

State of Florida



ORIGINAL

Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

RECEIVED - FPSC
JUL 15 PM 3:49

-M-E-M-O-R-A-N-D-U-M-

COMMISSION
CLERK

DATE: July 15, 2004

TO: Division of the Commission Clerk and Administrative Services

FROM: Ralph R. Jaeger, Senior Attorney, General Counsel

RE: Dockets Nos. 020331-SU and 020439-SU, Sanibel Bayou Utility Corporation

Please place the attached document consisting of 15 pages in the docket file for the above-noted dockets (primary docket is Docket No. 020439-SU). The pages were faxed to me by Mr. Gary Winrow on July 9, 2004.

RRJ/jb

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

07695 JUL 15 3

FPSC-COMMISSION CLERK



Date: Friday, July 09, 2004

To: Florida Public Service Commission
Ralph Jaeger
Phone: 850-413-6427
Fax: 850-413-6428

From: SBUC
Gary Winrow
Phone: 239-482-3711
Fax: 239-482-3440

Pages: 14

Subject: Sanibel Bayous Utility Company

Please deliver to Mr. Jaeger

Thank you

850 - 413 - 6250

Jaeger

SANIBEL BAYOUS UTILITY COMPANY
13591 MCGREGOR BLVD. SUITE 21
FORT MYERS, FLORIDA 33919
239-482-3711

Via Facsimile and US Mail

Thursday, July 8, 2004

Mr. Ralph Jaeger
General Counsel
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RE: Docket No. 020331-SU
Order No. PSC-03-0699-PAA-SU

Dear Mr. Jaeger:

Pursuant to your request and in compliance with the above mentioned Order for Sanibel Bayous Utility Company, please find below the current status of activities.

Completed Items

1. Emergency phone numbers have been posted at the plant and lift stations.
2. The perimeter fence has been completed and "no trespassing" signage has been posted.
3. Lift station overhaul has been completed including: Control panel repairs, new start relays, capacitors, alternator and rewired control panel, new impeller, replaced power cord, installed new pump floats, gaskets, pump service, new flow time recording meters and the wet well has been cleaned.
4. Installation of new chlorination system at the facility has been completed.
5. Installation of new facility air distribution system including air nozzles has been completed.
6. Installation of a new air blower pump, air intake filter assembly, discharge silencers, and new distribution system has been completed at the facility. A second air blower assembly has been ordered by Schaffer Utility Management Company and will be installed within the next 30 days.
7. Installation of new back flow preventer for water service has been installed at the facility.
8. Partial completion of vegetation removal from the pond berm.

9. Pepper tree and noxious vegetation removal from property completed.
10. Removal of existing wood frame structure surrounding facility has been completed.
11. General clean up, removal of debris and site grading completed.
12. Processing of DEP permit application with Johnson Engineering. Anticipated submittal within thirty days.
13. Pumped and hauled over 20,000 gallons of sludge from the facility.
14. Secured insurance coverage with Prime Rate Premium Insurance.

Outstanding Items

1. **Surge Tank:** The surge tank has not been completed and is being evaluated by Johnson Engineering. Since new lift station time clocks and FDEP monthly operating reports indicate flows lower than anticipated, this requirement may not be required. Sanibel Bayous Utility will comply with findings of Johnson Engineering and DEP requirements based on new and accurate information.
2. **Baffles in Chlorine Contact Chamber:** Operating reports since January indicate compliance with this requirement (see attached DEP reports). It is our understanding that the Chlorine residuals have been maintained per our utility operator, Schaffer Utility Management Company. Johnson Engineering is evaluating and will address with DEP permit application.
3. **Vegetation Removal from Berm:** Commencement and completion of approximately 400' of berm vegetation has been completed. Per an on site meeting with DEP, final vegetation removal will be completed after bird nesting season and at the joint directive of the Sanibel Captiva Conservation Association and DEP. Completion of selective vegetation removal is anticipated by December 15, 2004.

We respectfully request temporary relief from the Order for the outstanding items as noted above, as final action will be determined by issuance of our DEP permit. As you are aware, the DEP monthly operating reports indicate the facility is now operating efficiently as a result of a strong commitment by the Sanibel Bayous Utility Company to bring the facility into compliance.

We trust the above addresses the concerns of the PSC. Please advise if we can be of further assistance.

Sincerely,



Gary Winrow
VP

cc.: Bill Broeder

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEP LIMITS (REPLACES MGR FORM)

PERMITTEE NAME: *SANIBEL Bayou Utility Co.*
 MAILING ADDRESS: *15560 MC GREGOR BLVD.
 FORT MYERS, FLORIDA*
 FACILITY: *SANIBEL Bayous*
 LOCATION:
 ATTN: *GARY WINROW, OWNER*

PERMIT NUMBER: *FAA014576*
 MONITORING PERIOD--From: *1-1-04 TO 1-31-04*
 LIMIT: FINAL
 CLASS SIZE: *MINOR*
 FACILITY ID: *FAA014576*
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: *Z-C*
 TYPE OF EFFLUENT DISPOSAL: *PERC. POND.*
 GROUP: DOMESTIC
 GMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

STORET CODE	MON. SITE No.	Parameter	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum				Units
		FLOW	*	*	⁽³⁾ MGD						
050050	1	MONTHLY AVERAGE DAILY	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD					SEE PERMIT	SEE PERMIT
		CBODS, INFLUENT					76	N/A	7MG/L	0	1 MONTH GRAB
080082	0	INFLUENT GROSS VALUE	REPORT MONTHLY AVG.							SEE PERMIT	SEE PERMIT
		TSS, INFLUENT					29.5	N/A	7MG/L	0	1 MONTH GRAB
00530	0	INFLUENT GROSS VALUE	REPORT MONTHLY AVG.							SEE PERMIT	SEE PERMIT
		CBODS, EFFLUENT					5	N/A	7MG/L	0	1 MONTH GRAB
080082	1	EFFLUENT GROSS VALUE	REPORT MONTHLY AVG.							SEE PERMIT	SEE PERMIT
		TSS, EFFLUENT					3.1	N/A	7MG/L	0	1 MONTH GRAB
00530	1	EFFLUENT GROSS VALUE	REPORT MONTHLY AVG.							SEE PERMIT	SEE PERMIT
		COLIFORM, FECAL					21	N/A	7MG/L	0	1 MONTH GRAB
031616	1	EFFLUENT GROSS VALUE	REPORT WEEKLY AVG.							SEE PERMIT	GRAB

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
<i>CARSON SCHNEIDER, Authorized Agent</i>	<i>[Signature]</i>	<i>239-489-4779</i>	<i>04-02-16</i>

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here); (Attach additional sheets if necessary.)

* Flow Recorder 005., New Meters on order.
 Note: Attached Sludge Analysis.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: *SANIBEL BAYOU UTILITY CO.*
 MAILING ADDRESS: *15560 MCGREGOR BLVD.
 FORT MYERS, FLORIDA*

FACILITY: *SANIBEL BAYOU UTILITY*
 LOCATION: *SANIBEL BAYOU UTILITY*
 ATTN: *GARY WINROW, OWNER*

ED EFFLUENTS (REPLACES MOP FORM)

PERMIT NUMBER: *FA014576*
 MONITORING PERIOD—From: *1-1-04 TO 1-31-04*
 LIMIT: FINAL
 CLASS SIZE: *MINOR*
 FACILITY ID: *FA014576*
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: *ZC*
 TYPE OF EFFLUENT DISPOSAL: *PERC. POND.*

GROUP: DOMESTIC
 GMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	STORET CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type		
			Average	Maximum	Units	Minimum	Average	Maximum				Units	
pH 000400 1 MINIMUM			Sample Measurement				7.4						
			Permit Requirement				6.5 MINIMUM		7.7				
CHLORINE, TOTAL RESIDUAL 030060 1 EFFLUENT GROSS VALUE			Sample Measurement				1.5						
			Permit Requirement				MINIMUM						
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000520 1 EFFLUENT GROSS VALUE			Sample Measurement										
			Permit Requirement										
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 1 EFFLUENT GROSS VALUE			Sample Measurement										
			Permit Requirement										
CBOD (IF REQUIRED IN THE PERMIT) <i>ANNUAL AVERAGE</i>			Sample Measurement										
			Permit Requirement						3.25				
TSS. <i>ANNUAL AVERAGE</i>			Sample Measurement										
			Permit Requirement						3.29				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print): *Carson Schaeffer, Associates Agent*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Carson Schaeffer, Agent*

TELEPHONE NO.: *889-489-4449*

DATE (YY/MM/DD): *04-02-16*

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

07/09/04 FRI 10:31 FAX 239 482 3400 WATERBOYZ INTERNATIONAL 07/09/04

DAILY SAMPLE RESULTS - PART B

Facility ID: FAAD14576
 Month/Year: JANUARY 2004

Three-month Average Daily Flow: _____
 Daily Flow % of Permitted Capacity: _____

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Flow (MGD)																														
Chlorine Residual after Contact (mg/L as Cl ₂)																														
CBOD, Influent (mg/L as O ₂)																														
TSS Influent (mg/L)																														
CBOD, Effluent (mg/L as O ₂)																														
TSS Effluent (mg/L)																														
NO _x Effluent (mg/L as N)																														
Total N Effluent (mg/L as N)																														
Fecal Coliform (/100ML)																														
pH effluent, minimum																														
pH effluent, maximum																														
Turbidity (N.T.U.)																														
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)																														
TIME OF SAMPLE																														

PLANT STAFFING: Day Shift Operator Class: B Certificate No.: 9650 Name: JOE GARDINIAS
 Evening Shift Operator Class: Certificate No.: Name:
 Night Shift Operator Class: Certificate No.: Name:
 Lead Operator Class: A Certificate No.: 407 Name: CARSON SCHAEFER

Type of Effluent Disposal or Reclaimed Water Reuse: RECYCLING POND
 Limited Wet Weather Discharge Activated: Yes: No Not Applicable: RECYCLING POND If yes, cumulative days of wet weather discharge:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: *SANIBEL BAY UTILILITY Co.*
 MAILING ADDRESS: *MCGREGOR BLVD. SUITE*
FORT MYERS, FLORIDA
 FACILITY: *SANIBEL BAY*
 LOCATION: *SANIBEL BAY*
 ATTN: *GARY WINROW, OWNER*

PERMIT NUMBER: *FAP014576*
 MONITORING PERIOD - From: *2-1-04 TO 2-29-04*
 LIMIT: FINAL
 CLASS SIZE: *MINOR*
 FACILITY ID: *FAP014576*
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: *Z-C*
 TYPE OF EFFLUENT DISPOSAL: *PERC. Ponds*
 GROUP: DOMESTIC
 GMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

STORE CODE	MON. SITE No.	Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type		
				Average	Maximum	Units	Minimum	Average	Maximum				Units	
050050	1	FLOW	Sample Measurement	.044	.080	MGD				1	CONTINUOUS	METER		
		MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MOD.					SEE PERMIT	SEE PERMIT		
080082	0	CBOD5, INFLUENT	Sample Measurement					77	N/A	MG/L	0	1 Month	Grabs	
		INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L		SEE PERMIT	SEE PERMIT	
00530	0	TSS, INFLUENT	Sample Measurement					65.4	N/A	MG/L	0	1 Month	Grabs	
		INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L		SEE PERMIT	SEE PERMIT	
080082	1	CBOD5, EFFLUENT	Sample Measurement					10	N/A	MG/L	0	1 Month	Grabs	
		EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L		SEE PERMIT	SEE PERMIT	
00530	1	TSS, EFFLUENT	Sample Measurement					7.6	N/A	MG/L	0	1 Month	Grabs	
		EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L		SEE PERMIT	SEE PERMIT	
031616	1	COLIFORM, FECAL	Sample Measurement					<1	<1	N/A	0	1 Month	Grabs	
		EFFLUENT GROSS VALUE	Permit Requirement					REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	N/POUL		SEE PERMIT	GRAB

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type in Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
<i>Carson Schaeffer, Agent</i>	<i>Carson Schaeffer, Agent</i>	<i>239-489-4779</i>	<i>04-03-03</i>

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEF. LIMITS, REPLACES MON. FORM

PERMITTEE NAME: *STANBEE BAYWATER UTILITY CO.*
 MAILING ADDRESS: *MC GREGOR BLVD.*
FORT MYERS, FLORIDA
 FACILITY: *STANBEE BAYWATER*
 LOCATION: *ATTN: GARY WINROW, OWNER*

PERMIT NUMBER: *FAA014576*
 MONITORING PERIOD-From: *2-1-04 TO 2-29-04*
 LIMIT: FINAL
 CLASS SIZE: *MINOR*
 FACILITY ID: *FAA014576*
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: *2-C*
 TYPE OF EFFLUENT DISPOSAL: *POTABLE POND*
 GROUP: DOMESTIC
 GMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

PARAMETER	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				Units
pH 000400 1 MINIMUM		Sample Measurement								
		Permit Requirement								
CHLORINE, TOTAL RESIDUAL 050060 1 EFFLUENT GROSS VALUE		Sample Measurement								
		Permit Requirement								
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620 1 EFFLUENT GROSS VALUE		Sample Measurement								
		Permit Requirement								
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 1 EFFLUENT GROSS VALUE		Sample Measurement								
		Permit Requirement								
<i>CRUD</i> (IF REQUIRED IN THE PERMIT) <i>ANNUAL AVERAGE</i>		Sample Measurement								
		Permit Requirement								
<i>TSS</i> <i>ANNUAL AVERAGE</i>		Sample Measurement								
		Permit Requirement								

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
<i>Carson Schaeffer, Agent</i>	<i>Carson Schaeffer, Agent</i>	<i>889-4779</i>	<i>04-03-23</i>

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

07/09/04 FRI 10:34 FAX 239 482 3400 WATERBURY2 INTERNATIONAL

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA 014576
FEBRUARY 2004

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)100:

044
5590

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (L.U.) min.	pH (L.U.) max.	Fecal Coliform Bacteria (#/100ml)	CL ₂ (For Disinfect.) (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (CAG)
Mon. Site												
1							7.7		5.0			
2							7.7		5.0			
3	.035						7.3		5.0			
4	.035						7.3		5.0			
5	.032						7.4		5.0			
6	.032											
7	.064						7.3		5.0			
8	.039						7.0		5.0			
9	.042						7.4		5.0			
10	.044						7.3		5.0			
11	.042						7.3		5.0			
12	.038						7.3		5.0			
13	.038											
14	.069						7.4		3.3			
15	.051						7.4		4.1			
16	.048						7.4		5.0			
17	.049						7.4		5.0			
18	.049						7.5		5.0			
19	.072						7.5		5.0			
20	.047											
21	.032						7.6		5.0			
22	.043						7.5		5.0			
23	.045						7.4		5.0			
24	.044						7.4		5.0			
25	.091	77	654	10	7.6		7.4	<1	5.0		0615	A
26	.034						7.5		1.9			
27	.034											
28	.047						7.4		5.0			
29	.074						7.4		5.0			
30												
31												

PLANT STAFFING:

Dry Shift Operator Class: B Certificate No: 9650 Name: JOE CUMMINS
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: A Certificate No: 487 Name: CARSON SUTHERLAND
 Type of Effluent Disposal or Reclaimed Water Reuse: PERMITS
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable If yes, cumulative days of wet weather discharge: _____

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES WORKFORM)

PERMITTEE NAME: *SANTIBEZ BAYOU Utility Co.*
 MAILING ADDRESS: *McGREGOR BLVD., SUITE FORT MYERS, FLORIDA*
 FACILITY: *SANTIBEZ BAYOU*
 LOCATION: *SANTIBEZ BAYOU*
 ATTN: *GARY WINROW, PRESIDENT*

PERMIT NUMBER: *FA014576*
 MONITORING PERIOD-From: *3-1-04 TO 3-31-04*
 LIMIT: FINAL
 CLASS SIZE: *MINOR*
 FACILITY ID: *FA014576*
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: *2-C*
 TYPE OF EFFLUENT DISPOSAL: *PERC PONDS.*

GROUP: DOMESTIC
 GMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	STORE CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW											
050050 1 MONTHLY AVERAGE DAILY			<i>.053</i>	<i>.080</i>	<i>MGD</i>						
CBOD5, INFLUENT											
080082 0 INFLUENT GROSS VALUE						<i>53</i>	<i>N/A</i>	<i>MG/L</i>	<i>0</i>	<i>CONTINUOUS METER</i>	
TSS, INFLUENT											
00530 0 INFLUENT GROSS VALUE						<i>18.7</i>	<i>N/A</i>	<i>MG/L</i>	<i>0</i>	<i>1 MONTH GRAB</i>	
CBOD5, EFFLUENT											
080082 1 EFFLUENT GROSS VALUE						<i>9</i>	<i>N/A</i>	<i>MG/L</i>	<i>0</i>	<i>1 MONTH GRAB</i>	
TSS, EFFLUENT											
00530 1 EFFLUENT GROSS VALUE						<i>6.6</i>	<i>N/A</i>	<i>MG/L</i>	<i>0</i>	<i>1 MONTH GRAB</i>	
COLIFORM, FECAL											
031616 1 EFFLUENT GROSS VALUE					<i>1</i>	<i>1</i>	<i>N/A</i>	<i>MG/L</i>	<i>0</i>	<i>1 MONTH GRAB</i>	

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print): *Carson Schaeffer, Authorized Agent*
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Carson Schaeffer, Agent*
 TELEPHONE NO.: *239 459-4779*
 DATE (YY/MM/DD): *04/04/19*

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

07/09/04 FRI 10:36 FAX 239 482 3400 WATERBOYZ INTERNATIONAL

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: *SANIBEL BAYOU UTILITY CO.*
 MAILING ADDRESS: *MCCREGOR BLDG., SUITE
 FORT MYERS, FLORIDA*

FACILITY:
 LOCATION:

ATTN: *SANIBEL BAYOU
 GARY WINROW, PRESIDENT*

PERMIT NUMBER: *FAA014576*
 MONITORING PERIOD - From: *3-1-04 TO 3-31-04*
 LIMIT: FINAL
 CLASS SIZE: *MINOR*
 FACILITY ID: *FAA014576*
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: *Z-C*
 TYPE OF EFFLUENT DISPOSAL: *PERC POND*

GROUP: DOMESTIC
 GMS TESTSITE ID NO.:
 WAER SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

STORET CODE	MON. SITE No.	Parameter	Quantity or Load			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum				Units
		pH									
000400	1	MINIMUM				<i>7.3</i>					
		PERMIT REQUIREMENT				<i>5.2 MINIMUM</i>					
		CHLORINE, TOTAL RESIDUAL									
010060	1	EFFLUENT GROSS VALUE				<i>1.8</i>					
		PERMIT REQUIREMENT									
		NITRATE (as N) (IF REQUIRED IN THE PERMIT)									
000620	1	EFFLUENT GROSS VALUE									
		PERMIT REQUIREMENT									
		NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT)									
000600	1	EFFLUENT GROSS VALUE									
		PERMIT REQUIREMENT									
		<i>CRUD</i> (IF REQUIRED IN THE PERMIT)									
		<i>ANNUAL AVERAGE</i>									
		PERMIT REQUIREMENT									
		<i>TSS</i> <i>ANNUAL AVERAGE</i>									
		PERMIT REQUIREMENT									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type in full): *CARSON SCHAEFFER, AUTHORIZED AGENT*
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Carson Schaeffer, AGENT*
 TELEPHONE NO.: *889-4779*
 DATE (YY/MM/DD): *04/04/19*

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here); (Attach additional sheets if necessary):

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monthly Cr:

FLA 014576
MARCH 2004

Three-month Average Daily Flow:
(TMADF/Permitted Capacity) x 100:

.049
66%

Code	Flow (MGD)	Influent CBODS (mg/L)	Influent TSS (mg/L)	Effluent CBODS (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL ₂ (For Disinfect) (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (CG)
30030	80042	00530	80042	00530	00400	00400	74053	50060	00620			
Mon. Site												
1	.067						7.4		5.0			
2	.060						7.4		5.0			
3	.058						7.6		5.0			
4	.056						7.6		5.0			
5	.056											
6	.063						7.6		5.0			
7	.062						7.5		5.0			
8	.055						7.5		5.0			
9	.059						7.6		5.0			
10	.048						7.5		5.0			
11	.046						7.5		5.0			
12	.046											
13	.063						7.6		5.0			
14	.052						7.6		5.0			
15	.035						7.6		5.0			
16	.047						7.6		5.0			
17	.059						7.6		5.0			
18	.057						7.8		1.8			
19	.057											
20	.059						7.4		5.0			
21	.055						7.5		5.0			
22	.051						7.5		5.0			
23	.050						7.5		5.0			
24	.048	53	18.7	9	6.6		7.5	1	5.0	0.13	0600 G.	
25	.051						7.6		5.0			
26	.051											
27	.061						7.5		2.2			
28	.048						7.5		5.0			
29	.046						7.6		5.0			
30	.053						7.6		5.0			
31	.038						7.3		5.0			

PLANT STAFFING:

Dry Shift Operator Class: B Certificate No: 91650 Name: JOE CARDINAS
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: A Certificate No: 407 Name: CHARAN SCHAEFER
 Type of Effluent Disposal or Reclaimed Water Reuse: RECL. POND
 Limited Wet Weather Discharge Activated: Yes: No Not Applicable If yes, cumulative days of wet weather _____

*Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

EDF LIMITS (REPLACES WORK FORM)

PERMITTEE NAME: *SARITEL BAYOU Utility Co.*
 MAILING ADDRESS: *MCKESSOR BLVD.*
SUITE 81
FORT MYERS, FLORIDA
 FACILITY LOCATION:
 ATTN: *SARITEL BAYOU'S*
GARY WINROW, PRESIDENT

PERMIT NUMBER: *FA014576*
 MONITORING PERIOD—From: *4-1-04 to 4-30-04*
 LIMIT: FINAL
 CLASS SIZE: *MINOR*
 FACILITY ID: *FA014576*
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: *Z-C*
 TYPE OF EFFLUENT DISPOSAL: *Perc. Pond*
 GROUP: DOMESTIC
 GMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analyte	Sample Type
STOREY CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units		
FLOW										
050050	1	<i>.055</i>	<i>.080</i>	<i>MGD</i>					0	<i>CONTINUOUS METER</i>
MONTHLY AVERAGE DAILY										
CBOD5, INFLUENT										
080082	0					<i>20</i>	<i>N/A</i>	<i>MGD</i>	0	<i>MONTHLY GRAB</i>
INFLUENT GROSS VALUE										
TSS, INFLUENT										
00530	0					<i>220</i>	<i>N/A</i>	<i>MGD</i>	0	<i>MONTHLY GRAB</i>
INFLUENT GROSS VALUE										
CBOD5, EFFLUENT										
080082	1					<i>1.0</i>	<i>N/A</i>	<i>MGD</i>	0	<i>MONTHLY GRAB</i>
EFFLUENT GROSS VALUE										
TSS, EFFLUENT										
000530	1					<i>86</i>	<i>N/A</i>	<i>MGD</i>	0	<i>MONTHLY GRAB</i>
EFFLUENT GROSS VALUE										
COLIFORM, FECAL										
031616	1				<i>1</i>	<i>1</i>	<i>N/A</i>	<i>Col. (12)</i> <i>100ml</i>	0	<i>MONTHLY GRAB</i>
EFFLUENT GROSS VALUE										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
<i>Carson Schaeffer, Authorized Agent</i>	<i>Carson Schaeffer, Agent</i>	<i>889-489-4009</i>	<i>04-05-04</i>

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:
MAILING ADDRESS:

SANIBEL BAYOU UTILITY CO.
MCGREGOR BLVD.
SUITE 21
FORT MYERS, FLORIDA

FACILITY:
LOCATION:

ATTN:

SANIBEL BAYOU'S
GARY WINKOWSKI, RESIDENT
Please read instructions before completing this form.

PERMIT NUMBER: FA014576
MONITORING PERIOD - From: 4-1-04 TO 4-30-04
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FA014576
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: Z-C
TYPE OF EFFLUENT DISPOSAL: PERC. PONDS

GROUP: DOMESTIC
GMS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:
*** NO DISCHARGE () ***

STORET CODE	MON. SITE No.	Parameter	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type		
			Average	Maximum	Units	Minimum	Average	Maximum				Units	
000400 1 MINIMUM		pH	Sample Measurement	.....	.....	.....	7.2	.....	7.6	(12) S.U.	0	6/WK.	CRAB.
			Permit Requirement	.....	.....	.....	MINIMUM	.....	DAILY MAX	.....	.....	.....	.....	.....
050060 1 EFFLUENT GROSS VALUE		CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	0.5	.....	.....	(19) MG/L	0	6/WK.	CRAB.
			Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
000620 1 EFFLUENT GROSS VALUE		NITRATE (as N) (IF REQUIRED IN THE PERMIT)	Sample Measurement	.....	.....	.....	.....	.....	0.13	(19) MG/L	0	Handwritten	CRAB.
			Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
000600 1 EFFLUENT GROSS VALUE		NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT)	Sample Measurement	.....	.....	.....	.....	.....	.....	(19)	.....	.....	.....
			Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
		TURBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
			Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)
CARSON SCHAEFFER, Authorized Agent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Carson Schaeffer, Agent

TELEPHONE NO.
889-4779

DATE (YY/MM/DD)
04-05-04

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA 014576
APRIL 2004

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100:

0.051
64%

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (24 hr min)	pH (24 hr max)	Fecal Coliform Bacteria (#/100ml)	CL ₂ (For Disinfect) (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (CAJ)
Mon Site	8											
1	0.150						7.4		5.0			
2	0.150											
3	0.46						7.4		2.2			
4	0.54						7.4		5.0			
5	0.50						7.4		2.5			
6	0.66						7.3		3.3			
7	0.54						7.3		5.0			
8	0.70						7.3		5.0			
9	0.70											
10	0.31						7.6		0.5			
11	0.31						7.3		2.2			
12	0.54						7.4		5.0			
13	0.54						7.4		5.0			
14	0.62						7.3		2.5			
15	0.68						7.6		5.0			
16	0.68											
17	0.46						7.3		2.5			
18	0.42						7.2		2.2			
19	0.50						7.5		5.0			
20	0.78						7.5		5.0			
21	0.66						7.3		2.8			
22	0.70						7.3		3.0			
23	0.70											
24	0.35						7.4		2.6			
25	0.46						7.4		5.0			
26	0.42	20	710	1.0	86		7.4	1	5.0	0.13	0600	A
27	0.54						7.5		5.0			
28	0.27						7.3		2.2			
29	0.54						7.3		5.0			
30	0.78						7.5		3.4			
31												

PLANT STAFFING:

Dry Shift Operator

Class: B

Certificate No: 9650

Name: JOE CARDINAS

Evening Shift Operator

Class: _____

Certificate No: _____

Name: _____

Night Shift Operator

Class: _____

Certificate No: _____

Name: _____

Lead Operator

Class: A

Certificate No: 407

Name: CARSON SCHNEPPER

Type of Effluent Disposal or Reclaimed Water Recycle: PERC. POND

Limited Wet Weather Discharge Activated: Yes No (Not Applicable) If yes, cumulative days of wet weather discharge: _____

Attach additional sheets if necessary to list all certified operators.