9	<1.0	0.032	12.5	1.0	<5.0	6.9	1.079		
22		0.5						6.9	1.132		
23											
24											
25		0.8						6.9	1.283		
26		0.8						6.9	1.087		
27		1.0						6.9	1.078		
28		1.2						6.9	1.060		
29		1.0						6.9	1.088		
30											
31											
Total	7.7	13.4	1.0	0.045	12.5	1.0	5.0	131.3	1.924	349.0	148.0
Mo. Avg.	3.9	0.7	<1.0	0.022	12.5	1.0	<5.0	6.9	1.064	175.0	74.0

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

7365

Name:

Scott Kelley

09/10/2017
chloride 122.0 mg/L
TDS 382.0 mg/L

ISSUANCE/REISSUANCE DATE: August 14, 2013

09/30/2017
chloride 142.0 mg/L
TDS 474.0 mg/L

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT PART A

When Completed mail this report to: Department of Environmental Protection, 3100 Atlantic Blvd., Suite 232, Orlando, FL 32811-3767

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER

FL 01154-003-0302P

Expiration Date:

September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR ☐
NO DISCHARGE FROM SITE ☐
MONITORING PERIOD

Final

N/A

R-001

Rapid infiltration basins (RIBs), including Influent

REPORT FREQUENCY:
PROGRAM:

Monthly
Domestic

COUNTY: Volusia
OFFICE: Central District

From:

10/01/2017 To: 10/31/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement		1,050	MGD						5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement		0.181 (An. Avg.)	MGD					0	5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement		1,050	MGD						5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement		0.181 (An. Avg.)	MGD					0	5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement		1,074	MGD						5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement		Report (Mo. Avg.)	MGD					0	5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					9.1		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				12.0	MNR	12.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					7.5		mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4162	11/2/2017

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

DISCHARGE MONITORING REPORT PART V (Continued)

MONITORING GROUP
NUMBER

B-001

PERMIT NUMBER FLA001188-001-DW1P

MONITORING PERIOD

From 10/01/2017

To 10/31/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				<5.0	MNR	<5.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A	Permit Requirement				60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Mon. Site No. EFA-1	Sample Measurement					12.5		#/100mL	0	Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Permit Requirement					200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y	Sample Measurement					5.1	26.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
Mon. Site No. EFA-1	Permit Requirement					200 (Mo. Geo. Mn.)	300 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement							#/100mL		Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A	Permit Requirement							#/100mL		Bi-weekly; every 2 weeks	Grab
Mon. Site No. EFA-1	Sample Measurement							#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Permit Requirement							#/100mL		Bi-weekly; every 2 weeks	Grab
PARM Code 00400 A	Sample Measurement				6.9		7.0	s.u.	0	5 Days/Week	Grab
Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement							mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Permit Requirement							mg/L		5 Days/Week	Grab
PARM Code 00620 A	Sample Measurement						2.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement							mg/L		Monthly	8-hr FPC
PARM Code 00600 A	Permit Requirement						2.4	mg/L	0	Monthly	8-hr FPC
Mon. Site No. EFA-1	Sample Measurement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Permit Requirement							mg/L		Monthly	8-hr FPC
PARM Code 00665 A	Sample Measurement						3.6	mg/L	0	Monthly	8-hr FPC
Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	1074	1067	MGD						5 Days/Week	Flow Totalizer
PARM Code 50050 R	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					0	5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1	Sample Measurement									5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Permit Requirement									Monthly	Calculated
PARM Code 00180 I	Sample Measurement						37	Percent	0	Monthly	Calculated
Mon. Site No. FLW-1	Permit Requirement						Report (Mo. Avg.)	percent		Monthly	Calculated

FACILITY Seabridge WWT

PERMIT NUMBER: FLA01188-003-DW2P

MONITORING PERIOD

From: 10/01/2017 To: 10/31/2017

ISSUANCE/REISSUANCE DATE August 14, 2013

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

From:

10/01/2017 to: 10/31/2017

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 SOURCE: _____

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA011188-003-DW2P

From: 10/01/2017

To: 10/31/2017

Facility: Seabridge WWT

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100ml	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1											
2		0.9						6.9	.181		
3		0.7						7.0	.112		
4		0.8						7.0	.1098	7.5	25.0
5	<2.0	0.9	26.0	0.95	2.4	3.6	<5.0	7.0	.1059		
6		0.8						7.0	.101		
7											
8											
9		1.1									
10		1.4						7.0	.294		
11		1.2						7.0	.080		
12		1.4						7.0	.082		
13		1.2						7.0	.057		
14								7.0	.053		
15											
16		1.0									
17		1.0						7.0	.206		
18	<2.0	1.2	1.0	2.0			<5.0	7.0	.073		
19		1.0						7.0	.060	136.0	30.0
20		1.0						7.0	.075		
21								7.0	.074		
22											
23		0.8									
24		1.0						6.9	.234		
25		0.9						6.9	.053		
26		1.2						6.9	.074		
27		1.0						6.9	.052		
28								6.9	.065		
29											
30		1.1									
31		1.0						6.9	.178		
Total	2.0	22.6	27.0	2.95	2.4	3.6	5.0	6.9	.057		
Mo. Avg.	<2.0	1.0	13.5	1.5	2.4	3.6	<5.0	7.0	.1074	71.8	27.5

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

7365

Name:

Scott Kelley

05/10/17

Chloride

127.0 mg/L

05

409.0 mg/L

10/18/2017

Chloride

105.0 mg/L

TDS

392.0 mg/L

CANCE/REISSUANCE DATE: August 14, 2013

DLP Form 62-620.910(10), Effective Nov. 29, 1997

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011188-003-DW2P

Expiration Date:

September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

Final
N/A
R-001

REPORT FREQUENCY:
PROGRAM:

Monthly
Domestic

Rapid infiltration basins (RIBs), including Influent

COUNTY: Volusia
OFFICE: Central District

From:

11/01/2017 To: 11/30/2017

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement	1051	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement	1051	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	1051	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			8.9	mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4162	12/26/2017

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

MONITORING PERIOD

From: 11/01/2017

To: 11/30/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				31.0	none	18.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement				9.1			#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				2.2	10.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)		#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				6.9		7.0	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						10.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						12.0	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						5.1	mg/L	0	Monthly	8-hr/FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	1057	1065	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 R Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						36	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

FACILITY: Seabridge WWTF

R-001

PERMIT NUMBER: FLA011188-003-DW2P

From: 11/01/2017

To: 11/30/2017

ISSUANCE/REISSUANCE DATE: August 14, 2013

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

PERMIT NUMBER: FLA011188-003-DW2P

LIMIT:	Final
CLASS SIZE:	N/A
MONITORING GROUP NUMBER:	RMP-Q
MONITORING GROUP DESCRIPTION:	Biosolids Quantity

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From:

From:

11/01/2017 To: 11/30/2017

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/yyyy)
Glenn Wetherell	<i>Glenn Wetherell</i>	(386) 673-4162	12/26/2017

ISSUANCE/REISSUANCE DATE: August 14, 2013

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011188-003-DW2P
From: 11/01/2017

To: 11/30/2017

Facility: Seabridge WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (influent) mg/L	Solids, Total Suspended (influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1		1.2						7.0	.050	155.0	98.2
2	<2.0	1.1	10.0	10.0	12.0	5.1	31.0	7.0	.053		
3		0.9						7.0	.060		
4											
5											
6		1.1						7.0	.151		
7		1.0						7.0	.053		
8		1.0						7.0	.054		
9		1.0						7.0	.051		
10		1.1						7.0	.045		
11											
12											
13		0.8						7.0	.162		
14		1.0						7.0	.051		
15		1.1						7.0	.033	118.0	50.0
16	2.9	1.2	<1.0	8.1			6.5	7.0	.042		
17		1.0						7.0	.054		
18											
19											
20		1.0						6.9	.150		
21		1.0						6.9	.051		
22		1.1						6.9	.046		
23											
24		1.1						6.9	.112		
25											
26											
27		0.7						6.9	.340		
28		0.9						6.9	.055		
29		0.8						6.9	.067		
30		1.0						6.9	.043		
31											
Total	3.9	21.1	10.5	18.1	12.0	5.1	37.5	146.2	1.723	323.0	148.2
Mo. Avg.	2.0	1.0	5.3	9.1	12.0	5.1	18.8	7.0	.057	161.5	74.1

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 7365 Name: Scott Kelley

11/01/2017
Chloride 112.0 mg/L
TDS 393.0 mg/L

ISSUANCE/REISSUANCE DATE: August 14, 2013

5

11/16/2017
Chloride 101.0 mg/L
TDS 364.0 mg/L

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011188-003-DW2P

Expiration Date:

September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 12/01/2017 To: 12/31/2017

Final
N/A
R-001

REPORT FREQUENCY:
PROGRAM:

Monthly
Domestic

COUNTY: Volusia
OFFICE: Central District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement	1053	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement	1053	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	1056	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.7	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			42.0 MNR 42.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.) 45.0 (Wk.Avg.) 30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			8.6	mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4162	01/24/2018

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Seabridge WWTF

MONITORING GROUP
NUMBER:
MONITORING PERIOD

R-001

PERMIT NUMBER: FLA011188-003-DW2P

From: 12/01/2017

To: 12/31/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				25.0	MNR	25.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement					9.2		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					1.7	3.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				6.8		6.9	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total/Residual (For Disinfection)	Sample Measurement				0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						8.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						9.3	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.7	mg/L	0	Monthly	8-hr/FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	1056	1062	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 R Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						34	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

FACILITY: Seabridge WWTF

R-001

PERMIT NUMBER: FLA011188-003-DW2P

From: 12/01/2017 To: 12/31/2017

[illegible]

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011188-003-DW2P

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176-

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

Final
N/A
RMP-Q
Biosolids Quantity

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

COUNTY: Volusia
OFFICE: Central District

From: 12/01/2017 To: 12/31/2017

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0.1671	ton (d)			0	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-I	Permit Requirement	Report (Mo. Total)	ton (d)				Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	0	ton (d)			0	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-I	Permit Requirement	Report (Mo. Total)	ton (d)				Monthly	Calculated

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Glenn Wetherell	<i>Glenn Wetherell</i>	(386) 673-4162	01/24/2018

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011188-003-DW2P
From: 12/01/2017

To: 12/31/2017

Facility: Seabridge WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1		0.8						6.9	1.077		
2											
3											
4		0.9						6.9	1.182		
5		1.0						6.9	1.058		
6		1.0						6.9	1.058	128.0	80.0
7	<2.0	1.1	1.0	8.0	9.3	4.7	<5.0	6.9	1.046		
8		0.8						6.9	1.068		
9											
10											
11		0.8						6.9	1.190		
12		1.0						6.9	1.056		
13		1.1						6.9	1.052		
14		1.0						6.9	1.055		
15		1.0						6.9	1.055		
16											
17											
18		0.9						6.9	1.180		
19		1.0						6.9	1.057		
20		1.1						6.9	1.043	283.0	246.0
21	<2.0	1.2	3.0	7.6			<5.0	6.9	1.047		
22		1.1						6.9	1.049		
23											
24											
25											
26		0.8						6.8	1.308		
27		1.0						6.8	1.051		
28		1.0						6.9	1.060		
29		1.0						6.9	1.056		
30											
31											
Total	2.0	19.6	4.0	15.6	9.3	4.7	5.0	137.8	1.748	411.0	326.0
Mo. Avg.	<2.0	1.0	2.0	7.8	9.3	4.7	<5.0	6.9	1.056	205.5	163.0

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 7365 Name: Scott Kelley

12/01/2017
chloride 116.0 mg/L
TDS 418.0 mg/L
ISSUANCE/REISSUANCE DATE: August 14, 2013

12/31/2017
chloride 94.5 mg/L
TDS 339.0 mg/L
DEP Form 62-620.910(T0), Effective Nov. 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 252, Orlando, FL 32803-3767

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011188-003-DW2P

Expiration Date:

September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: Rapid infiltration basins (RIBs), including Influent
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 01/01/2018 To: 01/31/2018

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

COUNTY: Volusia
OFFICE: Central District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement	0.053	MGD			0	5 Day/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Day/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement	0.053	MGD			0	5 Day/Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Day/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	0.039	MGD			1	5 Day/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Day/Week	Flow Totalizer
BOD, Carbonaceous 5 day 20C	Sample Measurement			8.7	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day 20C	Sample Measurement		2.8	2.8 MMB 2.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement		60.0 (Max.)	45.0 (Wk.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			9.0	mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator	Glenn Wetherell	(386) 673-4162	02/23/2018

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): ** There were no Daily Meter flow readings from 01/01/2018 to 01/09/2018 due to an electrical problem at the WWTF which was repaired.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Seabridge WWTF

MONITORING GROUP
NUMBER:
MONITORING PERIOD

R-001

PERMIT NUMBER: FLA011188-003-DW2P

From: 01/01/2018

To: 01/31/2018

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				11.5	MNR	9.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement					9.1		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					1.0	2.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				6.9		6.9	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						6.1	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						9.0	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.1	mg/L	0	Monthly	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	039	050	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 R Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						28	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

FACILITY: Seabridge WWTF

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

MONITORING PERIOD

From: 04017-018

To: 01317018

[illegible]

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

01/01/2018 To: 01/31/2018

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.

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011188-003-DW2P

From: 01/01/2018

To: 01/31/2018

Facility: Seabridge WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1											
2		1.2						6.9	0.11		
3		1.0						6.9	0.11		
4	2.8	1.0		6.1	9.0	4.1	11.5	6.9	0.11		
5		1.0						6.9	0.11		
6											
7											
8		0.9						6.9	0.11		
9		1.2						6.9	0.106		
10		1.5						6.9	0.062	172.0	272.0
11		1.1						6.9	0.072		
12		1.5						6.9	0.056		
13											
14											
15		1.0						6.9	0.094		
16		1.2						6.9	0.038		
17		1.1						6.9	0.045	189.0	128.0
18	<2.0	1.0	2.0	3.7			6.5	6.9	0.043		
19		0.6						6.9	0.071		
20											
21											
22		1.0						6.9	0.137		
23		0.8	<1.0					6.9	0.064		
24		0.8						6.9	0.047		
25		0.7						6.9	0.044		
26											
27											
28											
29		0.9						6.9	0.233		
30		1.0						6.9	0.056		
31		1.1						6.9	0.046		
Total	3.8	21.6	2.5	9.8	9.0	4.1	18.0	144.9	1.214	361.0	400.0
Mo. Avg.	1.9	1.0	1.3	4.9	9.0	4.1	9.0	6.9	0.039	180.5	200.0

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

7365

Name:

Scott Kelley

01/13/2018
chloride 95.4 mg/L
TDS 325.0 mg/L

01/13/2018
chloride 399.0 mg/L
TDS 399.0 mg/L

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011188-003-DW2P

Expiration Date:

September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 02/01/2018 To: 02/28/2018

Final
N/A
R-001

REPORT FREQUENCY:
PROGRAM:

Monthly
Domestic

COUNTY: Volusia
OFFICE: Central District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement	0.054	MGD			0	5 Days Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement	0.054	MGD			0	5 Days Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	0.054	MGD			0	5 Days Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.1	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			8.4	mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4162	<u>02/28/2018</u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Seabridge WWTF

MONITORING GROUP
NUMBER:
MONITORING PERIOD

R-001

PERMIT NUMBER: FL A011188-003-DW2P

From: 02/01/2018

To: 02/28/2018

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				15.0	MNR	15.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement				9.3			#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.4	4.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)		#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				6.8		6.9	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						3.2	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						6.9	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.4	mg/L	0	Monthly	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	1054	1049	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 R Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADE/ Permitted Capacity) x 100	Sample Measurement						2.7	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

From: D21016018 To: D21281018

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER: FLA011188-003-DW2P

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: RMP-Q
MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176-

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 03/01/2008 To: 03/23/2008

COUNTY: Volusia
OFFICE: Central District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0	ton (d)			0	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	ton (d)				Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	0	ton (d)			0	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	ton (d)				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 (mm/dd/yyyy)
Glenn Wetherell	<i>Glenn Wetherell</i>	(386) 673-4162	03/23/2008

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011188-003-DW2P

From: 02/01/2018

To: 02/28/2018

Facility: Seabridge WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1		0.9						6.9	1.051		
2		0.8						6.9	1.056		
3											
4											
5		0.8						6.9	1.171		
6		1.1						6.9	1.047		
7		1.2						6.9	1.040	242.0	220.0
8	2.4	1.0	<1.0	3.2	6.9	4.4	<5.0	6.8	1.053		
9		0.8						6.9	1.061		
10											
11											
12		0.8						6.9	1.178		
13		1.0						6.9	1.047		
14											
15		1.2						6.9	1.050		
16		1.0						6.9	1.052		
17											
18											
19		1.2						6.9	1.179		
20		1.2						6.9	1.056		
21		1.4						6.9	1.046	272.0	268.0
22	2.3	1.2	4.0	1.1			<5.0	6.9	1.056		
23		1.1						6.9	1.058		
24											
25											
26		1.0						6.8	1.217		
27		1.4						6.9	1.045		
28		1.1						6.9	1.064		
29											
30											
31											
Total	4.7	20.2	4.5	4.3	6.9	4.4	5.0	130.9	1.527	514.0	488.0
Mo. Avg.	2.4	1.1	2.3	2.2	6.9	4.4	<5.0	6.9	1.054	257.0	244.0

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 7365 Name: Scott Kelley

02/02/2018
Chloride 84.2 mg/L
TDS 202.0 mg/L

02/22/2018
Chloride 93.7 mg/L
TDS 240.0 mg/L

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011188-003-DW2P

Expiration Date:

September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: Rapid infiltration basins (RIBs), including Influent

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

COUNTY: Volusia
OFFICE: Central District

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 03/01/2018 To: 03/31/2018

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement	.054	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement	.054	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	.055	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.7 20.0 (An.Avg.)	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.2	MNRB	3.1	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement		60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			8.1	mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4162	04/25/2018

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Seabridge WWF

MONITORING GROUP
NUMBER:
MONITORING PERIOD

R-001

PERMIT NUMBER: FLA011188-003-DWCP

From: 03/01/2018

To: 03/31/2018

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				15.0	MNR	15.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PAR M Code 00530 A Mon Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement					5.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PAR M Code 74055 Y Mon Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					1.0	2.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PAR M Code 74055 A Mon Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				10.8		7.0	s.u.	0	5 Days/Week	Grab
PAR M Code 00400 A Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
PAR M Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						3.8	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PAR M Code 00620 A Mon Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						5.0	mg/L	0	Monthly	8-hr FPC
PAR M Code 00600 A Mon Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						4.0	mg/L	0	Monthly	8-hr/FPC
PAR M Code 00665 A Mon Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	1055	1049	MGD					0	5 Days/Week	Flow Totalizer
PAR M Code 50050 R Mon Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						27	Percent	0	Monthly	Calculated
PAR M Code 00180 I Mon Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

FACILITY: Seabridge WWTF

R-001

PERMIT NUMBER: FLA011188-003-DW2P

From: 03/01/2018 To: 03/31/2018

ISSUANCE/REISSUANCE DATE: August 14, 2013

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011188-003-DW2P

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

Final
N/A
RMP-Q
Biosolids Quantity

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176-

COUNTY: Volusia
OFFICE: Central District

03/01/2018 To: 03/31/2018

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0.6171	ton (d)			0	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-I	Permit Requirement	Report (Mo. Total)	ton (d)				Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	0	ton (d)			0	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-I	Permit Requirement	Report (Mo. Total)	ton (d)				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 (mm/dd/yyyy)
Glenn Wetherell	Glenn Wetherell	(386) 673-4162	04/25/2018

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011188-003-DW2P

From: 03/01/2018

To: 03/31/2018

Facility: Seabridge WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/l	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/l	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1		0.9						6.9	1048		
2		0.8						6.9	1056		
3											
4											
5		1.0						6.9	1145		
6		0.9						6.9	1057		
7		1.2						6.9	1048	206.0	110.0
8	5.2	1.1	<1.0		5.0	4.0	<5.0	6.9	1047		
9		0.7						6.8	1071		
10											
11											
12		0.9						6.9	1191		
13		1.0						6.9	1053		
14		1.0						6.9	1053		
15		1.1		0.23				6.9	1042		
16		0.9						7.0	1055		
17											
18											
19		0.8						6.9	1185		
20		1.0						6.9	1053	205.0	214.0
21		1.0						6.9	1057		
22	<2.0	0.8	2.0	3.8			<5.0	6.9	1067		
23		1.0						6.9	1058		
24											
25											
26		1.1						6.9	1161		
27		0.7						7.0	1085		
28		1.0						7.0	1060		
29		1.0						7.0	1056		
30		0.9						7.0	1060		
31											
Total	6.2	20.8	25	4.0	5.0	4.0	5.0	152.2	1710	411.0	324.0
Mo. Avg.	3.1	0.9	1.3	2.0	5.0	4.0	<5.0	6.9	1055	205.5	162.0

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

7365

Name:

Scott Kelley

03/08/2018
chloride 111.0 mg/L
TOS 247.0 mg/L

ISSUANCE/REISSUANCE DATE: August 14, 2013

03/29/2018
chloride 109.0 mg/L
TOS 339.0 mg/L

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA01188-003-DW2P

Expiration Date:

September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

LIMIT:

Final

REPORT FREQUENCY:
PROGRAM:

Monthly
Domestic

CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:

N/A
R-001

Rapid infiltration basins (RIBs), including Influent

RE-SUBMITTED DMR:

☐

NO DISCHARGE FROM SITE:

☐

MONITORING PERIOD

From:

04/10/2018 To: 04/30/2018

COUNTY: Volusia
OFFICE: Central District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement		1056	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement		0.181 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement		1056	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement		0.181 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement		1061	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5.9		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.9	MNR	5.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					7.2		mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4162	05/23/2018

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Seabridge WWT

MONITORING GROUP
NUMBER:
MONITORING PERIOD

R-001

PERMIT NUMBER: FLA011188-003-DW2P

From: 04/01/2018

To: 04/30/2018

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				25.0	MNR	25.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-I	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement					4.8		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-I	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					21.0	21.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-I	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				10.9		7.0	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-I	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-I	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.14	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-I	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						13.9	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-I	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						2.4	mg/L	0	Monthly	8-hr/FPC
PARM Code 00665 A Mon. Site No. EFA-I	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	0.061	0.056	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 R Mon. Site No. FLW-I	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						3.1	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-I	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated


From: 04/10/2018 To: 04/30/2018

[illegible]

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

COUNTY: Volusia
OFFICE: Central District

[illegible]

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Glenn Wetherell		(386) 673-4162	05/24/2008

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011188-003-DW2P

From: 04/10/2018

To: 04/20/2018

Facility: Seabridge WWTF

	BOD, Carbonaceous 5 day, 20C mg/l.	Chlorine, Total Residual (For Disinfection) mg/l.	Coliform, Fecal #/100ml.	Nitrogen, Nitrate, Total (as N) mg/l.	Nitrogen, Total mg/l.	Phosphorus, Total (as P) mg/l.	Solids, Total Suspended mg/l.	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/l.	Solids, Total Suspended (Influent) mg/l.
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1											
2		0.9						6.9	.180		
3		0.9						6.9	.1060		
4		1.0						6.9	.1057	226.0	216.0
5	3.9	1.0	<1.0	0.089	13.9	2.4	<5.0	6.9	.1061		
6		1.1						6.9	.055		
7											
8											
9		0.9						6.9	.183		
10		0.5						7.0	.132		
11		1.0						7.0	.054		
12		0.9						7.0	.059		
13		0.8						7.0	.063		
14											
15											
16		0.7						7.0	.183		
17		0.8						7.0	.062		
18		0.9						7.0	.050	192.0	138.0
19	7.9	0.8	<1.0	0.14			<5.0	7.0	.050		
20		0.8						7.0	.056		
21											
22											
23		0.8						7.0	.165		
24		0.8						7.0	.055		
25		1.2						7.0	.037		
26		0.7						7.0	.075		
27		0.8						7.0	.060		
28											
29											
30		0.9						7.0	.159		
31											
Total	11.8	18.2	1.0	0.229	13.9	2.4	5.0	146.4	1.846	418.0	354.0
Mo. Avg.	5.9	0.9	<1.0	0.114	13.9	2.4	<5.0	7.0	.061	209.0	177.0

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

7365

Name:

Scott Kelley

ISSUANCE/REISSUANCE DATE: August 14, 2013

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 212, Orlando, FL 32803-3767

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER

FLA011188-003-1DW2P

Expiration Date:

September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

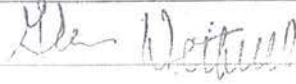
LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: Rapid infiltration basins (RIBs), including Influent
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD: From: 05/16/2018 To: 05/31/2018

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

COUNTY: Volusia
OFFICE: Central District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement	056	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement	056	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	056	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 O Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			5.6	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			5.6	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			7.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 90530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-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 (mm-dd-yyyy)
Glenn Wetherell, Operator		(386) 673-4162	05/16/2018

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

MONITORING PERIOD

From: 05/01/2018

To: 05/31/2018

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				15.0	MNR	15.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement					2.1		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					1.0	1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				6.9		7.1	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						5.4	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						1.6	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						5.5	mg/L	0	Monthly	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	0.52	0.56	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 R Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						31	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

From: 05/04/2018 To: 05/31/2018

[illegible]

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

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From:

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA011188-003-DW2P

From: 05/01/2018

To: 05/31/2018

Facility: Seabridge WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1		0.9						7.0	.052		
2		1.0						7.0	.040	199.0	316.0
3	5.5	1.0	<2.0	0.42	1.6	5.5	<5.0	7.0	.044		
4		0.9						7.0	.048		
5											
6											
7		0.9						7.0	.148		
8		1.0						7.0	.041		
9		1.0						7.0	.042		
10		0.9						7.0	.051		
11		1.0						7.0	.045		
12											
13											
14		0.9						7.0	.140		
15		0.8						7.0	.049		
16		0.8						7.0	.046		
17		0.9						7.0	.040		
18		1.0						7.0	.050		
19											
20											
21		0.9						7.0	.160		
22		0.8						7.0	.059	12.6	112.0
23	2.0	1.0	<1.0	5.4			<5.0	7.0	.043		
24		0.8						7.0	.056		
25		0.9						7.1	.051		
26											
27											
28											
29		0.7						6.9	.296		
30		1.0						6.9	.043		
31		0.6						7.0	.075		
Total	7.5	19.7	1.0	5.82	1.6	5.5	5.0	153.9	1.619	271.6	428.0
Mo. Avg	2.8	0.9	<1.0	2.9	1.6	5.5	<5.0	7.0	.052	135.8	214.0

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

Scott Kelley

05/03/2018

chloride

97.4 mg/L

TDS

342.0 mg/L

ISSUANCE/REISSUANCE DATE: August 14, 2013

05/31/2018

chloride

105.0 mg/L

TDS

356.0 mg/L

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 619 Maguire Blvd, Suite 232, Orlando, FL 32807-1767

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011138-0034DW2P

Expiration Date:

September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

LIMIT

CLASS SIZE:

Final

REPORT FREQUENCY:

Monthly

MONITORING GROUP NUMBER:

N/A

PROGRAM:

Domestic

MONITORING GROUP DESCRIPTION:

R-001

RE-SUBMITTED DMR:

Rapid infiltration basins (RIBs), including Influent

NO DISCHARGE FROM SITE:

☐

MONITORING PERIOD

From:

06/01/2018 To: 06/30/2018

COUNTY: Volusia
OFFICE: Central District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement		1056	MGD							
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement		0.181 (An.Avg.)	MGD					0	5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement		1056	MGD						5 Days/Week	Flow Totalizer
PARM Code 50050 F Mon. Site No. FLW-1	Permit Requirement		0.181 (An.Avg.)	MGD					0	5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement		1052	MGD						5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement		Report (Mo.Avg.)	MGD					0	5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.8		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7	MNR	1.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					6.3		mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4162	07/25/2018

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

DISCHARGE MONITORING REPORT - PART A (Continued)

10/11/13

Seabrook WWTP

MONITORING GROUP
NUMBER
MONITORING PERIOD

R-001

PERMIT NUMBER: FLA01188-003-DW-2P

From 06/01/2018 To 06/30/2018

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				15.0	MNR	15.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement					2.6		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					1.0	2.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				10.9		7.1	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						12.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						3.4	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						7.4	mg/L	0	Monthly	8-hr FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	1052	1055	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 R Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						30	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement						Report (Mo. Avg.)	percent		Monthly	Calculated

PERMIT NUMBER FLA011183-003-DW2P

From:

06/01/2018

E.

06/30/2018

[illegible]

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER: FLA011188-003-DW2P

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: RMP-C
MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

FACILITY: Seabridge WWTP
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 06/01/2018 To: 06/30/2018

COUNTY: Volusia
OFFICE: Central District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		0	ton (d)					0	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo. Total)	ton (d)						Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement		0	ton (d)					0	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo. Total)	ton (d)						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 (mm/dd/yyyy)
Glenn Wetherell	<i>Glenn Wetherell</i>	(386) 673-4162	07/25/2018

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011188-003-DW2P

From: 06/01/2018

To: 06/30/2018

Facility: Seabridge WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1		0.8						7.0	1.063		
2											
3											
4		0.7						7.0	1.188		
5		0.6						7.0	1.067		
6		0.7						7.0	1.057		
7		0.7						7.0	1.053		
8		0.8						7.1	1.056		
9											
10											
11		0.7						7.0	1.137		
12		0.6						7.0	1.065		
13		0.8						7.0	1.043		
14	2.7	0.6	2.0	2.4	3.4	7.4	<5.0	7.0	1.064	223.0	216.2
15		0.7						7.0	1.054		
16											
17											
18		0.7						7.0	1.165		
19		0.8						7.0	1.036		
20		0.5						7.0	1.060		
21		0.9						7.0	1.045		
22		0.6						7.0	1.053		
23											
24											
25		0.7						7.0	1.167		
26		0.8						7.0	1.050		
27		0.7						6.9	1.049	307.0	119.0
28	<2.0	0.5	<1.0	12.0			<5.0	6.9	1.054		
29		0.7						6.9	1.053		
30											
31											
Total	3.7	14.6	2.5	14.4	3.4	7.4	5.0	146.8	1.579	430.0	335.0
Mo. Avg.	1.9	0.7	1.3	7.2	3.4	7.4	<5.0	7.0	1.052	215.0	167.5

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

06/14/2018

chloride

TDS

ISSUANCE/REISSUANCE DATE: August 14, 2013

104.0 mg/L

374.0 mg/L

06/28/2018

chloride

TDS

Scott Kelley

101.0 mg/L

409.0 mg/L

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011188-003-DW2P

Expiration Date:

September 3, 2018

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

Final
N/A
R-001

REPORT FREQUENCY:
PROGRAM:

Monthly
Domestic

Rapid infiltration basins (RIBs), including Influent

COUNTY: Volusia
OFFICE: Central District

From: 07/01/2018 To: 07/31/2018

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement	0.55	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement	0.55	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	0.39	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.1	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		7.7	more 4.4	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement		60.0 (Max.)	45.0 (Wk.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			5.3	mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4162	08/24/2018

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): ~~There~~ There are no Flow meter readings beginning on 07/23/2018 through the end of the month due to electrical issue at the wastewater treatment facility. The problem is being addressed.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

MONITORING PERIOD

From: 07/01/2018

To: 07/31/2018

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				5.0	MNR	5.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 A	Permit Requirement				60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement					5.0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y	Permit Requirement					200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					5.5	100.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A	Permit Requirement					200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				6.9		6.9	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00620 A	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						4.3	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						6.2	mg/L	0	Monthly	8-hr FPC
PARM Code 00665 A	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	039	047	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 R	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADE/ Permitted Capacity) x 100	Sample Measurement						26	Percent	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement						Report (Mo. Avg.)	percent		Monthly	Calculated

Seabridge WWTF

R-001

PERMIT NUMBER: FLA011188-003-DW2P

MONITORING PERIOD

From: 07/01/2018

To: 07/31/2018

3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: North Peninsula Utilities Corporation
MAILING ADDRESS: PO Box 1364
Ormond Beach, Florida 32175-2803

PERMIT NUMBER: FLA011188-003-DW2P

FACILITY: Seabridge WWTF
LOCATION: Seabridge Drive
Ormond Beach, FL 32176-

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: RMP-Q
MONITORING GROUP DESCRIPTION: Biosolids Quantity
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

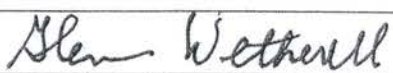
COUNTY: Volusia
OFFICE: Central District

MONITORING PERIOD From:

07/01/2018 To: 07/31/2018

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0.6271	ton (d)			6	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo.Total)	ton (d)				Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	0	ton (d)			0	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo.Total)	ton (d)				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 (mm/dd/yyyy)
Glenn Wetherell		(386) 673-4162	08/24/2018

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011188-003-DW2P

From: 07/01/2018

To: 07/31/2018

Facility: Seabridge WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1											
2		0.8						6.9	.157		
3		0.5						6.9	.054	101.0	132.0
4	<2.0		<1.0	1.9	4.3	6.2	<5.0				
5		0.5						6.9	.132		
6		0.6						6.9	.055		
7											
8											
9		1.2						6.9	.178		
10		1.4						6.9	.045		
11		1.0						6.9	.062		
12		1.1						6.9	.061		
13		1.3						6.9	.054		
14											
15											
16		1.1						6.9	.183		
17		0.9						6.9	.070		
18		1.2						6.9	.050	142.0	106.0
19	7.7	1.3	60.0	0.038			<5.0	6.9	.050		
20		1.1						6.9	.058		
21											
22											
23		1.0						6.9	OTH		
24		0.9						6.9	OTH		
25		1.2						6.9	OTH		
26		1.0						6.9	OTH		
27		1.0						6.9	OTH		
28											
29											
30		1.2						6.9	OTH		
31		1.1						6.9	OTH		
Total	8.7	21.2	60.5	1.938	4.3	6.2	5.0	144.9	1.209	243.0	228.0
Mo. Avg.	4.4	1.0	30.3	1.0	4.3	6.2	<5.0	6.9	.039	122.0	114.0

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

07/01/2018
chloride 135.0 mg/L
TDS 385.0 mg/L

ISSUANCE/REISSUANCE DATE: August 14, 2013

07/19/2018
chloride 124.0 mg/L
TDS 365.0 mg/L



CITY OF ORMOND BEACH
UTILITY BILLING
22 South Beach Street
Ormond Beach, FL 32174

NORTH PENINSULA UTILITIES CORP
PO BOX 2803
ORMOND BEACH FL 32175-2803

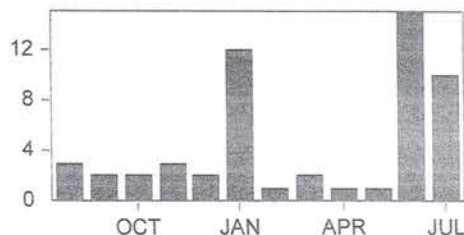
For questions regarding your bill:
Mon - Fri 8 AM - 5 PM
Telephone: (386) 676-3209
Fax: (386) 676-3374

After Hours Emergency: (386) 676-3230
Email at: customerservice@ormondbeach.org

Prior Reading Date	06/09/17	Current Reading Date	07/11/17	
Service Location	16 L SEABRIDGE DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	63	53	10

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$21.12	
WA	Cons Over 2000 Gals	\$23.48	
WA	Conserve rate-over 6	\$28.04	
	Total Current Water		\$72.64

7/3



USAGE HISTORY	
Current Month	10.00
Last Month	15.00
Current Month - Last Year	2.00
Days in Period	32
Average Daily Usage	0.312
Average Daily Cost	2.27

ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	07/13/17
PREVIOUS BALANCE	\$107.69
LAST PAYMENT ON	07/05/17
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$72.64
TOTAL AMOUNT DUE	\$72.64
CURRENT CHARGES DATE DUE	08/03/17

IMPORTANT NOTICE

IMPORTANT INFORMATION

Introducing the 2016 Consumer Confidence Report (CCR). This report contains important information about the source and quality of your drinking water. Customers may view the CCR at WWW.ORMONDBEACH.ORG/CCR. If you desire a paper copy, please contact Public Works at (386)676-3230.



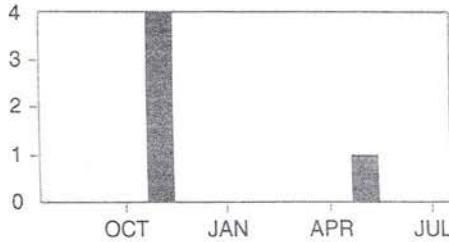
CITY OF ORMOND BEACH
UTILITY BILLING
22 South Beach Street
Ormond Beach, FL 32174

NORTH PENINSULA UTILITIES CORP
PO BOX 2803
ORMOND BEACH FL 32175-2803

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Mon - Fri 8 AM - 5 PM
Telephone: (386) 676-3209
Fax: (386) 676-3374
After Hours Emergency: (386) 676-3230
Email at: customerservice@ormondbeach.org

Prior Reading Date	06/09/17	Current Reading Date	07/11/17	
Service Location	3221 JOHN ANDERSON DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	33	33	0

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$21.12	
	Total Current Water		\$21.12



USAGE HISTORY	
Current Month	0.00
Last Month	0.00
Current Month - Last Year	0.00
Days in Period	32
Average Daily Usage	0
Average Daily Cost	0.66

ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	07/12/17
PREVIOUS BALANCE	\$21.12
LAST PAYMENT ON 07/05/17	-\$21.12
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$21.12
TOTAL AMOUNT DUE	\$21.12
CURRENT CHARGES DATE DUE	08/03/17

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CITY OF ORMOND BEACH
UTILITY BILLING
22 South Beach Street
Ormond Beach, FL 32174

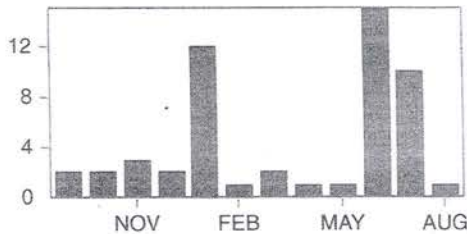
NORTH PENINSULA UTILITIES CORP
PO BOX 2803
ORMOND BEACH FL 32175-2803

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Mon – Fri 8 AM - 5 PM
Telephone: (386) 676-3209
Fax: (386) 676-3374
After Hours Emergency: (386) 676-3230
Email at: customerservice@ormondbeach.org

Prior Reading Date	07/11/17	Current Reading Date	08/10/17	
Service Location	16 L SEABRIDGE DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	64	63	1

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$21.12	
	Total Current Water		\$21.12

Handwritten: 9/1/17 p24



USAGE HISTORY	
Current Month	1.00
Last Month	10.00
Current Month - Last Year	3.00
Days in Period	30
Average Daily Usage	0.033
Average Daily Cost	0.704

ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	08/11/17
PREVIOUS BALANCE	\$72.64
LAST PAYMENT ON	08/02/17
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$21.12
TOTAL AMOUNT DUE	\$21.12
CURRENT CHARGES DATE DUE	09/05/17

IMPORTANT NOTICE

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CITY OF ORMOND BEACH
UTILITY BILLING
22 South Beach Street
Ormond Beach, FL 32174

NORTH PENINSULA UTILITIES CORP
PO BOX 2803
ORMOND BEACH FL 32175-2803

For questions regarding your bill:

Mon - Fri 8 AM - 5 PM

Telephone: (386) 676-3209

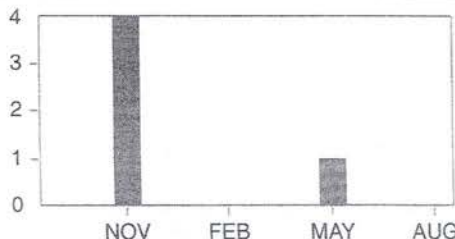
Fax: (386) 676-3374

After Hours Emergency: (386) 676-3230

Email at: customerservice@ormondbeach.org

Prior Reading Date	07/11/17	Current Reading Date	08/10/17	
Service Location	3221 JOHN ANDERSON DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	33	33	0

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$21.12	
	Total Current Water		\$21.12



USAGE HISTORY	
Current Month	0.00
Last Month	0.00
Current Month - Last Year	0.00
Days in Period	30
Average Daily Usage	0
Average Daily Cost	0.704

ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	08/11/17
PREVIOUS BALANCE	\$21.12
LAST PAYMENT ON	08/02/17
	-\$21.12
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$21.12
TOTAL AMOUNT DUE	\$21.12
CURRENT CHARGES DATE DUE	09/05/17

IMPORTANT NOTICE

IMPORTANT INFORMATION

Introducing the 2016 Consumer Confidence Report (CCR). This report contains important information about the source and quality of your drinking water. Customers may view the CCR at WWW.ORMONDBEACH.ORG/CCR. If you desire a paper copy, please contact Public Works at (386)676-3230.



CITY OF ORMOND BEACH
UTILITY BILLING
22 South Beach Street
Ormond Beach, FL 32174

NORTH PENINSULA UTILITIES CORP
PO BOX 2803
ORMOND BEACH FL 32175-2803

For questions regarding your bill:

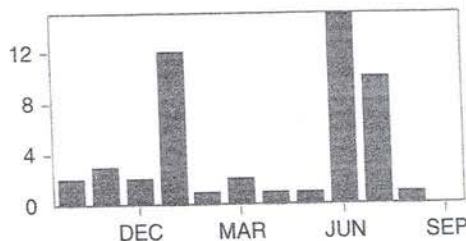
Mon - Fri 8 AM - 5 PM
Telephone: (386) 676-3209
Fax: (386) 676-3374

After Hours Emergency: (386) 676-3230
Email at: customerservice@ormondbeach.org

Prior Reading Date	08/10/17	Current Reading Date	09/09/17	
Service Location	16 L SEABRIDGE DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	64	64	0

DETAIL OF CHARGES

SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$21.12	
	Total Current Water		\$21.12



USAGE HISTORY

Current Month	0.00
Last Month	1.00
Current Month - Last Year	2.00
Days in Period	30
Average Daily Usage	0
Average Daily Cost	0.704

ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	09/13/17
PREVIOUS BALANCE	\$21.12
LAST PAYMENT ON 09/05/17	-\$21.12
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$21.12
TOTAL AMOUNT DUE	\$21.12
CURRENT CHARGES DATE DUE	10/04/17

IMPORTANT NOTICE

IMPORTANT INFORMATION

Stormwater pollution is everyone's problem. As stormwater flows over driveways, lawns and sidewalks, it picks up debris, chemicals, dirt, and other pollutants. Stormwater can flow into a storm sewer system or directly to a lake, stream, river, wetland or coastal water. Anything that enters a storm sewer system is discharged untreated into the waterbodies we use for swimming, fishing and outdoor recreation. Polluted runoff is the nation's greatest threat to clean water. Homeowners can keep common pollutants like pesticides, pet waste, grass clippings and automotive fluids off the ground and out of stormwater. Adopt these healthy household habits and help protect our waterbodies. Remember to share these habits with your neighbors! More information can be found at Ormond Beach Public Works (386)676-3220 or online at

www.Ormondbeach.org/Stormwater



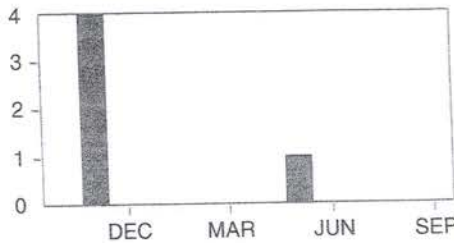
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UTILITY BILLING
22 South Beach Street
Ormond Beach, FL 32174

NORTH PENINSULA UTILITIES CORP
PO BOX 2803
ORMOND BEACH FL 32175-2803

For questions regarding your bill:
Mon - Fri 8 AM - 5 PM
Telephone: (386) 676-3209
Fax: (386) 676-3374
After Hours Emergency: (386) 676-3230
Email at: customerservice@ormondbeach.org

Prior Reading Date	08/10/17	Current Reading Date	09/09/17	
Service Location	3221 JOHN ANDERSON DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	33	33	0

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$21.12	
	Total Current Water		\$21.12



USAGE HISTORY	
Current Month	0.00
Last Month	0.00
Current Month - Last Year	0.00
Days in Period	30
Average Daily Usage	0
Average Daily Cost	0.704

ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	09/13/17
PREVIOUS BALANCE	\$21.12
LAST PAYMENT ON 09/05/17	-\$21.12
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$21.12
TOTAL AMOUNT DUE	\$21.12
CURRENT CHARGES DATE DUE	10/04/17

IMPORTANT NOTICE

IMPORTANT INFORMATION

Stormwater pollution is everyone's problem. As stormwater flows over driveways, lawns and sidewalks, it picks up debris, chemicals, dirt, and other pollutants. Stormwater can flow into a storm sewer system or directly to a lake, stream, river, wetland or coastal water. Anything that enters a storm sewer system is discharged untreated into the waterbodies we use for swimming, fishing and outdoor recreation. Polluted runoff is the nation's greatest threat to clean water. Homeowners can keep common pollutants like pesticides, pet waste, grass clippings and automotive fluids off the ground and out of stormwater. Adopt these healthy household habits and help protect our waterbodies. Remember to share these habits with your neighbors! More information can be found at Ormond Beach Public Works (386)676-3220 or online at www.Ormondbeach.org/Stormwater

PLEASE PRINT NAME, ADDRESS AND PHONE NUMBER OF BILDER. WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK.



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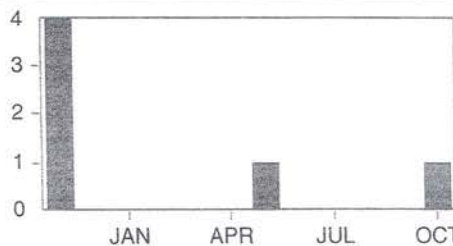
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Prior Reading Date	09/09/17	Current Reading Date	10/09/17	
Service Location	3221 JOHN ANDERSON DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	34	33	1

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62

10/31/17



USAGE HISTORY	
Current Month	1.00
Last Month	0.00
Current Month - Last Year	0.00
Days in Period	30
Average Daily Usage	0.033
Average Daily Cost	0.754

PLEASE DETACH AND RETURN BOTTOM PORTION IF PAYING BY MAIL. DO NOT STAPLE OR FOLD. WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK.

ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	10/10/17
PREVIOUS BALANCE	\$21.12
LAST PAYMENT ON	10/02/17
	-\$21.12
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	11/01/17

IMPORTANT NOTICE

IMPORTANT INFORMATION
<p>FEMA Individual Assistance for Hurricane Irma Residents whose primary residence sustained damages who are not covered by insurance, or are underinsured are eligible to register/apply for Individual Assistance. If your primary residence was damaged and you have insurance, call your insurance company to file an insurance claim as FEMA will not duplicate assistance for losses covered by insurance; however, you may be eligible for assistance for damages not covered by your insurance. Register/apply online at www.DisasterAssistance.gov, or by calling FEMA toll free at 800-621-FEMA (3362). Applicants using 711 or Video Relay Service may also call 800-621-3362. Applicants who are deaf, hard of hearing or who have a speech disability and a TTY, please call 800-462-7585. Multilingual operators are available</p>



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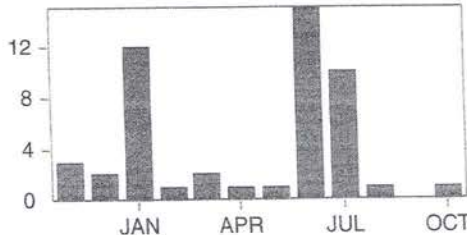
After Hours Emergency: (386) 676-3230

Email at: customerservice@ormondbeach.org

Prior Reading Date	09/09/17	Current Reading Date	10/09/17	
Service Location	16 L SEABRIDGE DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	65	64	1

DETAIL OF CHARGES

SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62



USAGE HISTORY

Current Month	1.00
Last Month	0.00
Current Month - Last Year	2.00
Days in Period	30
Average Daily Usage	0.033
Average Daily Cost	0.754

PLEASE DETACH AND RETURN BOTTOM PORTION IF PAYING BY MAIL. DO NOT STAPLE OR FOLD. WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK.

ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	10/10/17
PREVIOUS BALANCE	\$21.12
LAST PAYMENT ON 10/02/17	-\$21.12
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	11/01/17

IMPORTANT NOTICE

IMPORTANT INFORMATION

FEMA Individual Assistance for Hurricane Irma Residents whose primary residence sustained damages who are not covered by insurance, or are underinsured are eligible to register/apply for Individual Assistance. If your primary residence was damaged and you have insurance, call your insurance company to file an insurance claim as FEMA will not duplicate assistance for losses covered by insurance; however, you may be eligible for assistance for damages not covered by your insurance. Register/apply online at www.DisasterAssistance.gov, or by calling FEMA toll free at 800-621-FEMA (3362). Applicants using 711 or Video Relay Service may also call 800-621-3362. Applicants who are deaf, hard of hearing or who have a speech disability and a TTY, please call 800-462-7585. Multilingual operators are available

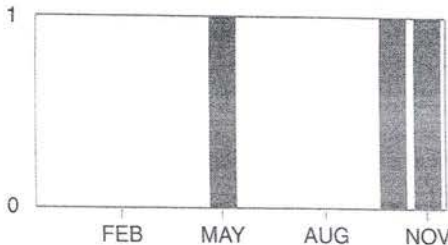


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Prior Reading Date	10/09/17	Current Reading Date	11/08/17	
Service Location	3221 JOHN ANDERSON DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	35	34	1
DETAIL OF CHARGES				
SERVICE	DESCRIPTION	CHARGES	TOTAL	
WA	Minimum Charge		\$22.62	
	Total Current Water			\$22.62



USAGE HISTORY

Current Month	1.00
Last Month	1.00
Current Month - Last Year	4.00
Days in Period	30
Average Daily Usage	0.033
Average Daily Cost	0.754

PLEASE DETACH AND RETURN BOTTOM PORTION IF PAYING BY MAIL DO NOT STAPLE OR FOLD WHERE YOUR ACCOUNT NUMBER

ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	11/09/17
PREVIOUS BALANCE	\$22.62
LAST PAYMENT ON	11/01/17
	-\$22.62
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	12/01/17

IMPORTANT NOTICE

IMPORTANT INFORMATION

New Animal Licenses Available October 1, 2017

City Ordinance has long provided that all dogs and cats six (6) weeks and older kept in the City must be licensed. (Chapter 5, Article III, Sec. 5-60). Animal licenses can be purchased at the Ormond Beach Police Department located at 170 W. Granada Blvd. at a cost of \$5.00 per animal. Proof of updated Rabies vaccination must be provided at the time of license purchase. Additionally, the City ordinance provides that no person shall harbor a dog or cat six (6) months of age or older within the City limits that has not been spayed or neutered. (Chapter 5, Article III, Sec. 5-84) If you have any questions, or for information on low cost spaying and neutering, please contact Animal Services at 386-676-3262.



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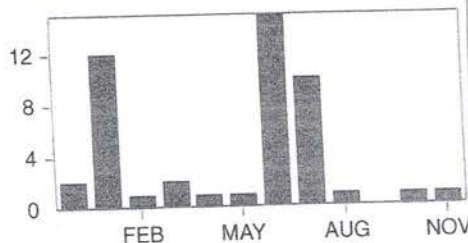
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Prior Reading Date	10/09/17	Current Reading Date	11/08/17	
Service Location	16 L SEABRIDGE DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	66	65	1

DETAIL OF CHARGES

SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62



USAGE HISTORY

Current Month	1.00
Last Month	1.00
Current Month - Last Year	3.00
Days in Period	30
Average Daily Usage	0.033
Average Daily Cost	0.754

ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	11/09/17
PREVIOUS BALANCE	\$22.62
LAST PAYMENT ON 11/01/17	-\$22.62
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	12/01/17

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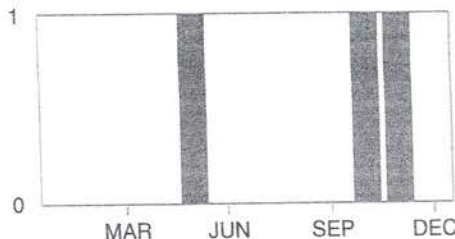
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Prior Reading Date	11/08/17	Current Reading Date	12/08/17
Service Location	3221 JOHN ANDERSON DR		

SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	35	35	0

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62
PR	Late Payment Charge		\$2.26

aka 1/3/18



USAGE HISTORY	
Current Month	0.00
Last Month	1.00
Current Month - Last Year	0.00
Days in Period	30
Average Daily Usage	0
Average Daily Cost	0.829

ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	12/09/17
PREVIOUS BALANCE	\$22.62
LAST PAYMENT ON	12/05/17
	-\$22.62
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$24.88
TOTAL AMOUNT DUE	\$24.88
CURRENT CHARGES DATE DUE	01/02/18

IMPORTANT NOTICE

IMPORTANT INFORMATION

Mayor's Health & Fitness Challenge!
January 20 - April 14, 2018 (12 weeks)

- Walk, Bike, Cardio, Boot Camp,
- Zumba, kayak, Yoga & more
- Individual health, fitness, & nutrition
- Personal Training, free!
- Need motivation? We've got it!
- Build muscle, burn fat, feel better!

Go to
www.ormondbeach.org/MayorsFitness
Register with your friends; it's great!

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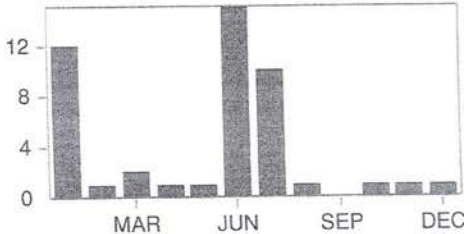
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Prior Reading Date	11/08/17	Current Reading Date	12/08/17	
Service Location	16 L SEABRIDGE DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	67	66	1

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62
PR	Late Payment Charge		\$2.26



USAGE HISTORY	
Current Month	1.00
Last Month	1.00
Current Month - Last Year	2.00
Days in Period	30
Average Daily Usage	0.033
Average Daily Cost	0.829

ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	12/09/17
PREVIOUS BALANCE	\$22.62
LAST PAYMENT ON 12/05/17	-\$22.62
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$24.88
TOTAL AMOUNT DUE	\$24.88
CURRENT CHARGES DATE DUE	01/02/18

IMPORTANT NOTICE

IMPORTANT INFORMATION

- Mayor's Health & Fitness Challenge!**
January 20 - April 14, 2018 (12 weeks)
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 - Zumba, kayak, Yoga & more
 - Individual health, fitness, & nutrition
 - Personal Training, free!
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North Peninsula Utilities Corp
PO Box 2803
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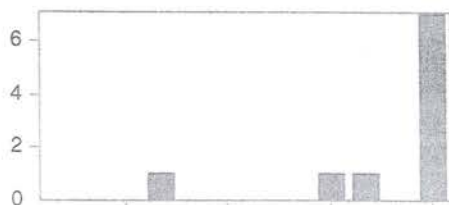
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Prior Reading Date	12/08/17	Current Reading Date	01/09/18	
Service Location	3221 JOHN ANDERSON DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	42	35	7

DETAIL OF CHARGES

SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
WA	Cons Over 2000 Gals	\$23.48	
WA	Conserve rate-over 6	\$7.01	
	Total Current Water		\$53.11



USAGE HISTORY

Current Month	7.00
Last Month	0.00
Current Month - Last Year	0.00
Days in Period	32
Average Daily Usage	0.219
Average Daily Cost	1.66

ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	01/11/18
PREVIOUS BALANCE	\$24.88
LAST PAYMENT ON	01/04/18
	-\$24.88
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$53.11
TOTAL AMOUNT DUE	\$53.11
CURRENT CHARGES DATE DUE	02/01/18

IMPORTANT NOTICE

IMPORTANT INFORMATION

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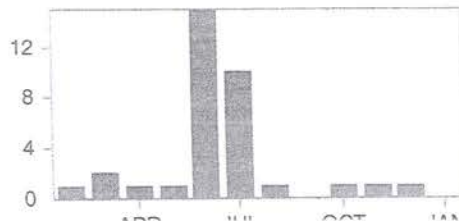
After Hours Emergency: (386) 676-3230
Email at: customerservice@ormondbeach.org

Prior Reading Date	12/08/17	Current Reading Date	01/09/18
Service Location	16 L SEABRIDGE DR		

SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	67	67	0

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62

1/29/18



USAGE HISTORY	
Current Month	0.00
Last Month	1.00
Current Month - Last Year	12.00
Days in Period	32
Average Daily Usage	0
Average Daily Cost	0.707

ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	01/10/18
PREVIOUS BALANCE	\$24.88
LAST PAYMENT ON	01/04/18
	-\$24.88
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	02/01/18

IMPORTANT NOTICE

IMPORTANT INFORMATION
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Prior Reading Date	01/09/18	Current Reading Date	02/08/18
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Service Location 16 L SEABRIDGE DR

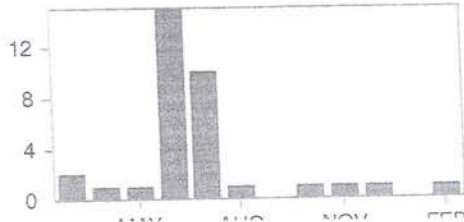
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	68	67	1

DETAIL OF CHARGES

SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62

\$45.24
2/16/18

USAGE HISTORY



Current Month	1.00
Last Month	0.00
Current Month - Last Year	1.00
Days in Period	30
Average Daily Usage	0.033
Average Daily Cost	0.754

ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	02/09/18
PREVIOUS BALANCE	\$22.62
LAST PAYMENT ON	02/02/18
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	03/05/18

IMPORTANT NOTICE

IMPORTANT INFORMATION

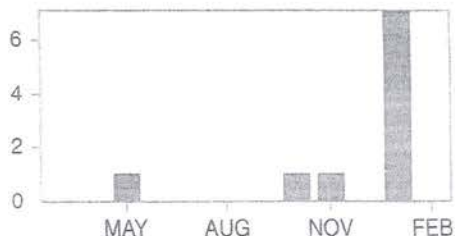


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Prior Reading Date	01/09/18	Current Reading Date	02/08/18	
Service Location	3221 JOHN ANDERSON DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	42	42	0
DETAIL OF CHARGES				
SERVICE	DESCRIPTION	CHARGES	TOTAL	
WA	Minimum Charge	\$22.62		
	Total Current Water		\$22.62	



USAGE HISTORY	
Current Month	0.00
Last Month	7.00
Current Month - Last Year	0.00
Days in Period	30
Average Daily Usage	0
Average Daily Cost	0.754

ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	02/09/18
PREVIOUS BALANCE	\$53.11
LAST PAYMENT ON	02/02/18
	-\$53.11
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	03/05/18

IMPORTANT NOTICE

IMPORTANT INFORMATION



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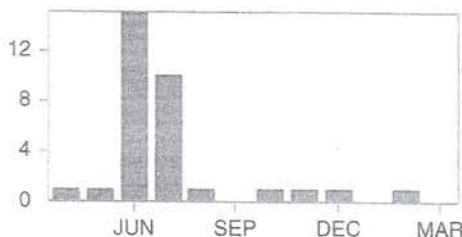
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Prior Reading Date	02/08/18	Current Reading Date	03/08/18	
Service Location	16 L SEABRIDGE DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	68	68	0

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62

4/12/18
paid \$45.24



USAGE HISTORY	
Current Month	0.00
Last Month	1.00
Current Month - Last Year	2.00
Days in Period	28
Average Daily Usage	0
Average Daily Cost	0.808

ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	03/09/18
PREVIOUS BALANCE	\$22.62
LAST PAYMENT ON	02/19/18
	-\$22.62
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	04/02/18

IMPORTANT NOTICE

IMPORTANT INFORMATION



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Ormond Beach FL 32175-2803

For questions regarding your bill:

Mon - Fri 8 AM - 5 PM

Telephone: (386) 676-3209

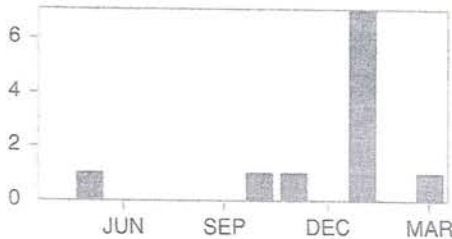
Fax: (386) 676-3374

After Hours Emergency: (386) 676-3230

Email at: customerservice@ormondbeach.org

Prior Reading Date	02/08/18	Current Reading Date	03/08/18	
Service Location	3221 JOHN ANDERSON DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	43	42	1

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62



USAGE HISTORY

Current Month	1.00
Last Month	0.00
Current Month - Last Year	0.00
Days in Period	28
Average Daily Usage	0.036
Average Daily Cost	0.808

ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	03/10/18
PREVIOUS BALANCE	\$22.62
LAST PAYMENT ON	02/19/18
	-\$22.62
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	04/02/18

IMPORTANT NOTICE

IMPORTANT INFORMATION



CITY OF ORMOND BEACH
UTILITY BILLING
22 South Beach Street
Ormond Beach, FL 32174

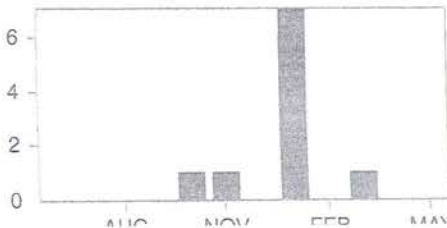
North Peninsula Utilities Corp
PO Box 2803
Ormond Beach FL 32175-2803

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Telephone: (386) 676-3209
Fax: (386) 676-3374
After Hours Emergency: (386) 676-3230
Email at: customerservice@ormondbeach.org

Prior Reading Date	04/09/18	Current Reading Date	05/08/18
Service Location	3221 JOHN ANDERSON DR		

SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	0	0	0

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62
PR	Late Payment Charge		\$2.26



USAGE HISTORY

Current Month	0.00
Last Month	0.00
Current Month - Last Year	1.00
Days in Period	29
Average Daily Usage	0
Average Daily Cost	0.858

ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	05/10/18
PREVIOUS BALANCE	24/30 \$22.62
LAST PAYMENT ON	04/02/18 \$0.00
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$22.62
CURRENT CHARGES	\$24.88
TOTAL AMOUNT DUE	\$47.50
CURRENT CHARGES DATE DUE	05/31/18

IMPORTANT NOTICE

IMPORTANT INFORMATION

National Teacher Appreciation Week is May 7-11, 2018, and the City of Ormond Beach would like to THANK all Volusia County teachers, staff and administrators for your vital contributions in our lives each and every day! We realize the enormity of your self-sacrificing profession and understand that each day you are shaping our children to be productive and successful citizens by teaching, encouraging, nurturing, inspiring, and being outstanding role models.

THANK YOU!

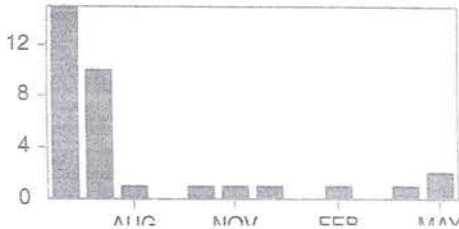


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Prior Reading Date	04/09/18	Current Reading Date	05/08/18	
Service Location	16 1/2 SEABRIDGE DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	71	69	2
DETAIL OF CHARGES				
SERVICE	DESCRIPTION	CHARGES	TOTAL	
WA	Minimum Charge	\$22.62		
	Total Current Water		\$22.62	
PR	Late Payment Charge		\$2.26	



USAGE HISTORY	
Current Month	2.00
Last Month	1.00
Current Month - Last Year	1.00
Days in Period	29
Average Daily Usage	0.069
Average Daily Cost	0.858

ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	05/09/18
PREVIOUS BALANCE	PA 4/30 \$22.62
LAST PAYMENT ON	04/02/18 \$0.00
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$22.62
CURRENT CHARGES	\$24.88
TOTAL AMOUNT DUE	\$47.50
CURRENT CHARGES DATE DUE	05/31/18

IMPORTANT NOTICE

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THANK YOU!



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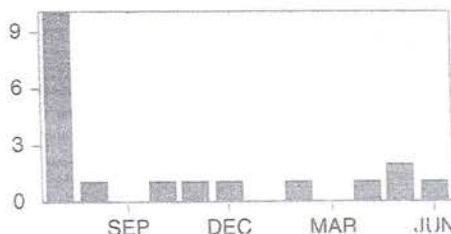
Email at: customerservice@ormondbeach.org

Prior Reading Date	05/08/18	Current Reading Date	06/08/18
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Service Location	16 1/2 SEABRIDGE DR
------------------	---------------------

SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	72	71	1

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62



USAGE HISTORY

Current Month	1.00
Last Month	2.00
Current Month - Last Year	15.00
Days in Period	31
Average Daily Usage	0.032
Average Daily Cost	0.73

ACCOUNT NUMBER 181630-165500

CYCLE/ROUTE/CLASS 05-03 COMMERCIAL

BILLING DATE 06/09/18

PREVIOUS BALANCE \$47.50

LAST PAYMENT ON 05/16/18 -\$47.50

ADJUSTMENTS \$0.00

PAST DUE BALANCE \$0.00

CURRENT CHARGES \$22.62

TOTAL AMOUNT DUE \$22.62

CURRENT CHARGES DATE DUE 07/03/18

IMPORTANT NOTICE

IMPORTANT INFORMATION

Introducing the 2017 Consumer Confidence Report (CCR). This report contains important information about the source and quality of your drinking water. Customers may view the CCR at WWW.ORMONDBEACH.ORG/CCR. If you desire a paper copy, please contact Public Works at (386)676-3230.

06/28/18



CITY OF ORMOND BEACH
UTILITY BILLING
22 South Beach Street
Ormond Beach, FL 32174

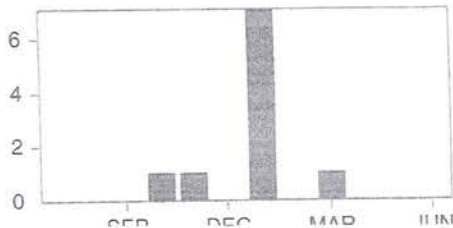
North Peninsula Utilities Corp
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Ormond Beach FL 32175-2803

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Fax: (386) 676-3374
After Hours Emergency: (386) 676-3230
Email at: customerservice@ormondbeach.org

Prior Reading Date	05/08/18	Current Reading Date	06/08/18
Service Location	3221 JOHN ANDERSON DR		

SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	0	0	0

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62



USAGE HISTORY

Current Month	0.00
Last Month	0.00
Current Month - Last Year	0.00
Days in Period	31
Average Daily Usage	0
Average Daily Cost	0.73

ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	06/12/18
PREVIOUS BALANCE	\$47.50
LAST PAYMENT ON	05/16/18
	-\$47.50
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	07/03/18

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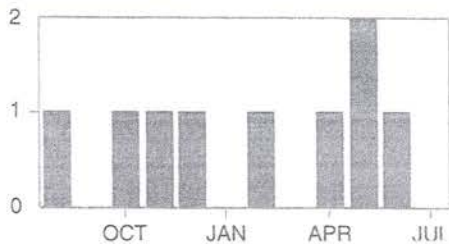
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Fax: (386) 676-3374
After Hours Emergency: (386) 676-3230
Email at: customerservice@ormondbeach.org

Prior Reading Date	06/08/18	Current Reading Date	07/09/18
Service Location	16 1/2 SEABRIDGE DR		
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING
WA	53563088	72	72
USAGE			
0			

DETAIL OF CHARGES			
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62

7/10/18
\$45.24
PCH # 2435



USAGE HISTORY	
Current Month	0.00
Last Month	1.00
Current Month - Last Year	10.00
Days in Period	31
Average Daily Usage	0
Average Daily Cost	0.73

ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	07/10/18
PREVIOUS BALANCE	\$22.62
LAST PAYMENT ON	06/29/18
	-\$22.62
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	08/01/18

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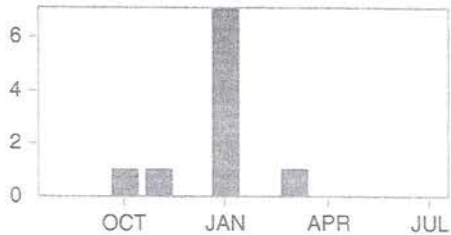


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Telephone: (386) 676-3209
Fax: (386) 676-3374
After Hours Emergency: (386) 676-3230
Email at: customerservice@ormondbeach.org

Prior Reading Date	06/08/18	Current Reading Date	07/09/18	
Service Location	3221 JOHN ANDERSON DR			
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	0	0	0
DETAIL OF CHARGES				
SERVICE	DESCRIPTION	CHARGES	TOTAL	
WA	Minimum Charge	\$22.62		
	Total Current Water		\$22.62	



USAGE HISTORY

Current Month	0.00
Last Month	0.00
Current Month - Last Year	0.00
Days in Period	31
Average Daily Usage	0
Average Daily Cost	0.73

ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	07/11/18
PREVIOUS BALANCE	\$22.62
LAST PAYMENT ON	06/29/18
	-\$22.62
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	08/01/18

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#8

1. Department of Environmental Protection

#FLA 011188

September 4, 2018 – September 4, 2023

#9

IN THE OFFICE OF THE
CENTRAL DISTRICT

OGE FILE NO. 18-0258

CONSENT ORDER

The Department finds and Respondent admits the following:

1. The Department is the administrative agency of the State of Florida having the power and duty to protect Florida's air and water resources and to administer and enforce the provisions of Chapter 403, Florida Statutes ("F.S."), and the rules promulgated and authorized in Title 62, Florida Administrative Code ("F.A.C."). The Department has jurisdiction over the matters addressed in this Order.
2. Respondent is a person within the meaning of Section 403.031(5), F.S.
3. Respondent is the owner and is responsible for the operation of the Seabridge Wastewater Treatment Facility, 0.210 million gallons per day (MGD) three-month average daily flow (TMADF) wastewater treatment facility with reclaimed water and two rapid infiltration basins (RIBs) ("Facility"). The Facility is operated under Wastewater Permit No. FLA011188-003 ("Permit"), which was issued on September 4, 2013 and will expire on September 3, 2018. The Facility is located at Seabridge Drive, Parcel ID 321605000001, Ormond Beach in Volusia County, Florida, Parcel ID ("Property"). Respondent owns the Property on which the Facility is located.

4. The Department finds that the following violation(s) occurred:
- a) Respondent failed to properly maintain the facility, in violation of Chapter 62-620.610(7) F.A.C., which requires the Respondent to properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used to achieve compliance with the conditions of this permit. The following disrepairs were noted during an inspection conducted by Department staff on March 20, 2018:
 - i. Numerous holes were noted in integral components of the wastewater treatment plants.
 - ii. Plant number 3 had a broken inoperable travelling bridge.
 - iii. The splitter box for the combined facility exhibited potential failure characteristics.
 - b) Respondent failed to submit groundwater monitoring reports for the 3rd and 4th quarter of 2017, in violation of Chapter 62-600.680 (1)(a) F.A.C. which requires Respondent submit Discharge Monitoring Reports to the Department in accordance with the frequencies specified on the Discharge Monitoring Report forms attached to the wastewater permit.
 - c) Respondent failed to monitor the wells for Sodium, a required parameter in the permit, in violation of Permit Condition III.B.1., 2. and 5.
 - d) Respondent failed to properly address chloride exceedances in the monitoring wells, in violation of Permit Condition III.B.1., 2., and 5.

Having reached a resolution of the matter Respondent and the Department mutually agree and it is

ORDERED:

5. Respondent shall comply with the following corrective actions within the below stated time periods:
- a) Within 30 days of the effective date of this Order, Respondent shall retain the services of a professional engineer, registered in the State of Florida, to accomplish all of the following:

- i. Evaluate the Facility, including the effluent disposal system, associated collection system and groundwater monitoring plan, to discover the cause or potential causes of the non-compliance.
 - ii. Design modifications of the Facility, including the effluent disposal system, collection systems and monitoring plan to ensure the Facility will function in full and consistent compliance with all applicable rules of the Department.
 - iii. Complete an application for a Department wastewater permit to construct the modifications developed pursuant to subparagraph 5(a)(ii) of this paragraph, if such a permit is required.
 - iv. Oversee the construction of any modifications to the Facility.
 - v. Submit to the Department a Certification of Completion, prepared and sealed by a professional engineer registered in the State of Florida, stating that modifications to the Facility, including the effluent disposal system and collection system, have been constructed in accordance with the provisions of the Permit.
 - vi. Contact Dr. Phil Kane, before initiating the treatment system evaluation described in subparagraphs 5(a)i. of this paragraph.
 - vii. In the event the Department requires additional information to process the permit application described in subparagraph 5(a)(iii) above, provide a written response containing the information requested by the Department within 30 days of the date of the request.
- b) Within 180 days of the effective date of this Order, Respondent shall submit a complete application for a Department wastewater permit to construct and or implement the modifications and monitoring plan revisions developed pursuant to subparagraphs 5(a)(ii) of this Order.
 - c) Within 365 days of the effective date of the wastewater permit issued in accordance with subparagraph 5(b) above, Respondent shall complete construction of the modification(s) developed pursuant to subparagraph 5(a) and submit a Certification of Completion, prepared and sealed by a professional engineer registered in the State of Florida,

stating that modifications to the Facility, including the effluent disposal system and collection system, have been constructed in accordance with the provisions of the Permit.

d) Immediately implement preventative measures to ensure system failure does not occur due to deteriorating facility components while the process of reconstruction is under way, including, but not limited to the following:

- i. Repair the holes and corrosion in the tanks.
- ii. Repair the travelling bridge at plant number 3.
- iii. Repair or replace the damaged splitter box.
- iv. Repair the clarifier skimmer at plant number 3.

e) Beginning immediately, submit quarterly groundwater monitoring reports by the due date established in the Permit according to the schedule in the following table:

SAMPLE PERIOD	REPORT DUE DATE
January - March	April 28
April - June	July 28
July - September	October 28
October - December	January 28

f) Immediately begin sampling and reporting Sodium in all ground water monitoring reports as required by the Facility's Permit.

g) Every calendar quarter after the effective date of this Order and continuing until all corrective actions have been completed, Respondent shall submit to the Department a written report containing information about the status and progress of projects being completed under this Order, information about compliance or noncompliance with the applicable requirements of this Order, including construction requirements and effluent limitations, and any reasons for noncompliance. These reports shall also include a projection of the work Respondent will perform pursuant to this Order during the 12-month period which will follow the report. Respondent shall submit the reports to the Department within 30 days of the end of each quarter.

6. Notwithstanding the time periods described in the paragraphs above, Respondent shall complete all corrective actions required by paragraph 5 within 545 days of the effective date of this Order and be in full compliance with Rule 620, F.A.C., regardless of any intervening events or alternative time frames imposed in this Order, other than those excused delays agreed to by the Department, as described in paragraph 14 of this Order.

7. Within 90 days of the effective date of this Order, Respondent shall submit a written estimate of the total cost of the corrective actions required by this Order to the Department. The written estimate shall identify the information the Respondent relied upon to provide the estimate.

8. Within 60 days of the effective date of this Order, Respondent shall pay the Department \$500.00 in settlement of the regulatory matters addressed in this Order. This amount has been assessed for costs and expenses incurred by the Department during the investigation of this matter and the preparation and tracking of this Order.

9. Respondent agrees to pay the Department stipulated penalties in the amount of \$100.00 per day for each and every day Respondent fails to timely comply with any of the requirements of paragraph 5 of this Order. The Department may demand stipulated penalties at any time after violations occur. Respondent shall pay stipulated penalties owed within 30 days of the Department's issuance of written demand for payment, and shall do so as further described in paragraphs 10 or 11, below. Nothing in this paragraph shall prevent the Department from filing suit to specifically enforce any terms of this Order.

10. Respondent shall make all payments required by this Order by cashier's check, money order or on-line payment. Cashier's check or money order shall be made payable to the "Department of Environmental Protection" and shall include both the OGC number assigned to this Order and the notation "Water Quality Assurance Trust Fund." Online payments by e-check can be made by going to the DEP Business Portal at: <http://www.fldepportal.com/go/pay/>. It will take a number of days after this order is final

and effective filed with the Clerk of the Department before ability to make online payment is available.

11. Except as otherwise provided, all submittals and payments required by this Order shall be sent to Aaron Watkins, Department of Environmental Protection, Central District 3319 Maguire Blvd., Suite 232 Orlando, Florida 32803.

12. Respondent shall allow all authorized representatives of the Department access to the Facility and the Property at reasonable times for the purpose of determining compliance with the terms of this Order and the rules and statutes administered by the Department.

13. In the event of a sale or conveyance of the Facility or of the Property upon which the Facility is located, if all of the requirements of this Order have not been fully satisfied, Respondent shall, at least 30 days prior to the sale or conveyance of the Facility or Property, (a) notify the Department of such sale or conveyance, (b) provide the name and address of the purchaser, operator, or person(s) in control of the Facility, and (c) provide a copy of this Order with all attachments to the purchaser, operator, or person(s) in control of the Facility. The sale or conveyance of the Facility or the Property does not relieve Respondent of the obligations imposed in this Order.

14. If any event, including administrative or judicial challenges by third parties unrelated to Respondent, occurs which causes delay or the reasonable likelihood of delay in complying with the requirements of this Order, Respondent shall have the burden of proving the delay was or will be caused by circumstances beyond the reasonable control of Respondent and could not have been or cannot be overcome by Respondent's due diligence. Neither economic circumstances nor the failure of a contractor, subcontractor, materialman, or other agent (collectively referred to as "contractor") to whom responsibility for performance is delegated to meet contractually imposed deadlines shall be considered circumstances beyond the control of Respondent (unless the cause of the contractor's late performance was also beyond the contractor's control). Upon occurrence of an event causing delay, or upon becoming aware of a potential for delay, Respondent shall notify the Department by the next working day and shall, within seven calendar days notify the Department in writing of (a) the

anticipated length and cause of the delay, (b) the measures taken or to be taken to prevent or minimize the delay, and (c) the timetable by which Respondent intends to implement these measures. If the parties can agree that the delay or anticipated delay has been or will be caused by circumstances beyond the reasonable control of Respondent, the time for performance hereunder shall be extended. The agreement to extend compliance must identify the provision or provisions extended, the new compliance date or dates, and the additional measures Respondent must take to avoid or minimize the delay, if any. Failure of Respondent to comply with the notice requirements of this paragraph in a timely manner constitutes a waiver of Respondent's right to request an extension of time for compliance for those circumstances.

15. The Department, for and in consideration of the complete and timely performance by Respondent of all the obligations agreed to in this Order, hereby conditionally waives its right to seek judicial imposition of damages or civil penalties for the violations described above up to the date of the filing of this Order. This waiver is conditioned upon Respondent's complete compliance with all of the terms of this Order.

16. This Order is a settlement of the Department's civil and administrative authority arising under Florida law to resolve the matters addressed herein. This Order is not a settlement of any criminal liabilities which may arise under Florida law, nor is it a settlement of any violation which may be prosecuted criminally or civilly under federal law. Entry of this Order does not relieve Respondent of the need to comply with applicable federal, state, or local laws, rules, or ordinances.

17. The Department hereby expressly reserves the right to initiate appropriate legal action to address any violations of statutes or rules administered by the Department that are not specifically resolved by this Order.

18. Respondent is fully aware that a violation of the terms of this Order may subject Respondent to judicial imposition of damages, civil penalties up to \$10,000.00 per day per violation, and criminal penalties.

19. Respondent acknowledges and waives its right to an administrative hearing pursuant to sections 120.569 and 120.57, F.S., on the terms of this Order. Respondent also acknowledges and waives its right to appeal the terms of this Order pursuant to section 120.68, F.S.


20. Electronic signatures or other versions of the parties' signatures, such as .pdf or facsimile, shall be valid and have the same force and effect as originals. No modifications of the terms of this Order will be effective until reduced to writing, executed by both Respondent and the Department, and filed with the clerk of the Department.

21. The terms and conditions set forth in this Order may be enforced in a court of competent jurisdiction pursuant to sections 120.69 and 403.121, F.S. Failure to comply with the terms of this Order constitutes a violation of section 403.161(1)(b), F.S.

22. This Consent Order is a final order of the Department pursuant to section 120.52(7), F.S., and it is final and effective on the date filed with the Clerk of the Department unless a Petition for Administrative Hearing is filed in accordance with Chapter 120, F.S. Upon the timely filing of a petition, this Consent Order will not be effective until further order of the Department.

23. Rules referenced in this Order are available at
<https://softlive.dep.state.fl.us/ogc/ogc/content/rules>

FOR THE RESPONDENT:



Robert L. Hillman
President

7-20-18
Date

DONE AND ORDERED this _____ day of _____, 2018, in Orange County, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Aaron Watkins
Assistant Director, Central District

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

Clerk

Date

Copies furnished to:

Lea Crandall, Agency Clerk
Mail Station 35

DW_CO (REV. 06/09)

#11

Assets Owned by NPUC

6" Force Main -	5,420±
8" VCP Mains-	10,305±
8" PVS Mains-	10,777±
Lift Station-	2
Manholes-	Approx. 87
Main Plant-	210,000 gal/day (181,000 Permitted)
Acreage-	Approx. 3.5 Acres

#12




Number of customers classified to class (commercial and residential) for the following time points:

End 2014	566 Residential	14 Commercial
End 2015	568 Residential	14 Commercial
End 2016	585 Residential	14 Commercial
End 2017	588 Residential	14 Commercial
As of 10/1/2018	589 Residential	14 Commercial

#13 - maps forwarded to ENG.

CLK/menasco

Answer to question 14


Have attached our capital improvement plan proposal to FPSC along with vendor cost estimates. Please advise if this will suffice and not transferred to you spreadsheet.

Also, all of these proposals were made by vendors who have been working with NPUC for many years and know our facility.

#14 backup



October 5, 2018

Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: North Peninsula Utilities Corporation Certificate No. 249 S
Docket No. 20180138-SU Application for a Staff Assisted Rate Case for North Peninsula Utilities Corporation

Dear Commission Clerk,

North Peninsula Utilities Corporation (NPUC or the Utility) recently submitted information for a Staff Assisted Rate Case (SARC). As part of that filing, NPUC included cost estimated for a proposed Capital Improvement Plan needed at NPUC's treatment plant. This letter serves to update that proposed plan to include electrical upgrades that are also necessary at this time. **Attachment A** includes detailed estimates of work that is needed at the NPUC plant site to be able to continue providing good service to its customers. The Seabridge Wastewater Treatment Facility is located on a narrow peninsula between the Atlantic Ocean and intercostal waterway (Halifax). The weather and salt conditions have led to the corrosive environment and the Facility needs a major overhaul at this time. The area frequently experiences strong storms and the Utility has dealt with two major hurricanes in the last two years. The costs for these improvements are summarized by vendor and shown on **Table 1**, below as detailed in **Attachment A**.

Table 1
Costs Estimates
Capital Improvement Plan – By Vendor

Vendor	Cost
Wetherell Treatment Systems	\$ 143,779.00
American In-line Inspection	26,058.75
Riva Fence, Inc.	15,325.00
Cubert, Inc.	8,333.00
Shirah Building and Dev.	5,228.00
Bayshore Electric, Inc.	23,425.00
Misc. (10%)	22,000.00
Total	<u>\$ 244,148.75</u>

As previously submitted, NPUC anticipates using a loan to finance these improvements at an interest rate of approximately 6% and a repayment term of 5 years. Based on these assumptions, interest over the life of the loan is estimated to be approximately \$37,000 plus loan origination costs and other fees

Commission Clerk, Florida Public Service Commission
October 5, 2018
Page 2

of \$6,000 for a total of \$43,000. To repay this total amount of approximately \$287,000 would result in an estimated monthly adjustment to rates of \$7.95 per ERC per month.

If you have any questions, comments, or need additional information concerning this application, please contact Mr. Robert Hillman (NPUC) at 386.677.7847 or 386.677.7607 or Tara Hollis (NPUC Financial Consultant) at 407.255.2928 or thollis@willdan.com.

Very Truly Yours,

WILLDAN FINANCIAL SERVICES on behalf of North Peninsula Utilities Corporation

Tara Hollis

Tara L. Hollis, CPA, MBA
Principal Consultant

Cc: Robert Hillman, NPUC



WETHERELL TREATMENT SYSTEMS

600 Hull Road

Ormond Beach, FL 32174

Phone (386) 673-4162

Fax (386) 673-7237

Proposal

June 5, 2018

North Peninsula Utilities Corp.

Attn: Mr. Bob Hillman

P.O. Box 2803

Ormond Beach, FL 32175-2803

Re: Repairs and Improvements for Seabridge Sewage Treatment Plant

Dear Mr. Hillman:

The following repairs and improvements are needed for the Seabridge sewage treatment plant just as soon as possible:

1. The three (3) way flow splitter tower that divides the incoming between the three (3) plants needs to be completely replaced. It is unsafe, badly corroded and leaks. Total cost to replace with a new tower of the same shape and design.

Total cost of new tower: \$30,341.00

Total cost of installation of new tower: \$4,988.00

2. The sludge return troughs in Plant #1 need to be completely replaced. They are badly corroded and leak sludge back into the clarifier.

Total cost for new returns sludge troughs installed: \$7,607.00

3. The top 12" to 14" of Plant #1 digester and rear tanks are badly corroded, many steel patches and holes completely through the tank structure. The present condition gives rise to the possibility of sewage leakage on the ground. To correct this problem, the top part of the plant needs to be cut off and replaced with new steel and welded out water tight.

Total cost to perform the above work: \$30,109.00

4. A new surge pump needs to be purchased to pump raw sewage to the splitter tower. Complete with a new pump stand.

Total cost installed: \$7,085.00

5. Both clarifiers need to be pumped down and have the air supply lines replaced.

Total cost installed: \$3,314.00

6. Both main lift station pump stands need to be replaced. Badly corroded.

Total cost installed: \$3,090.00

7. Two (2) new mechanical gear drives need to be purchased to operate the clarifier sludge sweeps.

Total cost installed: \$7,793.00

8. One (1) new blower motor assembly for Plant #1 complete with new air filter silencer, adjustable motor base and new equipment stand.

Total cost installed: \$5,969.00

9. Welding and steel work to Plant #2 including replacement and repair of walk way.

Total cost installed: \$9,870.00

10. Provide and install two (2) new pump equipment stands for John Anderson lift station.

Total cost installed: \$3,090.00

11. Supply and install sound control assembly to reduce and control blower sound.

Total cost installed: \$2,988.00

12. One (1) new motor-blower assembly complete for Plant #1.

Total cost installed: \$5,211.00

13. One (1) new motor-blower assembly complete for Plant #2.

Total cost installed: \$4,912.00

14. Three (3) new Gorman-Rupp pumps complete with 5 H.P. motors for emergencies, such as storms or hurricanes or mechanical breakdowns.

Total cost installed: \$17,412.00

Read and agreed to by:

North Peninsula Utilities Corp
Owner/agent

Title

Date

Wetherell Treatment Systems, Inc.
Glenn Wetherell

Title

Date

QUOTATION

AMERICAN IN-LINE INSPECTION, Inc.

415 Timaquan Trail.
Edgewater, Fla. 32132

Phone (386) 409-5446
Fax (386) 957-4919

Proposal Submitted To: North Peninsula Utilities Corp.	Phone: 386- 677-7847	Date: 06-04-18
Street: 115 East Granada Blvd. Suite 12	Job Name: Seabridge Subdivision SAN I & I	
City, State, Zip Code: Ormond Beach, FL 32175	Job Location: Off John Anderson, Ormond Beach, FL	
ATTN: Mr. Robert Hillman, Cell 386-299-3111	Email/Fax: Developershw@gmail.com	

We propose hereby to furnish the following:

4 to 5 Days of I & I SAN Service Work

Vac Truck and CCTV/Video Crew to Clean/Desilt & CCTV/Video approximately 10,315 +/- LF of 8" existing/active mainline VPC& PVC sanitary sewer pipes. Looking for various deficiencies of infiltration, ground table water intrusion, extruding service lateral hammer taps, and pipe integrity. Our price includes all labor, equipment and workmanship to complete the project, along with a clear typed report and video of our findings. One DVD or VHS will be provided. If additional copies are needed, they can be purchased for \$25.00 each.

Clean & Video approx. 10,315 +/- LF of 8" Existing Mainline SAN Sewer Pipe @ \$2.25 per LF.....\$ 23,208.75

Any additional footage serviced will be billed per the LF rate

Actual Footage Serviced Will Be Billed Upon Completion

Average Footage Of Services Per Day 2,100 LF PLUS

Mobilization & Demobilization, per vehicle @ \$100.00 each.....(Estimated Visits 5-Days).....\$ 500.00

TOTAL ESTIMATED PRICE \$ 23,708.75

American In-Line Inspection Services Inc. Will Provide Methods Of Repairs & Pricing Upon Request

To be provided by others/the hiring contractor: Acceptable access to system to perform duties requested, permits, traffic control/MOT, water meter or clean water source, and suitable dump site for debris or transportation & environmental disposal charges will apply.

*** Please note that any downtime out of our control will be billed at an hourly rate of \$225.00 per hour Example - Waiting on MOT to be moved, site unprepared, off-site clean water fill-ups & disposal transportation, etc.

We appreciate this opportunity to serve North Peninsula Utilities Corp.

Note: This proposal may be withdrawn by us if not accepted within 30 days.
Please contact our office for any scheduling needs
Payment terms are Net 30 days

REPRESENTATIVE: Walt Kush (386) 409-5446
Authorized Signature: _____ Date: 06-04-18

Acceptance of Proposal...The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. We understand that collection costs and attorney fees will be recovered if contract is not paid in full.

Authorized Signature: _____ Date: _____

QUOTATION

AMERICAN IN-LINE INSPECTION, Inc.

415 Timaquan Trail.
Edgewater, Fla. 32132

Phone (386) 409-5446
Fax (386) 957-4919

Proposal Submitted To: North Peninsula Utilities Corp.	Phone: 386- 677-7847	Date: 06-04-18
Street: 115 East Granada Blvd. Suite 12	Job Name: Sanitary Manhole Repair	
City, State, Zip Code: Ormond Beach, FL 32175	Job Location: 3214 John Anderson, Ormond Beach, FL	
ATTN: Mr. Robert Hillman, Cell 386-299-3111	Email/Fax: Developershw@gmail.com	

We propose to perform the following:

Manhole Repair Crew to cut down one (1) existing palm tree, remove root ball growth from entering the top of the sanitary manhole system, plug off the upstream and downstream portions of system, dig around the manhole to reset the frame top to its original location and stabilize. Our price includes all labor, equipment, material and workmanship to complete the project.

****American In-Line Inspection will not remove the tree debris from the back yard****

Manhole Repair Crew to perform structural manhole rehab.....	\$ 2,200.00
Mobilization, Set-up & Demobilization @ \$150.00 each.....	\$ 150.00
Total Price \$ 2,350.00	

To be provided by others/The Hiring Company: Acceptable access to system to perform duties requested.

We appreciate this opportunity to serve North Peninsula Utilities Corp.

Note: This proposal may be withdrawn by us if not accepted within 30 days.
Please contact our office for any scheduling needs
Payment terms are Net 30 days

REPRESENTATIVE: Walt Kush (386) 409-5446

Authorized Signature: _____ Date: 06-04-18

Acceptance of Proposal..The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. We understand that collection costs and attorney fees will be recovered if contract is not paid in full.

Authorized Signature: _____ Date: _____

<https://mail.google.com/mail/u/0/#inbox/16392a3387191696?projector=1&messagePartId=0.1>

Cubert, Inc

P.O. Box 787
BUNNELL, FL. 32110
Phone: 386.313.2629 / Fax: 386.313.2657

DATE : 06/19/18

PROPOSAL SUBMITTED TO: NPU

ATTENTION: Bob

STREET:

JOB NAME:

CITY, STATE AND ZIP CODE: Ormond Bch, FL

JOB LOCATION:

Office: (386)

ARCHITECT: NA

Fax: (386)

DATE OF PLANS: NA

We hereby submit specifications and estimates for:

Item	Quantity	Unit	Amount
1. MOB	1	LS	\$125.00
2. Asphalt Demo	3360	SF	\$1,008.00
3. Base Allowance	1	LD	\$400.00
4. Grade Work	1	LS	\$300.00
5. Asphalt 1.5"	373	SY	\$6,500.00
			<hr/>
			\$8,333.00

Exclusions: Permits , Bonds , Impact fee or fee of any kind , survey , curb , sidewalk , landscaping , irrigation , unmarked utilities , ETC.

Work to Include : install silt fence around seawall , import fill and install , grade for sod and install

We Propose hereby to furnish material and labor -- complete in accordance with above specifications, for the sum of: Eight thousand three hundred thirty three and 00 (\$8,333.00).

Payment to be made as follows: 15 days upon receipt. After 30 days 1.5% interest will be assisted for late payment.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the Estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Acceptance of Proposal -- The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____

Authorized Signature: _____

Signature: _____

Note: This proposal may be withdrawn by us if not accepted Within 30 days.

Signature: _____

Shirah Building and Dev.
77 Concord Drive
Ormond Beach, Fla 32176
Shirahbldg@aol.com
386-290-8018

Estimate

Number E150

Date 6/22/2018

Bill To

NORTH PENINSULA UTILITIES
16 SEABRIDGE DRIVE
ORMOND BEACH, FL, 32176

Project

PUMP HOUSE

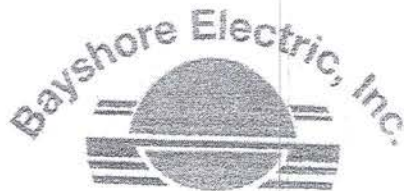
Description	Amount
Materials and labor to remove and replace 38 lineal ft of 4x8 T1-11 siding with hardie board siding on exterior of building.	\$3,789.54
Materials and labor to remove and replace 1 square of rolled roofing with new drip edge.	\$650.00
Materials and labor to prime and paint new siding.	\$789.00

Amount Due

\$5,228.54

Total

\$5,228.54



FC1334

804 Root Street
Daytona Beach, FL 32114
Telephone: (386) 252-2287
Fax: (386) 257-1920

Proposal

Name:	North Peninsula Utilities	Job Name:	Electrical box replacements
Street:	115 E Granada Ave	Street:	
City:	Ormond Beach, FL 32176	City:	
Attn:	Bob Hillman	Date:	6/21/2018
Phone:	299-3111	Fax:	677-8146

We hereby submit this proposal for the electrical work specified:
Replace 7 electrical control boxes controlling the flow of wastewater
Replace disconnects controlling power to equipment
Replace deteriorated unistrut supporting equipment
Replace fuses in disconnects
Replace GFI receptacles on property
Replace sludge control box and rewire motor

We hereby propose to furnish labor and materials, complete in accordance with the above specifications for the sum of: \$23,425.00

Authorized Signature: Ed McGarity
Title: Estimator/Service Manager

Acceptance of Proposal - Please sign and return one copy

The above prices, specifications, and conditions are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Authorized Signature:
Date:

All sales tax and insurance necessary to complete this project are included.

#16



The 7/27/18 consent order from DEP was issued as result of an inspection required for NPUC's application for a renewal of the five year permit which was expiring on September 4, 2018.

New permit for 5 years has since been issued.

#20

Following the territory amendment NPUC has added 4 (four) new customers with 2 (two) more close to hooking up.

We have had some inquiries from potential customers along John Anderson Dr. and previous discussions about potential service to some condominiums on A1A.