North Peninsula Utilities Corp.

FILED 10/23/2018 DOCUMENT NO. 06745-2018 **FPSC - COMMISSION CLERK**

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 neeed.

Sincerely

Robert L. Hillman

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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 New amount charges you owe due by	
904.74	904.74 CR	0.00	0.00	886.39	***************************************	6.0000000000000000000000000000000000000

Meter reading - Meter KJ34294

Current reading		21038
Previous reading		- 11856
kWh used		9182
Demand reading		21.54
Demand kW		22
Energy usage		
	Last	This
	Year	Year
kWh this month	11572	9182
Service days	30	29
kWh per day	385	316

**The electric service amount includes the following charges:

	3
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 Payment received - Thank you		904.74 904.74 CR
Balance before new charges		\$0.00
New charges (Rate: GSD-1 GENERAL SERVICE	DEMAND	0500000000
Electric service amount	744.38**	
Storm charge Gross receipts tax	7.71	
Utility tax	19.28 57.54	
Fiorida sales tax Discretionary sales surtax	53.61	
Total new charges	3.87	\$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 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)

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:

Next meter reading:

Jul 27 2017 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 Previous reading		10199
kWh used		317
Energy usage	Last	This
	Year	Year
kWh this month	331	317
Service days	30	29
kWh per day	11	10

**The electric service amount

includes the following ch	arges:
Customer charge:	\$10.00
Fuel:	\$8.94
(\$0.028200 per kWh)	
Non-fuel:	\$20.25
(\$0.063890 per kWh)	

Balance before new charges	00.00
Payment received - Thank you	43.89 CR
The state of the s	43.89
Amount of your last bill	

		10.000
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	3.38	
Florida sales tax	2.82	
Discretionary sales surtax	0.21	
Late payment charge	5.00	
Total new charges	(2000 TOTA)	\$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.

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: Next meter reading:

Aug 28 2017 Sep 27 2017

	(-)	(+ or -)	new charges (=)	charges (+)	you owe	due by
Amount of your last bill	Payments	Additional activity	Balance before	New	Total New amount charges	

Mei	ter	read	ing	-	Meter	KJ34260
-----	-----	------	-----	---	-------	---------

Current reading		10515
Previous reading		- 10199
kWh used		316
Energy usage		
	Last	This
	Year	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)	\$0.51
Non-fuel:	\$20.19
(\$0.063890 per kWh)	Ψ20.13

Amount of your last bill Payment received - Thank you		51.98
Balance before new charges		51.98 CF
and the second s		\$0.00
New charges (Rate: GS-1 GENERAL SVC NO	ON-DEMAND / BUSINESS)	
Electric service amount	39.10**	
Storm charge	0.37	
Gross receipts tax	1.01	
Utility tax	3777	
Florida sales tax	3.37	
Discretionary sales surtax	2.82	
	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.



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:

WANTE EDI 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: Next meter reading:

Aug 28 2017

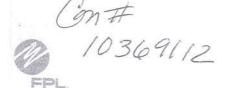
of your last bill	Payments (-)	Additional activity (+ or -)	before new charges (=)	New charges (+)	Total amount you owe	New charges due by
886.39	886.39 CR	0.00	0.00			

ng - Meter	KJ34294
	ng - Meter

Current reading		31704
Previous reading		- 21038
kWh used		10666
Demand reading Demand kW		19.65
		20
Energy usage		
- 55	Last	This
AND	Year	Year
kWh this month	12349	10666
Service days	33	32
kWh per day	374	333

**The electric service amount includes the following charges:

	3
Customer charge: Fuel:	\$25.00
(\$0.028200 per kWh)	\$300.78
Non-fuel:	\$263.98
(\$0.024750 per kWh) Demand:	\$212.00
(\$10.60 per kW)	\$212.00



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 Payment received - Thank you		886.39
Balance before new charges		886.39 CR
New charges (Rate: GSD-1 GENERAL SERV	(ICE DEMAND)	\$0.00
Electric service amount Storm charge	801.76**	
Gross receipts tax	8.96	
Utility tax	20.79	
Florida sales tax	60.39	
Discretionary sales surtax	57.79	
Total new charges	4.17	
Tetal		\$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.

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 FDI com

For: Aug 28 2017 to Sep 27 2017 (30 days) Customer name: NORTH PENINSULA

Service address: 16 SEABRIDGE DR # LFT STA

9 Account number: 78768-08689

Statement date: Next meter reading:

Sep 27 2017

					7 2017
Payments (-)	Additional activity (+ or -)	Balance before new charges (=)	New charges	Total amount you owe	New charges due by
963.86 CR	0.00	40.00	()	(=)	
	0.00	10.00 CR	885.99	\$875.99	Oct 18 2017
	Payments (-) 963.86 CR	Payments activity (+ or -) 963.86 CR 0.00	Payments Additional activity (+ or -) before new charges (=) 963.86 CR 0.00 10.00 CR	Payments (-) Additional activity (+ or -) before new charges (=) New charges (+) 963.86 CR 0.00 10.00 CR 885.99	Payments Additional activity (+ or -) before new charges (=) New charges (+) YOU GIVE (=) 963.86 CR 0.00 10.00 CR 885.99

Meter	reading	- Meter	KJ34294
-------	---------	---------	---------

Current reading Previous reading		40679
kWh used		- 31704
	and the second	8975
Demand reading		22,68
Demand kW		23
Energy usage		25
	Last	This
1.1.4	Year	Year
kWh this month	9563	8975
Service days	30	30
kWh per day	318	299

**The electric service amount includes the following charges:

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

Amount of your last bill Payment received - Thank you		953.86
Balance before new charges		963.86 CR
New charges (Rate: GSD-1 GENERAL SERV		\$10.00CR
Electric service amount	ICE DEMAND)	
Storm charge	744.03**	
Gross receipts tax	7.36	
Utility tax	19.27	
Florida sales tax	57.91	
Discretionary sales surtax	53.57	
Total new charges	3.85	
rotal new charges	0.00	

Total amount you owe

\$875.99

\$885.99

- 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.

Con# 10604322



1-800-375-2434

Outside Florida:

1-800-226-3545

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

Online at:

Hearing/speech impaired: 711 (Relay Service)

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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: Next meter reading:

Sep 27 2017 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	***************************************	**************************************

Meter reading - Meter KJ34260

	10848
	- 10515
	333
Last	This
Year	Year
444	333
30	30
14	11
	Year 444 30

**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 NO	ON-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 amount you owe

Total new charges

\$48.74

\$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.



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

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: Next meter reading:

Oct 27 2017 Nov 20 2047

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	1-7	(+)	(=)	
Motor reading		0.00	0.00	58.68	\$58.68	Nov 17 2017

Meter read	ing -	Meter	KJ34260
------------	-------	-------	---------

Current reading

Current reading		11226
Previous reading		- 10848
kWh used		378
Energy usage		
5040 MMADDETAS	Last	This
	Year	Year
kWh this month	474	378
Service days	29	30
kWh per day	16	12

**The electric service amount includes the following charges:

		300.
0	Customer charge:	\$10.00
17	uel.	\$10.66
	(\$0.028200 per kWh)	\$10.00
N	lon-fuel:	\$24.15
	(\$0.063890 per kWh)	\$24.15

Amount of your last bill Payment received - Thank you	48.74
Balance before new charges	48.74 CR
New charges (Rate: GS-1 GENERAL SVG NOV.	\$0.00

Balance before new charges			40.74 CR
			\$0.00
New charges (Rate: GS-1 GENE Electric service amount	ERAL SVC NON-DEM	AND / BUSINESS)	
Storm charge		44.81**	
Gross receipts tax		0.42	
Utility tax		1.16	
Florida sales tax		3.83	
Discretionary sales surtax		3.23	
Late payment charge		0.23	
Total new charges		5.00	

Total amount you owe

\$58.68 \$58.68

11/17/17 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:



⁻ 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.

--- VIVOLITO STATELITICITE 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: Next meter reading:

Oct 27 2017 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	2 0000000000000000000000000000000000000

Meter	reading	- Meter KJ342	94
-------	---------	---------------	----

Current reading		51303
Previous reading		- 40679
kWh used		10624
Demand reading Demand kW		23,04
		23
Energy usage		
	Last	This
	Year	Year
kWh this month	7863	10624
Service days	29	30
kWh per day	271	354

**The electric service amount includes the following cha

morades the following ci	narges:
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)	77.17.19.9

Amount of your last bill Payment received - Thank you		875.99
Balance before new charges		875.99 CR
New charges (Rate: GSD-1 GENERAL SERV	ICE DEMAND)	\$0.00
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.

Con# 10921834



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:

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: Next meter reading:

Nov 28 2017 Dec 28 2017

0.23

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				
***************************************	00.00 CK	0.00	0.00	53.60	\$53.60	Dec 19 2017

Meter re	eading -	Meter	KJ34260
----------	----------	-------	---------

Current reading Previous reading		11603
kWh used		- 11226
		377
Energy usage		
	Last	This
NAME OF TAXABLE PARTY.	Year	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:	
(\$0.028200 per kWh)	\$10.63
Non-fuel:	\$24.10
(\$0.063890 per kWh)	250000000000000000000000000000000000000

Amount of your last bill Payment received - Thank you	58.68
Balance before new charges	58.68 C
New charges (Rate: GS-1 GENERAL SVC NON	\$0.00
Electric service amount	
Storm charge	44.73**
Gross receipts tax	0.42
Utility tax	1.16
Florida sales tax	3.83
Discretionary sales surtax	3.23
- Total y Sales Surfax	0.23

Total amount you owe

Total new charges

\$53.60 \$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.



Please have your account number ready when contacting FPL.

Customer service: Outside Florida:

1-800-375-2434 1-800-226-3545

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

Online at

Hearing/speech impaired: 711 (Relay Service)



--- ----- Statement

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

70.47

67.33

4.85

Next meter reading: Dec 28 2017

	Payments (-)	activity (+ or -)	new charges (=)	charges (+)	amount you owe (=)	charges due by
989.26	989.26 CR	0.00	0.00	1,111.36		

Meter read	ing -	Meter	KJ34294
------------	-------	-------	---------

Current reading		63672
Previous reading		- 51303
kWh used		12369
Demand reading Demand kW		24.45 2 4
Energy usage		10701
	Last	This
	Year	Year
kWh this month	9223	12369
Service days	32	32
kWh per day	288	386

**The electric service amount includes the following charges:

COST	500.
Customer charge:	\$25.00
Fuel:	\$348.81
(\$0.028200 per kWh)	
Non-fuel:	\$306.13
(\$0.024750 per kWh)	4000.10
Demand:	\$254.40
(\$10.60 per kW)	\$204.4C

Amount of your last bill Payment received - Thank you	989.2	
Balance before new charges	989.2	
New charges (Rate: GSD-1 GENERAL SER	\$0.00 EVICE DEMAND)	U
Electric service amount Storm charge	934.34**	
Gross receipts tax	10.15	
Utility tax .	24.22	

Total amount you owe

Discretionary sales surtax

Florida sales tax

Total new charges

\$1,111.36

\$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.

1/11.360 Con# 11/67580 + 14.95 1124.31



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:

rour 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: Next meter reading: Dec 28 2017 Jan 29 2018

53.60	Payments (-) 53.60 CR	activity (+ or -)	new charges (=)	charges (+)	you awe (=)	due by
Amount of your last bill	Payments	Additional	Balance before	New	Total amount	New charges

Meter reading - Meter KJ34260

Current reading		11905
Previous reading		- 11603
kWh used		302
Energy usage		
- 594 F.	Last	This
	Year	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 063800 par MMA	

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 NO	
Electric service amount	37.81**

Edianico pelore new charges	\$0.00
New charges (Rate: GS-1 GENERAL SVC N	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.



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:

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. war ciccure 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: Next meter reading:

Dec 28 2017 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 KJ3429	4
------------------------------	---

Current reading		73344
Previous reading		- 63672
kWh used		9672
Demand reading		21.08
Demand kW		21
Energy usage		
	Last	This
	Year	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 00
Payment received - Thank you		1,111.36
Balance before new charges		1,111.36 CR
		\$0.00
New charges (Rate: GSD-1 GENERAL SERV	(ICE 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	0.00	\$904.09
		\$304.09

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

1/18/18 Ogh# 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:

. our ciccure statement

For: Dec 28 2017 to Jan 29 2018 (32 days) Customer name: NORTH PENINSULA

Service address: 16 SEABRIDGE DR # LFT STA

4 Account number: 78768-08689

Statement date:

Jan 29 2018

Next meter reading: Feb 26 2018

of your last bill	Payments (-)	Additional activity (+ or -)	before new charges (=)	New charges (+)	amount you owe (=)	New charges due by
904.09	904.09 CR					

Mete	r reac	ling -	Meter	KJ34294
------	--------	--------	-------	---------

Current reading		83116
Previous reading		- 73344
kWh used		9772
Demand reading		20.29
Demand kW		20
Energy usage		
	Last	This
	Year	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)	V
Demand:	\$216.20
(\$10.81 per kW)	3.00.000

Amount of your last bill		904.09
Payment received - Thank you		904.09 CF
Balance before new charges		\$0.00
New charges (Rate: GSD-1 GENERAL SERV	(ICE 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	3171	\$887.31

Total amount you owe

\$887.31

\$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.

Om# 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

. our ciccure 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

of your last bill	Payments (-)	Additional activity (+ or -)	before new charges (=)	New charges (+)	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	This
	Year	Year
kWh this month	275	359
Service days	30	32
kWh per day	a	11

**The electric service amount includes the following charges:

Customer charge: Fuel:	\$10.09 \$9.53
(\$0.026550 per kWh)	Ψ0.00
Non-fuel:	\$23.60
(\$0.065770 per kWh)	/2/4/4/4/4/

Amount of your last bill	
Payment received - Thank you	
Dalance hafe-	

New charges (Date: 00 to 00)	44000 0000		\$0.00
New charges (Rate: GS-1 GENE	ERAL SVC NON-DE	MAND / BUSINESS)	
Electric service amount		43.22**	
Storm charge	3	0.42	
Gross receipts tax	*	1.12	
Utility tax		3.77	
Florida sales tax	63	3.12	
Discretionary sales surtax		0.22	
Late payment charge		5.00	
Total new charges			\$56.97

Total amount you owe

\$56.87

\$56.87

45.32 45.32 CR

- 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.

2/10/18 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)

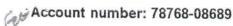
Hearing/speech impaired: 711 (Relay Service)

Online at:

rour ciccuite statement

For: Jan 29 2018 to Feb 26 2018 (28 days) Customer name: NORTH PENINSULA

Service address: 16 SEABRIDGE DR # LFT STA



Statement date: Next meter reading: Feb 26 2018 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	This
	Year	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 Payment received - Thank you	887.31
Balance before new charges	887.31 CR \$0.00

New charges (Rate: GSD-1 GENERAL SER	RVICE 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	\$768.1	5

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.

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)



. our ciccuit 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

Previous reading	- 12264
kWh used	253

Freray usage

Lifer gy usage	Last	This
	Year	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 Storm charge 0.30 Gross receipts tax 0.87 Utility tax 2.96 Florida sales tax

Discretionary sales surtax Total new charges

Total amount you owe

\$40.16

\$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)



rour ciccinic statement

For: Feb 26 2018 to Mar 28 2018 (30 days) Customer name: NORTH PENINSULA

Service address: 3219 JOHN ANDERSON DR # PUMP

M · 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
-------	---------	---	-------	---------

Energy usage	
kWh used	315
Previous reading	 - 12517
Current reading	12832

Lifer gy dauge	Last	This
	Year	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 CF
Balance before new charges	\$0.00

Total new charges		\$45.96
Discretionary sales surtax	0.20	
Florida sales tax	2.76	
Utility tax	3.36	
Gross receipts tax	0.99	
Storm charge	0.38	
Electric service amount	38.27**	
New charges (Rate: GS-1 GENERAL SVC NO	N-DEMAND / BUSINESS)	
Balance before new charges		\$0.00

Total amount you owe

\$45.96 \$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.

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:

MARKET EDI COM



. our ciccure 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
-------	---------	---------	---------

	00350
	- 90936
	9414
	20.03
	20
Last	This
Year	Year
9675	9414
32	30
302	313
	Year 9675 32

**The electric service amount includes the following charges:

(\$10.83 per kW)

Customer charge:	\$25.46
Fuel:	\$245.80
(\$0.026110 per kWh)	
Non-fuel:	\$213.70
(\$0.022700 per kWh)	
Demand:	\$216.60

Amount of your last bill Payment received - Thank you		768.15 768.15 CR
Balance before new charges		\$0.00
New charges (Rate: GSD-1 GENERAL SERV	/ICE 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

\$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.

MH -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 FDI com

For. Apr 26 2018 to May 29 2018 (33 days) Customer name: NORTH PENINSULA

Service address: 16 SEABRIDGE DR # LFT STA

Statement date: Next meter reading:

May 29 2018 Jun 27 2018

10100-00003

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

Meter	reading	- 1	Meter	KJ34294
-------	---------	-----	-------	---------

Current reading		19806
Previous reading		- 09782
kWh used		10024
Demand reading		18.79
Demand kW		19
Energy usage		
-	Last	This
	Year	Year
kWh this month	9107	10024

30

303

33

303

**The electric service amount includes the following charges:

Service days

kWh per day

	illia gos.
Customer charge:	\$25,46
Fuel:	\$261.73
(\$0.026110 per kWh)	
Non-fuel:	\$227.54
(\$0.022700 per kWh)	
Demand:	\$205.77
(\$10.83 per kW)	

Balance before new charges

837.60 \$837.60

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

Total new charges	\$871.41
Late payment charge	12.56
Discretionary sales surtax	3.74
Florida sales tax	51.97
Utility tax	55.52
Gross receipts tax	18.69
Storm charge	8.43
Electric service amount	720.50**
	the contract of the contract o

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.

m# 1263 7358



Please have your account number ready when contacting FPL.

Customer service:

1-800-375-2434

1-800-226-3545

Outside Florida:

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 HUMBER: 3/243-00028

Statement date: Next meter reading: May 29 2018 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

and 37 and 30	Last	This
	Year	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-fuei:	\$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 I	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 amount you owe

Total new charges

\$94.75

\$49.02

- 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

rour 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	This
	Year	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

Total new charges	\$796
Discretionary sales surtax	3.46
Florida sales tax	48.09
Utility tax	52.50
Gross receipts tax	17.30
Storm charge	7.92
Electric service amount	666.81**
New charges (Rate: GSD-1 GENERAL SE	

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.



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: May 29 2018 to Jun 27 2018 (29 days) Customer name: NORTH PENINSULA

Service address: 3219 JOHN ANDERSON DR # PUMP



Account number: 57243-00628

Statement date: Next meter reading:

Jun 27 2018 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			

Meter	reading	- Meter	KJ34260
-------	---------	---------	---------

Current reading		13706
Previous reading		- 13442
kWh used		264
Energy usage		
	Last	This
	Year	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)	010.04

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

Total amount you owe

\$40.51

\$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.

7/10/18 10/18

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)

Online at:

Hearing/speech impaired: 711 (Relay Service)



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.

Statement

Date 7/31/2017

To:

#2

North Peninsula Utilities Corp ***
(Delivery Address: 16 Seabridge OBS)
PO Box 2803

PO Box 2803

Ormond Beach, FL 32175

1.70/900

Amount Due

\$1,891.96

Date Transaction Amount Balance GALS. 06/30/2017 Balance forward 1,276.40 07/07/2017 INV #11068. 153.89 1,430.29 90.52 07/14/2017 INV #11243. 153.89 11 1,584.18 07/21/2017 INV #11415. 153.89 1,738.07 07/28/2017 INV #11527. 153.89 1,891.96

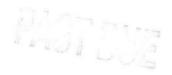
362,08

Statement

Date 8/31/2017

To:

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



			Amount Due	
			\$2,516.58	
Date	**************************************	Transaction	Amount	Balance
07/31/2017 08/05/2017 08/11/2017 08/18/2017 08/26/2017	Balance forward INV #10799. INV #12084. INV #12574. INV #12387.	10 X 2	95,35 162.95 90,52 153.89 11 153.89 11 153.89	1,891.96 2,054.91 2,208.80 2,362.69 2,516.58



Statement

Date 9/30/2017

To:

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

16/17/17

Amount Due \$153.90

Date Transaction Amount Balance 08/31/2017 Balance forward 2,516.58 09/01/2017 INV #12731. 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 09/07/2017 PMT #cc. pmt on acct -670.470.00 09/08/2017 INV #12854. 54.32 54.32 09/29/2017 INV #13653. 58.58 99.58 153.90

131.05

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 10/06/2017 10/13/2017 10/20/2017 10/23/2017 10/27/2017	Balance forward INV #13738. INV #14310. INV #14519. PMT #2231. 9/30 Stmt INV #14719.	90.52 153.89 153.89 53.25 90.53 -153.90 74.55 126.74	153.90 307.79 461.68 552.21 398.31 525.05

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

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

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.

Amount		Balance		
Procy	12/4/17	-> 0	525.05	
53.25	90.53		615.58	
	63.37		678.95	
37,27	72.42		751.37	
47.92	81.47		832.84	
	-			

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

Statement

To:

Dore 1/5/1/8

Date 12/31/2017

1.70/9AL

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

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 362.11 12/08/2017 INV #15275. 42,60 72.42 434.53 12/15/2017 INV #15630. 53.25 90.53 525.06 12/22/2017 INV #15803. 79.88 135.79 660.85 12/30/2017 INV #15882. 63.90 108.63 769.48 271.58

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

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)

Statement

Date 1/31/2018

To:

386-756-1862

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

Amount Due

\$325.90

Date	Transaction	Amount	Balance
01/06/2018 01/12/2018 01/19/2018 01/26/2018	INV #16015.	42.60 72.42 53.25 90.53 42.60 72.42 53.25 90.53 769.48	769.48 841.90 932.43 1,004.85 1,095.38 325.90

Full statement balance is due on February 23, 2018.

bluewaterpoolsupplies@msn.com

Amount Due \$325.90

2/28/18

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 02/03/2018 02/09/2018 02/16/2018 02/23/2018 03/02/2018 03/02/2018	Balance forward INV #16596. INV #16723. INV #16923. INV #17089. PMT #2360. Jan Statement (underpaid \$.90) INV #17407. INV #17613. INV #17808. INV #17893.	\$5.20 144.84 74.55 126.74 90.53 153.89 95.85 162.95 -325.00 90.52 153.89 90.52 153.89 90.52 153.89 90.52 153.89	325.90 470.74 597.48 751.37 914.32 589.32 743.21 897.10 1,050.99 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

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
03/02/20/8 INV 03/09/2018 INV 03/16/2018 INV 03/23/2018 INV	T #2360. Jan Statement (underpaid \$.90) / #17407. / #17613. / #17808.	-325.00 -325.00 -325.00 -325.00 153.89 153.89 153.89 74,55 126.74	914.32 589.32 743.21 897.10 1,050.99 1,204.88 1,331.62
	s	74.55	

Full statement balance due April 23, 2018.

4/6/18 PU. Amount Due \$1,331.62

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 04/20/2018	INV #19926. Chems.	63.90 108.63	153.89 262.52
04/26/2018	2 - Chlorine (Liq/Tabs/Misc) \$102.00 Tax: FLA Sales Tax @ 6.5% = 6.63 INV #20131. Chems. 2 - Chlorine (Liq/Tabs/Misc) \$68.00	42.60 72.42	334.94
05/05/2018	Tax: FLA Sales Tax @ 6.5% = 4.42 INV #20302. Chems. 2 - Chlorine (Lig/Tabs/Misc) \$85.00	53.2 90.53	425.47
05/11/2018	Tax: FLA Sales Tax @ 6.5% = 5.53	47.92 81.47	506.94
05/18/2018	Tax: FLA Sales Tax @ 6.5% = 4.97 PMT #2421. 18606 PMT #2422. 20131 INV #2082820826. Chems. 2 - Chlorine (Liq/Tabs/Misc) \$136.00	-153.89. - 72.42 85.20 144.84	353.05 280.63 425.47
05/25/2018	Tax: FLA Sales Tax @ 6.5% = 8.84	42.60 72.42 335.47	497.89

Od 6/28/18
2493

\$742.63

Page 1

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	53.2 \$ 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	143.96	742.63

Amount Due \$742.63

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

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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.	42,60 72.42	815.05
		Chems.	72,60	010.00
1		2 - Chlorine (Liq/Tabs/Misc) \$68.00	2	
1	07/00/0040	Tax: FLA Sales Tax @ 6.5% = 4.42	1	
Ì	07/06/2018	PMT #2493.	-742.63	72.42
		19926,20302,20732,2082820826,20549,18083,1881		
	07/08/2018	5,18964 INV #19633.		
	0770072010	Chems.	13 5 .79	208.21
		2 - Chlorine (Liq/Tabs/Misc) \$127.50	1	
		Tax: FLA Sales Tax @ 6.5% = 8.29	1	
	07/21/2018	INV #0312.	144.84	353.05
		Chems.	144.04	353.05
		2 - Chlorine (Liq/Tabs/Misc) \$136.00	1	
		Tax: FLA Sales Tax @ 6.5% = 8.84		
	07/30/2018	INV #0410.	108.63	461.68
		Chems.		
		2 - Chlorine (Lig/Tabs/Misc) \$102.00	The state of the s	
1		Tax: FLA Sales Tax @ 6.5% = 6.63	- 10	
1	P		42.60	
L				

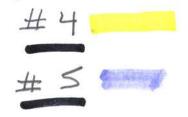
Alg | 30 / 18

Amount Due

\$461.68

Phone #(386) 673-4162

Over 46 Years Experience



North Peninsula Utilities Corp P.O. Box 2803 Ormond Beach, FL 32175-2803 Date 7/31/2017

Description	Amo	ount
200 AACASTO - 100 AACASTO - 10		825.00
ewage Treatment Plant supervision tate Required effluent (2) CBOD and (2) TSS Tests as required by DEP		110.00
or July 2017		110.00
Ionthly State required (2) Fecal Coliform Tests		90.00
Ionthly State required (2) Nitrate Tests		144.00
tate required influent (2) CBOD Tests		100.00
tate required influent (2) TSS Tests Extra TDS and Chloride analysis for July 2017		140.00
Ionthly 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%)	Subtotal	\$1,664.0
Terms Net 30	Sales Tax (6.5%)	\$0.0
	Total	\$1,664.0

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

Description	А	mount
Sewage Treatment Plant supervision		825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for	or August	110.00
The state of the s		
Monthly State required (2) Fecal Coliform Tests		110.00
Monthly State required (2) Nitrate Tests		90.00
	1	144.00
State required influent (2) CBOD Tests		100.00
State required influent (2) TSS Tests		140.00
2 Extra TDS and Chloride analysis for August 2017		85.00
Monthly Total Nitrogen Test as required by DEP	•	60.00
Monthly Total Phosphorus Test as required by DEP	To the second se	55.00
I-Resample for Fecal Coliform Test		
8/4/17 Repair sewage treatment plant chlorinator:		
**1-Index pin		29.56
**1-Variable cam	l.	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	
Withit (Allitual face of 1979)		
Terms Net 30	Sales Tax (6.5%)	
	Total See Page	2

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

Description		Am	ount
3/30/17 Repair bad air leak on surge plant blower:			N .
**1-New connection hose			61.45
**Labor-1 Man 2.0 hours @ \$70.00/hr	34		140.00
	100		
W2			
	- *		
e	a .		
*Balances over 30 days will be subject to a finance charge of	of 1.5% per	6 14 4 1	
Month (Annual rate of 18%)		Subtotal	\$3,309.95
Terms Net 30		Sales Tax (6.5%)	
TOTALS THE SU			\$0.00
		Total	\$3,309.95

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

Description	<i>F</i>	Amount
Sewage Treatment Plant supervision		825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP		110.00
for September 2017		
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 an	d gaskets:	887.52
9/20/17 Re-install rebuilt pump at lift station at plant, prime pump and chec	ek-out	
operation:		
**Labor-1 Man 3.0 hours @ \$70.00/hr		210.00
9/25/17 2-New belts for blower @ \$28.42/ea		56.84
**Labor-1 Man .50 hour @ \$70.00/hr		35.00
**Balances over 30 days will be subject to a finance charge of 1.5% per	Cultotal	
Month (Annual rate of 18%)	Subtotal	\$3,028.36
Terms Net 30	Sales Tax (6.5%)	\$0.00
	Total	\$3,028.36

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	Amou	int
		825.00
Sewage Treatment Plant supervision State Required effluent (2) CBOD and (2) TSS Tests as required by DEP		110.00
for October 2017		110.00
Monthly State required (2) Fecal Coliform Tests		90.00
Monthly State required (2) Nitrate Tests		144.00
State required influent (2) CBOD Tests		100.00
State required influent (2) TSS Tests		140.00
2 Extra TDS and Chloride analysis for October 2017		85.00
Monthly Total Nitrogen Test as required by DEP		60.00
Monthly Total Phosphorus Test as required by DEP		55.00
1-Resample for Fecal Coliform Test		
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	T	114.52
**4-New V belts @ \$28.63/ea		35.00
**Labor to pick-up & deliver-1 Man .50 hour @ \$70.90/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
Terms Net 30	Total	\$2,363.31

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

Description		Amount
		825.00
Sewage Treatment Plant supervision State Required effluent (2) CBOD and (2) TSS Tests as required by DEP		110.00
	1	
for November 2017		110.00
Monthly State required (2) Fecal Coliform Tests		90.00
Monthly State required (2) Nitrate Tests		144.00
State required influent (2) CBOD Tests	1.	100.00
State required influent (2) TSS Tests	=	140.00
2 Extra TDS and Chloride analysis for November 2017	9	85.00
Monthly State required Total Nitrogen Test	E	60.00
Monthly State required Total Phosphorus Test	541	National Association (Control of Control of
The state of the s	nearings	736.42
11/9/17 Remove the East lift station pump to rebuild pump and replace all l	ocarings,	
seals, seal liners, shims and gaskets	_	315.00
**Labor to pull and re-install pump-1 Man 4.50 hours @ \$70.00/h		
11/15/17 Install new bolts on splitter box flange:		15.85
**Bolts		70.00
**Labor-1 Man 1.0 hour @ \$70.00/hr		1,313.
0.000.00		977.50
11/15/17 2-New motors for mechanical sludge collectors @ \$488,75/ea		210.00
**Labor to install motors-1 Man 3.0 hours @ \$70.00/hr		210.00
51 50/ mar	T -	
**Balances over 30 days will be subject to a finance charge of 1.5% per	Subtotal	
Month (Annual rate of 18%)		
	Sales Tax (6.5%)	
Terms Net 30	S4100 X 41.X (010 70)	
8	Total a	2 7
	Total See Pag	e z

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

		cription			- 000	Amo	unt
11/28/17 Heated bolts a tightened. Unplug pump **Labor-1 Ma	nd nuts on lift sta suction line to rea an 4.0 hours @ \$7	move sand to	ith torch s allow pu	so belts comp to wor	uld be k:	581 \$6	200.00
	250						280.00
11/30/17 1-New 7.5 H.F	. blower motor de	elivered to pl	ant (mot	or base on	order)		786.33
	14	8					
al a							
# # # # # # # # # # # # # # # # # # #				•		.00	4 (m)
e	đ				3+0		
	8).t #			
34 - A					::		
*Balances over 30 days Month (Annual rate of 18	will be subject to 8%)	a finance ch	arge of 1	.5% per	Subtotal		\$5,055.10
Terms Net 30					Sales Ta	x (6.5%)	\$0.00
, v .					Total		\$5,055.10

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

Description		Amount	
Sewage Treatment Plant supervision			825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP			110.00
for December 2017			
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
**Labor-2 Men 3.0 hours @ \$108.00/hr 12/1/17 Cleaned grease off top of lift station:	Vest lift .		324.00 140.00 432.00
**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	5.5%)	
	Totalsee	Page 2	

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

Description	Amo	unt
2/7/17 Check out RTU and alarm system and install new high angle level co.	ntrol.	
larm unit bad. Mission control sending new one:		144.50
**1-High angle level control		164.58
**Labor-2 Men 3.0 hours @ \$108.00/hr		324.00
Babbi 2 Men 310 noute & 5		
2/14/17 Install new wetwell alarm from Mission Control:	(2)	216.00
**Labor-2 Men 2.0 hours @ \$108.00/hr		216.00
2/20/17 Install 1 new alarm panel from Mission Control & troubleshoot:	2.00	270.00
**Labor-2 Men 2.50 hours @ \$108.00/hr		270.00
		87.63
2/26/17 Install new motor base for new motor at plant:	I	210.00
**Labor-1 Man 3.0 hours @ \$70.00/hr		210.00
1 + @ 621 28/22		125.12
2/28/17 4-New belts delivered to sewage treatment plant @ \$31.28/ea		
	.9	
**Balances over 30 days will be subject to a finance charge of 1.5% per	Subtotal	\$3,957.3
Month (Annual rate of 18%)		37.76.3.11
	Sales Tax (6.5%)	\$0.0
Terms Net 30	~	Ψ0.0
e reach	Total	\$3,957.3
*	Locas	\$3,937.2

Wetherell Treatment Systems 600 Hull Road

Ormond Beach, FL 32174

Phone #(386) 673-4162

Over 46 Years Experience

50H

North Peninsula Utilities Corp P.O. Box 2803 Ormond Beach, FL 32175-2803 Date 1/31/2018

Description		Amount
Sewage Treatment Plant supervision		825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP		110.00
for January 2018		
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	894
all thread.		
**Parts, all thread & materials		153.61
**1-V belt		29.87
**Labor-1 Man 6.0 hours @ \$70.00/hr		420.00
CONTRACTOR OF THE CONTRACTOR O		6.
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
\$24/18 4-New belts for plant blowers & pumps @ \$29.73/ea		118.92
124/16 4-New bens for plant blowers & pumps (# \$29.73/ea		110.92
**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

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

Description	Am	nount
**Labor-1 Man .75 hour @ \$70.00/hr		52.50
	ge .	
-		
*		6
**D.1	1	
**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

Ormona Beach, 12 321

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	
Sewage Treatment Plant supervision	825.00	
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP	110.00	
for February 2018		
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	
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	
-Resample for Fecal Coliform Test	55.00	
Account to the content to	-894	
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	
2/6/1/8 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	
**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	

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

Description	Ar	nount
2/13/18 Work on surge pump to get it operational: **Labor-2 Men 4.0 hours @ \$108.00/hr		432.00
	۰	
**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

Phone #(386) 673-4162

Over 46 Years Experience

1

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

Date 3/31/2018

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

Phone #(386) 673-4162

Over 46 Years Experience



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

Date 4/30/2018

Description	* 7	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
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		839
**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	\$1,934.00
Terms Net 30	Sales Tax (6.5%)	\$0.00
	Total	\$1,934.00

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 State Required effluent (2) CBOD and (2) TSS Tests as required by DEP for May 2018 Monthly State required (2) Fecal Coliform Tests Monthly State required (2) Nitrate Tests State required Influent (2) CBOD Tests State required Influent (2) TSS Tests 2 Extra TDS and Chloride analysis for May 2018 Monthly State required Total Nitrogen Test Monthly State required Total Phosphorus Test 5/14/8 Repair sewage treatment plant chlorinator: **Parts **Labor-1 Man 1.50 hours @ \$70.00/hr 5/16/18 Service call to correct wiring for sewage treatment plant pump: **Labor-1 Man 2.0 hours @ \$70.00/hr		825.00 110.00 90.00 144.00 100.00 140.00 85.00 60.00 83.71 105.00
**Balances over 30 days will be subject to a finance charge of 1.5% per Month (Annual rate of 18%)	Subtotal	\$1,992.71
Terms Net 30	Sales Tax (6.5%)	\$0.00
	Total	\$1,992.71

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

Description		Amount
Sewage Treatment Plant supervision		825.00
State Required effluent (2) CBOD and (2) TSS Tests as required by DEP		110.00
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	2.00	60.00
		00.00
5/18/18 Service call to John Anderson lift station to check electrical. Had	to replace	839
uses.		5,
**4 fuses to get station working @ \$12.14/ea		48.56
**Labor-1 Man 2.0 hours @ \$75.00/hr		150.00
	1	
5/20/18 Install one (1) new 5 H.P. 3 Phase motor on John Anderson lift sta	tion:	
**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
		120.00
22/18 2-New belts delivered to sewage treatment plant @ \$23.15/ea	- 1	46.30
*Balances over 30 days will be subject to a finance charge of 1.5% per	Cabbata	
Month (Annual rate of 18%)	Subtotal	
Terms Net 30	No. 20	
Totals Tiet 50	Sales Tax (6.5	70)
SI .	T	
	Total See Pa	ge 2

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

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		
ransformer.		
**Labor-2 Men 2.0 hours @ \$109.00/hr		218.00
579 18 Install new transformer for PTU for main life station. Post		
5/29 18 Install new transformer for RTU for main lift station. Ran test on **Labor-2 Men 2.0 hours @ \$109.00/hr	unit.	(2004) 977
2.0 Hours (a) \$109.00/M		218.00
",		
*Balances over 30 days will be subject to a finance charge of 1.5% per	T	
Month (Annual rate of 18%)	Subtotal	\$3,534.50
Terms Net 30	G. I. T. (C. 50()	m
Tellis 1vel 50	Sales Tax (6.5%)	\$0.00
	Total	\$3,534.50



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

RATE

400.00

ACTIVITY

Landscaping

bush hog seabridge

QTY

400.00

AMOUNT

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.

\$400.00



Nitrogreen, Inc.

406 Bostrom Ln. Ormond Beach, FL 32174 (386)615-8084

cnitrogreen@bellsouth.net http://www.nitrogreenlawns.com

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 275.00

Landscaping clean up around fence and inside of fence

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

AMOUNT

275.00

Invoice



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!**

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

BALANCE DUE

\$550.00

CKH 2370 1/24/18

[&]quot;Invoices not paid within 30 days are subject to a 10% monthly finance charge."



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	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.

Α

BALANCE DUE

\$250.00



Invoice

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

SHIP TO

Bob Hillman North Peninsula Utilities Seabridge Common Area

Bitt To

Bob Hillman

North Peninsula Utilities

P.O. Box 2802

Ormond Beach, FL 32175

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

ACTIVITY	RATE	MOUNT
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





Hillman Wilson <developershw@gmail.com>

Invoices

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

Cc: Aaron Crump Aaron.Crump@pacelabs.com

Wed, Oct 10, 2018 at 8:30 AM

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



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
	6					
				*		
				25		
10/3/1°	9					
Pan	H					
pan	eft		<i>*</i>			*
-					Amount Due:	\$600.0

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



North Peninsula Utilities Corp.

115 East Granada Blvd.

Ormond Beach, FL. 32175

Suite12

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

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

INVOICE

DATE	INVOICE #
11/7/2017	2017573

					11/7/2017	2017573
JOB NAME	TI	ERMS	DUE	E DATE	PURC	HASE ORDER
3214 John Anderson Dr.	N	let 30	12/	7/2017		
DESCRIPTION		QTY		RA	TE	AMOUNT
Four hour minimum for vactor unit & crew to c sanitary pipe on 24-October-2017	elean		4		200.00	800.00
Four hour minimum to video inspect sanitary p on 24-October-2017	ipe		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 san pipe on 25-October-2017	itary		8		200.00	1,600.00
Four hour minimum to video inspect sanitary p on 25-October-2017	oipe		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 san pipe on 01-November-2017	itary		8		200.00	1,600.00
Four hour minimum to video inspect sanitary p on 01-November-2017	pipe		4		185.00	740.00
Mobilization / travel time for 01-November-20	17		1		150.00	150.00
Four hour minimum for vactor unit & crew to a sanitary sewer on 03-November-2017	clean		4	A	200.00	800.00
Four hour minimum to video inspect sanitary p on 03-November-2017	pipe		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

DATE INVOICE # 11/7/2017 2017573

North Peninsula Utilities Corp. 115 East Granada Blvd. Suite12 Ormond Beach, FL. 32175

JOB NAME	TERMS	DUE	DATE	PURCI	HASE ORDER
3214 John Anderson Dr.	Net 30	12/7/	2017		
DESCRIPTION	QTY		RAT	E	AMOUNT
Mobilization / travel time Discount per Robin Vallance, Owner of Americ In-Line	can	1 1	-2	150.00 2,780.00	150.00 -2,780.00
Thank you for your business.		Т	otal		\$5,580.00

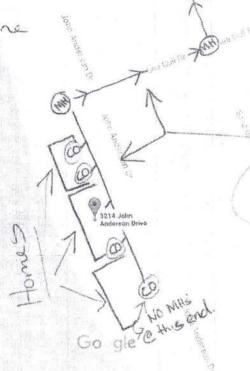
INVOICES UNPAID AFTER 30 DAYS WILL BE SUBJECT TO A 1.5% LATE CHARGE. ANY SERIOUSLY DELINQUENT ACCOUNTS WILL BE TURNED OVER TO OUR COLLECTION AGENCY OR ATTORNEY. PLEASE NOTE: THE PARTY ORDERING THE MATERIALS AND SERVICES AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES.

#120 #750 pd #1580,00 due #30 due Clott 2428 Page 2 #1580

-2000.00 -1000.00 2/8 Go gle Maps 3214 John Anderson Dr

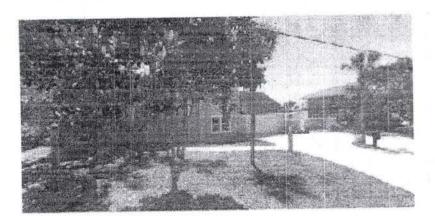
Service of xind confirmed Confirmed

Clean Glos + mainline Push Cam Glos + CCTV mainlines



Phase 1
Looking for
Perfects Int. Heation

Map data @2017 Google United States 50 ft



3214 John Anderson Dr Ormond Beach, FL 32176

Daytona Beach SEE BINDING TERMS ON REVERSE Rato-Rooter SERVICE TECHNICIAN'S NAM P.O. Box 3142 Hona Beach, FL 32122 154561 2-4303 * (386) 253-1128 Fax DRAIN SERVICE License CFC #1427721 SEWER & DRAIN PUMPING 1-800-GET-ROTO (438-7686) **EXCAVATION** DRAIN TILE INDUSTRIAL Operated as an Independent Contractor CUSTOMER CLASS CUSTOMER NO. CUSTOMER NAME COMMERCIAL RESIDENTIAL APT. NUMBER FEDERAL I.D. # 59-3424211 SERVICE ADDRESS HOU BC P.O. NUMBER/AUTHORIZATION CUSTOMER PHONE NO. ZIP/ROSTAL STATE/PROVINCE DIMENIC STATE/PROVINCE .ZIP/POSTAL BILLING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS) , and the approximate completion date ESTIMATE AND DESCRIPTION OF WORK TO BE PERFORMED (The approximate starting date is _ Neither date is guaranteed. Unexpected conditions or problems could cause delays. A definite completion date is not of the essence.) JOUWA 1450 C 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. DOENAME (PRINT NAME) (SIGNATURE) ADJUSTMENTS/CHANGES IN WORK TO BE PERFORMED (Use additional invoice if needed to describe changes) CHANGES TO ESTIMATE I authorize these changes COMMENTS COMPLETION I acknowledge completion of the above described work which has been done to my complete satisfaction. LABOR \$ (PRINT NAME) PARTS \$ (SIGNATURE) (E-MAIL ADDRESS) PRODUCTS \$ Send plumbing tips, product/services information and coupons via email. OTHER \$ PAYMENT NET 10 DAYS CREDIT CARD CASH CHECK NO. OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH * In the event check is returned, the CUSTOMER is INVOICE TOTAL \$ responsible for all related bank fees. NEXT PLEASE PAY FROM THIS INVOICE COMMERCIAL GUARANTEE RESIDENTIAL GUARANTEE Rely on the experts at Roto-Rooter for complete plumbing and drain services. Call 1-800-GET-ROTO (438-7686). LABOR LABOR Main/Branch Lines 30 days Main/Branch Lines 6 months Visit us at rotorooter.com for coupons, helpful hints and more. Complete our customer survey at: 24 hours 7 days Toilet Auger Toilet Auger rotorooter.com/contact-us/customer-survey. 90 days 6 months Plumbing Repair

LABOR

LABOR

Main/Branch Lines 6 months Main/Branch Lines 30 days

Toilet Auger 7 days Toilet Auger 24 hours

Plumbing Repair 6 months Plumbing Repair 90 days

Plumbing Replacement 1 year Plumbing Replacement 90 days

Extended Guarantee 1 year

REASON FOR NO GUARANTEE

(Service Technician's Signature)

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



Retr-Rooter P.O. But 6142 Daytons Peach, FL 32122 (396) 252-4303 - (385) 253-1128 Fax

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Daytona Beach

	SHOUNDS IN IN	5E 2 - 4:30 0 - 4 mm 2	SEWER & DRAIN	PLUMBING PUMPING
-800- <i>GET</i> -	ROTO (438-7686) Operated as an Indep	pendent Contractor		CAVATION DRAIN TILE
USTOMER NAME	North Peninsula Utilities	CUSTOMER NO.	CUSTOMER	COMMERCIA
ERVICE ADDRESS	35/25 John Anderson	APT. NUMBER	FEDE	RAL I.D. # 59-3424211
YOUNG		OSTAL CUSTOMER PHO	NE NO. P.O. 1	NUMBER/AUTHORIZATION
LLING ADDRESS (IF	DIFFERENT FROM SERVICE ADDRESS)	СПҮ	STATI	E/PROVINCE ZIP/POSTAL
REPAIR CODE	ESTIMATE AND DESCRIPTION OF WORK TO BE PERFORMED	(The approximate starting date is:	6-16-17 , and th	ne approximate completion date
HEFAIN CODE	is 2 16 . Neither date is guaranteed. Unexpecte	d conditions or problems could car	use delays. A definite comple	tion date is not of the essence
	Customes states the 1	mainline is	Clasged.	\$ AMOUNT
		DOOL DECK-80	and Clear	4d 2755
	Blocker Ban 100 to Cl	BEALLINE POLL	ed Keelo F	TD m
	LAC.		2 4112	
	.71.61			
	UTHORIZATION I authorize the services indicated and agree to p	now the amounts enecified I have r	and and saree to the terms of	on the reverse side including the
WORK ORDER A	's responsibility specified in those terms.	day the amounts specified. Thave i	ead and agree to the terms t	AT the foreign blood moleculing a
inits on noto-noote				
SIGNATURE)		(PRINT NAME)	ains if pandad to depart	on changes)
HANGES TO ESTI				
l authorize	Estimate to Camera	Time, and a	ocate inco	7 202
these changes	Intrus. or			
OMMENTS				
COMPLETION I a	knowledge completion of the above described work which h	has been done to my complete	satisfaction. LAE	3OR \$
SIGNATURE)	(PRINT	NAME)	PAF	RTS \$
E-MAIL ADDRESS)			PRODUC	CTS \$
L WALL ADDITION	Send plumbing tips, product/services information and coupons via	email.		
			011	HER \$
	PAYMENT			\$
0464	CHECK NO* CREI	DIT CARD NET 10 D	DAYS	\$
CASH	ONEON NO.	- HE 10 F		TAX\$
OVER 30 DAYS =	LATE CHARGE OF 1 1/2% PER MONTH * In the event check is return	ned, the CUSTOMER is	INVOICE TO	TALS 225.
responsible for a	I related bank fees.		INTOIDE TO	A45 500 Min.
NEXT				

VISIT

PLEASE PAY FROM THIS INVOICE

NTEE	COMMERCIAL GUARANTEE			
	LABOR			
6 months	Main/Branch Lines	30 days		
7 days	Toilet Auger	24 hours		
6 months	Plumbing Repair	90 days		
1 year	Plumbing Replacement	90 days		
1 year				
EE				
	2			
197	e e			
	7 days 6 months 1 year	LABOR 6 months Main/Branch Lines 7 days Toilet Auger 6 months Plumbing Repair 1 year Plumbing Replacement 1 year		

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

(Print Service Technician's Name and Number)

CHICTOMED CODY



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

Work Site - North Peninsula Utilities 12 Sea Swallow Ter

230.00

Due

\$230.00

Total Due

\$230.00

3/15/18, pd



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# - 155214

30 Days Past Due

Work Site - North Peninsula Utillities 3214 John Anderson

Work Completed

09/27/2017

595.00

Interest

10/29/2017

STOUF

8.93

Due

\$603.93

Total Dus

\$603.93





Mission Communications, LLC

3170 Reps Miller Rd Suite 190

Norcross, GA 30071-5403

Phone:

678-969-0021

Fax:

678-969-0541

Bill To

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



INVOICE

Invoice Date 6/27/2018

Invoice Number

1021547

Ship To

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

CUSTOMER PO Verbal: Glenn Wetherell S.O. No. 118063		END USER North Peninsula Utilities		SHIPPING	G METHOD	DUE	DATE	
						7/27	//2018	
		SALES REP ID TERRITORY		SHIP DATE		PAYMEI	PAYMENT TERMS	
		AWF C	С	6/25/2018		Net 30		
Item	Description	Serial No.	Unit Name	Svc. Start	Svc. End	Unit Price	Extension	
PW429 FREIGHT	Transformer - Flying Lead (Replacement, UL Listed, Class 2, 120 VAC step-down to 12.6 VAC) FREIGHT CHARGES 1ZV3973E0361727038	534 20 kg G S.				15.00	30.0	
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	Verbal: Gle S.C 11 Item PW429	Verbal: Glenn Wetherell S.O. No. 118063 Item Description PW429 Transformer - Flying Lead (Replacement, UL Listed, Class 2, 120 VAC step-down to 12.6 VAC) FREIGHT FREIGHT CHARGES	Verbal: Glenn Wetherell North Peninsu S.O. No. SALES REP ID 118063 AWF C Item Description Serial No. PW429 Transformer - Flying Lead (Replacement, UL Listed, Class 2, 120 VAC step-down to 12.6 VAC) FREIGHT CHARGES FREIGHT CHARGES	Verbal: Glenn Wetherell North Peninsula Utilities S.O. No. SALES REP ID TERRITORY 118063 AWF C C Item Description Serial No. Unit Name PW429 Transformer - Flying Lead (Replacement, UL Listed, Class 2, 120 VAC step-down to 12.6 VAC) FREIGHT CHARGES FREIGHT CHARGES	Verbal: Glenn Wetherell North Peninsula Utilities S.O. No. SALES REP ID TERRITORY SHIP 118063 AWF C C 6/25 Item Description Serial No. Unit Name Svc. Start PW429 Transformer - Flying Lead (Replacement, UL Listed, Class 2, 120 VAC step-down to 12.6 VAC) FREIGHT FREIGHT CHARGES FREIGHT CHARGES	Verbal: Glenn Wetherell North Peninsula Utilities S.O. No. SALES REP ID TERRITORY SHIP DATE 118063 AWF C C 6/25/2018 Item Description Serial No. Unit Name Svc. Start Svc. End PW429 Transformer - Flying Lead (Replacement, UL Listed, Class 2, 120 VAC step-down to 12.6 VAC) FREIGHT FREIGHT CHARGES FREIGHT CHARGES	Verbal: Glenn Wetherell North Peninsula Utilities 7/27 S.O. No. SALES REP ID TERRITORY SHIP DATE PAYMER 118063 AWF C C 6/25/2018 Net Item Description Serial No. Unit Name Svc. Start Svc. End Unit Price PW429 Transformer - Flying Lead (Replacement, UL Listed, Class 2, 120 VAC step-down to 12.6 VAC) 15.00 FREIGHT FREIGHT CHARGES 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 Communications, LLC

3170 Reps Miller Rd Suite 190

Norcross, GA 30071-5403

Phone:

678-969-0021

Fax:

678-969-0541

Bill To

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



INVOICE

Invoice Date 3/8/2018

Invoice Number

1019193

Ship To



CUSTOMER PO Annual Service		OMER PO	END USER SALES REP ID TERRITORY		SHIPPING METHOD SHIP DATE		DUE	DUE DATE 4/7/2018 PAYMENT TERMS	
		al Service					417		
	S.O. No.						PAYME		
			AWF C C	С	3/8/2018		Net 30		
YTC	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	347.4	
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	347.4	
		H2118,	9						

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 Communications, LLC

3170 Reps Miller Rd Suite 190

Norcross, GA 30071-5403

Phone:

678-969-0021

Fax:

678-969-0541

Bill To

North Peninsula Utilities Accounts Payable 115 E. Granada Blvd. Suite 12 Ormond Beach, FL 32175 PLEASE UPDATE TO OUR NEW ADDRESS INVOICE

Invoice Date

12/4/2017

Invoice Number

1012364

6

Ship To

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

CUSTOMER PO Verbal: Glenn Wetherell S.O. No. 116457		OMER PO END USER		SHIPPING	METHOD	DUE	DATE	
		nn Wetherell	Ormond Beach FL			1/3/2018 PAYMENT TERMS		
		D. No	SALES REP ID TERRITORY		SHIP DATE			
		6457	AWF C	С	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) FREIGHT CHARGES 1ZV3973E0345717650	689MIS7974		,	SVC. Eliu	165.00 10.00	165.00 10.00
			3					ħ

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

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:

WO Number:

049471 D

erms:

Payable on Receipt

Visa and Master Card Accepted

Item	Description	Quantity	Unit Price	Amount
Labor				
	Certified Backflow Preventer 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.	0.00	0.00	0.00
	Certified Backflow Preventer	1.00	95.00	95.00
	Repaired Backflow Device	0.25	80.00	20.00
Parts		L	abor Subtotal	115.00
	FUEL01 Fuel Surcharge	1.00	5.00	5.00
		F	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

Balance Due:	120.00
Sales Tax:	0.00
Subtotal:	120.00

CUBERT, INC.

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

Phone #386.313.2629 Fax #386.313.2657

Bill To:

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

INVOICE

Date Invoice # 1/25/2018 2508

PO /Contract No.

Terms

Item	Description	Quantity	Unit	Amount
Asphalt Grade Work	Millings Grade Work	1 1		375.00 200.00
	Project: Lift station drive			
				mere exposure on dependence of
	¥			3.

Total \$575.00

Payments/Credits \$0.00

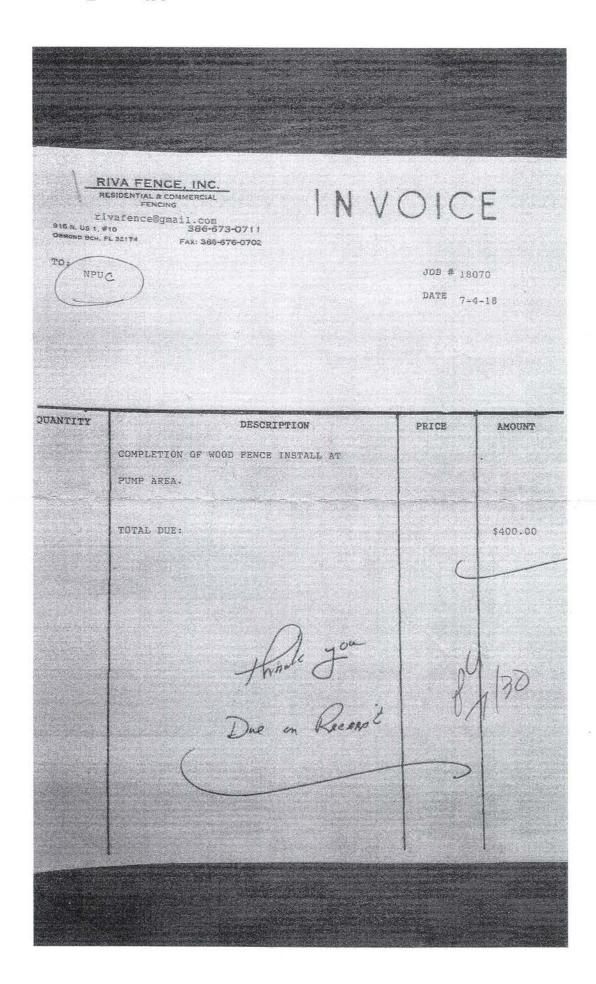
Balance Due \$575.00

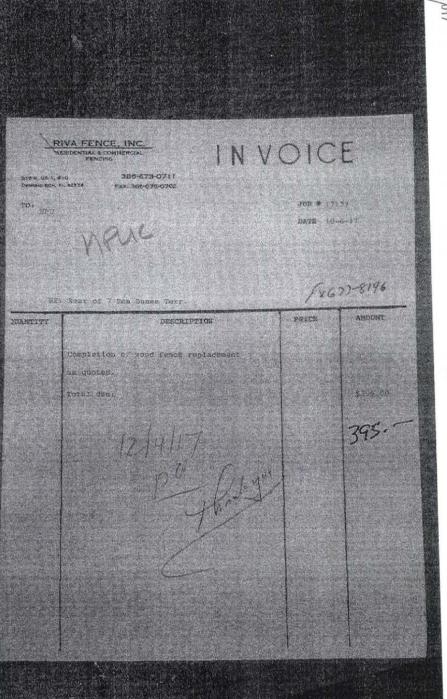
10 Be INMACIED
10 Be 142117

Riva Fence, Inc.

916 NORTH U.S. #1 Unit #10 ORMOND BEACH, FLORIDA 32174 PHONE: (386) 673-0711 - FAX: (386) 676-0702 PROPOSAL TO ADDRESS TELEPHONE Z99-311 JOB LOG NO SPECIFICATIONS: All work will be performed in a workmonlike manner and in accurdance with standard practice. All posts set in concrete Total Height 7 Check Caption Preferred Post Spaced 10 Mox Additional Specifications Top Rail 1714" O.D. KEY -Style Fence C Top Rail. ØD. Fence to be erected Line Post (114" O.D. Gauge Line Post O.D. Tresence det permission X End Post Q 21 0 D. Knuckled Terminal peat End Post O.D. Corner Post [] 21," O.D. Safeguard [Existing fence X X X X X Corner Post O.D. Wall gate ____ Walk Gate Post 1 212" O.D. TERMS Walk Gate Post Boulde gate S 0DDrive Gate Posts Chathes pent me ston must be Cash Upon Completion [□ 212" QD. Drive Cate Posts shown on stan O.D. Gate Frames D14"00 Undivisite it sides are shared Gate Frames... QUANTITY Top Rail of Fence to Follow Ground
Be Level With Lowest Grade Be Level With Highest Grade [Ht Complete Fence With-Without Tup Rout Complete Fence With Without Top Ages In. O. D. Terminal Posts In. O. D. Terminal Patti Ft Wide Single Swing Walk Gates It. Wide Double Swing Drive Gates ACCEPTED

Soliding permits, location of property these and declare 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 meterial delivered to or installed on the job. This proposal becomes a contract when accepted by both parties. Fig. interest will be charged per month on accounts over 30 days. Collection costs and arrorney fees, if any will be added.







EC1334

804 ROOT STREET DAYTONA BEACH, FL 32114

Phone (386) 252-2287

Fax (386) 257-1920

North Peninsula Utilities Corp Attn Bob Hillman

115 E Granada Blvd Suite 12 Ormond Beach, FL 32176 developershw@gmail.com

Invoice

Date	Invoice #
10/2/2017	33612

		P.O. No.	T	Terms	Due Date	Project
				Due on receipt	10/2/2017	Seabridge Lift Station OBTS
Description of Work Performed	I	Item		Qty		Amount
Remounted contactor box damaged by storm and assessed other issues.	Labor	11117/17	*		1.5	145.25
					Tota	\$145.2

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!



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 #	10000
12/6/2017	33812	200

P.O. No. Terms Due Date Project 12/6/2017 Due on receipt Description of Work Performed Item Qty Amount Replaced outside outlet with Material 2.48 20 amp. Labor 83.00 Br 2/2/17

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!

TRANSPORTAION EXPENCE NPUC PERSONAL VEHICLES

Elizabeth Hillman-

Avg. 28 miles/month

2013 Mazda CX-9

2 visits/ week

Robert Hillman-

2006 Chevrolet Tahoe

Avg. 370 miles/month

Avg. 6 visits/week @ 66 miles

Misc. meetings and supply pickup

Avg. 100 Miles/ month

•		DEPARTMENT	OF FAMILIAN	MESTAL PROT	ECTION DISCHARGE M	INTLORENCE APPROPRI	Description of			
When Completed mad this re	eport to: Department	of this ironingulal Pr	ofection 4319 M	arguire HIs d. Sente	23.2 Arlando 11. A 2003 - 25.	· · · · · · · · · · · · · · · · · · ·	L XIVI X			
PERMITTEE SAME MAILING ADDRESS — P	PPRABIT DEE NAME — South Peninsula Edibles Corporation			PERMIT NUM		H.A011188-003-DW21		Expira	tion Date:	September 3, 20
FACILITY LOCATION X	Printed Beach, Florida cabridge WWTF cabridge Drive printed Beach, FL 321			LIMIT CLASS SIZE: MONITORING MONITORING RE-SUBMITT	G GROUP NUMBER: G GROUP DESCRIPTIONED DMR:				CUFREQUENCY RAM: g Influent	Monthly Domestic
and was a constant	olusia entral District				GE FROM SITE:	nocholad	Ŭ oT ∫	(a)2	Modelos	
Parameter		Quantity or	Loading	Units	Quality or Cone	centration	Units	No.	Frequency of	Sample Type
Flow (To RIBs)	Sample		1.57	MGD				Ex.	Analysis	Simple Type
PARM Code 50050 Y Mon. Site No. FLW-1	Measurement Permit		0.181	MGD				0	5 Days/Week	Flow Totalizer
Flow (Total through plant)	Requirement Sample		(An.Avg.)	MGD					5 Days/Week	Flow Totalizer
PARM Code 50050 1	Measurement Permit		· 045	MGD				0	5 Days/Week	Flow Totalizer
Mon. Site No. FLW-I Flow (To RIBs)	Requirement		(An.Avg.)						5 Days/Week	Flow Totalizer
	Sample Measurement		£20,	MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement		Report (Mo.Avg.)	MGD				10	5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement		1		8.1		mg/L	-	Bi-weekly; every	8-hr FPC
PARM Code 80082 Y	Permit				0 (0	2 weeks	0-III FFC

20.0

(An.Avg.)

45.0

(Wk.Avg.)

20.0

(An.Avg.)

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

11,7

60.0

(Max.)

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	omnent for knowing violat	ions.
Glenn Wetherell, Operator	11.	TELEPHONE NO	DATE (mm/dd/yyyy)
Olem Wellelen, Operator	Glen Wetherell	(386) 673-4162	07/25/anm
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachm	inadvertently missed. This will be sumpling.	consisted f	DU GETTING

Permit

Sample

Permit

Sample

Permit¹

Requirement

Measurement

Requirement

Measurement

Requirement

Mon. Site No. EFA-1

PARM Code 80082 A

Solids, Total Suspended

PARM Code 00530 Y

Mon. Site No. EFA-1

Mon. Site No. EFA-1

BOD, Carbonaceous 5 day, 20C

mg/L

mg/L

mg/L

mg/L

mg/L

10.8

30.0

(Mo.Avg.)

2 weeks

Bi-weekly; every

2 weeks

Bi-weekly; every

2 weeks

Bi-weekly; every

2 weeks

Bi-weekly every

2 weeks

Bi-weekly; every

8-hr FPC

8-hr FPC

8-hr FPC

8-hr FPC

8-hr FPC

MONITORING GROUP

1: 441

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER

MONITORING PERIOD FROM O WOLD LOUDOUT TO DIGITALITY

Parameter		Quantit	y of Loading	Units		Quality or Concentr.	ation	Units	No	Frequency of	Sample Ty
Solids, Total Suspended	Sample Measurement				11 5			-	Ex	Analysis	
PARM Code 00530 A	Permit				11.5	11.5	N.D	mgL	0	4 Weeks	1
Mon. Site No. EFA-1 Coliform, Fecal	Requirement Sample				(Max.)	(Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every	8-hr FPC
PARM Code 74055 Y	Measurement Permit					954		#/100ml	0	Bi-weekly; every	Grab
Mon. Site No. EFA-1 Coliform, Fecal	Requirement Sample					200 (An.Avg.)		#100ml		Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A	Measurement Permit					7.3	9.0	#/100ml	D	Bi-weekly; every 2 weeks	Grab
Mon. Site No. EFA-1 pH	Requirement Sample					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mE		Bi-weekly; every 2 weeks	Grab
PARM Code 00400 A	Measurement Permit				6,9		7,0	S II.	0	5 Days/Week	Grab
Mon. Site No. EFA-I Chlorine, Total Residual (For	- Requirement Sample	2.05		-	6.0 (Min.)		8.5 (Max.)	+ S.u.		5 Days/Week	Grab
Disinfection) PARM Code 50060 A	Measurement Permit				MO			mg/L	0	5 Days/Week	Grab
Mon. Site No. EFA-1 Nitrogen, Nitrate, Total (as N)	Requirement Sample				0.5 (Min.)			mg/L		5 Days/Week	Grab
ARM Code 00620 A	Measurement Permit			-			0.066	mg/L	O	Bi-weekly; every 2 weeks	8-hr FPC
Mon. Site No. EFA-1 litrogen, Total	Requirement Sample						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
ARM Code 00600 A	Measurement Permit						33.7	mg/L	0	Monthly	8-hr FPC
fon. Site No. EFA-1 hosphorus, Total (as P)	Requirement Sample						Report (Max.)	mg/L		Monthly	8-hr FPC
ARM Code 00665 A	Measurement Permit						1.7	mg/L	D	Monthly	8-hr/FPC
fon. Site No. EFA-1 low (Total through plant)	Requirement Sample			MGD			Report (Max.)	ipg/L		Monthly ,	8-hr FPC
ARM Code 50050 R	Measurement \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	052 Report	Report Report	MGD					0	5 Days/Week	Flow Totalizer
on. Site No. FLW-I reent Capacity, (TMADF/	Requirement Sample	(Mo.Avg.)	(Qt.Avg.)							5 Days/Week	Flow Totalizer
rmitted Capacity) x 100 kRM Code 00180 1	Measurement Permit						26	Percent	0	Monthly	Calculated
on. Site No. FLW-I	Requirement						Report (Mo. Avg.)	percent		Monthly	Calculated

EXCHIEV

Scabnidge WWTF

MONITORING GROUP

PERMIT NUMBER FLA011188-003-DW2P

MONITORING PERIOD From DISTOURS TO 063012017

Parameter		Quantity	or Loading	Umits		Quality or Concentra	ntion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent) PARM Code 80082 Q	Sample Measurement Permit				ē		2010	mg/L	T	B-weekly; every 2 weeks	8-br FPC
Mon. Site No. INF-I	Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						152.0	mg/L	1	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
						(8)			9		
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02							-				
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					100000000000000000000000000000000000000						

*			DEPARTME	NEOF ENTRON	de vi vi, pi	ROTECTION DIS	CHARGEM	SHORISG	KEPORT -	PARLA			
When Completed mail th	is report	to: Department	of Lavironmental	Protection, 3319 Ma	igure Blvd.	Suite 232, Orlando,	FL 12804-376	,					
PERMITTEE NAME. MAILING ADDRESS.	North PO Bo		ies Corporation		PERMIT NUMBER: FLA011				8-001-DW2	ρ			
Ormond Beach, Florida 32175-2803 ACILITY: Scabridge WWTF OCATION: Scabridge Drive Ormond Beach, FL 32176-			MONITO	RING GROUP NU RING GROUP DES				REPORT FREQUENCY PROGRAM		Monthly Domestic			
COUNTY: OFFICE:	Volusia		170-	NO DISC	RE-SUBMITTED DMR: NO DISCHARGE FROM SITE: MONITORING PERIOD From: OLD OLD To: DID DOLT MONITORING PERIOD FROM:								
Parameter Biosolids Quantity (Transfe		Caracila	Quantity	or Loading	Units	(Quality or Conc	entration		Units	No. Ex.	Frequency of Analysis	Sample Typ
ARM Code B0007 +	- [Sample Measurement Permit		151010	ton (d)						0	Monthly	Calculated
Ann. Site No. RMP-1 tiosolids Quantity (Landfill		Requirement		Report (Mo.Total)	ton (d)							Monthly	Calculated
ARM Code B0008 +		Sample Measurement		0	ton (d)						0	Monthly	Calculated
Ion. Site No. RMP-1	- 1	Permit Requirement	1100	Report (Mo.Total)	ton (d)							Monthly	Calculated
								-					
								-					
4	-				r		1					1	

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Glenn Wetherell	Glenn Wethall		० एक्ट्रिक्ट

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

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011188-003-DW2P From: 001012017

TO: 04/30/2017

Facility: Scabridge WWTF

Nitrogen, Nitrate, Total Nitrogen, BOD. Chlorine, Coliform, Phosphorus. Solids, Total pH Flow (Total BOD. Solids: Lota Carbonaceou Total Fecal Total Total (as P) Suspended s.u. through Curbonuceou Nuspende : mg/L 5 5 day, 20C Residual (For #/100mL (as N) mg/L mg/l. s 5 day, 200 plunt) mg/L MGD mg/L Disinfection) (influent) 3312 mg/t. mg/L 80082 50060 74055 00620 00600 00665 00530 50050 80082 Mon. Site EFA-1 EFA-I EFA-1 EFA-1 EFA-I EFA-I EFA-1 EFA-1 FLW-1 INF-I 71.0 100 2 7.0 053 4 0.8 146 U 150 7 15211 ,047 201.0 8 <0.015 33.7 11,0 046 0 0,8 1061 12 149 13 0 14 0.8 0 15 0.9 055 1.6 04-6 17 18 Q 150 20 100 0 21 057 D 22 10,5 1.0 dob, O 0 ,040, 23 1000 24 25 26 M.D 1.45 27 ,055

28		0.8	620						7,0	1055		
29		40							7.0	144		
30		10					-		0,7	1043		
31												
Total	21,5	19,7	15,0	0,675	33,7	17	120	3,0	1537	1,588	2010	153.0
Mo. Avg.	10.8	0.9	7.5	6,35	33:1	ILM		1.0	MD	1052	0,10E	155.0
PLANTS	LAFFING:											
Day Shift	Operator	Class:		Certificate No:			Name:					
Evening S	hilt Operator	Class:	-	Certificate No:			Name:					
Night Shil	i Operator	Class:		Certificate No:			Name:	_				
Lead Oper	illor Illor	Class:	C	Certificate No:	7365		Name:		ott Kelley	,		
SOLD TOS ISSUANCE	TE/REISSUAN	OZIO M OZIO M CE DATE: AUG	3/L 0/L 3/15/14, 2013			5		dell'	TOGET GEO TOGET Form	1 115,0 m 162-620 910(11	GIL OF Effective N	ov. 29. 1994

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

PERMITTEE NAME:
MAILING ADDRESS:
North Peninsula Utilities Corporation
PERMIT NUMBER:
FLA011188-003-DW2P
Expiration Date:
September 3, 2018

Ormond Beach, Florida 32175-2803

LIMIT: Final REPORT FREQUENCY: Monthly
CLASS SIZE: N/A PROGRAM: Domestic
LOCATION: Seabridge WWTF MONITORING GROUP DESCRIPTION: Report of the final REPORT FREQUENCY: Monthly
Domestic
LOCATION: Provided the final REPORT FREQUENCY: Monthly
Domestic
LOCATION: Seabridge Drive MONITORING GROUP DESCRIPTION: Report of the final REPORT FREQUENCY: Monthly
Domestic

Seabridge Drive
Ormond Beach, FL 32176

MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR:
NO DISCHARGE FROM SITE:

COUNTY: Volusia NO DISCHARGE FROM SITE: MONITORING PERIOD From: STICITAOUT TO: ON 3 LAOUT

Parameter		Quantity (or Loading	Units		Quality or Concentrat	tion	Units	No.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement		,045	MGD					7	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		,045	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon, Site No. FLW-I	Permit Requirement		0.181 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement		,055	MGD			н н	-	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
3OD, Carbonaceous 5 day, 20C	Sample Measurement		X.			8.4		mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
ARM Code 80082 Y Aon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
3OD, Carbonaceous 5 day, 20C	Sample Measurement				13.6	13.6	13.1	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
ARM 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
olids, Total Suspended	Sample Measurement		ž.			7.8	,	mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
ARM 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	Glen Wetherell	(386) 673-4162	Moderlao

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

FACILITY:

Scabridge WWTF

MONITORING GROUP

R-()()1

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER: MONITORING PERIOD

From O'TLOUDOUT TO: O'TLOUT

Parameter		Quantity	or Loading	Units	(Quality or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				30,5	20.5	14,5	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					18,9		#/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					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		69	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	,			D, 0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon, Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.67	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						43.5	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						1,3	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	,055	,051	MGD			NAME AND ADDRESS OF THE PARTY O		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
ARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

FACILITY:

Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

NUMBER:
MONITORING PERIOD From O'LO L'AOCT TO: O'L'3L'AOCT

Parameter		Quantity	or Loading	Units	Q	uality or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						291.0	mg/L	0	B-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Q Mon. Site No. INF-I	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						164,0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
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			2)								
*											

PERMITTEE NAME: MAILING ADDRESS:	North Peninsula Utili PO Box 1364	ties Corporation		PERMIT NUMB	ER:	FLA011188-003-DW2	P			
MAILING ADDRESS.	Ormond Beach, Flori	da 32175-2803		LIMIT: CLASS SIZE:		Final N/A		EPORT ROGRA	FREQUENCY:	Monthly Domestic
FACILITY: LOCATION:	Seabridge WWTF Seabridge Drive Ormond Beach, FL 3	2176-		MONITORING ORE-SUBMITTED		RMP-Q Biosolids Quantity	Biosolids Quantity			Domestic
COUNTY: OFFICE:	Volusia Central District			NO DISCHARGE MONITORING P		Moduolto	То: О	213	12001	
Parameter		Quantity	or Loading	Units	Quality or Con-	centration	Units	No. Ex.	Frequency of Analysis	Sample Typ
Biosolids Quantity (Transfer	Measurement		06171	ton (d)				0	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo.Total)	ton (d)					Monthly	Calculated
Biosolids Quantity (Landfill	ty (Landfilled) Sample Measurement O		0	ton (d)				0	Monthly	· Calculated
ARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo.Total)	ton (d)					Monthly	Calculated
									in a	
	The second second second second									
		· ·								
									1	
		1000								

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

Glenn Wetherell

(386) 673-4162

DAILY SAMPLE RESULTS - PART B Facility: Seabridge WWTF

Permit Number: Monitoring Period

FLA011188-003-DW2P From: 071012017 To: 071312017

	BOD, Carbonaceou s 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, Carbonaceou s 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
I I	EFA-1	EFA-1	EFA-1	EFA-I	EFA-1	EFA-I	EFA-I	EFA-I	FLW-1	INF-1	INF-I
2											
3											
4		100	<u> </u>				1	6,9	,206		
5											
6		8.0						6.9	134		
7		1.0						69	,057		
		1.0	- 1					69	1051		
8											
9					+						
10		80					N	6.9	,186		
11		10						6.9	1051		
12		1,2						10,9	-	250,0	164.0
13	13.6	L'a	9.0	0,027	43.5	1.3	20.5	6.9	1050	00000	1000
14		8.0						6,9	,060		
15									V - W O		
16											
17		0.8						6,9	181		
18		09		2				6,9	1054		
19		1,1						68	1046		
20		09						68	1054		
21		1.1						6.8	1040		
22								arco	1010		
23											
24		10					*	6.8	,165		
25		1,2	4					68	1035		
26		1,2						6.8		291,0	80.0
27	12.5		41.0	6,64			8,5	69	1054	arno	30.0
28		0,7					010	49	070		
29		,						QL I	1010		=======================================
30											
31		07						6,9	152		
Total	26.1	19,10	2,5	0.697	43.5	L3	29,0	137.4	153	E111 w	n15/ -
o. Avg.	13.1	10	1.3	0.348	43.5	13	14,5	69		541,0	132,0

PLANT STAFFING: Day Shift Operator	Class:		Certificate No:		Name:	3
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	С	Certificate No:	7365	Name:	Scott Kelley
chrouge 102	HO ME HO ME DATE: Augus	1 L 1 14, 2013		5		07/37(120)7 chtoride 98,8 mg/L 313,0 mg/L DEP Form 62-620 910(10) Effective Nov. 29, 1994

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

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

PERMITTEE NAME: Morth Peninsula Utilities Corporation PERMIT NUMBER: FLA011188-003-DW2P Expiration Date: September 3, 2018 Ormond Beach, Florida 32175-2803 LIMIT: Final REPORT ERPOUENCY: Monthly

FACILITY: Seabridge WWTF - MONITORING GROUP NUMBER: R-001

LOCATION: Seabridge Drive MONITORING GROUP NUMBER: R-001

OCATION: Seabridge Drive MONITORING GROUP DESCRIPTION: Rapid infiltration basins (RIBs), including Influent

COUNTY: Volusia NO DISCHARGE FROM SITE: OSCOLLA To: 08/31/3017

Parameter		Quantity	or Loading	Units		Quality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement		,046	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 1 Mon. Site No. FLW-1	Permit Requirement	E E	0.181' - ' (An.Avg.)	MGD	y .					5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement		Leso	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	10-10-10-10-10-10-10-10-10-10-10-10-10-1	mg/L	0	Bi-weekly; every	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly; every	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<60.0	<60.0	18.0	mg/L	0	2 weeks 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	(110.7115.)	mg/L	0	Bi-weekly every	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		2 weeks 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	Le Wetherel	(386) 673-4162	oalaulaor
COLD TENER AND THE TAIL AND THE			

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

Scabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER FLA011188-003-DW2P

NUMBER:

MONITORING PERIOD From: 08/01/2017 10: 08/31/2017

Parameter		Quantity	्द Loading	Units		Quality or Concentrat	ion	Units	No.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				17.5	171.5	12.8	mg/L	C	Bi-weekly; every	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-I	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		4,4	S.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement		X.		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	,064	,057	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						3:1	Percent	0	Monthly	Calculated
ARM Code 00180 1 Jon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

FACILITY

Scabridge WWTF

MONITORING GROUP NUMBER:

R-()()1

PERMIT NUMBER: FLA011188-003-DW2P

MONITORING PERIOD From: OSTOLDOLT To: 08/31/2017

	Quantity	or Loading	Units		Quality or Concent	tration	Units	No.	Frequency of	Sample Typ
Measurement						180.0	mg/L		B-weekly; every	8-hr FPC
Requirement						Report	mg/L,		Bi-weekly; every	8-hr FPC
Measurement							mg/L	0	Bi-weekly; every	8-hr FPC
Permit Requirement						Report	mg/L		Bi-weekly; every	8-hr FPC
						(Max.)		-	2 weeks	88 - 60000000000
							-			
9		10							-	
							MARINE TO THE	-		
								-		
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								-		
	Permit Requirement Sample Measurement Permit Requirement	Sample Measurement Permit Requirement Sample Measurement Permit Requirement	Sample Measurement Permit Requirement Sample Measurement Permit Requirement	Sample Measurement Permit Requirement Sample Measurement Permit Requirement	Sample Measurement Permit Requirement Sample Measurement Permit Requirement	Sample Measurement Permit Requirement Sample Measurement Permit Requirement Requirement	Sample Measurement Permit Requirement Sample Measurement Measurement Measurement Permit Requirement Report (Max.) Report (Max.)	Sample Measurement Permit Requirement Requ	Sample Measurement Permit Requirement Permit Requirement Requireme	Sample Requirement Report Report Requirement Requirement Requirement Report Requirement Requirement Requirement Report Requirement Requirement Requirement Requirement Report Requirement Requirement Requirement Requirement Report Requirement Requirement Requirement Report Requirement Requirement Requirement Requirement Report Requirement Req

When Completed mail th	is repor	to: Departmen	t of Environmental	Protection, 3319 N	Maguire Blvd, Su	ite 232. Orlando	FL 32803-3767		· tanta			
PERMITTEE NAME: MAILING ADDRESS:	North PO Be		ties Corporation		PERMIT N		1.5.4.00.52140	FLA011188-003-DW	72P			
FACILITY: LOCATION:	Seabri Seabri	dge WWTF dge Drive nd Beach, FL 32			MONITORI RE-SUBMI NO DISCH	ING GROUP NUM ING GROUP DES FTED DMR: ARGE FROM SIT	CRIPTION:	Final N/A RMP-Q Biosolids Quantity	P	ROGR/		Monthly Domestic
OFFICE:		l District			MONITORI	NG PERIOD	From:	08/01/2012	To:[EBC	BOLT	
Parameter			Quantity	or Loading	Units	Q	euality or Conce	entration	Units	No.	Frequency of	Sample Type
Biosolids Quantity (Transfe	erred)	Sample Measurement		1510,0	ton (d)					Ex.	Analysis Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1		Permit Requirement		Report (Mo.Total)	ton (d)						Monthly	Calculated
Biosolids Quantity (Landfill PARM Code B0008 +	:	Sample Measurement Permit		0	ton (d)		32			0	Monthly	- Calculated
Mon. Site No. RMP-1	1	Requirement	Report (Mo. Total)		ton (d)						Monthly	Calculated
	-				-		·					
					-							
	+				+							
					1							
										-		
certify under penalty of law he information submitted. B mowledge and belief, true, ac	ccurate, a	nd complete. 1	am aware that there	e are significant pe	ny direction or su system, or those p nalties for submi	pervision in accord persons directly restring false informa	dance with a sy sponsible for ga tion, including	stem designed to assure othering the information, the possibility of fine an	that qualified the informat	personi	nel properly gath	ner and evaluate
NAME/TITLE OF PRINCIPAL	. EXECUT	TVE OFFICER O	R AUTHORIZED AC	GENT	SIGNATURE OF	PRINCIPAL EXECU	JTIVE OFFICER	OR AUTHORIZED AGEN	VT T			DATE (mm/dd/yyyy)
Glenn Wetherell					Sil	e w	ethal	18		(386) 673-4162	79/20/2017
OMMENT AND EXPLANA	ATION (F ANY VIOLA	ATIONS (Reference	e all attachments h	ere):			t				o Marroll

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA011188-003-DW2P From: D8 D 12017

TO: 08/31/2017

Facility: Seabridge WWTF

	BOD, Carbonaceou s 5 day, 20C mg/L	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, Carbonaceou s 5 day, 20C (Influent) mg/L	Solids, Tota Suspended (Influent) mg/L
Code Mon. Site	80082 EFA-1	50060 EFA-1	74055 EFA-1	00620 EFA-1	00600	00665	00530	00400	50050	80082	00530
1	Litter	1,0	EFA-I	EFA-I	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-I
2	٩60.0	1.3		h 001	110 0	1121	1 2	69	,046	180.0	144,0
3	00.0	1,0		0.081	43.8	4,4	17,5	6.9	1037		
4		0,9				-		69	1047		
5		0.7		-				6.9	046		
6					-				31		
7		0.0									
8		8.0		 		-		68	,154		
9		Odo						10.8	1064		
10		0.6						6,9	, Ololo		
11		10						6.9	1048		
12		ha						6,01	1,049		
13											
14		0.9							1		
1.5		10						6.8	1169		
16		12/					-	6,9	1053	123.0	58.0
17		1,3						7,0	1064		
18		1.3						11/1	1048		
19		-(1)			-			MIZ	40101		
20											
21		1.1						1000 20			
22		1,1						4.0	170		
23		1.3	2-0					M.)	1048		
24		1.3	01-0					7.2	1065		
25		1,24						7.3	000		
26	-	-11-						7.4	1049		
27											
28		0.5							1100		
29		8.0						7.0	408		
30	6.0	119 .	elvo	8.3			C. 5	109	1058		
31	2.0	D a		0:2			8,0	P.01	1044		
Total	360	OIL	2.5	0 401	112 0	21.1	A 22 22	6.9	1057		
Mo. Avg.	18.0	10		1	43.8	4,4	25.5	153.7		303,0	0.60B
		NO	1.3	4.3	43.8	4,4	12.8	6.7	40104	151,5	101.0
LANT STA		Z11									
		Class:	110000	Certificate No:		Nan	ne:				
vening Shit	t Operator	Class:		Certificate No:	A	Nan	ie: r				

Night Shift Operator Class: Certificate No: Name: Chloride 0810213011 Scott Kelley

OS 130 BOLT

CHIOVIDE 93:1 Mg/L

DEP Form 62-620.910(10), Effective Nov. 29, 1994 Class: Certificate No: 7365 Name: TOS 338.0 mg/L
ISSUANCE/REISSUANCE DATE: August 14, 2013 5

When Completed mail th	is report to: Department of Environmental Protection	on, 3319 Maguire Blvd. Suite 232, Orlando, FL 32803-376	7		
PERMITTEE NAME: MAILING ADDRESS:	North Peninsula Utilities Corporation PO Box 1364	PERMIT NUMBER:	FLA011188-003-DW2P	Expiration Date:	September 3, 2018
	Ormond Beach, Florida 32175-2803	LIMIT: CLASS SIZE:	Final N/A	REPORT FREQUENCY: PROGRAM:	Monthly Domestic
FACILITY:	Seabridge WWTF	MONITORING GROUP NUMBER:	R-001		Domestic
LOCATION:	Seabridge Drive Ormond Beach, FL 32176	MONITORING GROUP DESCRIPTION: RE-SUBMITTED DMR:	Rapid infiltration basins (RIE	s), including Influent	
COUNTY: OFFICE:	Volusia Central District	NO DISCHARGE FROM SITE: MONITORING PERIOD From:	09/01/2017 TO	Moderation	

Parameter		Quantity or I	oading	Units		Quality or Concentration			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	\	04.8	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-I	Permit Requirement		0.181 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement		1064	MGD					D	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-I	Permit Requirement					20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceoùs 5 day. 20C	Sample Measurement	A CATALON IN THE STATE OF			5.0	Sum	3.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-I	Permit Requirement		20121111		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		ALARS			Tilo		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	Lles Wetherell	(386) 673-4162	rolautaoit

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) XX NO reads on og/Watott - og/15/2017 due to

Hurricanestrina and power outage due to the hurricane.

FACILITY:

Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

MONITORING PERIOD From: OGLOVIZIOVI To: OGLISCHOVI

Parameter		Quantity	or Loading	Units	(Quality or Concentra	tion	Units	No. Ex.		Sample Type
Solids, Total Suspended	Sample Measurement				45.0	non	45.0	mg/1.	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					<1.0	41.0	#/100mL.	D	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	H210.	,olel	MGD					0	5 Days/Week	Flow Totalizer
ARM Code 50050 R Aon, Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
ercent Capacity, (TMADF/ ermitted Capacity) x 100	Sample Measurement						3.4	Percent	0	Monthly	Calculated
ARM Code 00180 1 Ion, Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

FACILITY:

Seabridge WWTF

MONITORING GROUP

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

MONITORING PERIOD From: OGLOUGOIT TO: 09/308017

Parameter		Quantity (or Loading	Units	Q	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						226.0	mg/L	0	B-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						840	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
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ad. 3A2											
2											
E			Į.								
							9				

When Completed mail thi	s report	to: Department	of Environmental P	rotection, 3319 Mag	guire Blvd, Suite	232, Orlando, FL	32803-3767					
PERMITTEE NAME: MAILING ADDRESS:	PO Bo Ormor	Peninsula Utilition x 1364 ad Beach, Florida dge WWTF			PERMIT NUM LIMIT: CLASS SIZE: MONITORIN		BER:	FLA011188-003-DW2P Final N/A RMP-Q		EPORT ROGRA	FREQUENCY: M:	Monthly Domestic
FACILITY: LOCATION: COUNTY: OFFICE:	Seabrio Ormor Volusi	dge Drive ad Beach, FL 321	76-		MONITORIN RE-SUBMIT	IG GROUP DESC TED DMR: RGE FROM SITE	RIPTION:	Biosolids Quantity	TO: 0913013017			
Parameter			Quantity	or Loading	Units	Qu	ality or Conc	entration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transfe	Measurement U.OUU		Molia	ton (d)					0	Monthly	Calculated	
PARM Code B0007 + Mon. Site No. RMP-1		Permit Requirement		Report (Mo.Total)	ton (d)						Monthly	Calculated
Biosolids Quantity (Landfi	lled)	Sample Measurement		O	ton (d)				F	D	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1		Permit Requirement		Report (Mo.Total)	ton (d)		The second secon				Monthly	Calculated
										-		
and the state of the state of	Based o	n my inquiry of e, and complete.	the person or perso I am aware that the	ns who manage the ere are significant po	system, or those enalties for subm	persons directly re nitting false inform	ation, includ	system designed to assure r gathering the information, ing the possibility of fine ar CER OR AUTHORIZED AGEN	d imprison	ment fo	Driffica is, to the t	icst of my
I MAME/TITLE OF PRINCIP	ALLXIC	THEFT CHARLER	OR AUTHORIZED	AUGUAT	SIGHALORE OF	THE LATER	THE PERSON AND ADDRESS.	was a series of the second comment of the second				

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

ISSUANCE/REISSUANCE DATE: August 14, 2013

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Glenn Wetherell

(386) 673-4162

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA011188-003-DW2P From: 0910112017

To: 09/30/2017

Facility: Seabridge WWTF

	BOD. Carbonaceou s 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, Carbonaceou s 5 day, 20C (Influent) mg/L	Solids, Tota Suspended (Influent) mg/L
Code Ion, Site	80082 EFA-1	50060 EFA-1	74055	00620	00600	00665	00530	00400	50050	80082	00530
1	EFA-1	6 18	EFA-1	EFA-1	EFA-I	EFA-1	EFA-1	EFA-1	FLW-1	INF-I	INF-I
2		010						6.9	1900		
3											
4		V									
5		17:0						7,0	V (41)		
6		0.8						50	,284	2010	1 11 5
7	5.0	010	11 -	<0.025				7.0	1064	996.0	64.D
8	310	0.5	<1,0	<0,000		-	<5.0	7.0	101010		
9		0(3		+	1 - 1 - 1 - 1 - 1	+		7.0	ETO		
10				-		-					
11		OTH						DTH	DTH		
12		0.5						10,9			
13		0.5						69	HIO		
14		6.5						tei8	HJO		
15		10.6						68	DIH		
16								00	UVIL		
17											
18		0,5						6,9	357		
19		NO						109	20910		
20		0,5						10.9	1114	123.0	84,0
21	2.7	0,9	<1.0	0.032	12.5	1.0	25.0	10.9	1079		
22		0.5						16.9	1133		
23											
24		C.									
25 26		8.0						10.9	1283		
27		0.8						109	1801		
28		1-0						10,9	.078		
29		1.2						10.9	1060		
30		1~0						69	1088		
31	8						-				
Total	M -	12-11							1.0-1		
o. Avg.	7.7	13.4	1,0	0.045	The state of the s	ID	5.6	131.3	1,924	349.0	
o. Avg.	3,9	0,7	260	0,022	125	1.0	45.0	tora	40104	175.0	740

PLANT STAFFING: Day Shift Operator	Class:		Certificate No:		Name:	
Evening Shift Operator	Class:		Certificate No:		Name:	,
Night Shift Operator	Class:		_ Certificate No:		Name:	
	Class:	C	Certificate No:	7365		Scott Kelley LAILBOIT HIORIDE 1420 may L
ISSUANCE/REISSUANCE	DATE: Augus	t 14, 2013		3		TOS 474.0 mg/L DEP Form 62-620.910(10), Effective Nov. 29, 1994

DEPARTMENT OF ENABOSMINING PROTECTION OF HARGE MONEOURS. REPORT PART X

CONTRACT TO STATE AND A STREET AND	resistant de la contraction de la conficient de la confis	[6] Satura-Lagrage Blyd. Smite 232, ept. mater 14, 138-1 3-tr.	7		
PERMITTEE NAME MARING ADDRESS	North Penasula Utilities or poration PO Box 1364	PERMIT MUXIM-R	$(1) \cdot \phi (1) (1) (3) (-\theta) (3) (4) (6) (2) p$	Expiration Date:	Simtember 3, 2013
	Omond Beach, Florida 32175-2803	LIMIT;	Final	DU DOMET PACE A	
FACILITY: LOCATION:	Scabridge WW IT- Scabridge Orive	CLASS SIZE. MONITORING GROUP NUMBER:	87A R-901	REPORT FREQUENCY PROGRAM:	Monthly Domestic
	Ormond Beach, Ft. 32176	MONIFORING GROUP DESCRIPTION. RE-SUBMITTED DMR	Rapid infiltration basins (RIB)) including Influent	
COUNTY: OFFICE:	Volusia Central District	NO DISCHARGE FROM SLIE: MONITORING PERIOD From:	roloitant to	10/3/12/017	

Parameter		Quantity or Loading	Units		Quality or Concentration			No	Frequency of	Const. To
Flow (To RIBs)	Sample		MGD				Units	Ex.		Sample Type
	Measurement	105.0	.010.00					1	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.181	MGD			-		-	5 Days/Week	F1 2: 1
Flow (Total through plant)	Sample	(An.Avg.)	MGD	-					J Days/ Week	Flow Totalizer
	Measurement	1050	MOD					N	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon. Site No. FLW-I	Permit Requirement	0.181	MGD			1		10	5 5 111	
Flow (To RIBs)	Sample	(An.Avg.)	MGD						5 Days/Week	Flow Totalizer
	Measurement	1,0714	Muld					73	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-I	Permit Requirement	Report	MGD					10	5 Day 0V 1	
BOD, Carbonaceous 5 day, 20C	Sample	(Mo.Avg.)							5 Days/Week	Flow Totalizer
	Measurement				91		mg/L	10	Bi-weekly; every	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit				20.0		mg/L	0	2 weeks	
BOD, Carbonaceous 5 day, 20C	Requirement Sample				(An, Avg.)		myL		Bi-weekly; every 2 weeks	8-hr FPC
	Measurement			42.0	mnR.	42.0	mg/L	0	Bi-weekly; every	8-hr FPC
ARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60,0	45.0	30.0	mg/L	-	2 weeks	
olids, Total Suspended	Sample			(Max.)	(Wk.Avg.)	(Mo.Avg.)			Bi-weekly; every 2 weeks	8-hr FPC
	Measurement				7,5		mg/L	19	Bi-weekly every	8-hr FPC
ARM Code 00530 Y	Permit				20.0				2 weeks	
fon. Site No. EFA-I	Requirement			-	(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 /

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	milent for knowing violat	ions.
Glenn Wetherell, Operator		TELEPHONE NO	DATE (mm/dd/yyyy)
COMMENT AND EVEL MATION OF ANY MOLECULES	Glem Wetherell	(386) 673-4162	11 batao 17

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

MONITORING GROUP NUMBER.

PERMIT NUMBER FLAULISS OF DWYF

MONHORING PERIOD From 10/01/2017 To 10/31/2011

Parameter		Quant	ity or Loading	Units		Quality or Concentra	ation	Units	INO	Frequency of	Sample Tyr
Solids, Total Suspended	Sample		T						Ex		Sample Tyl
PARM Code 00530 A	Measurement				<5.0	WOS	<5.0	mg/L	0	Bi-weekly; ever	8-hr FPC
Mon. Site No. EFA-1 Coliform, Fecal	Requirement Sample				(Max.)	45.0 (Wk.Avg.)	30.0 (Mo Avg.)	mg/L		Bi-weekly; every	8-hr FPC
PARM Code 74055 Y	Measurement Permit					12,5		#/100mL,	0	Bi-weekly; every	/ Grab
Mon. Site No. EFA-1 Coliform, Fecal	Requirement Sample					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A	Measurement Permit					5.1	26.0	#/100mL	0	Bi-weekly; every	Grab
Mon. Site No. EFA-1	Requirement Sample					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
PARM Code 00400 A	Measurement Permit				6.9		7.0	S:u.	0	5 Days/Week	Grab
Mon. Site No. EFA-1 Chlorine, Total Residual (For	Requirement Sample				6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Disinfection) ARM Code 50060 A	Measurement Permit		-		0.7			mg/L	0	5 Days/Week	Grab
Mon. Site No. EFA-1 litrogen, Nitrate, Total (as N)	Requirement Sample				0.5 (Min.)			mg/L		5 Days/Week	Grab
ARM Code 00620 A	Measurement Permit						2.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
fon, Site No. EFA-1 litrogen, Total	Requirement Sample						12.9 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
ARM Code 00600 A	Measurement Permit						2.4	mg/L	0	Monthly	8-hr FPC
Ion. Site No. EFA-1 hosphorus, Total (as P)	Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
ARM Code 00665 A	Sample Measurement					4	3.6	mg/L	0	Monthly	8-hr/FPC
Ion. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L,		Monthly	8-hr FPC
ow (Total through plant)	Sample Measurement	450.	1067	MGD	2		(iviax.)		0	5 Days/Week	Flow Totalizer
ARM Code 50050 R on, Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD					0	5 Days/Week	Flow Totalizer
rcent Capacity, (TMADF/ rmitted Capacity) x 100	Sample Measurement						37	Percent	8	Monthly	Calculated
ARM Code 00180 1 on. Site No. FLW-1	Permit Requirement						Report	percent	D	Monthly	Calculated

FACILITY

Scabridge WW-FL

MONITORING GROUP

13-001

PERMIT NUMBER, 17, A011188-003-DW2P

NUMBER:

MUMBER:
ADDITIONING PERIOD From LOLOILZOIT TO: 10/31/2017

Parameter		Quantity c	or Loading	Units	Q	uality or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						136.0	mg/L	0	B-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						30.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
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		DEPARTMENT OF ENVIRONS	JENEAL PRO	DIECTION DISCH	ARGE M()×	HORING REPORT	PARTA			
When Completed mail this re	eport to: Department of	Environmental Protection, 3319 Mg	iguire Blyd, Sui	ite 232, Orlando, FL.	32803-3767					
PERMITTEE NAME: N MAILING ADDRESS: P	North Peninsula Utilities (PO Box 1364	Corporation	PERMIT NUMBER:			FLA011188-003-DW				
	Ormond Beach, Florida 3. Seabridge WWTF	2175-2803	LIMIT: CLASS SIZE: MONITORING GROUP NUMBER:			N/A p			FREQUENCY:	Monthly Domestic
LOCATION: S	cabridge Drive Ormond Beach, FL 32176	ie.	MONITORI RE-SUBMIT	NG GROUP DESCR ITED DMR:	RIPTION:	RMP-Q Biosolids Quantity				
	olusia Central District		NO DISCHA MONITORI	ARGE FROM SITE: NG PERIOD	From:	Moduolos	То:	1013	12017	
Parameter		Quantity or Loading	Units	Qual	lity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred	Measurement	0,6171	ton (d)					D	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)					D	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo.Total)	ton (d)					10	Monthly	Calculated
								-		
,								-		
								-		
					0					

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		mient for knowing violat	ions.
AND THE RESERVE OF THE PARTY OF	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Glenn Wetherell	Glan Wetherell	(386) 673-4162	Maalanii
			ITUNNINUTI

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

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011188-003-DW2P From: LDLD LL20 CT

To: 10/31/2017

Facility: Scabridge WWTF

(January)	Carbo s 5 da m	DD, naccou y. 20C y/L	Residual (Fo Disinfection mg/L,	Coliform, Fecal r #/100ml.	Nitrate, Total	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, To Suspende mg/l.	tal pH s.u.	Flow (Total through plant) MGD	BOD, Carbonaceot s 5 day, 200 (influent) mg/l	Solids, For Suspended (Influent)
Vion.		082 N-1	50060 EFA-1	74055 EFA-1	00620 EFA-1	00600	00665	00530	00400	50050	80082	00530
				GrA-1	LrA-I	EFA-1	EFA-I	EFA-1	EFA-1	FLW-1	INF-1	181-1
5			0,9						1 6			
3			0.7						6.9	1181		
4			0.8					-	70		1.12	
	42	.0	0,9	26.0	0.95	2.4	3.6	15 5	7.0		4.5	35.0
()			0.8			0,17	0,0	45.0	- Lit	1		
7									7.7	101		
8 	_								-			
			1,1						M -	1160		
Lli	-		1,24					•	70	, २५ म		0.00
11			1,2						70	1080		
13	-		1.21						7.0	1082		
14	-		13						7,0	1053		
15		-							110	1000		
10		-	1 -									
17			10						7.0	1206		
18	10	_	1.0						77.17	1073		
19	12.	0	1.3	10	2.0			15.0	0.74	1060	136.0	200
20	-	+	10						0,1	1045	1200	JU.C
27		-	40						TIT	1074		
32		-								100		
2.5			0.8									
24		-	10						6.9	,234		
25			0.9						10,9	1053		
26			12			-			10.9	4074		
27			1.0						1001	1053		
28									69	,065		
29.												
30	7		L						. C.	2. 45		
31			10				-		6.9	178		
Fotal	2,0	3	2,6 3	3700 3	285	2,4	3.10	d	6,9	1057		
A.Avg.	42,0	1	00	13.5	1			5-0	- 4	3.9681	43.515	55.0
CVI ST/	AFFING:				The state of the s	XII	5.6 K	20	Mo 1	1044	71/8/3	27.5
Shitt ()			Class:	Ce	rtificate No:		November					
ung Shi	it Operator		Class:		rtificate No:		Name	-				
it Shift ()perator		Class:		rtificate No:		Name:	_				
i Operat	Or		Class:		rtificate No:	73.4	Name:	-	-			
15/20 5170	21	П. Г	mgl		rimeate (NO)	7365	Name:		Kelley			
75	4	091	D mal L			5	,	olls la	30 109	5.0 mg/L 72.0 mg/1 52-620.910(10).		
SINCE	REISSUA	VCE D	ATE: August	14, 2013		-		705	30	taio mall	-	

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

PO Box 1364

Ormond Beach, Florida 32175-2803

PERMIT NUMBER:

FLA011188-003-DW2P

Expiration Date:

September 3, 2018

MAILING ADDRESS:

Ormond Beach, FL 32176

LIMIT:

Final

REPORT FREQUENCY:

Monthly

FACILITY:

Seabridge WWTF

CLASS SIZE: MONITORING GROUP NUMBER: N/A R-001 PROGRAM:

Domestic

LOCATION:

Seabridge Drive

MONITORING GROUP DESCRIPTION: RE-SUBMITTED DMR:

Rapid infiltration basins (RIBs), including Influent

COUNTY: OFFICE:

Volusia

Central District

MONITORING PERIOD

NO DISCHARGE FROM SITE: From:

TO: UZODENT

Parameter		Quantity or Loading	Units		Quality or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement	,051	MGD					6	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-I	Permit Requirement	0.181 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement	,051	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-I	Permit Requirement	0.181 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	,057	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, Carbonaceolis 5 day, 20C	Sample Measurement			2.9	MNR	210	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				8.9		mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			60	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	Glenn Wetherell	(386) 673-4162	Martaler

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

FACILITY:

Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER: MONITORING PERIOD

From: 1110112017

To: 111305017

Parameter		Quantity	or Loading	Units		Quality or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				31.0	was	18.81	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	6	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.	O	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	N.			75,0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement		A Company of the Park		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		2				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						54	mg/L	0	Monthly	8-hr/FPC
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement				22		Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	,057	1065	MGD	4				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 1 Mon. Site No. FLW-I	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

Seabridge WWTF

MONITORING GROUP NUMBER:

PERMIT NUMBER: FLA011188-003-DW2P

MONITORING PERIOD From: 11/01/2017 To: 11/30/2017

Parameter		Quantity	or Loading	Units	Q	uality or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						168,0	mg/L	0	B-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						98.2	mg/L	O	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
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When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: MAILING ADDRESS:	North Peninsula U PO Box 1364	tilities Corporation		PERMIT NUI	MBER:	FLA011188-003-DV	V2P			
	Ormond Beach, Fl	orida 32175-2803		LIMIT: CLASS SIZE:		Final N/A		REPORT PROGRA	FREQUENCY M·	': Monthly Domestic
FACILITY: LOCATION:	Seabridge WWTF Seabridge Drive Ormond Beach, FI	. 32176-		MONITORIN RE-SUBMIT		RMP-Q Biosolids Quantity		r KOCKA	IVI	Domestic
COUNTY: OFFICE:	Volusia Central District			NO DISCHAI MONITORIN	G PERIOD From:	Morpou	To:	11/30	mad	
Parameter		Quantit	y or Loading	Units	Quality or Cor	ncentration	Units	No.	Frequency o	f Sample Type
Biosolids Quantity (Transfe PARM Code B0007 +	Measureme	ent	17101.0	The state of the s				0	Monthly	Calculated
Mon. Site No. RMP-1	Permit Requiremen	nt	Report (Mo.Total)	ton (d)					Monthly	Calculated
Biosolids Quantity (Landfil	Measureme	nt .	0	ton (d)				0	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	nt	Report (Mo.Total)	ton (d)					Monthly	Calculated
21										
								+		
								++		-
=							-			
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certify under penalty of lav ne information submitted. I nowledge and belief, true, a	w that this document a Based on my inquiry accurate, and complet	and all attachments we of the person or person te. I am aware that the	ere prepared under in ns who manage the ere are significant p	my direction or sup system, or those po enalties for submitt	ervision in accordance with a ersons directly responsible fo- ing false information, includ-	a system designed to assur r gathering the informatio ing the possibility of fine	e that qualifi	ed personi	nel properly gar	ther and evaluate best of my
NAME/TITLE OF PRINCIPA	L EXECUTIVE OFFIC	ER OR AUTHORIZED	AGENT		RINCIPAL EXECUTIVE OFFIC				PHONE NO	DATE (mm/dd/yyyy)
Glenn Wetherell				Glen	n Wether	Ul			6) 673-4162	17/2/2/2014

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

Lead Operator

MOSLEON

FLA011188-003-DW2P From: 1101201 TO: 11/30/2017

Facility: Seabridge WWTF

	BOD, Carbonaceou s 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. Carbonaceou s 5 day, 20C (influent) mg/L	Solids, Tota Suspended (Influent) mg/L
Code Mon. Site	80082 EFA-1	50060 EFA-1	74055 EFA-1	00620 EFA-1	00600 EFA-1	00665 EFA-1	00530 EFA-1	00400 EFA-1	50050 FLW-1	80082 INF-1	00530 INF-1
1		12						70	,050	155.0	98,2
2	42.0	1.1	0,01	10,0	12,0	5.1	3110	70	1053	10,50	1010
3		0.9			00.1.0		3-0-0	7.0	1060		
4											
5											
6		1,1						7.0	,151		
7		10						4,0	,053		
8		1.0						7,0	,054		
9		10					+	40	1051		
10		lul						21,0	1,045		
11											
12											
13		6.0						7,0	Goll,	ļ	
15		1.0						4,0	1051		
16	0.6	(,)				<u></u>		4,0	1033	1680	50.0
17	2.9		4/10	8.1			6.5	9,0	640,		
18		40				ļ		7,0	4201		
19											
20		10		-				1 0		ļ.	
21		1,0		-				6.9	150		
22		1.0		-				6.9	1051		
23		le l						10.9	10410		
24		1.1				-		1 0	11-1		
25		111						69	.112		
26										-	
27		DJ						6.9	,340		
28		0,9						6,9	105.5		
29		0.8						10.9	7000		
30	2	luO						10,9	EHON		
31								TX. C	00 10		
Total	39	alu	10,5	1811	12,0	5.1	37,5	146,2	1,723	383.0	5,841
lo. Avg.	2.0	10	5.3	9.1	12.0	5.1	18.8	7.0	1057	161,5	741
ANT ST ay Shift C	AFFING: perator	Class		Certificate No:	-	Nai					
ening Sh	ift Operator	Class:		Certificate No:	· ·	Na:	ne.				
ahr Shift	Operator	Class:		Certificate No:		Na	ne:				

Muldoll Wild 2017 chlor de 1010 mg/L TOS DEP Form 62-620.910(10), Effective Nov. 29, 1994

Scott Kelley

5

Name:

7365

C Certificate No:

Class:

Chloride Jidio mg/L 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 September 3, 2018 PERMIT NUMBER: FLA011188-003-DW2P Expiration Date: North Peninsula Utilities Corporation PERMITTEE NAME: PO Box 1364 MAILING ADDRESS: REPORT FREQUENCY: Monthly LIMIT: Final Ormond Beach, Florida 32175-2803 Domestic N/A PROGRAM: CLASS SIZE: R-001 Seabridge WWTF MONITORING GROUP NUMBER: FACILITY: Rapid infiltration basins (RIBs), including Influent MONITORING GROUP DESCRIPTION: Seabridge Drive LOCATION: RE-SUBMITTED DMR: Ormond Beach, FL 32176 NO DISCHARGE FROM SITE: 12/01/2017 TO: 12/31/2017

From:

MONITORING PERIOD

Parameter		Quantity of	or Loading	Units	(Quality or Concentration	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement		,053	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon, Site No. FLW-1	Permit Requirement		0.181 (An.Avg.)	MGD			Transfer			5 Days/Week	Flow Totalizer
Flow (Total through plant)	Sample Measurement		,053	MGD					D	5 Days/Week	Flow Totalizer
PARM Code 50050 1 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 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	<2.0	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	Glem Wetherell	(386) 673-4162	ollaybors

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

Volusia

Central District

COUNTY: OFFICE:

Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

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

Parameter		Quantity	or Loading	Units	Q	uality or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				45.0	MOR	45.0	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					9,2		#/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					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 À Mon. Site No. EFA-I	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-I	Permit Requirement					45	Report (Max.)	mg/f.		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	,056	olea	MGD	10-10-5 SHEAL				D	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 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

5 T - 1

Seabridge WWTF

MONITORING GROUP

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

NUMBER:
MONITORING PERIOD From: 12/01/2017 To: 12/31/2017

Parameter		Quantity of	r Loading	Units	Qı	ality or Concentrat	ion	, Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						283.D	mg/L	0	B-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						246-D	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
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When Completed mail the	is report to:	Department o	i Environmentai i	rotection, 3319 M	aguire Biva, St	ine 232, Oriando, F	L 32803-3707						
PERMITTEE NAME: MAILING ADDRESS:	North Pen PO Box 1.		s Corporation		PERMIT N	IUMBER:		FLA011188-0	003-DW2P				
FACILITY: LOCATION:	Seabridge Seabridge				MONITOR RE-SUBM	ZE: RING GROUP NUM RING GROUP DESC ITTED DMR: LARGE FROM SITI	CRIPTION:	Final N/A RMP-Q Biosolids Qua	e nota tra e n	PF	ROGRA		Monthly Domestic
COUNTY: OFFICE:	Volusia Central Di	strict				ING PERIOD	E: From:	alou	MOF	To: Vé	121	13061	
Parameter			Quantity	or Loading	Units	Qi	uality or Conc	entration		Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transfe		nple asurement		0,6171	ton (d)						0	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1	100000	mit quirement		Report (Mo.Total)	ton (d)							Monthly	Calculated
Biosolids Quantity (Landfil		nple asurement		0	ton (d)						D	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mit quirement		Report (Mo.Total)	ton (d)							Monthly	Calculated
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certify under penalty of la he information submitted. mowledge and belief, true,	Based on my	inquiry of th	e person or person	s who manage the	system, or tho	se persons directly re	esponsible for	gathering the in	formation,	the informa	ition sul	bmitted is, to the l	est of my
NAME/TITLE OF PRINCIPA	AL EXECUTI	VE OFFICER C	R AUTHORIZED A	GENT	SIGNATURE (OF PRINCIPAL EXEC	CUTIVE OFFICE	ER OR AUTHORI	ZED AGEN	NT.	TEL	EPHONE NO	DATE (mm/dd/yyyy)

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

Glenn Wetherell

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011188-003-DW2P From: 12012-017

TO: [2] [3] [3] OT

Facility: Seabridge WWTF

	BOD, Carbonaceou s 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. Carbonaceou s 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Ion, Site	EFA-1	EFA-I	EFA-1	EFA-1	EFA-I	EFA-1	EFA-1	EFA-1	FLW-I	INF-1	INF-I
1		8.0						69	1077		
2											
3									.00		
4		09						69	E81,		
5		1.0						69	,058		
6		100						69	,058	138,0	8000
7	12.0	1.1	1.0	8.0	9.3	4.7	45.0	109	,046		
8		0.8						10.9	1068		
9											
10											
11		0.8						69	,190		
12		1.0						10.9	1056		
13		lil						69	,052		
14		ho						619	.055		
15		60						69	055		
16			**								
17											
18		0.9						6.9	,180		
19		Lici						P.Q	1027		
20		1,1						109	104.3	38300	346.0
21	42.0	12	3,0	7.10			25.0	109	1047		
22		111						69	1049		
23											
24											
25											
26		0.8						6.8	,308		
27		1.0						68	1051		
28		10						69	0000		
29		10						69	1056		
30	8	1.40									
31											
Total	2.0	19,10	4.0	15.6	9.3	14.7	5.0	137.8	1,448	411.0	326.0
Mo. Avg.		10	3.0	14.8	9.3	4.7	<5.0	1009	10510		1630

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 13 to UFO 17 13 to UFO 17 15 t	Class:	C (L t 14, 2013	Certificate No:	7365	Name:	Scott Kelley 121212017 Chiloride 3391,0mg/L DEP Form 62-620.910(10), Effective Nov. 29, 1994

When Completed mail this report to: Department of Environmental Protection, 3319 Magnire Blvd, Suite 232, Orlando, FL 32803-3767 PERMITTEL NAME: North Peninsula Utilities Corporation PERMIT NUMBER: FLA011188-003-DW2P **Expiration Date:** September 3, 2018 MAILING ADDRESS: PO Box 1364 Ormond Beach, Florida 32175-2803 LIMIT: Final REPORT FREQUENCY: Monthly CLASS SIZE: N/A PROGRAM: Domestic FACILITY: Seabridge WWTF MONITORING GROUP NUMBER: R-001 LOCATION: Scabridge Drive MONITORING GROUP DESCRIPTION: Rapid infiltration basins (RIBs), including Influent Ormond Beach, Fl. 32176 RE-SUBMITTED DMR: NO DISCHARGE FROM SITE: orlordors to orlarbors COUNTY: Volusia MONITORING PERIOD From: OFFICE: Central District

Parameter		Quantity or Loading	Units	10	Quality or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement	,053	MGD					0	5 Days/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	. ,053	MGD					10	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	0.181 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	,039	MGD					1	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD					1	5 Day / Week	Flow Totalizer
3OD, 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.)	7	mg/L		Bi-weekly; every	8-hr FPC
3OD, Carbonaceous 5 day: 20C	Sample Measurement			3.8	28 M	1.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
ARM 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	8-hr FPC
olids, Total Suspended	Sample Measurement				9,0	9)	mg/L	6	Bi-weekly every 2 weeks	8-hr FPC
ARM Code 00530 Y Ion, 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.

VIA VESTER E OF AND VOICE	the and imprison	nent for knowing violat	tions.
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONI NO	DATE (mm/dd/yyyy)
Glenn Wetherell, Operator	Glenn Wethereld	(386) 673-4162	03/3/3/3018
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachm	cents here: ** There were no Daily Meter fl exovaois to ovapors due to an extension of the war from any to	on stades	Cas Gamos

Seabridge WWTF

MONITORING GROUP

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

NUMBER:
MONITORING PERIOD From: OND 17018 To: ONBITTORING

Parameter		Quantity (or Loading	Units		Quality or Concentrati	Oil	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
ARM 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
ARM 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
ARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
oH	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	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement						Hil	mg/L	D	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	,039	,050	MGD					0	5 Days/Week	Flow Totalize
PARM Code 50050 R Mon, Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD) 		5 Days/Week	Flow Totalize
Percent Capacity, (TMADF/	Sample Measurement	V					28	Percent	0	Monthly	Calculated
PARM Code 00180 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

Scabridge WWTF

MONITORING GROUP NUMBER:

PERMIT NUMBER: FLA011188-003-DW2P

MONITORING PERIOD From: OUDUZ-OUS To: OUZ 12018

Parameter		Quantity	or Loading	Units	(Ouality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						189.0	mg/L	0	B-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						272.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
				-							
v x											
		(8)									

Here was a street of the stree											
*					1						A
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When Completed mail this	report to: Department	of Environmental	Protection, 3319	Maguir: Blvd, Suite 2	32, Orlando, FL 32803-376	7				
PERMITTEE NAME: MAILING ADDRESS:	North Peninsula Utilita PO Box 1364 Ormond Beach, Florida	es Corporation		PERMIT NUMI		FLA011188-003-DW21		EDODT	FREQUENCY	5 NG 301
FACILITY: LOCATION:	Scabridge WWTF Scabridge Drive Ormond Beach, FL 321	76-		MONITORING RE-SUBMITTE		N/A RMP-Q Biosolids Quantity		ROGRA		: Monthly Domestic
COUNTY: OFFICE;	Volusia Central District			NO DISCHARG MONITORING	E FROM SITE: PERIOD From:	01/01/2018	_ To: 💆	VIBL	810cd	
Parameter		Quantity	y or Loading	Units	Quality or Conc	centration	Units	No. Ex.	Frequency o	f Sample Type
ARM Code B0007 +	Sample Measurement Permit		0.6571	ton (d)				0	Monthly	Calculated
fon, Site No. RMP-1 iosolids Quantity (Landfille	Requirement		Report (Mo.Total)	ton (d)					Monthly	Calculated
ARM Code B0008 +	Measurement Permit	- 1	Report	ton (d)			¥	O,	Monthly	Calculated
Ion, Site No. RMP-1	Requirement		(Mo.Total)	- ton(d)					Monthly	Calculated
1 =										
90,500 L										
ertify under penalty of law t information submitted. Ba owledge and belief, true, acc	curate, and complete. I a	m aware that the	re are significant p	my direction or superve system, or those perso penalties for submitting	vision in accordance with a sons directly responsible for g	system designed to assure the gathering the information, to g the possibility of fine and	nat qualified he informa I imprisonn	d person tion subt	nel properly gat nitted is, to the	her and evaluate best of my ons.
IAME/TITLE OF PRINCIPAL	EXECUTIVE OFFICER O	R AUTHORIZED A	AGENT		NCIPAL EXECUTIVE OFFICE				PHONE NO	DATE (mm/dd/yyyy)
Henn Wetherell				Glem	Wetherell			(386	5) 673-4162	Maskos

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, Carbonaceou s 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, Carbonaceou s 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Aon, Site	EFA-I	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-I	FLW-I	INF-I	INF-1
2		1,2									
3		10						10.9	OTH		
11	2.8	1.0		1.1	9.0	HI	11,5	10.9	OIH		
5	all	10		6-1	70	115	11.7	6.9	PTO		
6		40						69	HTO		
7							*				
8		0.9						1 . C	NT: 11		
9		lia				1		6.9	DT:41		
10		115						6.9	100	147 0	247
11		1.1						6.9	1000	172.0	a larro
12		1.5					200	10.9	Eroi		
1.3		110						6.9	1056		
14											
15		ho						6.9	1,094		
16		1,2						6.9	1038		
17		1,1					-	10.9	1045	189,0	128,0
18	42.0	1,0	2.0	3.7			6.5	6.9	1043	1000	MIGIC
19		0.6						6.9	150.		
20								~	1001		
21											
22		0,1					ę.	6.9	137		
23		08	<1,0					6.9	1064		
24		0.8						6.9	DAM		
25		DJ						6.9	1044		
26											
27											
28											
29		P.0						6.9	,a33		
30		1,0						6.9	1056		
31	0.0	lel						6.9	1046		
Total	3.8	2/10	2.5	9.8	9,0	14.1	18,0	144,9	MEST	3.61.0	400,0
lo. Avg.	1.9	1.0	1.3	4.9	9,0	41	9.0	10,9	1039	180,5	200 0

1,9 L9	1.0	10	14,9	4.0 4	7 6	1.0 10.9	1039 180,5 200
PLANT STAFFING: Day Shift Operator	Class:		_ Certificate No:		Name:		
Evening Shift Operator	Class:		Certificate No:		Name:		
Night Shift Operator	Class:		Certificate No:		Name:	1	
Lead Operators	Class:	С	Certificate No:	7365	Name:	Scott Kelley	cabran as Nitrate
hioride 45.4 5 335.1 ISSUANCE/REISSUANCE		t 14, 2013		5		(NII) (IV)	0 mg/L n 62-620.910(10), Effective Nov. 29, 199-

When Completed mail th	 report to: Department of Environmental Protection 	n. 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767			
PERMITTEE NAME:	North Pennisula Utilities Corporation PO Box 1364	PERMIT NUMB R:	FLA011188-003-DW2P	Expiration Date:	September 3, 2018
MAILING ADDRESS:	Ormond Beach, Florida 32175-2803	LIMIT:	Final N/A	REPORT FREQUENCY: PROGRAM:	Monthly Domestic
FACILITY: LOCATION:	Seabridge WWTF Seabridge Drive Ormond Beach, FL 32176	CLASS SIZE: MONITORING GROUP NUMBER: MONITORING GROUP DESCRIPTION: RE-SUBMITTED DMR:	R-001 Rapid infiltration basins (RIE	ss), including Influent	Lonicsto
COUNTY: OFFICE:	Volusia Central District	MONITORING PROM SITE. MONITORING PROM:	03/01/2018 TO	810विद्याहर	

Parameter		Quantity or Loading	Units	Units Quality or Concentration				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 1 Mon. Site No. FLW-I	Permit Requirement	0.181 (An.Avg.)	MGD						5 Days, Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	,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
3OD, Carbonaceous 5 day, 20C	Sample Measurement			2,4	MUR	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.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	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			Ja Taranta	20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC

1 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 PRINCIP/ L 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	Brockecke

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

Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FL \011188-003-DW2P

NUMBER:

NUMBER:
MONITORING PERIOD From: DALO 113018 To: DALOS JOES

Parameter		Quantity	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				45.0	MOR	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					9.3		#/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					1,4	4.0	#/100mL	O	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		69	s.u.	6	5 Days/Week	Grab
PARM Code 00400 A Mon, Site No. EFA-1	Permit Requirement		2		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-I	Permit Requirement						12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement						P. 9	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-I	Permit Requirement	3))					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	,054	,049	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						2.7	Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

Seabridge WWTF

MONITO RING GROUP

R-001

PERMIT NUMBEL FLA011188-003-DW2P

NUMBEL:

MONITO RING PERIOD

From: D'ALOUTADES TO: DALASTADES

Parameter		Quantity or Loading		Units Quality or Conce			ion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						272.0	mg/L	0	E-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspen led (Influent)	Sample Measurement						a68.0	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
									-		
									-		
									-		
š			51						-		
									-		
							#/				

When Completed mail this	report to: Department	of Environmental P	rotection, 3319 N	Aaguire Blvc, Suite	232, Orlando, F	L 32803-3767					
PERMITTEE NAME: MAILING ADDRESS:	North Peninsula Utiliti PO Box 1364 Ormond Beach, Florid			PERMIT NUM	MBER:		FLA011188-003-DW2I Final		EPORT	FREQUENCY:	Monthly
FACILITY: LOCATION:	Scabridge WWTF Scabridge Drive Ormond Beach, FL 32			RE-SUBMITTED DMR:			N/A	PI	ROGRA	M:	Domestic
COUNTY: OFFICE:	Volusia Central District			MONITORIN	G PERIOD	From:	WO HOUS	_ 10: U	MOVO	3000.0	
Parameter		Quantity	or Loading	Units	Q	uality or Concen	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transfer	red) 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 (Landfille	ed) Sample Measurement		0	ton (d)					D'	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo.Total)	ton (d)						Monthly	Calculated
											1121
											123
certify under penalty of law he information submitted. B mowledge and belief, true, ac	ased on my inquiry of the	ne person or persons	who manage the	system, or those p	ersons directly re	esponsible for ga	thering the information,	the informa	tion sub	mitted is, to the	best of my
NAME/TITLE OF PRINCIPAL	EXECUTIVE OFFICER	OR A JTHORIZED A	GENT	SIGNATURE OF 1	PRINCIPAL EXEC	UTIVE OFFICER	OR AUTHORIZED AGEN	VT.	TELE	EPHONE NO	DATE (mm/dd/yyyy)
Glenn Wetherell				Glenn Wetherell (386) 673-41					6) 673-4162	206/EE/E0	

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

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011188-003-DW2P From: O2 10 15018

81001825018 BUCH

Facility: Seabridge WWTF

	BOD, Carbonaceou s 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, Carbonaceou s 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-I	FLW-I	INF-1	INF-1
2		0.9						6.9	1051		
		8,0						69	1056		
- J - 4											
5											
		6.8						69	171.		
6		1,1						69	1047		
7		6,1						69	1040	242.0	320,D
8	2.4	1,0	3/40	3.2	10,9	17.74	45.0	68	,053		
9		0.8						201	lelo,		
10											
11											
12		80						6.9	,148		
13		1.0						69	,047		
14											
15		1.3						6.9	,050		
16		1.0						109	,050		
17							18	100-1			
18											
19		1.3						69	179		
20		La						6,9	1056		
21		1,24					1	6.9	10410	272.0	368,0
22	2.3	1.2	4.0	11.1			45.0	69	,056		0.000
23		1.1		10 11				69	,058		
24								1001	1000		
25								74			
26		1,0						10.8	MIE		-
27		1,24		1				1 0	1045		-
28		11						100	1010,		
29		Cel						Pel	1001		
30											-
31				+		1	-		-		-
Total	4.7	20,2	4,5	14,3	Le-G	4.4	5,0	1309	1010	154,0	488.0
Mo. Avg.	2.24	11	23	2,2	6.9	14,24	45.0	6.9	.054		344,0
	TAFF!NG:	Class:		Certificate No			ame:	1 0007	1,034	102 (1)	100 (40)
Evening Sh	hift Operator	Class:	Walland To Control	Certificate No		N	ame:				
	t Operator	Class:		Certificate No		-	ame:				

5

7365

Name:

Scott Kelley

03/33/30/83/7 mg/L Chierror 390,0 mg/L TDS DEPForm 02-620.940(10), Effective Nov. 29, 1994

Certificate No:

Class:

ISSUANCE/REISSUANCE DATE: August 14, 2013

When Completed mail this report to: Department of Environmental Protection, 3319 Magnire Blvd, Suite 232, Orlando, FL 32803-3"67

PERMITTEE NAME:

North Peninsula Utilities Corporation

PERMIT NUMBER:

FLA011188-003-DW2P

Expiration Date:

PROGRAM:

September 3 2018

MAILING ADDRESS:

PO Box 1364

Ormond Beach, Florida 32175-2803

LIMIT: CLASS SIZE: Final N/A R-001 REPORT FREQUENCY:

Monthly Domestic

FACILITY: LOCATION:

COUNTY:

Seabridge WWTF Seabridge Drive

Volusia

Ormond Beach, FL 32176

MONITORING GROUP NUMBER: MONITORING GROUP DESCRIPTION

RE-SUBMITTED DMR:

NO DISCHARGE FROM SITE: From: MONITORING PERIOD

Rapid infiltration basins (RIBs), including Influent

03/01/2018 TO: 03/3/12/018

Parameter		Quantity or Loading	Units Quality or Conce			oncentration Units		No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement	1,054	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	1054	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-I	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
3OD, Carbonaceous 5 day, 20C	Sample Measurement				MM		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
3OD, Carbonaceous 5 day, 20C	Sample Measurement			5.2	mnR	3.1	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	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	Sle Witherell	(386) 673-4162	04/25/2018

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

Scabridge WWTI

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:
MONITORING PERIOD From: 03/01/2018 To: 03/31/2018

	Quantity o	r Loading	Units	Q	uality or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Sample Measurement				45.0	MUR	15.0	mg L	0	2 weeks	8-hr FPC
Permit				60.0	45.0 (Wk,Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Sample				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			#/100mL	0	Bi-weekly; every 2 weeks	Grab
Permit					200		#/100mL		Bi-weekly; every 2 weeks	Cirab
Sample						2.0	#/100mL	0	Bi-weekly; every 2 weeks	Cirab
Permit				1.	200	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Cirab
Sample				10.56	(1110,000,11111)		S II.	0	5 Days/Week	Grab
Permit				6.0		8.5	S II.		5 Days/Week	Cirab
Sample						(max)	mg/L	O	5 Days/Week	Grab
Permit			1	0.5			mg/L		5 Days/Week	Cirab
Sample				(MIII.)		3.8	mg L	0	Bi-weekly; every 2 weeks	8-hr FPC
Permit			1			12.0	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Sample							mg/L	D	Monthly	8-hr FPC
Permit						Report	mg/L		Monthly	8-hr FPC
Sample							mg/L	D	Monthly	8-hr/FPC
Permit			-			Report	mg/L	-	Monthly	8-hr FPC
Sample	r.K.c	ona	MGD			(1,1,1,1)		0	5 Days/Week	Flow Totalizer
Permit	Report	Report	MGD						5 Days/Week	Flow Totalizer
Sample	(MO.Avg.)	(Quaris)			161	27	Percent	0	Monthly	Calculated
Permit Requirement				13		Report (Mo.Avg.)	percent		Monthly	Calculated
	Measurement Permit Requirement Sample Measurement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Permit Requirement	Sample Measurement Permit Requirement Requirement Permit Requirement P	Measurement Permit Requirement Sample Measurement Permit Requirement Permit Requirement Permit Report Requirement Permit Requirement Permit Report Requirement Permit Requirement Permit Report Report Requirement Permit Permit Permit	Sample Measurement Permit Requirement Sample Measurement Permit Report Repo	Sample Measurement Permit Requirement Sample Measurement Permit Report	Sample Measurement Permit Requirement Requirement Sample Measurement Permit Requirement Re	Sample	Sample Measurement	Sample Measurement Measu	Sample

Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

MONITORING PERIOD

From: 03/01/2018 To: 03/3/2018

Parameter		Quantity of	r Loading	Units	()	uality or Concentrat	on	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						206.0	mg/L	0	B-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Q Mon. Site No. INF-I	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						2140	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
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When Completed mail t	his repor	t to: Department	of Environmental	Protect on, 3319 Ma	guire Blvd, Suit	e 232, Orlando, F	L 32803-3767	7				
PERMITTEE NAME: MAILING ADDRESS:		Peninsula Utilit ox 1364	ies Corporation		PERMIT NU	MBER:		FLA011188-003-D	W2P			
	Ormo	ond Beach, Florid	a 32175-2803		LIMIT: CLASS SIZE			Final N/A			FREQUENCY:	Monthly
FACILITY:	Seabi	idge WWTF				 NG GROUP NUM	BER:	RMP-Q	1	ROGRA	IMI:	Domestic
LOCATION:		idge Drive				NG GROUP DESC		Biosolids Quantity				
	Ormo	and Beach, FL 32	176-		RE-SUBMIT							
COUNTY:	Volus	ia			NO DISCHA MONITORIN	RGE FROM SITI	E: From:	1061/0/20	C T	コカ	17010	
OFFICE:		al District			MONTOKI	NOTERIOD	riom,	03101100	0 10: 0	000	110010	
		,	***************************************									
Parameter			Quantity	y or Loading	Units	Qı	uality or Conc	entration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transl	ferred)	Sample Measurement		17126	ton (d)					0	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1		Permit Requirement		Report (Mo.Total)	ton (d)						Monthly	Calculated
Biosolids Quantity (Landfi	illed)	Sample Measurement		0	ton (d)					0	Monthly .	Calculated
PARM Code B0008 +		Permit		Report	ton (d)						Monthly	Calculated
Mon. Site No. RMP-1		Requirement		(Mo.Total)								
			73							+		
		1			4 4			1	D	1 1		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Glenn Wetherell	Glen Wetherell	(386) 673-4162	810stastro

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

DAILY SAMPLE RESULTS - PART B Facility: Seabridge WWTF

Permit Number: Monitoring Period

FLA011188-003-DW2P From 0301201

To:03/31/2018

	BOD, Carbonaceou s 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, Carbonaceou s 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-I	EFA-1	EFA-1	EFA-I	EFA-1	EFA-1	EFA-1	FLW-I	INF-I	INF-I
2		0.9						10.9	340,		
3		8.0						6.9	1056		
4											
5		1.0		1				6.9	145		
6		0,9					2	10.9	1057		
7		Lia		5. 1			500	109	1048	20610	110.0
8	5,2	1,1	41.0		50	4.0	45.0	69	1047		
9		0.7						10.8	1500		
10											
11											
12		2.0	2				8.	6.9	191		
13		40						10.9	,053		
14		1.0		-				10.9	1053		
15		1.1		0,23				6.9	640,		
16		0,9						7.0	.055		
17									0		
18											
19		8,0						6.9	185		
20		1.0						69	1053	205.0	214.0
21		10						6,9	1057		
22	22.0	8.0	2,0	3.8			<5.D	69	17018,		
23		1.0						69	1058		
24											
25											
26		1.1						6,9	19/1		
27		5.7						7,0	.085		
28		1.0		-				7,0	000		
29		10						M.D	,056		
30	i i i	0,9						7.0	1060	1	
31											
Total	6.2	20,8	25	14.0	5,0	4.0	5.0	1522	1,710	411.0	334.0
Mo. Avg.		10,9	1.3	12.0	5.0	4.0	45,0	6.9	,055	205.5	1621

Mo, Avg.	3.1	0,9	1.3	12.0	5.0	4.0	145	10	6.9	,055	205.5	162
PLANT ST. Day Shift O		Class:		_ Certificate No:	-		lame:					
Evening Sh	ift Operator	Class:		Certificate No:		N	lame:					
Night Shift	Operator	Class:		Certificate No:		N	lame:					
Lead Opera 03108 UNIONS TOS ISSUANCE	de III	Class: OMSIL OMSIL E DATE: Augus	C st 14, 2013	_ Certificate No:	7365	5	lame:		STALLONG DEP Form	709.0	my/L my/L 10), Effective No	v. 29, 1994

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767 PERMITTEL NAME: North Peninsula Utilities Corporation PERMIT NUMBER: FLA011188-003-DW2P **Expiration Date:** September 3, 2018 MAILING ADDRESS: PO Box 1364 Ormond Beach, Florida 32175-2803 LIMIT: Final

REPORT FREQUENCY: Monthly CLASS SIZE: N/A PROGRAM: Domestic FACILITY: Seabridge WWTF MONITORING GROUP NUMBER: R-001 LOCATION: Seabridge Drive

MONITORING GROUP DESCRIPTION: Rapid infiltration basins (RIBs), including Influent Ormond Beach, FL 32176 RE-SUBMITTED DMR: NO DISCHARGE FROM SITE:

810129018 10: 04/130/2018 COUNTY: Volusia MONITORING PERIOD From: OFFICE: Central District Parameter Quantity or Loading Units Quality or Concentration Units No. Frequency of Sample Type Ex. Analysis Flow (To RIBs) Sample MGD 5 Days/Week Flow Totalizer 1056 Measurement PARM Code 50050 Y Permit 0.181 MGD 5 Days/Week Flow Totalizer Mon. Site No. FLW-1 Requirement (An, Avg.) Flow (Total through plant) Sample MGD 5 Days/Week Flow Totalizer Measurement PARM Code 50050 I Permit 0,181 MGD 5 Days/Week Flow Totalizer Mon. Site No. FLW-1 Requirement (An.Avg.) Flow (To RIBs) Sample MGD 5 Days/Week (06) Flow Totalizer Measurement PARM Code 50050 O Permit Report MGD 5 Days/Week Mon. Site No. FLW-1 Flow Totalizer Requirement (Mo.Avg.) BOD, Carbonaceous 5 day, 200 Sample mg/L Bi-weekly; every 9,9 8-hr FPC Measurement

(An.Avg.) 2 weeks 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	Glem Wethall	(386) 673-4162	1

60.0

(Max.)

20.0

(An.Avg.)

45.0

(Wk.Avg.)

20.0

MINK

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

Permit

Sample

Permit

Sample

Permit

Requirement

Measurement

Requirement

Measurement

Requirement

..

PARM Code 80082 Y

PARM Code 80082 A

Solids, Total Suspended

PARM Code 00530 Y

Mon. Site No. EFA-1

Mon. Site No. EFA-1

BOD, Carbonaceous 5 day, 20C

Mon. Site No. EFA-1

mg/L

mg/L

mg/L

mg/L

mg/L

30.0

(Mo.Avg.)

2 weeks

Bi-weekly, every

2 weeks

Bi-weekly; every

2 weeks

Bi-weekly; every

2 weeks

Bi-weekly every

2 weeks

Bi-weekly, every

8-hr FPC

8-hr FPC

8-hr FPC

8-hr FPC

8-br FPC

Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

NUMBER:
MONITORING PERIOD From: 0410112018
To: 0413012018

Parameter		Quantity	or Loading	Units		Quality or Concentrat	ion	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					4.8		#/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					210	410	#/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
рН	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						139	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-1	Permit , Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	, Olo1	,056	MGD		10.0			O	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						3.1	Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated

Seabridge WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

MONITORING PERIOD

From: 041012018 To: 041301018

Parameter		Quantity	or Loading	Units	Q	uality or Concentral	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						336.0	mg/L	0	B-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						0.11E	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
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When Completed mail th	nis report	to: Department	of Environmental	Protection, 3319 Ma	iguire Blvd, Su	ite 232, Orland	o, F1. 32803-3767					
PERMITTEE NAME: MAILING ADDRESS: FACILITY:	PO Bos Ormon	North Peninsula Utilities Corporation PO Box 1364 Ormond Beach, Florida 32175-2803 Seabridge WWTF Seabridge Drive Ormond Beach, FL 32176-				UMBER: E: ING GROUP N		FLA011188-003-D' Final N/A RMP-Q	R	EPORT ROGRA	FREQUENCY: M:	Monthly Domestic
LOCATION: COUNTY: OFFICE:	Ormon	d Beach, FL 321	76-		RE-SUBMI NO DISCH	ING GROUP I TTED DMR: ARGE FROM ING PERIOD	DESCRIPTION: SITE: From:	Offortaon	S_ To: \C	14/3	हावज्ञा	
Parameter			Quantity	or Loading	Units		Quality or Cond	centration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Trans	ferred)	Sample Measurement		11/1210	ton (d)					0	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1		Permit Requirement		Report (Mo.Total)	ton (d)						Monthly	Calculated
	Solids Quantity (Landfilled) Sample Measurement						20			0	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1	A Code B0008 + Permit Report			Report (Mo.Total)	ton (d)						Monthly	Calculated
				1								
							- 1 9		•	-		
	- 4							5			100	
					15		The holy of		ani e		10/10	
I certify under penalty of the information submitted knowledge and belief, tru		Contract of the contract of th	the second of the second	and tuled managed the	evetors or tho	to norcome direc	THV responsible to	ar cannering me manni	mioni, mic mioni	fathout St	minuted is, to the	Dest Of mil
								CER OR AUTHORIZED			LEPHONE NO	DATE (mm/dd/yyyy)
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Glenn Wetherell					Glenn Wethelll (386) 673-410				86) 673-4162	05/24/2018		

DAILY SAMPLE RESULTS - PART B Facility: Seabridge WWTF

Permit Number: Monitoring Period

FLA011188-003-DW2P From: 5-16 1/3 0 1/8

	BOD, Carbonaceou s 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. Carbonaceou s 5 day, 20C (Influent) mg/l.	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00600	00665	00530	00400	50050	80082	00530
Ion. Site	EFA-I	EFA-1	EFA-I	EFA-I	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-I
2		-						1 0	37:15		
3		0.9					-	6.9	.180		
4		0.9						10.9	10100	0.41	TARLOT TO THE PARTY OF THE PART
		1.0					1	10.9	1057	936'D	J. J. L.
5	3.9	1.0	<1,0	0.089	13.9	7.4	45:0	6.9	1061		
6		lal			,			6.9	,055		
7						C-17-17-17-17-17-17-17-17-17-17-17-17-17-					
8											
9		0.9						10.9	.183		
10		0.5					***	M.D	1133		
11		Lit						M.D	,054		
12		0,9						TID	1059		
13		8.0						7,0	.0103		
14		77.0						. ((0	-,UW		
15							<u> </u>				
16		7:0						71,0	107		
17		0.8							183		
18		0.9.		-				7.0	50loi	137 0	170 -
19	P.P	8.0	11 0	111		-	1C -	127	1050	192.0	138.0
20	12	0.8	41.0	014		-	45.0	M.D	050		
21		0.8		-				D,M	.056	-	
22					-						
23		0 (1					-		11 2		
24		08						4.0	.165		
25		110						7,0	,055		
26		Eil	i:					7.0	1027		
		7.0						7.0	1075		
27		D.8						7.0	0000		
28											
29											
30		0,9						M.D	159		
31											
Total	11.8	1812	10	0,3399	13.9	12,4	50	1264	1,846	418,0	354,0
o. Avg.	59	0.9	4/10	0.114	13.9	12,4	人员力	7,0	1000	0,P06	M7.D
LANT STA	AFFING:		2110		_1917		8	1.0	1,001	1407.0	III
				-							
ay Shift O		Class:	(Certificate No:			me:				

31										
Total 118	18.2	10	10,339	13.9	2,4	5	4.041 0	1,846	418,0	354.1
Mo. Avg. 54	0.9	4/10	0.114	13.9	24	〈五	0,70	1061	0,P06	1770
PLANT STAFFING: Day Shift Operator	Class:		Certificate No:			Name:	*			
I vening Shift Operator	Class:		Certificate No:			Name:				
Night Shift Operator	Class:		Certificate No:			Name:	8			
Lead Operator	Class:	С	Certificate No:	7365		Name:	Scott Kelley	200		
Chiovide 19 ISSUANCE/REISSUAN	8.0 mg/l 0.0 mg/l CE DATE: Augus	it 14, 2013			5		CHIORIDE CHIORIDE TOBER FOR	11110	mg/L mg/L O). Effective No	n. 29, 1994

When Completed mail th	is report to: Department of Environmental Protection	 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-376. 	7		
PERMITTEE NAME	North Pennisula Utilities Corporation	PERMIT NUMBER	FLA011188-003-DW2P	Expiration Date:	September 3, 2013
MAILING ADDRESS:	PO Box 1364 Ormond Beach, Florida 32175-2803	LIMIT: CLASS SIZE:	Final N/A	REPORT FREQUENCY: PROGRAM:	Monthly Domestic
FACILITY: LOCATION:	Scabridge WWTF Scabridge Drive Ormond Beach, FL 32176	MONIFORING GROUP NUMBER: MONITORING GROUP DESCRIPTION. RE-SUBMITTED DMR.	R-001 Rapid infiltration bisms (KII		Dimens:
COUNTY:	Volusia	NO DISCHARGE FROM SITE: MONIFORING PERIOD From:	05-10 1906 TO	105/31/3018	

Parameter		Quantity or Loading	Units	(Quality or Concentration	on	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-I	Permit Requirement	0.181 (\n,\ny\equiv(\n)	MGD						5 Days/Week	Tlow Fotalizer
Flow (Total through plant)	Sample Measurement	1056	MGD.					0	5 Davo Week	How Totalizer
PARM Code 50050 1 Mon. Site No. FEW-1	Permit Requirement	0.181 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow (To RIBs)	Sample Measurement	.053	73(31)					0	5 Days/Week	Flow Totalizer
PARM Code 30080 Q Mon, Site No. FLW-I	Permit Requirement	Report (Mo.Avg.)	Man						5 Days/Week	Flow Fotalizer
BOD, Carbonaceous 5 day, 200	Sample Measurement				5.40		mg.t.	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	X-br FPC
3OD, Carbonaccous 3 day, 20 C	Sample Measurement			5.5.	FRIDE.	3.8	ing L	O	Bi-weekly; every 2 weeks	Sair FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	45.0 (Wk Ava.)	(745-725) 30(i)	514 /-		Hi-weekly; every 2 weeks	5-hr FPC
Solids, Total Su-penden	Sample Mensurement				17.0		ing L	10	Bi-weekly every 2 weeks	3-hr 1 PC
PARM Code 00530 Y	Permit Requirement	i		1	20.0 .		mgL		Bi-weekly; every	3-br 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	Le Dottino	(386) 673-4162	010/21013018

COMMENT AND EXPLANATION OF ASSETTION A COSTS (Reference of attachments began

Central District

OFFICE:

Scabridge WWTF

MONITORING GROUP

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:
MONITORING PERIOD From: 05/01/2018 To: 05/31/2018

Parameter		Quantity	or Loading	Units	Q	uality or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				45.0	mnis	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					3.1		#/100mL	D	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.)	\$00 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				Le. G		7.1	5.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No, EFA-1	Permit Requirement	59			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-I	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						tylo	mg/L	0	Monthly	8-hr FPC
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	աց1.		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	1		1		1	Report (Max.)	, mg/L		Monthly 1	8-hr FPC
Flow (Total through plant)	Sample Measurement	,052	.056	MGD		7			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			75.71	(*)	sis.	31	Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement				:		Report (Mo, Avg.)	percent		Monthly	Calculated

Scabridge WWTF

MONITORING GROUP

PERMIT NUMBER: FLA011188-003-DW2P

NUMBER:

NUMBER:
MONITORING PERIOD From: 05/01/2018 To: 05/31/2018

Parameter BOD, Carbonaceous 5 day, 20C	Counts	Quantity	or Loading	Units	(Quality or Concentra	otion	Units	No. Ex.	Frequency of Analysis	Sample Type
(Influent) PARM Code 80082 Q	Sample Measurement Permit						199,0	mgA.	0	B-weekly; every 2 weeks	8-hr FPC
Mon. Site No. INF-1	Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-br FPC
Solids, Total Suspended (Influent)	Sample Measurement						311e.0	mg L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement					-	Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
										2 Heeks	
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7											

When Completed mail th	is report to: Department of Environmental Protection	i, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-376	7		
PERMITTEE NAME: MAILING ADDRESS:	North Peninsula Utilities Corporation PO Box 1364	PERMIT NUMBER:	FLA011188-003-DW2P		
мишио мижеза.	Ormond Beach, Florida 32175-2803	LIMIT:	Final	REPORT FREQUENCY:	Monthly
FACILITY: LOCATION:	Scabridge WWTF Scabridge Drive	CLASS SIZE: MONITORING GROUP NUMBER: MONITORING GROUP DESCRIPTION:	N/A RMP-Q Biosolids Quantity	PROGRAM.	Domestic
	Ormond Beach, FL 32176- Volusia	RE-SUBMITTED DMR: NO DISCHARGE FROM SITE: MONITORING PERIOD From:	oslovbovs To	8195/15/18	
COUNTY:	Central District	montioning Enter	2.20 Cast) ca 10	251511000	

Parameter		Quantity of	or Loading	Units	Q	uality or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		0.6171	ton (d)					6	Monthly	Calculated
PARM Code B0007 - Mon, Site No. RMP-1	Permit Requirement		Report (Mo.Total)	ton (d)		19				Monthly	Calculated
iosolids Quantity (Landfilled)	Sample Measurement	- A	D	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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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	Ale Wethello	(386) 673-4162	Suductor

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

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

TOS 342 O MOLL ISSUANCE DATE: August 14, 2013

To:05/31/2018

Facility: Scabridge WWTF

	Garbonaceou 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L -	Coliform, Fecal 4,100mL	Nitrogen, Nitrate, Total -(a.s N) mg/L	Nitrogen, Total mg/l.	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L		Flow (Total through plant) MGD	BOD, Carbonaceou s 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code Mon. Site	80082 EFA-1	50060 EFA-I	74055	00620	00600	00665	00530	00400	50050	80082	00530
1	131/A-1		EFA-1	EFA-1	EFA-I	EFA-1	EFA-1	EFA-1	FLW-I	INF-1	INF-1
2		0.9						7.0	1053		
3	5,5	10	1 0	6 1 100		-		7.0	aro,	199.0	316.0
4	31.3	10	42.0	0.42	1.10	5.5	<5,0	7.0	1044		
5		2,0_						7.0	1048		
6							-			J	
7		- 0									
8		0.9						7.0	.148		
9		-10-						7,0	140,		
10		10						OP	.042		
11		0,7	j.,	3 2 3				7.0	,051		
12		10	147	-				1.0	,045		
13											
14		0.0									
15		0.9						7.0	1140		
16		0.8						O, M	,049		
17		0.8						7,0	1,046		
18		211	a leaf	. 1				0,7	.040		
19		1.0.	- 17	-				17,0	,050		
20		- 1	5 3 75								
21		0									
22		0.9						M.0	00/1		
		0,8						71.0	,059	72.10	113.0
24	1.0		<1.0	511			<5.0	715	043		10000
25		0,8						JT. 0	,0510		
26		D.9						7.1	,051		
27											
28	-										
29		~ H									
30		07						6,9	,296		
31		1,0						1221	,043		
		0.6						7,0	1075		
o. Avg.	1,5.	19,4		5,82	46	55	50	153.9	1,619	277.10	0.864
U. Arg	3.8		1.0	9,9	1,10	5.5	450	9.5	.052	-	21410
ANT STAI y Shift Ope		Class: *	3. C	Certificate No:		No.	0044			120010	
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	CM-1//	Class.		ertificate No:		Nam	100				

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05/3/3/3/0/8 Chloride 105.0 mg/L T-US DEP Form 62-620,910(10). Effective Nov. 29, 1994

PERMITTEE NAME MAILING ADDRESS	North Peninsula Utilities Corporation PO Box 1364	n. 3349 Maguire Blvd, Suite 232, Orlando, 14, 42803, 426 PERMIT NUMBER	FLA011138-003-13W2P	Expiration Date:	September 3, 20
FACILITY: LOCATION:	Omiond Beach, Florida 52175-2803 Scabridge WWTF	LIMIT: CLASS SIZE: MONITORING GROUP NUMBER:	Final N/A R-001	REPORT FREQUENCY: PROGRAM:	Monthly Domestic
	Scabridge Drive Ormond Beach, FL 321 to	MONITORING GROUP DESCRIPTION: RE-SUBMITTED DMR: NO DISCHARGE FROM SITE:	Rapid infiltration basins (RIE	s), including Influent	
OFFICE:	Volusia Central District	MONITORING PERIOD From.	or Braziliation	06/30/2018	

Parameter		Quantity or L	.oading	Units		Quality or Concentr	ation	Units	No	Frequency of	T C 1 T
Flow (To RIBs)	Sample		0512	MGD			1	-	Ex	Anatysis	Sample Type
PARM Code 50050 Y Mon. Site No. FLW-1	Measurement Permit		0.181	MGD					6	5 Days/Week	Flow Totalize
Flow (Total through plant)	Requirement Sample		(An.Avg.)	MGD						5 Days/Week	Flow Totalize
PARM Code 50050	Measurement Permit		0.181	' MGD					0	5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1 Flow (To RIBs)	Requirement Sample		(An.Avg.)	MGD						5 Days/Week	Flow Totalizer
ARM Code 50050 Q	Measurement Permit		052 Report	MGD					0	5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1 3OD, Carbonaceous 5 day, 20C	Requirement Sample		(Mo.Avg.)	inois						5 Days/Week	Flow Totalizer
ARM Code 80082 Y	Measurement Permit					4.8		mg/L	10	Bi-weekly; every	8-hr FPC
Mon. Site No. EFA-1 BOD, Carbonacepus 5 day, 20C	Requirement Sample					20.0 (An.Avg.)		mg/L	1	Bi-weekly; every	8-hr FPC
ARM Code 80082 A	Measurement				2,7	MONR	1.9	ing/L	10	2 weeks Bi-weekly; every	8-hr FPC
fon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0	mg/L	-	2 weeks Bi-weekly; every	8-hr FPC
olids, Total Suspended	Sample Measurement					63	(Mo.Avg.)	mg/L	1	2 weeks Bi-weekly every	8-hr FPC
ARM Code 00530 Y fon. Site No. EFA-1	Permit Requirement					20.0		mg/L	O	2 weeks	18.87.36.373
certify under penalty of law that the						(An.Avg.)				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 violation

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	onment for knowing viola	tions.
Glenn Wetherell, Operator	1 1 1	TELEPHONE NO	DATE (mm/dd/yyyy)
- State of Peruta	Slem Wetherell	(386) 673-4162	I whale a
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attack)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(,	07/25/2018

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

Scalarable WW 11

MOSITORING GROUP

13-001

PERMIT NUMBER: FLA011188-003-DW-2P

NUMBER:

MONITORING PERIOD From GLELDILLEOLS TO: DELIGIBLES

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	առ/լ.	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		#/100m1.	0	Bi-weekly; every	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			1	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	D	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						口,让	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	,052	,055	MGD			(111111)		0	5 Days/Week	Flow Totalizer
PARM Code 50050 R Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD					J	5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						30	Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement				*		Report (Mo.Avg.)	percent		Monthly	Calculated

Scabridge WWTF

MONITORING GROUP

PERMIT NUMBER FLA01113S-003-DW2P

NUMBER:

MONITORING PERIOD FROM O GEOLDOLS Fo. OG 30 2018

Parameter		Quantity or Loading		Units	Quality or Concentration				Frequency of	Sample Typ
BOD, Carbonaceous 5 day, 20C Influent)	Sample Measurement					33.0	mg/L	Ex.	Analysis B-weekly; every	8-hr FPC
ARM Code 80082 () Mon. Site No. INF-1	Permit Requirement					Report (Max.)	ing/L	10	2 weeks Bi-weekly; every	8-hr FPC
Solids, Total Suspended (Influent)	Sample						mg/L		2 weeks Bi-weekly; every	8-hr FPC
PARM Code 00530 (2	Measurement Permit					1376-0		D	2 weeks	
Mon. Site No. INF-I	Requirement					Report (Max.)	my/L		Bi-weekly; every 2 weeks	8-hr FPC
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When Completed mail this re	eport to: Department	d invironmental P	rotection, 1419.	Maguire Blvd, Suite 2,	32, Orlando, FL 32803-376	7				
PERMITTEE NAME. N MAILING ADDRESS P	iorth Peninsula Utrhine O Box 1364 Ormond Beach, Florida	Corporation		PERMIT NUME			.A011188-003-DW2P nul REPORT FREQUENC			
LOCATION: S	eabridge WW FF eabridge Drive rmond Beach, FL 321	76-		CLASS SIZE MONITORING MONITORING RE-SUBMITTEI NO DISCHARG	P	ROGRAN	Domestic			
	olusia entral District			MONITORING		odlospo	8 To: 0	6/30	3018	
Parameter		Quantity of	or Loading	Units	Quality or Con-	centration	Units	No. Ex.	Frequency o	f Sample Type
Riosolids Quantity (Transferred ARM Code B0007 +	Sample Measurement Permit		D	ton (d)				0	Monthly	Calculated
fon, Site No. RMP-1 iosolids Quantity (Landfilled)	Requirement		Report (Mo. Total)	ton (d)					Monthly	Calculated
ÅRM Code B0008 +	Measurement Permit	>1	Report	ton (d)				0	Monthly	Calculated
Ion. Site No. RMP-1	Requirement		(Mo.Total)		,				Monthly	Calculated
			H							
4										
ertify under penalty of law that information submitted. Base owledge and belief, true, accur	rate, and complete. I a	m aware that there	are significant p	my direction or superv system, or those perso enalties for submitting	ision in accordance with a sons directly responsible for galse information, including	system designed to assu gathering the informati g the possibility of fine	on, the informat	personnel ion submit	I properly gai	ther and evaluate best of my
NAME/TITLE OF PRINCIPAL EX	ECUTIVE OFFICER OF	R AUTHORIZED AG	ENT	SIGNATURE OF PRIN	CIPAL EXECUTIVE OFFICE	ER OR AUTHORIZED AC	GENT		IONE NO	DATE (mm/dd/yyyy)
Glenn Wetherell				Glen	6 Testerell			enlarbox		

1

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

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011188-003-DW2P From: Olo 10 10016

To: 06/30/2-018

Facility: Seabridge WWTF

BOD, Chlorine, Coliform, Nitrogen, Nitrogen, Phosphorus, Solids, Total pH Flow (Total Carbonaceou BOD. Solids, Total Total Fecal Nitrate, Total Total Total (as P) Suspended through Carbonaceou s 5 day, 20C Residual (For #/100mL Suspended (as N) mg/L mg/L mg/L plant) s 5 day, 20C mg/L Disinfection) (Influent) mg/L MGD (Influent) mg/L mg mg/L 80082 Code 50060 74055 00620 00665 00530 00400 50050 Mon. Site EFA-1 EFA-1 EFA-I EFA-1 EFA-1 EFA-1 EFA-I EFA-1 FLW-1 INF-1 [NF-] 1 0.8 0103 2 3 4 DiT 6 8 9 10 11 137 12 0.6 065 13 E401 14 2,4 3,4 M,4 55.D 333. D 316 1064 15 1056 16 17 18 19 20 21 0, 22 D53 1 23 24 25 26 050 27 6,9 ONTOF 119,0 28 42.0 0,5 41,0 12.0 55,0 0.9 054 29 053 30 31 3,7 14,6 25 Total 14.4 3.4

Mo, Avg. 19	5,7	13	171,2	3,4 -	7,4 45	20	146, X	1,579	430.0	335
PLANT STAFFING: Day Shift Operator	Class:		Certificate No:		Name:	34)	1,0	1,004	7120	Me'li
Evening Shift Operator	Class:		Certificate No:		Name:					
Night Shift Operator	Class:		Certificate No:		Name:					
Chloride W	Class:	C	Certificate No:	7365	Name:	Scott	Kelley			
TOS 374.0 mg/L				5	0	Wion TOS	de 16	07.0 mg/ 09.0 mg 02.620.910(10	1	v. 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONIFORING REPORT - PAR # A

		n. 3319 Maguire Blvd, Suite 232, Orlando, FI 32803-3765		Expiration Date:	September 3, 2018
PERMITTEE NAME:	North Peninsula Utilities Corporation	PERMIT NUMBER:	F1.A011188-003-DW2P	Expiration Date:	september 5, 2016
MAILING ADDRESS:	PO Box 1364 Ormond Beach, Florida 32175-2803	LIMIT:	Final	REPORT FREOUENCY:	Monthly
	Ormond Beach, Florida 32173-2803	CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Seabridge WWTF	MONITORING GROUP NUMBER:	R-001		
LOCATION:	Seabridge Drive	MONITORING GROUP DESCRIPTION:	Rapid infiltration basins (RIF	s), including Influent	
	Ormond Beach, FL 32176	RE-SUBMITTED DMR:			
		NO DISCHARGE FROM SITE:	or Bucholmo	m/21/15/18	
COUNTY:	Volusia	MONITORING PERIOD From:	Pullo 119010 10	0,112112000	
OFFICE:	Central District				

Parameter		Quantity or	Loading .	Units	2	Quality or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement		,05.5	MGD			**************************************		6	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
low (Total through plant)	Sample Measurement		,055	MGD	*				0	5 Days/Week	Flow Totalizer
ARM Code 50050 Mon. Site No. FLW-1	Permit . Requirement		0.181 (An.Avg.)	MGD						5 Days/Week	. Flow Totalizer
Flow (To RIBs)	Sample Measurement		.039	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon, Site No. FLW-I	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.1		mg/L	O	Bi-weekly; every 2 weeks	8-hr FPC
ARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An, Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
30D, Carbonaceous 5 day, 20C	Sample Measurement				7/7	MNR	Hit	mg/L	D	Bi-weekly; every 2 weeks	8-hr FPC
ARM 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
olids, Total Suspended	Sample Measurement					5.3		mg/L	0	Bi-weekly every 2 weeks	8-hr FPC
ARM Code 00530 Y Mon. Site No. EFA-I	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	Slen Wetherll	(386) 673-4162	8106/46/2018
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachm	nents here the water sue no flow meter sue or 13313018 through the end of selectical is such the waster the problem is being addressed.	the month	dirato

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 Concentral	tion	Units	No. Ex.		Sample Type
Solids, Total Suspended	Sample Measurement				45.0	MAR	45.00	mg/L	0	Bi-weekly; every	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					5,0		#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1 Coliform, Fecal	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
	Sample Measurement					5.5	60.0	#/100mL	b	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		20,59	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-I	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 Mon. Site No. EFA-I	Permit Requirement		Annual Company				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 Mon. Site No. EFA-1	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 Mon. Site No. EFA-1	Permit Requirement						Report (Max.)	mg/L		Monthly	8-hr FPC
low (Total through plant)	Sample Measurement	1039	, OMM	MGD	1				D	5 Days/Week	Flow Totalizer
ARM Code 50050 R Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Flow Totalizer
ercent Capacity, (TMADF/ ermitted Capacity) x 100	Sample Measurement						26	Percent	0	Monthly	Calculated
ARM Code 00180 1 Ion. Site No. FLW-1	Permit Requirement				12		Report (Mo.Avg.)	percent		Monthly	Calculated

FACILITY

Scabridge 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 Concentr	ation	Units	No.	Frequency of	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample		T						Ex.	Analysis	
(Influent) PARM Code 80082 O	Measurement Permit		-				142.0	mg/L	0	B-weekly; every 2 weeks	8-hr FPC
Mon. Site No. INF-1 Solids, Total Suspended (Influent)	Requirement Sample						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
	Measurement						122.0	mg/L	0	Bi-weekly; every	8-hr FPC
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		2 weeks Bi-weekly; every	8-hr FPC
							(Max.)			2 weeks	
				1			-		-		
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			DEPARTMEN	CLOF ENVIRONS	JENTAL PR	OTECTION DISC	HARGE MOS	SITORING REPORT -	PART A			
When Completed mail th	is report	to: Department	of Environmental I	Protection, 3319 Ma	iguire Blvd, S	uite 232, Orlando, F	1. 32803-3767					
PERMITTEE NAME: MAILING ADDRESS:	PO Bo	Peninsula Utiliti ox 1364 nd Beach, Florid			LIMIT:	NUMBER:		FLA011188-003-DW2		EPORT	FREQUENCY:	Monthly
FACILITY: LOCATION:	Seabri	dge WWTF dge Drive nd Beach, FL 32	176-		MONITOR RE-SUBM	ZE: RING GROUP NUM RING GROUP DESC ITTED DMR: IARGE FROM SITI	CRIPTION:	N/A RMP-Q Biosolids Quantity		ROGRA		Domestic
COUNTY: OFFICE:	Volusi	ia Il District				RING PERIOD	From:	07/01/2018	То: О	131	2018	
Parameter			Quantity	or Loading	Units	Qı	uality or Conce	ntration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transfe	erred)	Sample Measurement		1710,0	ton (d)					6	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1		Permit Requirement		Report (Mo.Total)	ton (d)						Monthly	Calculated
Biosolids Quantity (Landfil	lled)	Sample Measurement		0	ton (d)					0	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1		Permit Requirement		Report (Mo.Total)	ton (d)		III STATE				Monthly	Calculated
					1 1			1				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Glenn Wetherell	Slem Wetherell	(386) 673-4162	08/24/2018

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

DAILY SAMPLE RESULTS - PART B Facility: Seabridge WWTF

Permit Number: Monitoring Period

FLA011188-003-DW2P From: D71012018

	BOD, Carbonaceou s 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, Carbonaceou s 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code Mon. Site	80082 EFA-1	50060 EFA-1	74055 EFA-1	00620	00600	00665	00530	00400	50050	80082	00530
1	EJA-1	EFA-1	EFA-1	EFA-I	EFA-I	EFA-1	EFA-I	EFA-I	FLW-I	INF-1	INF-1
2		8,0						69	1,157		
3		0.5						69	1054	101.0	132.0
4	42.0		41.0	1.9	4.3	62	45.0	Q C I	1007	101.0	1221
5		0.5	1.0					6.9	1138		
6		0,6						6.9	,055		
7									1000		
8											
10		1.3						6.9	1178		
11		14						10,9	1045		
12		1.0		-				10.9	-1-1		
13		- Lil						10.9	1061		
14		13						10.9	1061		
1.5											
16		1.1						1 C	109		
17	-	0,9						10.9	1183		
18		1.2.						10.9	070	142.0	101 0
19	MM		60.0	0.038			45,0	10.9	1050	11910	10/00
20		1,1		2,00,70			210	6.9	,050		
21								Di-	1002		
22											
23		1.0						10.9	OTH		
25		0,9						Ca.Ci	HTO		
26		[.]						109	OTH		
27		1.0						109	HTO		
28		1.0	-					P.W	STH		
29											
30		1.2						1 ()			
31		11						6.9	OIti		
Total	8.7	21.2	60,5	1.938	4.3	62	5 4	10,9	HTO	2017 21	200
o. Avg.	44		30.3.	0,18	43	6,5	5.6	144.9		0.548	9920

		0010	0 110	70) (1,0/ 12	2.01 0.9 1,039 132,0 114,
PLANT STAFFING:			107			
Day Shift Operator	Class:		_ Certificate No:		Name:	
Evening Shift Operator	Class:		Certificate No:	X	Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator 07/04/2018	Class:	С	Certificate No:	7365	Name:	Scott Kelley
TISUANCE/REISSUANCE		i 14, 2013		5		17 1912018 124.0 mg/L 2012 2013 124.0 mg/L DEP Form 62-620.910(10). Espective Nov. 29, 1994



NORTH PENINSULA UTILITIES CORP PO BOX 2803 DRMOND 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 R	eading Date	07/11/17
Service Location	16 L SEABR	RIDGE DR		
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	63	53	10

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		\$72.6
	12		

12 -				
8 -				
4 -				
0				
	OCT	JAN	APR	JUL

USAGE HISTOR	ΥY
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	-\$107.69
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.



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

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Telephone: (386) 676-3209

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Prior Reading Date	06/09/17	Current F	leading Date	07/11/17
Service Location	3221 JOHN	ANDERSON DR		
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	33	33	A CONTRACTOR OF THE PARTY OF TH

ARGES TOTAL
\$21.12 \$21.12

4			$\neg \neg$	USAGE HISTORY	•
3 -				Current Month	0.00
- 3				Last Month	0.00
2 -				Current Month - Last Year	0.00
1 -	177	to the same		Days in Period	32
	192			Average Daily Usage	0
0 —	OCT JA	N APR	JUL	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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Prior Reading Date

Service Location

WA

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

53563088

For questions regarding your bill: Mon - Fri 8 AM - 5 PM

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

Fax: (386) 676-3374

1

After Hours Emergency: (386) 676-3230

63

	DETAIL OF CHAP	RGES	
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge Total Current Water	\$21.12	\$21.12
	Total Current Water		\$21.



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	-\$72.64
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$21.12
TOTAL AMOUNT DUE	\$21.12
CURRENT CHARGES DATE DUE	09/05/17

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12 -			
8 -	9		
4 -	_ III _		
0		MAY	AUG

USAGE HISTOR'	Y
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



NORTH PENINSULA UTILITIES CORP PO BOX 2803 DRMOND 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 F	Reading Date	08/10/17	
Service Location	3221 JOHN A	ANDERSON DR	THE SECURITIES OF SECURITIES O		
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE	
WA	83627599	33	33	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	0

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

4	100				USAGE HISTORY	1
3 -					Current Month	0.00
				1	Last Month	0.00
2 -				11	Current Month - Last Year	0.00
1 -			1000		Days in Period	30
					Average Daily Usage	0
0 —	NOV	FEB	MAY	AUG	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

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SERVICE

WA

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

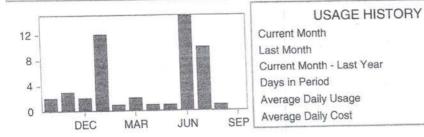
Telephone: (386) 676-3209

Fax: (386) 676-3374

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

rior Reading Date	08/10/17	Current F	Reading Date	09/09/17		
ervice Location	16 L SEABRIDGE DR					
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE		
WA	53563088	64	64			

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



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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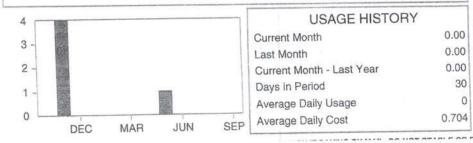


NORTH PENINSULA UTILITIES CORP PO BOX 2803 ORMOND BEACH FL 32175-2803 For questions regarding your bill: Mon – Fri 8 AM - 5 PM Telephone: (386) 676-3209 Fax: (386) 676-3374

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

rior Reading Date	08/10/17	Our en	Reading Date	09/09/17		
ervice Location	3221 JOHN ANDERSON DR					
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE		
WA	83627599	33	33	0		

	DETAIL OF CHARGE		
RVICE	DESCRIPTION	CHARGES	TOTAL
A	Minimum Charge Total Current Water	\$21.12	\$21.12
	Total Current Water		V



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

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www.Ormondbeach.org/Stormwater



VORTH PENINSULA UTILITIES CORP PO BOX 2803 DRMOND 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	09/09/17	Current F	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 CHA	RGES	
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water		\$22.62

10/31/17

4					USAGE HISTORY	1
3 -					Current Month	1.00
				1	Last Month	0.00
2 -					Current Month - Last Year	0.00
1 -		THE REAL PROPERTY.		2000	Days in Period	30
		12/1			Average Daily Usage	0.033
O Distance	JAN	APR	JÚL	OCT	Average Daily Cost	0.754

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

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

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



SERVICE

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

NORTH PENINSULA UTILITIES CORP PO BOX 2803 DRMOND 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	09/09/17	Current R	eading Date	10/09/17		
Service Location	16 L SEABRIDGE DR					
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE		
WA	53563088	65	64	1		

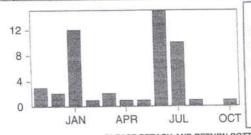
ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	10/10/17
PREVIOUS BALANCE	\$21.12
LAST PAYMENT ON 10/02/17	-\$21.12
ADJUSTMENTS	\$0.00
PAST DUE BALANCE	\$0.00
CURRENT CHARGES	\$22.62
TOTAL AMOUNT DUE	\$22.62
CURRENT CHARGES DATE DUE	11/01/17

IMPORTANT NOTICE

	DETAIL OF CHARG	GES	
	JOTION .	CHARGES	TOTAL
DESCF	IPTION	CHARGES	

WA Minimum Charge Total Current Water \$22.62

\$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

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

OLD MULLE ACID ACCOUNT MUNICED ON ACID CRECK



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	10/09/17	Current I	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 CHAR	GES	非高麗語為
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge Total Current Water	\$22.62	\$22.62

1		700			USAGE HISTORY	
					Current Month	1.00
					Last Month	1.00
					Current Month - Last Year	4.00
					Days in Period	30
0					Average Daily Usage	0.033
	FEB	MAY	AUG	NOV	Average Daily Cost	0.754

PLEASE DETACH AND RETURN BOTTOM PORTION IF PAVING BY MAIL DO NOT STADLE OR TO BE

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.



WA

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

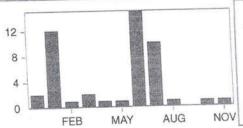
Fax: (386) 676-3374

After Hours Emergency: (386) 676-3230

Email at: customerservice@ormondbeach.org

rior Reading Date	10/09/17	Current F	Reading Date	11/08/17
ervice Location	16 L SEAB	RIDGE DR		
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	66	65	1

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



USAGE HISTORY		neutered. (Chapter 5, Article III, Sec. 5-84
Current Month Last Month Current Month - Last Year	1.00 1.00 3.00	have any questions, or for information or spaying and neutering, please contact Ar Services at 386-676-3262.
Days in Period Average Daily Usage	0.033	
Average Daily Cost	0.754	
		OLD WIDTE VOLID ACCOUNT NUMBER ON VOLIR CHECK.

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

IMPORTANT NOTICE

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SERVICE

WA

PR

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

NORTH PENINSULA UTILITIES CORP O BOX 2803 **DRMOND BEACH FL 32175-2803**

For questions regarding your bill:

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

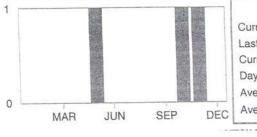
Fax: (386) 676-3374

After Hours Emergency: (386) 676-3230

Email at: customerservice@ormondbeach.org

Prior Reading Date	11/08/17	Current F	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 CHARG	GES	
DESCRIPTION	CHARGES	TOTAL
Minimum Charge Total Current Water	\$22.62	\$22.62
Late Payment Charge		\$2.26



USAGE HISTOR	Y	www.ormondbeach.org/MayorsFi
Current Month	0.00	Register with your friends; it's gre
Last Month	1.00	Register with your friends, it s give
Current Month - Last Year	0.00	
Days in Period	30	
Average Daily Usage	0	
Average Daily Cost	0.829	
	OT CTABLE OF E	OLD WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK.

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!



JORTH PENINSULA UTILITIES CORP O BOX 2803)RMOND BEACH FL 32175-2803

For questions regarding your bill:

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

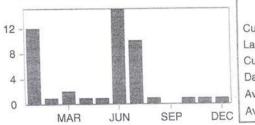
Fax: (386) 676-3374

After Hours Emergency: (386) 676-3230

Email at: customerservice@ormondbeach.org

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

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



USAGE HISTOP	RY
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

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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	12/08/17	Current F	Reading Date	01/09/18
Service Location	3221 JOHN	ANDERSON DR		
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	83627599	42	35	7

SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
WA	Cons Over 2000 Gals	\$23.48	
WA	Conserve rate-over 6	\$7.01	120
	Total Current Water	7357555	\$53.1

	USAGE HISTOF	RY
6 -	Current Month	7.00
4 -	Last Month	0.00
81	Current Month - Last Year	0.00
2 -	Days in Period	32
	Average Daily Usage	0.219
0	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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Fax: (386) 676-3374

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 SEAB	RIDGE DR		
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	67	67	0

Texternal medical states and	SERVICE STREET,		
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	2222
	Total Current Water		\$22.6

1/29/13

	USAGE HISTOF	RY
12 -	Current Month	0.00
	Last Month	1.00
8 -	Current Month - Last Year	12.00
4 -	Days in Period	32
	Average Daily Usage	0
0 100 1111 007	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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Telephone: (386) 676-3209 Fax: (386) 676-3374 After Hours Emergency: (386) 676-3230 Email at: customerservice@ormondbeach.org

Prior Reading Date	01/09/18	Current F	leading Date	02/08/18
Service Location	16 L SEAB	RIDGE DR		
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	68	67	1

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	-\$22.62
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

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

DETAIL OF CHARGES

\$145.24 2/16/13

12 -			
8 -			
4 -			
0	and the life	NOV/	FED

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



North Peninsula Utilities Corp PO Box 2803 Ormond Beach FL 32175-2803 For questions regarding your bill:

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Fax: (386) 676-3374

After Hours Emergency: (386) 676-3230

Email at: customerservice@ormondbeach.org

Current Reading Date Prior Reading Date 01/09/18 02/08/18 Service Location 3221 JOHN ANDERSON DR CURRENT USAGE SERVICE NUMBER READING READING WA 83627599 42 42 0

DETAIL	6	and)	0.1	7.11197	@ # A	
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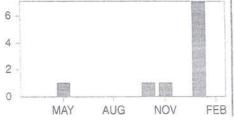
SERVICE DESCRIPTION CHARGES TOTAL

WA Minimum Charge \$22.62
Total Current Water \$22.62

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



0.00
7.00
0.00
30
0
0.754



SERVICE

WA

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

Prior Reading Date	02/08/18	Current F	Reading Date	03/08/18
ervice Location	16 L SEABI	RIDGE DR	- 300 11-0 114 - 23.114 - 2	
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	68	68	C

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

2 -	100			
8				
4 -				
O JESTINE	- 開題	SOUR ROOT	FIRST TOTAL	SUIL

ΙΥ
0.00
1.00
2.00
28
0
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



North Peninsula Utilities Corp PO Box 2803 Ormond Beach FL 32175-2803 For questions regarding your bill:

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

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

SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge Total Current Water	\$22.62	\$22.6

6 -					USAGE HIS	TORY	
0					Current Month		1.00
4 -					Last Month		0.00
					Current Month - Last Year		0.00
2 -					Days in Period		28
) _				0	Average Daily Usage	143	0.036
	JUN	SEP	DEC	MAR	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



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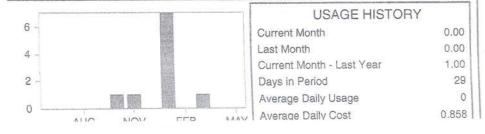
Fax: (386) 676-3374

After Hours Emergency: (386) 676-3230

Email at: customerservice@ormondbeach.org

Prior Reading Date	04/09/18	Current F	leading 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 CHAR	GES	
SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge Total Current Water	\$22.62	\$22.62
PR	Late Payment Charge		\$2.26



ACCOUNT NUMBER	181630-70950
CYCLE/ROUTE/CLASS	05-02 COMMERCIAL
BILLING DATE	05/10/18
PREVIOUS BALANCE	\$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 selfsacrificing 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 F	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

SERVICE	DESCRIPTION	CHARGES	TOTAL
WA	Minimum Charge	\$22.62	
	Total Current Water	Window t V Co.	\$22.62
PR	Late Payment Charge		\$2.26

	USAGE HISTORY
12 -	Current Month 2.00
8 8	Last Month 1.00
	Current Month - Last Year 1.00
4 -	Days in Period 29
	Average Daily Usage 0.069
VIIC NOV CED NAV	Average Daily Cost 0.858

ACCOUNT NUMBER	181630-165500
CYCLE/ROUTE/CLASS	05-03 COMMERCIAL
BILLING DATE	05/09/18
PREVIOUS BALANCE	Pa 4130 \$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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Fax: (386) 676-3374

\$22.62

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

Prior Reading Date **Current Reading Date** 06/08/18 05/08/18

Service Location	16 1/2 SEA	BRIDGE DR		
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	72	71	1

DETAIL OF CHARGES

SERVICE	DESCRIPTION	CHARGES T	OTAL
WA	Minimum Charge	\$22.62	

Total Current Water

3 JUN SEP DEC MAR

USAGE HISTOR	Y
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.

0/29/13



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Prior Reading Date	05/08/18	Current R	leading 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 HISTOR	Y
6 -		Current Month	0.00
		Last Month	0.00
4 -		Current Month - Last Year	0.00
2 -		Days in Period	31
		Average Daily Usage	0
0	CED DEC MAD	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

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.



WA

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

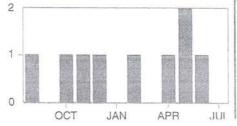
Fax: (386) 676-3374

After Hours Emergency: (386) 676-3230

Email at: customerservice@ormondbeach.org

Prior Reading Date	06/08/18	Current F	Reading Date	07/09/18
Service Location	16 1/2 SEA	BRIDGE DR		
SERVICE	METER NUMBER	CURRENT READING	PRIOR READING	USAGE
WA	53563088	72	72	0

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



USAGE HISTOR	RY
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

IMPORTANT NOTICE

IMPORTANT INFORMATION

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WA

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 Current Reading Date 06/08/18 07/09/18 Service Location 3221 JOHN ANDERSON DR METER NUMBER USAGE

83627599 0 0 0

	22245		SHOW	State of the	GES
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SHE P. J. 64	S. SZ ats 1.5	20.74.1	100 PT 101	4186	~ \$ ~~C~ 2000

SERVICE DESCRIPTION CHARGES WA Minimum Charge

Total Current Water

\$22.62

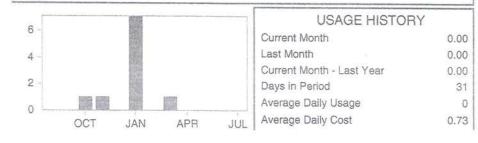
\$22,62

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

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.



1. Department of Environmental Protection

#FLA 011188

September 4, 2018 – September 4, 2023



BEFORE THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION)	IN THE OFFICE OF THE CENTRAL DISTRICT
v.)	OGC FILE NO. 18-0258
NORTH PENINSULA UTILITIES CORPORATION)) _)	

CONSENT ORDER

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

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.

- 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:
 - 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:

- 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:

- 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.
 - 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:
 - 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	April 28 July 28 October 28	
January - March		
April - June		
July - September		
October - December		
- 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.

DEP vs. North Peninsula Utilities Corporation Consent Order, OGC No. 18-0258 Page 5

- 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

DEP vs. North Peninsula Utilities Corporation Consent Order, OGC No. 18-0258 Page 6

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.

DEP vs. North Peninsula Utilities Corporation Consent Order, OGC No. 18-0258 Page 8

- 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

Date

Page 9

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)

DEP vs. North Peninsula Utilities Corporation

Consent Order, OGC No. 18-0258

Assets Owned by NPUC

6" Force Main -

5,420<u>+</u>

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

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 Residental	14 Commercial
End 2017	588 Residental	14 Commercial
As of 10/1/2018	589 Residental	14 Commercial

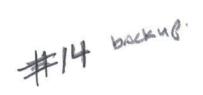
13-maps forwarded to ENG.

CLYMENOSCO

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.





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

AND THE PROPERTY OF THE PARTY O	transfer to the same	order to the face	
The second	endor	691	Cost
14 - 11 - 11 - 14 - 14 - 14 - 14 - 14 -			
Wetherell Treatment Sy		\$	143,779.00
American In-line Inspect	ion		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		\$	244,148.75

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 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 assem	ably complete f	or Plant #1.	
Total cost installed: \$5,211.00			
13. One (1) new motor-blower assem	ably complete f	or Plant #2.	
Total cost installed: \$4,912.00		*	
14. Three (3) new Gorman-Rupp pun such as storms or hurricanes or mecha	nps complete w	rith 5 H.P. motors	for emergencies.
Total cost installed: \$17,412.00			
Read and agreed to by:			
		*	
North Peninsula Utilities Corp Owner/agent	Title	Date	e
Watharall Tracture C			
Wetherell Treatment Systems, Inc. Glenn Wetherell	Title	Date	e

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				
Street: 115 East Granada Blvd. Suite 12	700 07 10			
City, State, Zip Code Ormond Beach, FL 32175	Job Location: Off John Anderson, Ormond Beach, F			
ATTN: Mr. Robert Hillman, Cell 386-299-311				
ground table water intrusion, extruding service includes all labor, equipment and	4 to 5 Days of I & I SAN Service Work silt & CCTV/Video approximately 10,315 +/- LF of 8" wer pipes. Looking for various deficiencies of infiltration, lateral hammer taps, and pipe integrity. Our price to complete the project, along with a clear typed report ll be provided. If additional copies are needed, they can			
Clean & Video approx. 10,315 +/- LF of 8" Existing **Any additional footage se **Actual Footage Services	Mainline SAN Sewer Pipe @ \$2.25 per LF\$ 23,208.75 erviced will be billed per the LF rate** d Will Be Billed Upon Completion** Services Per Day 2,100 LF PLUS** 00 each(Estimated Visits 5-Days)\$ 500.00			
** A novative * * * *	TOTAL ESTIMATED PRICE \$ 23,708.75			
control/MOT, water meter or clean water source, and suit disposal charges will apply. *** Please note that any downtime out of	Il Provide Methods Of Repairs & Pricing Upon Request** le access to system to perform duties requested, permits, trafficable dump site for debris or transportation & environmental libe billed at an hourly rate of \$225.00 per hour Example—			
	and the aps & disposal transportation, etc.			
Note: This proposal may be withdrawn by us if not Please contact our office for any scheduling Payment terms are Net 30 days	to serve North Peninsula Utilities Corp. accepted within 30 days. needs			
REPRESENTATIVE: Walt Kush	(386) 409-5446			
Authorized Signature:	Date: 06-04-18			
Acceptance of Proposal The above prices, specifications, a authorized to do the work as specified. Payment will be ma attorney fees will be recovered if contract is not paid in full	and conditions are satisfactory and are hereby accepted. You are de as outlined above. We understand that collection costs and			
Authorized Signature:	Date:			

QUOTATION

American in-line inspection, inc.

tilities Corp.	Phone: 380			6-04-18
Suite 12	Job Name	Sanitary N		
L 32175	Job Location:			
86-299-3111	Email/Fax		*****	
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tion will not re	move the	tree debris fro	m the ba	ck yard***
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firing Compar	<u>іу</u> : Ассер	table access t	o system	to perform
by us if not acce	inted within		a Utilitia	es Corp.
	(386) 409-	5446	//	
and the same discount of	Date: 06	-04-18		
pecifications, and co ent will be made as not paid in full,	onditions are s outlined abov	atisfactory and arec. We understand	e hereby acc	epted. You are on costs and
	Date:			
	Suite 12 L 32175 B6-299-3111 Dwing: D	Suite 12 L 32175 B6-299-3111 Dwing: The system of the system of the system of the manhole system, in the system of the syste	Suite 12 Job Name Sanitary P L 32175 Job Location: 3214 John And B6-299-3111 Email/Fax Developers Developer	Suite 12 Job Name Sanitary Manhole L 32175 Job Location: 3214 John Anderson, Orn R6-299-3111 Email/Fax Developershw@gma Dowing: Joh Location: 3214 John Anderson, Orn R6-299-3111 Email/Fax Developershw@gma Dowing: Joh Location: 3214 John Anderson, Orn R6-299-3111 Email/Fax Developershw@gma Dowing: Joh Location: 3214 John Anderson, Orn R6-299-3111 Email/Fax Developershw@gma Dowing: Joh Location: 3214 John Anderson, Orn R6-299-3111 Email/Fax Developershw@gma Dowing: Joh Location: 3214 John Anderson, Orn R6-299-3111 Email/Fax Developershw@gma Dowing: Joh Location: 3214 John Anderson, Orn R6-299-3111 Email/Fax Developershw@gma Dowing: Joh Location: 3214 John Anderson, Orn R6-299-3111 Email/Fax Developershw@gma Developershw@gma Dowing: Joh Location: 3214 John Anderson, Orn R6-299-3111 Email/Fax Developershw@gma Developershw

	ve Fence, Inc.	
ORM	916 MORTH U.S. \$1 On 16 \$10 Liver and the Symmil of the ONO SEACH, FLORIDA 32174 SS6) 673-0717 - FAX: (386) 678-0702	DATE 5-11-18
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Cubert, Inc

P.O. Box 787 BUNNELL, FL. 32110

Phone: 386.313.2629 / Fax: 386.313.2657

DATE: 06/19/18	7	*			
PROPOSAL SUBMITTED TO: NPU		ATTENTION: Bob			
STREET: CITY, STATE AND ZIP CODE: Ormand Boh , FL		JOB NAME: JOB LOCATION:			
Fax: (386)		DATE OF PLANS: NA			
We hereby submit specific	cations and estimates	for:			
Item 1. MOB 2. Asphalt Demo 3. Base Allowance 4. Grade Work 5. Asphalt 1.5"	Quantity 1 3360 1 1 373	Unit LS SF LD LS SY	Amount \$125.00 \$1,008.00 \$400.00 \$300.00 \$6,500.00		
			\$8,333.00		
Exclusions: Permits, Bondandscaping, irrigation, u Work to Include: install si We Propose hereby to furnit Eight thousand three hundred th Payment to be made as follows:	nmarked utilities , ETI It fence around seawa sh material and labor – com inty three and 00 (\$8.333.00	II, import fill and install	, grade for sod and install		
All material is gustament to be as specified. All work to a seconding to standard practices. Any attention or dental costs will be executed only upon written orders, and will Estimate. All agreements consingent upon strikes, accine carry fire, tortado, and other necessary insurance. Our v Componsation Insurance.	be considered in a workmaniske menuter on from above specifications involving extra become an extra charge over and above the	Acceptance of Proposal	The above prices, specifications, and		
Authorized Signature:		Signature:			
Within 30 days.	awn by us if not accepted	Signature:			

Shirth Bollding and Dev. 77 Concord Drive Ormand Beach Fla 52176 Threathallong@gmoil.com 686-290-8018

Estimate

Number

E150

Date

6/22/2018

Bill To

NORTH PENINSULA UTILITIES 16 SEABRIDGE DRIVE ORMOND BEACH, FL, 32176

Project

PUMP HOUSE

Description

Materials and labor to remove and replace 38 lineal ft of 4x8 T1-11 siding with hardie board siding on exterior of building.

Materials and labor to remove and replace 1 square of rolled roofing with new drip edge.

Materials and labor to prime and paint new siding.

5789.00

Amount Due

\$5,228.54

Total

\$5,228.54



804 Root Street Daytona Beach, FL 32114 Telephone: (386) 252-2287 Fax: (386) 257-1920

Proposal

Name: Street:

City:

North Peninsula Utilities

115 E Granada Ave

Ormond Beach,Fl 32176

Attn: Bob Hillman

Phone: 299-3111

Job Name: Electrical box replacements Street:

City:

City:

Date: 6/21/2018 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.

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.

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.