

ORIGINAL

060285-SU

FINANCIAL, RATE AND
ENGINEERING MINIMUM
FILING REQUIREMENTS

=====

ADDITIONAL ENGINEERING INFORMATION

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UTILITIES, INC. OF SANDALHAVEN

DOCKET NO.: 060285-SU

CHARLOTTE COUNTY

VOLUME III

- CMP _____
- COM 5
- CTR _____
- ECR _____
- GCL 1
- OPC 1
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

Test Year Ended December 31, 2005

DOCUMENT NUMBER-DATE
04264 MAY 15 8
FPSC-COMMISSION CLERK

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ADDITIONAL ENGINEERING INFORMATION

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UTILITIES, INC. OF SANDALHAVEN

DOCKET NO.: 060285-SU

CHARLOTTE COUNTY

Test Year Ended December 31, 2005

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ADDITIONAL ENGINEERING INFORMATION
UTILITIES, INC. OF SANDALHAVEN
DOCKET NO.: 060285-SU
CHARLOTTE COUNTY

Test Year Ended December 31, 2005

UTILITIES, INC. OF SANDALHAVEN

DOCKET NO.: 060285-SU

CHARLOTTE COUNTY

25.30-440 (1)
Detailed Map

Test Year Ended December 31, 2005

MISSING

UTILITIES, INC. OF SANDALHAVEN

DOCKET NO.: 060285-SU

CHARLOTTE COUNTY

25.30-440 (2)
Chemicals Used

Test Year Ended December 31, 2005

Dosage rates vary depending on various factors in order to produce potable water or treated effluent that meets all regulatory requirements.

Company	W/S	Invoice Number	Type	Quantity	Per Unit	Amount	Tax	Total
UTILITIES, INC OF SANDALHAVEN	S	850	Sodium Hypochlorite	357	1.10	392.70		392.70
UTILITIES, INC OF SANDALHAVEN	S	850	Fuelsurcharge	1	8.00	8.00		8.00
UTILITIES, INC OF SANDALHAVEN	S	850	Total for invoice No. 850			400.70	-	400.70
UTILITIES, INC OF SANDALHAVEN	S	2697	Sodium Hypochlorite	305	1.10	335.50		
UTILITIES, INC OF SANDALHAVEN	S	2697	Fuelsurcharge	1	8.00	8.00		
UTILITIES, INC OF SANDALHAVEN	S	2697	Total for invoice No. 2697			343.50	-	343.50
UTILITIES, INC OF SANDALHAVEN	S	3601	Sodium Hypochlorite	264	1.10	290.40		
UTILITIES, INC OF SANDALHAVEN	S	3601	Fuelsurcharge	1	8.00	8.00		
UTILITIES, INC OF SANDALHAVEN	S	3601	Total for invoice No. 3601			298.40	-	298.40
UTILITIES, INC OF SANDALHAVEN	S	3601	Sodium Hypochlorite	179	1.10	196.90		
UTILITIES, INC OF SANDALHAVEN	S	3601	Fuelsurcharge	1	8.00	8.00		
UTILITIES, INC OF SANDALHAVEN	S	3601	Total for invoice No. 3601			204.90	-	204.90
UTILITIES, INC OF SANDALHAVEN	S	4392	Histosol OP	21	11.92	250.32		
UTILITIES, INC OF SANDALHAVEN	S	4392	Freight	1	6.74	6.74		
UTILITIES, INC OF SANDALHAVEN	S	4392	Total for invoice No. 4392			257.06	-	257.06
UTILITIES, INC OF SANDALHAVEN	S	4392	Histosol OP	220	13.71	3,016.20		
UTILITIES, INC OF SANDALHAVEN	S	4392	Freight	1	223.82	223.82		
UTILITIES, INC OF SANDALHAVEN	S	4392	Total for invoice No. 4392			3,240.02	-	3,240.02
UTILITIES, INC OF SANDALHAVEN	S	72844	Sodium Hypochlorite	249	0.85	211.65		211.65
UTILITIES, INC OF SANDALHAVEN	S	75934	Sodium Hypochlorite	404	0.85	343.40		343.40
UTILITIES, INC OF SANDALHAVEN	S	75934	Sodium Hypochlorite	469	0.85	398.65		398.65
UTILITIES, INC OF SANDALHAVEN	S	76612	Sodium Hypochlorite	252	0.95	239.40		239.40
UTILITIES, INC OF SANDALHAVEN	S	76612	Sodium Hypochlorite	128	0.95	121.60		121.60
UTILITIES, INC OF SANDALHAVEN	S	77188	Histosol OP	220	13.71	3,016.20		
UTILITIES, INC OF SANDALHAVEN	S	77188	Freight	1	204.82	204.82		
UTILITIES, INC OF SANDALHAVEN	S	77188	Total for invoice No. 77188			3,221.02	-	3,221.02
UTILITIES, INC OF SANDALHAVEN	S	78074	Sodium Hypochlorite	249	0.95	236.55		236.55
UTILITIES, INC OF SANDALHAVEN	S	78074	Hydrated Lime	40	7.75	310.00	21.70	331.70
UTILITIES, INC OF SANDALHAVEN	S	78642	Sodium Hypochlorite	205	0.95	194.75		194.75
UTILITIES, INC OF SANDALHAVEN	S	80525	Histosol OP	220	13.71	3,016.20		
UTILITIES, INC OF SANDALHAVEN	S	80525	Freight	1	207.97	207.97		
UTILITIES, INC OF SANDALHAVEN	S	80525	Total for invoice No. 80525			3,224.17	-	3,224.17
UTILITIES, INC OF SANDALHAVEN	S	80968	Sodium Hypochlorite	219	0.95	208.05		208.05
UTILITIES, INC OF SANDALHAVEN	S	80968	Sodium Hypochlorite	171	0.95	162.45		162.45
UTILITIES, INC OF SANDALHAVEN	S	81730	Sodium Hypochlorite	270	0.95	256.50		256.50
UTILITIES, INC OF SANDALHAVEN	S	83026	Sodium Hypochlorite	489	0.95	464.55		464.55
UTILITIES, INC OF SANDALHAVEN	S	83879	Sodium Hypochlorite	180	0.95	171.00		171.00
UTILITIES, INC OF SANDALHAVEN	S	83879	Sodium Hypochlorite	245	0.95	232.75		232.75
UTILITIES, INC OF SANDALHAVEN	S	83879	Sodium Hypochlorite	210	0.95	199.50		199.50
UTILITIES, INC OF SANDALHAVEN	S	83886	Histosol OP	220	13.71	3,016.20		
UTILITIES, INC OF SANDALHAVEN	S	83886	Shipping/Handling	1	210.19	210.19		
UTILITIES, INC OF SANDALHAVEN	S	83886	Total for invoice No. 83886			3,226.39	-	3,226.39
UTILITIES, INC OF SANDALHAVEN	S	84783	Sodium Hypochlorite	305	0.95	289.75		289.75
UTILITIES, INC OF SANDALHAVEN	S	85186	Sodium Hypochlorite	156	0.95	148.20		148.20
UTILITIES, INC OF SANDALHAVEN	S	87216	Sodium Hypochlorite	305	0.95	289.75		289.75
UTILITIES, INC OF SANDALHAVEN	S	88391	Sodium Hypochlorite	393	0.95	373.35		373.35
UTILITIES, INC OF SANDALHAVEN	S	90950	Sodium Hypochlorite	421	1.10	463.10		463.10
UTILITIES, INC OF SANDALHAVEN	S	91766	Histosol OP	220	13.76	3,027.20		
UTILITIES, INC OF SANDALHAVEN	S	91766	Freight	1	223.24	223.24		
UTILITIES, INC OF SANDALHAVEN	S	91766	Total for invoice No. 91766			3,250.44	-	3,250.44
UTILITIES, INC OF SANDALHAVEN	S	91843	Sodium Hypochlorite	402	1.10	442.20		442.20
UTILITIES, INC OF SANDALHAVEN	S	93624	Sodium Hypochlorite	410	1.10	451.00		451.00
UTILITIES, INC OF SANDALHAVEN	S	95411	Sodium Hypochlorite	457	1.10	502.70		502.70
UTILITIES, INC OF SANDALHAVEN	S	97284	Sodium Hypochlorite	291	1.10	320.10		
UTILITIES, INC OF SANDALHAVEN	S	97284	Freight	1	8.00	8.00		
UTILITIES, INC OF SANDALHAVEN	S	97284	Total for invoice No. 97284			328.10	-	328.10
UTILITIES, INC OF SANDALHAVEN	S	99037	Histosol OP	220	13.71	3,016.20		
UTILITIES, INC OF SANDALHAVEN	S	99037	Freight	1	238.02	238.02		
UTILITIES, INC OF SANDALHAVEN	S	99037	Total for invoice No. 99037			3,254.22	-	3,254.22
UTILITIES, INC OF SANDALHAVEN	S	99185	Sodium Hypochlorite	427	1.10	469.70		
UTILITIES, INC OF SANDALHAVEN	S	99185	Fuelsurcharge	1	8.00	8.00		
UTILITIES, INC OF SANDALHAVEN	S	99185	Trichloroisocyanuric Acid Dry	1	130.85	130.85		
UTILITIES, INC OF SANDALHAVEN	S	99185	Total for invoice No. 99185			608.55	-	608.55
UTILITIES, INC OF SANDALHAVEN	S	99185	Sodium Hypochlorite	288	1.10	316.80		316.80
UTILITIES, INC OF SANDALHAVEN	S	99697	Sodium Hypochlorite	260	1.10	286.00		
UTILITIES, INC OF SANDALHAVEN	S	99697	Fuelsurcharge	1	8.00	8.00		
UTILITIES, INC OF SANDALHAVEN	S	99697	Total for invoice No. 99697			294.00	-	294.00

UTILITIES, INC. OF SANDALHAVEN

DOCKET NO.: 060285-SU

CHARLOTTE COUNTY

25.30-440 (3)
Chemical Analyses

Test Year Ended December 31, 2005

Page: 1 of 2

Client Project: Sandalhaven
 Lab Project: N0507323
 Report Date: 08/18/05



Laboratory Results

Utilities, Inc.
 Plant Operator
 6811 Placida Rd
 Englewood, FL 34224

Lab ID	Sample Description	Sample Source	Received Date/Time	Sample Date/Time				
N0507323-01	Eff. Reuse grab	Waste Water	7/25/05 13:00	7/25/05 9:00				
Analysis	Method	Results	Qual	Detection Limit	Units	AnalysisDate/Time	Analyst	Cert ID
Arsenic	200.7	0.001	U	0.001	mg/L	7/27/05 17:35	JPW	E84380
Barium	200.7	0.006		0.001	mg/L	7/27/05 17:35	JPW	E84380
Cadmium	200.7	0.001	U	0.001	mg/L	7/27/05 17:35	JPW	E84380
Chloride	4500Cl-B	67		10	mg/L	7/26/05 8:30	EW	E84380
Chromium	200.7	0.001	U	0.001	mg/L	7/27/05 17:35	JPW	E84380
Copper	200.7	0.002		0.001	mg/L	7/27/05 17:35	JPW	E84380
Iron	200.7	0.020		0.007	mg/L	7/27/05 17:35	JPW	E84380
Lead	200.7	0.001	U	0.001	mg/L	7/27/05 17:35	JPW	E84380
Manganese	200.7	0.005		0.001	mg/L	7/27/05 17:35	JPW	E84380
Mercury	245.1	0.001	U	0.001	mg/L	8/10/05 9:55	BY	E84380
Nitrate-N	353.2	4.84		0.01	mg/L	7/25/05 14:54	SJ	E84380
pH	150.1	7.10	Q	0.01	std units	7/25/05 14:00	EW	E84380
See attached results	Subcontract					7/26/05 14:10	SLB	
Selenium	200.7	0.001	U	0.001	mg/L	7/27/05 17:35	JPW	E84380
Silver	200.7	0.001		0.001	mg/L	7/27/05 17:35	JPW	E84380
Sodium	200.7	96.0		24.5	mg/L	7/27/05 17:35	JPW	E84380
Sulfate	375.4	65		2	mg/L	7/29/05 13:00	EW	E84380
Total Dissolved Solids	160.1	332		10	mg/L	7/27/05 12:00	EW	E84380

Page: 2 of 2

Client Project: Sandalhaven

Lab Project: N0507323

Report Date: 08/18/05

Laboratory Results

Lab ID	Sample Description	Sample Source	Received Date/Time	Sample Date/Time
N0507323-01	Eff. Return grab	Waste Water	7/25/05 13:00	7/25/05 9:00

Analysis	Method	Results	Qual	Detection Limit	Units	AnalysisDate/Time	Analyst	Cert ID
Zinc	200.7	0.025		0.001	mg/L	7/27/05 17:35	JPW	E84380

Approved by:

Comments:

 Andrew Konopacki/Lab Supervisor
 Kathrine Bartkiewicz/Lab Supervisor

Test Results meet all the requirements of the NELAC standards.



RECLAIMED WATER OR EFFLUENT ANALYSIS REPORT

Part I - Instructions

- (1) All applicable items must be completed in full. Note that if parts of this application do not apply, those parts of the form need not be executed.
- (2) All information is to be typed or printed in ink.
- (3) This form shall be submitted to the appropriate District Office in accordance with the schedule in the permit.
- (4) Analyses shall be performed using appropriate methods and shall be capable of achieving minimum detection limits less than or equal to the maximum contaminant levels shown.
- (5) The following instructions apply to Parts III through VIII of this form.
- (6) Column (a) - List the parameters that are to be analyzed.
- (7) Column (b) List the STORET Code for these parameters.
- (8) Column (c) - Record the results of the analysis. If the result was below the minimum detection limit, indicate by showing a less than sign preceding the detection limit for the analytical method used (i.e. <0.01).
- (9) Column (d) - List the primary or secondary drinking water standard from Chapter 62-550, F.A.C.
- (10) Column (e) - Indicate the analytical method used. Record the number from Figure 1 in Chapter 62-601, F.A.C., or from other sources.
- (11) Column (f) - Enter the date on which the analysis was run (MM/DD/YR).
- (12) Column (g) - If the result shown in Column (c) is greater than the standard shown in Column (d) - enter an asterisk (*) in Column (g).

Part II - General Information

- (1) Facility Name: Sandalhaven
- Address: 6811 Placida Road
- City: Englewood State: FL Zip: 34224-0000
- Telephone Number (including area code): 941-697-4797

(2) Owner or Authorized Representative

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone including area code: _____

(3) Method of Discharge: _____

(4) Report Period _____ To _____
(Beginning Date) (End Date)

(5) Name of Laboratory conducting the analysis: Sanders Laboratories, Inc

Address: 1050 Endeavor Court

City: Nokomis State: FL Zip: 34275-0000

Telephone including area code: 941-488-8103

(6) The facility DEP identification number (WAFR or GMS ID #): _____

(7) DEP test site identification number (for the sampling location) _____

(8) Description of the monitoring point: _____

(9) Date on which the sample was taken (MM/DD/YR) 07/25/05

Time of day at which the sample was taken 9:00 AM PM

(10) Date of extraction for the organic chemical analysis performed in Part VI 07/20/05 08/03/05 (MM/DD/YR)

Part III - Inorganic Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Arsenic	900208	<0.001	0.05	200.7	07/27/05	
Barium	900209	0.006	1.0	200.7	07/27/05	
Cadmium	900210	<0.001	0.010	200.7	07/27/05	
Chromium	900211	<0.001	0.05	200.7	07/27/05	
Fluoride	000951	0.17	4.0	SM 4500FC	08/01/05	
Lead	900212	<0.001	0.05	200.7	07/27/05	
Mercury	900213	<0.001	0.002	245.1	08/10/05	
Nitrate (as N)	071850	4.84	10	353.2	07/25/05	
Selenium	900214	<0.001	0.01	200.7	07/27/05	
Silver	900215	0.001	0.05	200.7	07/27/05	
Sodium	000929	96.0	160	200.7	07/27/05	

Part IV - Volatile Organic Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (µg/L)	(d) Standard (µg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Ethylene dibromide	900222	<0.005	0.02	504	08/03/05	
Para-dichlorobenzene	--	<0.5	75	601	07/27/05	
Vinyl Chloride	039175	<0.5	1	601	07/27/05	
1,1-dichloroethane	034496	<0.3	7	601	07/27/05	
1,2-dichloroethane	034531	<0.2	3	601	07/27/05	
1,1,1-trichloroethane	034506	<0.3	200	601	07/27/05	
Carbon tetrachloride	032102	<0.3	3	601	07/27/05	
Trichloroethene	--	<0.2	3	601	07/27/05	
Tetrachloroethene	--	<0.2	3	601	07/27/05	
Benzene	034030	<0.5	1	602	07/27/05	

Part V - Trihalomethane Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (µg/L)	(d) Standard (µg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Total THM	082080	190	100	601	07/27/05	*

Part VI - Organic Chemical Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (µg/L)	(d) Standard (µg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Endrin	039390	<0.01	0.02	608	08/02/05	
Lindane	039782	<0.01	4	608	08/02/05	
Methoxychlor	039480	<0.02	100	608	08/02/05	
Toxaphene	039400	<0.5	5	608	08/02/05	
2,4-D	039730	<1.0	100	SM 6640 B	04/18/05	
2,4,5-TP (Silvex)	039760	<0.25	10	SM 6640 B	04/18/05	

Part VII - Radiological Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (pCi/L)	(d) Standard (pCi/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Gross alpha excl. radon and uranium	001519	4.1	15	900.0	08/09/05	
Radium-226 and Radium-228 combined	011503	0.5	5	903.1 / Ra-05	08/09/05 08/16/05	

Part VIII - Secondary Chemical Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Chloride	000940	67	250	4500Cl-B	07/26/05	
Copper	900218	0.002	1	200.7	07/27/05	
iron	900219	0.020	0.3	200.7	07/27/05	
Manganese	900220	0.005	0.05	200.7	07/27/05	
Sulfate	000945	65	250	375.4	07/29/05	
Zinc	900221	0.025	5	200.7	07/27/05	
pH (units)	000403	7.10	6.5 - 8.5	150.1	07/25/05	
TDS	070300	332	500	160.1	07/27/05	
Foaming Agents	900217	0.32	0.5	SM 5540 C	07/27/05	

Part IX - Certification

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

Date: _____

Phone: _____

Signature of Lead Operator

Name (please type) and Certification Number

Address

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2210



Sanders Laboratories
1050 Endeavor Court
Nokomis, FL 34275-3623

August 17, 2005
Project No: 52405

Laboratory Report

Project Name N0507323
Sample Description N0507323-01D
Matrix Wastewater
SAL Sample Number 52405.01
Date/Time Collected 07/25/05 09:00
Date/Time Received 07/26/05 09:55

Parameters	Units	Results	Method	Detection Limit	Date/Time Analyzed	Date/Time Prep	Analyst
<u>Pesticide Analyses</u>							
Date Extracted		08/02/05	EPA 504			08/02/05 16:00	MDB
Ethylene Dibromide (EDB)	ug/l	0.005 U	EPA 504	0.005	08/03/05 09:09	08/02/05 16:00	BTJ
<u>Total Trihalomethane Analyses</u>							
Bromodichloromethane	ug/l	21	EPA 601	0.3	07/27/05 19:18		JRW
Bromoform	ug/l	0.5 U	EPA 601	0.5	07/27/05 18:26		JRW
Chloroform	ug/l	170	EPA 601	0.2	07/27/05 19:18		JRW
Dibromochloromethane	ug/l	0.5 U	EPA 601	0.5	07/27/05 18:26		JRW
Total Trihalomethanes	ug/l	190	EPA 601	0.2	07/27/05 18:26		JRW
<u>Organochlorine Pesticides and PCBs</u>							
Lindane	ug/l	0.01 U	EPA 608	0.01	08/02/05 01:42	07/28/05 14:00	JKS
Endrin	ug/l	0.01 U	EPA 608	0.01	08/02/05 01:42	07/28/05 14:00	JKS
Methoxychlor	ug/l	0.02 U	EPA 608	0.02	08/02/05 01:42	07/28/05 14:00	JKS
Toxaphene	ug/l	0.5 U	EPA 608	0.5	08/02/05 01:42	07/28/05 14:00	JKS
<u>Chlorinated Herbicides</u>							
2,4,5-TP (Silvex)	ug/l	0.25 U	SM 6640 B	0.25	08/04/05 15:28	08/03/05 08:00	BTJ
2,4-D	ug/l	1.0 U	SM 6640 B	1.0	08/04/05 15:28	08/03/05 08:00	BTJ
<u>Purgeable Halocarbons</u>							
Carbon tetrachloride	ug/l	0.3 U	EPA 601	0.3	07/27/05 18:26		JRW
1,4-Dichlorobenzene	ug/l	0.5 U	EPA 601	0.5	07/27/05 18:26		JRW
1,1-Dichloroethane	ug/l	0.3 U	EPA 601	0.3	07/27/05 18:26		JRW
1,2-Dichloroethane	ug/l	0.2 U	EPA 601	0.2	07/27/05 18:26		JRW
Tetrachloroethane	ug/l	0.2 U	EPA 601	0.2	07/27/05 18:26		JRW
1,1,1-Trichloroethane	ug/l	0.3 U	EPA 601	0.3	07/27/05 18:26		JRW
Trichloroethene	ug/l	0.2 U	EPA 601	0.2	07/27/05 18:26		JRW
Vinyl chloride	ug/l	0.5 U	EPA 601	0.5	07/27/05 18:26		JRW
<u>Purgeable Aromatics</u>							
Benzene	ug/l	0.5 U	EPA 602	0.5	07/27/05 18:26		JRW

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218



Sanders Laboratories
1050 Endeavor Court
Nokomis, FL 34275-3623

August 17, 2005
Project No: 52405

Laboratory Report

Project Name N0507323
Sample Description N0507323-01D
Matrix Wastewater
SAL Sample Number 52405.01
Date/Time Collected 07/25/05 09:00
Date/Time Received 07/26/05 09:55

Parameters	Units	Results	Method	Detection Limit	Date/Time Analyzed	Date/Time Prep	Analyst
Inorganics							
Fluoride	mg/l	0.17	SM 4500F C	0.02	08/01/05 08:23		MJW
Surfactants(MBAS as LAS, mol wt 342)	mg/l	0.32	SM 5540 C	0.05	07/27/05 08:56		MJW
Radiochemistry							
Gross Alpha	pCi/l	4.1±1.3	EPA 900.0	3.0	08/09/05 09:20	08/05/05 08:00	AWW
Radium-226	pCi/l	0.5±0.07	EPA 903.1	0.1	08/09/05 12:20	08/03/05 08:00	AWW
Radium-228	pCi/l	0.6±0.3 U1	EPA RA-05	0.6	08/16/05 15:09	08/14/05 14:45	AWW

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218



Sanders Laboratories
1050 Endeavor Court
Nokomis, FL 34275-3623

August 17, 2005
Project No: 52405

Laboratory Report

Footnotes

- * Test results presented in this report meet all the requirements of the NELAC standards.
- ** A statement of estimated uncertainty of test results is available upon request.
- U Analyte was undetected. Indicated concentration is method detection limit.
- U1 Analyte was not detected; indicated concentration is method detection limit. Radiochemistry MDL is sample specific and matrix dependent.

Lab Project Summary

Lab Project #: N0507323
Client: Utilities, Inc. of Florida
200 Weathersfield Ave.

Total Pages: 12

Phone: Alamonte Spring FL 32714
941-474-5191
Fax:
E-mail:
Client Project Name: Sandalhaven
Laboratory Contact: Tami Bright

QUALIFIER DEFINITIONS

B: Results based upon colony counts outside the acceptable range.
J3: The reported value failed to meet the established quality control criteria.
J4: The sample matrix interfered with the ability to make an accurate determination.
J5: The data is questionable because of improper lab or field protocols.
K: Off scale low, actual value is less than the value given.
L: Off scale high, actual value is known to be greater than the value given.
Q: Sample held beyond acceptable holding time.
U: The compound was analyzed for, but not detected.
V: The analyte was detected in both the sample and the associated method blank.
Y: The sample was unpreserved or improperly preserved.
Z: Too many colonies present (TNTC).
* Meets and/or exceeds acceptable drinking water limits, per FAC 62-550.
** This is an uncertified result.
HACH results are uncertified.

A statement of estimated uncertainty of results is available upon request.

Laboratory report shall not be reproduced except in full, without the written approval of Sanders Laboratories
Sanders Laboratories follows DEP standard operating procedures for field sampling.

Reports are archived for a minimum of 5 years. Copies of reports which are less than 1 year old are available for a fee of \$25.00 per report. Reports older than 1 year are available for a fee of \$50.00 per report. Copies will be provided within 1 week of the time of the request.

UTILITIES, INC. OF SANDALHAVEN

DOCKET NO.: 060285-SU

CHARLOTTE COUNTY

25.30-440 (4)
Operations Reports

Test Year Ended December 31, 2005

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

699

When Completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Fort Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 200 Weatherfield Avenue
 Alhambra Springs, FL 32714

FACILITY: Sandalhaven WTP
 6811 Phacide Road
 Englewood, FL 33533

COUNTY: Charlotte

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD from: 01-01-04 to 01-31-04

REPORT: Monthly
 GROUP: Domestic

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample T.
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Flow	Sample Measurement	0.001		mgd			
Flow	Sample Measurement	0.0004		mgd			
Flow	Sample Measurement			mgd			
Flow	Sample Measurement			mgd			
BOD, Carbonaceous 5 day, 20C	Sample Measurement	213		mgd			
BOD, Carbonaceous 5 day, 20C	Sample Measurement	<2		mgd			
Solids, Total Suspended	Sample Measurement	0.97		mgd			

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 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, for submitting false information.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y/M/M/D)
Robert + Ruel, Lead Operator	<i>[Signature]</i>	6974757	04/11/04

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

Morning of 1-25-04 NTR strike 3.2. Back in range on onflow. No sample. 0.009 gal request
 Morning of 1-25-04 NTR strike 3.0. Back in range on onflow. No sample. 0.003 gal request.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWP PERMIT NUMBER: FLA014053 MONITORING GROUP NO.: R-001 and Influent

MONITORING PERIOD From: 1-01-04 To: 1-31-04

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. EX.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement	mg/l	0.85	1.3	⊕	Every Two Weeks	8-hour PPC
pH	Sample Measurement	S.U.	6.70	7.2	⊕	5x/Week	Grab
Coliform, Fecal	Sample Measurement	#/100ml	< 1	< 1	⊕	Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement	#/100ml	< 1	< 1	⊕	Every Two Weeks	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement	mg/l	1.0	1.0	⊕	5x/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement	mg/l	⊕	⊕		Every Two Weeks	8-hour PPC
Flow	Sample Measurement	mgd	0.001		⊕	5x/Week	Flow meters and totalizers
Flow	Sample Measurement	mgd	0.001		⊕	5x/Week	Flow meters and totalizers
PARM Code 50150	Report	Report	0.0001	0.0002		5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement	mg/l	320.5		⊕	Every Two Weeks	8-hour PPC
Solids, Total Suspended	Sample Measurement	mg/l	435		⊕	Every Two Weeks	8-hour PPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

FACILITY LOCATION: Sandalhaven WWTP
 6811 Placida Road
 Englewood, FL 33533

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-002

REPORT GROUP: Monthly Domestic

COUNTY: Charlotte

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 1-01-04 To: 1-31-04

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		0.088	mgd			⊖	5X/Week	Flow meters and totalizers
Flow		0.107	mgd			⊖	5X/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C				2.13	mg/l	⊖	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C				1.2	mg/l	⊖	Every Two Weeks	8-hour FPC
Solids, Total Suspended				1.2	mg/l	⊖	4X/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert Paver, Lead Operator	<i>Robert Paver</i>	941/697-4797	04/16/04

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

PAGE 03

SANDA_HAVEN_UTL

9416978959

02/13/2004 16:06

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP

PERMIT NUMBER: FLA014053

MONITORING GROUP NO: R-002

MONITORING PERIOD From: 1-03-04

To: 1-31-04

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.7	7.2	S.U.	10	5x/Week	Grab
Coliform, Fecal	Sample Measurement			<1	<1	#/100ml	2	4x/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0		mg/l	0	Continuous	Grab
Turbidity	Sample Measurement			3.2		ntus	2	Continuous	Meter
	Sample Measurement								
	Sample Measurement								
	Sample Measurement								
	Sample Measurement								
	Sample Measurement								

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

For more information, please contact the nearest office of the Environmental Protection Agency, South Dakota, P.O. Box 2749, Pierre, SD 57501-2749

MAILING ADDRESS: 100 Woodward Avenue
 Alhambra Springs, FL 32714
FACILITY: Sandhaven WWT
 6211 Pineda Road
 Dugway, FL 32033
COUNTY: Charlotte

REPORT NUMBER: (optional)
CLASS SIZE: N/A
REPORT GROUP:

MONITORING GROUP NUMBER: R-001 and Interm
NO DISCHARGE FROM SITE:

MONITORING PERIOD From 2-01-04 To 2-29-04

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
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Flow	Sample Measurement	mgd			0	5X/Week	Flow meters and totalizers
Flow	Sample Measurement	mgd			0	5X/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.81	mg/L	0	Every Two Weeks	B-hour PPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		0.97	mg/L	0	Every Two Weeks	B-hour PPC

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: _____ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: _____ TELEPHONE NO: _____ DATE (Y/M/D): _____

REPORT PREPARED BY: _____

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (PLEASE BE SPECIFIC)

MONITORING GROUP NO. _____ FROM _____ TO _____

PERMIT NUMBER: 1514000

DATE: 3-29-04

Parameter	Quantity or Location	Units	No. Ex.	Frequency of Analysis	Sample Type	Sample Measurement	Quality or Concentration	Units
Solids, Total Suspended	Sample Measurement			Every Two Weeks	8-hour FPC	20.6	20.6	mg/L
pH	Sample Measurement			5x/Week	Grab	6.5	7.6	SI
Calcium, Total	Sample Measurement			Every Two Weeks	Grab	71	71	mg/L
Calcium, Total	Sample Measurement			Every Two Weeks	Grab	71	71	mg/L
Chlorine, Total	Sample Measurement			Every Two Weeks	Grab	<1	<1	mg/L
Total Residual Chlorine (or Disinfection)	Sample Measurement			5x/Week	Grab	1.6	1.6	mg/L
Mercury, Nitrate, Total (as N)	Sample Measurement			Every Two Weeks	8-hour FPC	0.01	0.01	mg/L
Flow	Sample Measurement			5x/Week	Flow meters and totalizers	0.0013		mgd
Flow	Sample Measurement			5x/Week	Flow meters and totalizers	0.0014		mgd
Flow	Sample Measurement			Every Two Weeks	8-hour FPC	156.5		mgd
Flow	Sample Measurement			Every Two Weeks	8-hour FPC	226		mgd

THIS REPORT HAS BEEN PREPARED BY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION, SOUTH BRANCH, P.O. BOX 2519, ST. JOHNS, FL 32087

PERMIT NUMBER: RA10403

LIMIT: Final

CLASS SIZE: N/A

REPORT GROUP: Domestic

NO DISCHARGE FROM SITE

MONITORING GROUP NUMBER: R-002

LOCATION: Sandhaven WWT
6811 Phyllis Road
Ingleswood, FL 33533

FACILITY: Sandhaven WWT

COUNTY: Charlotte

MAILING ADDRESS: Florida Department of Environment
200 W. Campbell Avenue
Altoona Springs, FL 32714

MONITORING PERIOD: From 2-01-04

To: 2-29-04

Parameter Quantity or Loading Units Quality or Concentration Units No. Ex. Frequency of Analysis Sample Type

Flow Sample Measurement 0.089 mgd Flow meters and totalizers

Flow Sample Measurement 0.114 mgd Flow meters and totalizers

Flow Sample Measurement 2.21 mg/l 2-hour FFC

BOD, Carbonaceous 5 day, 20C Sample Measurement 6 mg/l Every Two Weeks

BOD, Carbonaceous 5 day, 20C Sample Measurement 1.0 mg/l 4X/Week

Solid, Total Suspended Sample Measurement 2 mg/l Every Two Weeks

Grab Sample Measurement 2 mg/l Every Two Weeks

Flow meters and totalizers

Flow meters and totalizers

Flow meters and totalizers

Flow meters and totalizers

Flow meters and totalizers

Flow meters and totalizers

Flow meters and totalizers

Flow meters and totalizers

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 PERSONAL EMPLOYEE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO. DATE

AGENCY NAME (Print Name)

COMMITMENT AND MAINTENANCE OF ANY SPECIAL FEES (INCLUDES ANNUAL FEES)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandhaven

MAILING ADDRESS: 200 Weatherfield Avenue

Altamonte Springs, FL 32714

Sandhaven WWT

6811 Paces Road

Englewood, FL 33533

FACILITY:

LOCATION:

COUNTY: Charlotte

LIMIT: Final

CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001 and Inflow

NO DISCHARGE FROM SITE:

REPORT GROUP: Monthly Domestic

REPORT GROUP: Monthly Domestic

MONITORING PERIOD From: 3-01-04 To: 3-31-04

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
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Flow	Sample Measurement	mgd	0.0013	mgd	0	5X/Week	Flow meters and totalizers
Flow	Sample Measurement	mgd	0	mgd	0	5X/Week	Flow meters and totalizers

BOD, Carbonaceous 5 day, 20C	Sample Measurement	mg/l	2.17	mg/l	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement	mg/l	2	mg/l	0	Every Two Weeks	8-hour FPC

Solids, Total Suspended	Sample Measurement	mg/l	0.98	mg/l	0	Every Two Weeks	8-hour FPC
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I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE
Robert Paver, Lead Operator	<i>[Signature]</i>	941/697-4797	04/04/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sanda Haven WWTP

PERMIT NUMBER: FLA014653

MONITORING GROUP NO.: R-001 and Infiltrat

MONITORING PERIOD: From 3-01-04 To 3-31-04

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			0.7	mg/l	0	Every Two Weeks	8-hour FPC
pH	Sample Measurement			1.5		0	Every Two Weeks	8-hour FPC
Coliform, Fecal	Sample Measurement			6.9	S.U.	0	5x/Week	Grab
Coliform, Fecal	Sample Measurement			<1	#/100ml		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	#/100ml	0	Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.6	mg/l	0	5x/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0	mg/l	0	5 Days/Week	Grab
Flow	Sample Measurement	0.0013	mgd			0	Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0	mgd			0	5x/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0014	mgd			0	5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0	mgd			0	5x/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			330.67	mg/l	0	5 Days/Week	Flow meters and totalizers
Solids, Total Suspended	Sample Measurement			330.67	mg/l	0	Every Two Weeks	8-hour FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 33533

LIMIT: Final
 CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-002

COUNTY: Charlotte

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 03-01-04 To: 03-31-04

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.089	mgd			0	5X/Week	Flow meters and totalizers
			mgd					Flow meters and totalizers
Flow	Sample Measurement	0.108	mgd			0	5X/Week	Flow meters and totalizers
			mgd					Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				mg/l	0	Every Two Weeks	8-hour FPC
								8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	mg/l	0	Every Two Weeks	8-hour FPC
								8-hour FPC
Solids, Total Suspended	Sample Measurement			1.5	mg/l	0	4X/Week	Grab
								Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert Paver, Lead Operator	<i>Robert Paver</i>	941/697-4797	04/03/17

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

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLAD14053

Monitoring Period

From: 3-01-04 To: 3-31-04

Facility: Sandalhaven WWTP

Code	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	TRC (For Disinfect.) (mg/l)	Nitrate, Total (as N) (mg/l)	Turbidity (npu)
Mon. Site	OTH-1A& OTH-2	EFA-1	INF-1	EFA-1	EFB-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1
1	0.068				0.6		7.0	<1	3.4			1.71
2	0.120				0.6		7.3	<1	4.3			1.43
3	0.089	2	158	0.6	0.7	228	7.1	<1	5.0			1.50
4	0.087				0.6		6.9	<1	5.0			0.76
5	0.112						7.1		5.0			1.61
6	0.065						7.1		3.5			2.41
7	0.115						7.0		5.0			0.83
8	0.110				0.6		7.1	<1	5.0			1.14
9	0.102				0.6		7.3	<1	2.8			0.73
10	0.112				0.6		7.1	<1	4.5			0.82
11	0.109				0.6		7.1	<1	5.0			1.70
12	0.110						7.2		5.0			1.90
13	0.110						7.1		5.0			0.54
14	0.123						7.1	<1	4.2			0.51
15	0.110				0.6		7.1	<1	4.7			0.61
16	0.113				0.6		7.1	<1	3.1			0.61
17	0.141	2	300	0.6	0.6	264	7.1	<1	1.6			0.65
18	0.129				0.6		7.1	<1	1.7			1.11
19	0.142						7.2		5.0			1.36
20	0.126						7.1		5.0			1.18
21	0.126						7.2		5.0			1.32
22	0.106				0.6		7.1	<1	3.6			1.09
23	0.112				0.6		7.1	<1	5.0			1.10
24	0.114				0.6		7.3	<1	3.6			1.91
25	0.120				0.6		7.2		3.6			1.33
26	0.113						7.3		5.0			1.81
27	0.107						7.3	<1	3.4			2.11
28	0.115				1.2		7.3	<1	1.6			2.40
29	0.102				1.5		7.3	<1	4.2			2.11
30	0.118						7.3	<1	4.2			2.11
31	0.097	2	234	0.9	0.7	200	7.3	<1	4.2			2.11
Total	3.423	6	692	2.1	13.1	692	7.3	19	4.2			2.11
MO. AVG.	0.110	2	230.67	0.7	0.69	230.67		<1				

PLANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: B Certificate No: 7518
 Class: C Certificate No: 6256
 Class: C Certificate No: 3946

Name: Patrick Gallivan (Long)
 Name: Bob Offer
 Name: Robert Paulk

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn: Lead Operator Date: 3-4-2004
Company: Sandhaven Fax #:
From: Garth Armstrong Pages: including this cover page.
Subject: DMR Review

URGENT For Your Review For your Information Please Reply Original: will not be sent
 As Requested Please Comment



Messages:

Your DMR has been reviewed for the month/year of Mar 04. Please submit to the appropriate FDEP office.

Thanks,

GA

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.



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DEPARTMENT OF ENVIRONMENTAL PROTECTION HINSHARGE MONITORING REPORT - FORM 6

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMIT NAME: **Units Incorporated of Southshore** PERMIT NUMBER: **FLA014033** MONTHLY GROUP: **Domestic**
 MAILING ADDRESS: **200 Woodbridge Avenue, Altamonte Springs, FL 32714** LIMIT: **N/A** PERMIT GROUP: **Final**

LOCATION: **6811 Florida Road, Englewood, FL 33533** MONITORING GROUP NUMBER: **2-001 and 2-002** NO. OF CHARGE POINTS: **2**

COUNTY: **Charlotte** MONITORING PERIOD: **4-01-84** TO: **4-30-84**

Parameters	Sample Measurement	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	00009	mgd			0	5X/Week	Flow meters and totalizers
Flow	Sample Measurement	0	mgd			0	5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement		mg/l	8.17	mg/l	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		mg/l	2.00 (MAX. AVG.)	mg/l	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		mg/l	2	mg/l	0	Every Two Weeks	8-hour FPC
	Sample Measurement		mg/l	0.99	mg/l	0	Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
	<i>[Signature]</i>		

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: SANDALHAVEN WWT
 PERMIT NUMBER: FLA014053
 MONITORING GROUP NO.: R-001 and Influent
 To: $p = CI = 0.4$
 U-30-04

Parameter	Measurement	Unit	Frequency	Result	Limit	Remarks
Flow	Sample Measurement	mgd	5x/Week	7.2	7.4	
Flow	Sample Measurement	mgd	5x/Week	7.4	7.4	
Coliform, fecal	Sample Measurement	#/100ml	Every Two Weeks	CI	CI	
Coliform, fecal	Sample Measurement	#/100ml	Every Two Weeks	CI	CI	
Total Residual Chlorine (For Disinfection)	Sample Measurement	mg/l	5x/Week	3.2	3.2	
Nitrogen, Nitrate, Total (as N)	Sample Measurement	mg/l	Every Two Weeks	0	0	
Flow	Sample Measurement	mgd	5x/Week	0.009		
Flow	Sample Measurement	mgd	5x/Week	0.001		
Flow	Sample Measurement	mgd	5 Days/Week			
BOD, Carbonaceous 5 day, ZDC	Sample Measurement	mg/l	Every Two Weeks	194.5		
Solids, Total Suspended	Sample Measurement	mg/l	Every Two Weeks	202		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Udeline Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Westchester Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL A014053

LIMIT: Final
 CLASS SIZE: N/A

PERMIT GROUP:
 Facility Name:

LOCATION: SANDALHAVEN UTILITY
6811 Placida Road
Ringwood, FL 33533


MONITORING GROUP NUMBER: R-002

COUNTY: Charlotte

MONITORING PERIOD FROM: 4-27-04 To: 4-30-04

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>0.097</u>	mgd			<u>0</u>	5X/Week	Flow meters and totalizers
Flow	Sample Measurement	<u>0.097</u>	mgd			<u>0</u>	5X/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<u>2</u>	mg/l	<u>0</u>	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			<u>1.5</u>	mg/l	<u>0</u>	4X/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
<u>Robert Dauer, Lead Operator</u>		<u>741/071-4171</u>	

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

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SANDALHAVEN UTILITY

9416978959

05/11/2004 14:13

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP

PERMIT NUMBER: FLA014053

MONITORING GROUP NO.: R-002

MONITORING PERIOD From: 4-01-04 To: 4-30-04

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. of	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.2 7.4	S.U.	1	5x/Week	Grab
Coliform, Fecal	Sample Measurement		0 0	#/100ml	1	4x/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		3.2	mg/l	1	Continuous	Grab
Turbidity	Sample Measurement		1.56	ntu	1	Continuous	Meter
	Sample Measurement						
	Sample Measurement						
	Sample Measurement						
	Sample Measurement						
	Sample Measurement						
	Sample Measurement						
	Sample Measurement						
	Sample Measurement						

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

File # 014053
From: 4-01-04 To: 4-30-04

Facility: Sand Haven WWTP

Code	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TIC (Finc Disinfect) (mg/l)	TIC (Finc Disinfect) (mg/l)	Nitrogen, Total (as N) (mg/l)	Turbidity (n.u.)
Mon. Site	0TH-1A& CTH-1	A-1	INF-1	EFA-1	EFB-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1
1	0.106				1.3		7.3	<1	2.0			1.36
2	0.092						7.3		5.0			0.95
3	0.099						7.3		3.9			0.93
4	0.100						7.3		5.0			0.54
5	0.092				<0.6		7.3	<1	5.0			0.72
6	0.104				<0.6		7.3	<1	5.0			0.55
7	0.096				<0.6		7.2	<1	5.0			0.61
8	0.106				<0.6		7.1	<1	5.0			0.23
9	0.103						7.2		5.0			0.69
10	0.107						7.4		5.0			0.70
11	0.105				0.7		7.3	<1	5.0			0.94
12	0.115				0.6		7.2	<1	4.2			1.27
13	0.136		1.75	1	0.6	158	7.2	<1	5.0			1.24
14	0.122						7.4		5.0			2.63
15	0.090				1.5		7.3	<1	5.0			1.6
16	0.091						7.3		8.2			2.06
17	0.100						7.3		5.0			2.79
18	0.090				0.6		7.3	<1	4.3			2.33
19	0.101				0.6		7.2	<1	5.0			1.11
20	0.075				0.6		7.2	<1	5.0			1.12
21	0.081				0.6		7.4	<1	3.8			0.64
22	0.094						7.4		5.0			0.62
23	0.081						7.3		5.0			0.38
24	0.089						7.4		5.0			0.69
25	0.085				0.6		7.4	<1	5.0			0.57
26	0.083				0.6		7.4	<1	4.3			0.76
27	0.087		2.14	0.6	0.6	246	7.3	<1	5.0			2.89
28	0.078				0.6		7.4	<1	5.0			0.72
29	0.090						7.4	<1	5.0			0.72
30	0.090						7.4		5.0			0.96
31	0											
Total	3.904		3.89	1.6		4.04		17				
Mo. Avg.	0.097		1.945	0.8	0.7	2.02		<1				

PLANT STAFFING:
Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C Certificate No: 6256
Class: B Certificate No: 7518
Class: C Certificate No: 8946

Name: Bob O'Connor
Name: Patrick Gohman
Name: Robert F. Parke

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

600

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 33533

LIMIT: Final
 CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001 and Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 05-01-04 To: 05-31-04

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0009	mgd			0	5X/Week	Flow meters and totalizers
			mgd				4 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0	mgd			0	5X/Week	Flow meters and totalizers
			mgd				4 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.17	mg/l	0	Every Two Weeks	8-hour FPC
					mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	mg/l	0	Every Two Weeks	8-hour FPC
					mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			0.99	mg/l	0	Every Two Weeks	8-hour FPC
					mg/l		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Lead Operator	<i>Patrick Godwin</i>	941/697-4797	04/06/23

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

06/25/2004 10:31

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SANDALHAVEN UTI

PAGE 01

DISCHARGE MONITORING REPORT - PART A (Continued)

R-001 and Influent

MONITORING GROUP NO.:

PERMIT NUMBER: PL014053

Sandalhaven WTP

FACILITY NAME:

MONITORING PERIOD From 5-01-04 To 5-31-04

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	0.6	mg/l	0.6		0	Every Two Weeks	8-hour FPC
pH	7.0	S.U.	7.4		0	5x/Week	Grab
Coliform, Fecal	< 1	#/100ml	< 1		0	Every Two Weeks	Grab
Coliform, Total	< 1	#/100ml	< 1		0	Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	1.1	mg/l	1.1		0	5x/Week	Grab
Nitrogen, Nitrate, Total (as N)		mg/l			0	Every Two Weeks	8-hour FPC
Flow	0.0009	mgd				5x/Week	Flow meters and totalizers
Flow		mgd				5x/Week	Flow meters and totalizers
Flow		mgd				5x/Week	Flow meters and totalizers
Flow		mgd				5x/Week	Flow meters and totalizers
Flow		mgd				5x/Week	Flow meters and totalizers
Flow		mgd				5x/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	8/3	mg/l	8/3		0	Every Two Weeks	8-hour FPC
Solids, Total Suspended	153	mg/l	153		0	Every Two Weeks	8-hour FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 33533

MONITORING GROUP NUMBER: R-002

NO DISCHARGE FROM SITE:

COUNTY: Charlotte

MONITORING PERIOD From: 5-01-04 To: 5-31-04

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.089	mgd			<input checked="" type="checkbox"/>	5X/Week	Flow meters and totalizers
Flow	Sample Measurement	0.063	mgd			<input checked="" type="checkbox"/>	5X/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.17	mg/l	<input checked="" type="checkbox"/>	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	mg/l	<input checked="" type="checkbox"/>	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			0.9	mg/l	<input checked="" type="checkbox"/>	4X/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Lead Operator <u>Patrick Godwin</u>	<u>Patrick Godwin</u>	941/697-4797	04/06/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP

PERMIT NUMBER: FLA014053

MONITORING GROUP NO.:

R-002

MONITORING PERIOD From: 05-01-04

To: 05-31-04

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.0 7.4	S.U.	0	5x/Week	Grab
Coliform, Fecal	Sample Measurement			<1 <1	#/100ml	0	4x/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1	mg/l	0	Continuous	Grab
Turbidity	Sample Measurement			2.87	ntu	0	Continuous	Meter
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							

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SANDALHAVEN UTI

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
FILE COPY

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Pineda Road
 Englewood, FL 33533

COUNTY: Charlotte

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001 and Inflow

NO DISCHARGE FROM SITE:

REPORT GROUP: Monthly Domestic

MONITORING PERIOD From 6-1-04 To 6-30-04

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Permit Requirement	0.0009	mgd			0	5X/Week	Flow meters and totalizers
PARM Code 50050 Y Mon. Site No. 01H-1B (Rapid Rate Pounds)	Permit Requirement	0.15 (An. Avg.)	mgd			0	5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.00	mgd			0	5X/Week	Flow meters and totalizers
PARM Code 50050 I Mon. Site No. 01H-1B (Rapid Rate Pounds)	Permit Requirement	Report (No. Avg.)	mgd			0	5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.17	mgd	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	mgd	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.81	mgd	0	Every Two Weeks	8-hour FPC
PARM Code 80082 I Mon. Site No. EFA-1 Solids, Total Suspended	Permit Requirement	Report (No. Avg.)		Report (No. Avg.) 80.0 (Max.)	mgd	0	Every Two Weeks	8-hour FPC
PARM Code 00520 Y Mon. Site No. EFA-1	Permit Requirement			2.99	mgd	0	Every Two Weeks	8-hour FPC
				20.0 (An. Avg.)	mgd	0	Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin , Lead Operator	<i>Patrick Godwin</i>	941/697-4797	04/06/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP
 PERMIT NUMBER: FLA014033
 MONITORING PERIOD: From 6-1-04 To: 6-30-04
 R-001 and Influent

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analyzes	Sample Type
Solids, Total Suspended	Sample Measurement						Every Two Weeks	8-hour FPC
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement			< 2		0	Every Two Weeks	8-hour FPC
PH	Sample Measurement			Report (Mo. Avg.) 60.0 (Max.)		0	5x/Week	Grab
PARM Code 00410 Mon. Site No. EFA-1	Permit Requirement			7.0 (Min.) 8.5 (Max.)		0	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			< 1		0	Every Two Weeks	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			200 (Mo. Avg.)		0	Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			< 1		0	Every Two Weeks	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean) 800 (Max.)		0	5x/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0		0	5 Days/Week	Grab
PARM Code 50060 Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)		0	Every Two Weeks	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0		0	Every Two Weeks	8-hour FPC
PARM Code 80620 Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)		0	5x/Week	Flow meters and totalizers
Flow	Sample Measurement	0.009	mgd			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Mon. Site No. OTH-1B (Rapid Rate Ponds)	Permit Requirement	0.15 (An. Avg.)	mgd			0	5x/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0	mgd			0	5x/Week	Flow meters and totalizers
PARM Code 50050 Mon. Site No. OTH-1B (Rapid Rate Ponds)	Permit Requirement	Report (Mo. Avg.)	mgd			0	5 Days/Week	Flow meters and totalizers
BOD ₅ Carbonaceous 5 day, 20C	Sample Measurement					0	Every Two Weeks	8-hour FPC
PARM Code 90082 Mon. Site No. RHF-1	Permit Requirement			281		0	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			Report (Mo. Avg.)		0	Every Two Weeks	8-hour FPC
PARM Code 05350 Mon. Site No. RHF-1	Permit Requirement			608		0	Every Two Weeks	8-hour FPC
	Sample Measurement			Report (Mo. Avg.)		0	Every Two Weeks	8-hour FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altonville Springs, FL 32714

PERMIT NUMBER: FLA014053

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Eaglewood, FL 33533

LIMIT: Final
 CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-002

COUNTY: Charlotte

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6-1-04 To: 6-30-04

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.086	mgd			0	5X/Week	Flow meters and totalizers
PARM Code 50050 Y Mon. Site No. OTH-1A (Reuse Storage Ponds)	Permit Requirement	0.100 (An. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.046	mgd			0	5X/Week	Flow meters and totalizers
PARM Code 50050 I Mon. Site No. OTH-1A (Reuse Storage Ponds)	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2.17	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			9	mg/l	0	4X/Week	Grab
PARM Code 80530 I Mon. Site No. EFB-1	Permit Requirement			5.0 (Max.)	mg/l		4 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMM/DD)
Patrick Godwin , Lead Operator	Patrick Godwin	941697-4797	04/06/26

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

09/23/2004 10:22
 09/22/2004 08:16
 9416978959
 4078696951

SANDALHAVEN UTIL
 UTILITIES INC OF FL

PAGE 04
 PAGE 04/05

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053
From: 6-01-04 To: 6-30-04

Facility: Sandalhaven WWTP

Code	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Focal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	Turbidity (ntu)
Mon. Site	OTH-1A & OTH-1B	EFA-1	INF-1	EFA-1	EPB-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EPB-1
1	0.052				1.1		7.3	<1	4.2		1.051
2	0.039				1.0		7.3	<1	2.5		1.143
3	0.037				<.6		7.3	<1	3.2		1.320
4	0.052				<.6		7.3	<1	2.3		0.811
5	0.048						7.0		1.9		0.741
6	0.047						7.0		1.9		0.621
7	0.043				<.6		7.2	<1	1.6		0.632
8	0.053	<2	200	<.6	<.6	324	7.0	<1	1.8		0.721
9 *	0.055				<.6		7.0	1	5.0		1.121
10	0.045				<.6		7.0	1	1.5		1.051
11 *	0.045						7.1		1.2		1.013
12	0.049						7.2		5.0		1.137
13	0.046						7.2		5.0		0.481
14 *	0.046				<.6		7.2	<1	5.0		0.471
15 *	0.046				<.6		7.0	<1	5.0		0.541
16	0.044				<.6		7.0	<1	5.0		0.635
17	0.052				<.6		7.0	<1	4.2		0.587
18	0.051						7.0		3.4		0.574
19	0.050						7.0		3.4		0.491
20	0.052						7.0		1.8		0.643
21	0.059				.7		7.0	<1	1.5		0.756
22	0.048	<2	362	1.0	.9	892	7.1	<1	1.6		0.754
23	0.046				.7		7.1	<1	1.7		0.351
24 *	0.046				<.6		7.1	<1	1.6		0.325
25 *	0.046						7.1		1.2		0.328
26	0.050						7.0		1.6		0.318
27	0.052						7.0		1.8		0.356
28	0.045				<.6		7.0	<1	1.7		0.367
29 *	0.045				<.6		7.0	<1	1.0		0.483
30 *	0.045				.9		7.0	<1	1.8		0.321
31											
Total.	1.434	<4	562	<1.6		1216		<19			
Mo. Avg.	0.048	<2	281	<.8	<.6	608		<1			

PLANT STAFFING:
Day Shift Operator
Shift Operator
Night Shift Operator
Lead Operator

Class: _____	Certificate No: _____	Name: _____
Class: _____	Certificate No: _____	Name: _____
Class: _____	Certificate No: _____	Name: _____
Class: <u>B</u>	Certificate No: <u>3578</u>	Name: <u>Ratnik Godwin</u>



FILE COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

690

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2589, Ft. Myers, FL 33902-2589

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Westchesterfield Avenue
 Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Florida Road
 Englewood, FL 33533

COUNTY: Citrus

REPORT: Monthly
 USE/OUT: Domestic

PERMIT NUMBER: FLAD14653
 CLASS: WWA
 MONITORING GROUP NUMBER: R-001 and Indirect
 NO DISCHARGE FROM SITE

MONITORING PERIOD: From 7-1-04 To 7-31-04

Parameters	Sample Measurement Permit Requirement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		0.0008	mgd			0	5x/Week	Flow meters and totalizers
PARM Code: 30050 Mon. Site No. OTH-1B (Rapid Rate Permit)	Permit Requirement	0.15 (All-Avg)	mgd			0	5 Days/Week	Flow meters and totalizers
Flow		0.0	mgd			0	5x/Week	Flow meters and totalizers
PARM Code: 30050 Mon. Site No. OTH-1B (Rapid Rate Permit)	Permit Requirement	Report (No. Avg)	mgd			0	5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement Permit Requirement		mgd	< 2.17 20.0 (All-Avg)	mgd	0	Every Two Weeks	2-hour PPC
PARM Code: 40062 Mon. Site No. EFA-1	Permit Requirement		mgd		mgd	0	Every Two Weeks	2-hour PPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement Permit Requirement		mgd	< 2 Report (No. Avg)	mgd	0	Every Two Weeks	2-hour PPC
PARM Code: 40062 Mon. Site No. EFA-1 Solids, Total Suspended	Permit Requirement		mgd	.99 20.0 (All-Avg)	mgd	0	Every Two Weeks	2-hour PPC
PARM Code: 40030 Mon. Site No. EFA-1	Permit Requirement		mgd		mgd	0	Every Two Weeks	2-hour PPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Lead Operator Patrick Godwin	<i>Patrick Godwin</i>	541-697-5791	04/08/06

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP
 PERMIT NUMBER: FLA014053
 MONITORING CIRCUIT NO.: 2-301 and Inflow
 MONITORING PERIOD: From 7-1-04 To 7-31-04

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Soil, Total Suspended Solids	Sample Measurement			<6		0	Every Two Weeks	8-hour PPC
PARM Code 00630 Mon Site No. EPA-1	Permit Requirement			Report (Max. Avg.)		0	Every Two Weeks	8-hour PPC
pH	Sample Measurement			6.8		0	50/Week	Grab
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Permit Requirement			6.0 (Min.)		0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Sample Measurement			7.2		0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Permit Requirement			8.5 (Max.)		0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Sample Measurement			<1		0	Every Two Weeks	Grab
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Permit Requirement			200 (Max. Avg.)		0	Every Two Weeks	Grab
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Sample Measurement			<1		0	Every Two Weeks	Grab
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Permit Requirement			Report (Max. Avg.)		0	Every Two Weeks	Grab
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Sample Measurement			1.0		0	50/Week	Grab
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Permit Requirement			8.5 (Max.)		0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Sample Measurement			0		0	Every Two Weeks	8-hour PPC
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Permit Requirement			12.0 (Max.)		0	Every Two Weeks	8-hour PPC
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Sample Measurement					0	50/Week	Flow meters and turbidity
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Permit Requirement					0	5 Days/Week	Flow meters and turbidity
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Sample Measurement					0	50/Week	Flow meters and turbidity
PARM Code 00400 Mon Site No. EPA-1 Cellular, Total	Permit Requirement					0	5 Days/Week	Flow meters and turbidity
BOD, Carbonaceous 5 day, 20C	Sample Measurement			179		0	Every Two Weeks	8-hour PPC
PARM Code 00092 Mon Site No. EPA-1 Cellular, Total	Permit Requirement			Report (Max. Avg.)		0	Every Two Weeks	8-hour PPC
PARM Code 00092 Mon Site No. EPA-1 Cellular, Total	Sample Measurement			249		0	Every Two Weeks	8-hour PPC
PARM Code 00092 Mon Site No. EPA-1 Cellular, Total	Permit Requirement			Report (Max. Avg.)		0	Every Two Weeks	8-hour PPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Where completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2560, Ft. Myers, FL 33902-2560
 PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Westersfield Avenue
 Sandalhaven Springs, FL 33714

FACILITY: Sandalhaven WWTP
 LOCATION: 5311 Placida Road
 Englewood, FL 33533
 COUNTY: Charlotte

PERMIT NUMBER: FLA014053
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-092
 REPORT GROUP: Monthly Domestic

MONITORING PERIOD: From 7-1-04 To 7-31-04

Parameter	Sample Measurement Permit Requirement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		0.084	mgd			0	5X/Week	Flow meters and totalizers
PARM Code 50050 Mon. Site No. OTH-LA (Reuse Storage Ponds)	Permit Requirement	0.100 (Max. Avg.)	mgd			0	5 Days/Week	Flow meters and totalizers
Flow		0.056	mgd			0	5X/Week	Flow meters and totalizers
PARM Code 50050 Mon. Site No. OTH-LA (Reuse Storage Ponds)	Permit Requirement	Report (Max. Avg.)	mgd			0	5 Days/Week	Flow meters and totalizers
BOD, Continuous 5 day, 20C	Sample Measurement Permit Requirement		mgd	<2.17	mgd	0	Every Two Weeks	2-hour PPC
PARM Code 60082 Mon. Site No. EPA-1	Permit Requirement		mgd	24.0 (Max. Avg.)	mgd	0	Every Two Weeks	2-hour PPC
BOD, Continuous 5 day, 20C	Sample Measurement Permit Requirement		mgd	<2	mgd	0	Every Two Weeks	2-hour PPC
PARM Code 60082 Mon. Site No. EPA-1	Permit Requirement	Report (Max. Avg.)	mgd	60.0 (Max.)	mgd	0	Every Two Weeks	2-hour PPC
Solids, Total Suspended	Sample Measurement Permit Requirement		mgd	0.8	mgd	0	4X/Week	Grab
PARM Code 60050 Mon. Site No. EPA-1	Permit Requirement		mgd	5.0 (Max.)	mgd	0	4 Days/Week	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 fines and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Patrick Godwin</i>	TELEPHONE NO 941-697-4797	DATE (YY/MM/DD) 04/08/26
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

WASTEWATER SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA014053

From: 9-01-04

To: 7-31-04

Facility: Sandalhaven WWTP

Code	Flow (mgd)	CBCD5 (mg/l)	CBCD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (n.m.)	Fecal Coliform Bacteria (M/100ml)	TSC (Per Distinct.) (mg/l)	Nitrogen, Total (as N) (mg/l)	Turb (ntu)
Mon. Sta	OTH-1A & OTH-1B	EPA-1	INF-1	EPA-1	EPA-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1
1	0.051				<.6		7.1	<1	1.7		0.371
2	0.051						7.1		1.2		0.355
3	0.044						7.1		1.0		0.423
4	0.041						7.1		1.1		0.325
5	0.046						7.1		1.9		0.347
6	0.050				.8		7.1	<1	1.9		0.386
7	0.041	<2	283	<6	.7	206	7.2	<1	1.0		0.471
8	0.042				<.6		7.2	<1	1.5		0.373
9	0.056				<.6		7.2	<1	1.5		0.367
10	0.058						7.2		1.8		0.342
11	0.049						7.2		1.8		0.375
12	0.052				<.6		7.1	<1	1.7		0.321
13	0.054				<.6		7.1	<1	1.1		0.873
14	0.052				<.6		7.1	<1	1.5		0.364
15	0.054				<.6		7.1	<1	1.1		0.635
16	0.059						7.1		1.1		0.345
17	0.063						7.0		1.2		0.371
18	0.067						7.0		1.2		0.325
19	0.070				<.6		7.0	<1	1.2		0.365
20	0.070	<2	75	<6	<.6	292	7.0	<1	1.0		0.321
21	0.070				<.6		7.0	<1	3.8		0.347
22	0.070				<.6		7.0	<1	5.0		0.393
23	0.062						7.0		5.0		0.296
24	0.060						7.0		5.0		0.357
25	0.064						6.9		5.0		0.362
26	0.064				<.6		6.9	<1	1.4		0.471
27	0.064				<.6		6.9	<1	5.0		0.352
28	0.064				<.6		6.9	<1	5.0		0.321
29	0.064				<.6		6.9	<1	5.0		0.342
30	0.065						6.9	<1	5.0		0.312
31	0.065						6.8		5.0		0.367
Total	1.793	<4	358	<12		498		<17			
Avg	0.058	<2	179	<6	<.6	249		<1			

ANT STAFFING:

Shift Operator
Operator
Shift Operator
Operator

Class: _____	Certificate No: _____	Name: _____
Class: _____	Certificate No: _____	Name: _____
Class: _____	Certificate No: _____	Name: _____
Class: _____	Certificate No: _____	Name: _____

690

FILE COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Watersfield Avenue
Altamonte Springs, FL 32716

FACILITY: Sandalhaven WWTP
LOCATION: 6411 Placida Road
Englewood, FL 33533

COUNTY: Charlotte

REPORT GROUP: Monthly
DEMANDIC

PERMIT NUMBER: FLAD1465
CLASS: N/A
CLASS SIZE: R-001 and addendum

MONITORING GROUP NUMBER: NO DISCHARGE FROM SITE

MONITORING PERIOD From 8-1-04 To 8-31-04

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Flow	0.0005 0.15 (AVG)	mgd			0	5X/Week	Flow meters and totalizers
FARM Code 30256 Mon. Site No. 0TH-1B (Suppl Rate Permit)	Flow	0.0	mgd			0	5 Days/Week	Flow meters and totalizers
FARM Code 30261 Mon. Site No. 0TH-1B (Suppl Rate Permit)	Flow	Report (Mo. Avg)	mgd			0	5X/Week	Flow meters and totalizers
BOD, Continuous 5 day, 20C	Sample Measurement		mgd	< 2.17 200 (AVG)		0	Every Two Weeks	2-hour PPC
FARM Code 20062 Mon. Site No. EPA-1	Sample Measurement		mgd			0	Every Two Weeks	2-hour PPC
BOD, Continuous 5 day, 20C	Sample Measurement		mgd	< 2 Report (Mo. Avg)		0	Every Two Weeks	2-hour PPC
FARM Code 00261 Mon. Site No. EPA-1	Sample Measurement		mgd	0.98 200 (AVG)		0	Every Two Weeks	2-hour PPC
Solids, Total Suspended	Sample Measurement		mgd			0	Every Two Weeks	2-hour PPC
FARM Code 00259 Mon. Site No. EPA-1	Sample Measurement		mgd			0	Every Two Weeks	2-hour PPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Lead Operator	<i>Patrick Godwin</i>	9416978959	09/09/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalwood WWTP

PERMIT NUMBER: FLA014083

MONITORING POINT NO.:

PERMIT NUMBER: FLA014083

MONITORING PERIOD: From 8-1-04 To 8-31-04

8-31-04

8-1-04

8-1-04

8-1-04

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Sulfate, Total Suspended	Sample Measurement						Every Two Weeks	8-hour PPC
FARM Code 00230	Permit			<.6	mg/l	0	Every Two Weeks	8-hour PPC
Mon Site No. EPA-1	Measurement			Report (Min.Avg.)	mg/l		Every Two Weeks	8-hour PPC
ph	Sample Measurement			6.7	S.U.	0	5 Day/Week	Grab
FARM Code 00106	Permit			6.0	S.U.		5 Day/Week	Grab
Mon Site No. EPA-1	Measurement			Report (Min.)			Every Two Weeks	Grab
Coliform, Total	Sample Measurement			<1	M/100ml	0	Every Two Weeks	Grab
FARM Code 00653	Permit			200	M/100ml		Every Two Weeks	Grab
Mon Site No. EPA-1	Measurement			Report (Min.Avg.)			Every Two Weeks	Grab
FARM Code 00653	Permit			<1	M/100ml	0	Every Two Weeks	Grab
Mon Site No. EPA-1	Measurement			Report (Min.Avg.)			Every Two Weeks	Grab
Total Dissolved Chlorine (For Disinfection)	Sample Measurement			1.0	mg/l	0	5 Day/Week	Grab
FARM Code 00660	Permit			8.5	mg/l		5 Day/Week	Grab
Mon Site No. EPA-1	Measurement			Report (Min.)			Every Two Weeks	8-hour PPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0	mg/l	0	Every Two Weeks	8-hour PPC
FARM Code 00650	Permit			12.0	mg/l		Every Two Weeks	8-hour PPC
Mon Site No. EPA-1	Measurement			Report (Min.)			5 Day/Week	Flow meters and indicators
Flow	Sample Measurement	0.0005	mg/l			0	5 Day/Week	Flow meters and indicators
FARM Code 00650	Permit			0.0	mg/l	0	5 Day/Week	Flow meters and indicators
Mon Site No. EPA-1	Measurement			Report (Min.Avg.)			5 Day/Week	Flow meters and indicators
Flow	Sample Measurement	0.0	mg/l			0	5 Day/Week	Flow meters and indicators
FARM Code 00650	Permit			<2	mg/l	0	5 Day/Week	Flow meters and indicators
Mon Site No. EPA-1	Measurement			Report (Min.Avg.)			5 Day/Week	Flow meters and indicators
Sulfate, Total Suspended	Sample Measurement			<.6	mg/l	0	5 Day/Week	Flow meters and indicators
FARM Code 00650	Permit			Report (Min.Avg.)			5 Day/Week	Flow meters and indicators
Mon Site No. EPA-1	Measurement			<.6	mg/l	0	5 Day/Week	Flow meters and indicators
Sulfate, Total Suspended	Sample Measurement			Report (Min.Avg.)			5 Day/Week	Flow meters and indicators
FARM Code 00650	Permit			<.6	mg/l	0	5 Day/Week	Flow meters and indicators
Mon Site No. EPA-1	Measurement			Report (Min.Avg.)			5 Day/Week	Flow meters and indicators

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP

PERMIT NUMBER: FLAD14053 MONITORING GROUP NO: K-002

MONITORING PERIOD: From 8-1-04 To 8-31-04

Parameter	Sample Measurement Permit Requirements	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
				(Min.)	(Max.)				
pH	Sample Measurement Permit Requirements			6.7	6.9	d.U.	0	Surf/Water	Grab
PARM Code 00600 Mon Site No. EPA-1 Chlorine, Feed	Sample Measurement Permit Requirements			6.9 (Min.)	8.3 (Max.)	d.U.	0	3 Days/Week	Grab
PARM Code 70000 Mon Site No. EPA-1 Total Residual Chlorine (for Disinfection)	Sample Measurement Permit Requirements			<1	<1	#/100gal	0	Surf/Water	Grab
PARM Code 30000 Mon Site No. EPA-1 Turbidity	Sample Measurement Permit Requirements			Non Detectable (25%)	25 (Max.)	1/100gal	0	4 Days/Week	Grab
PARM Code 00070 Mon Site No. EPA-1	Sample Measurement Permit Requirements			1.0		mg/l	0	Continuous	Grab
	Sample Measurement Permit Requirements			1.0 (Min.)		mg/l	0	Continuous	Grab
	Sample Measurement Permit Requirements			1.0-2.65		mg/l	0	Continuous	Meter
	Sample Measurement Permit Requirements			(Max.)		bits	0	Continuous	Meter

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 8-01-04 To: 8-31-04

Facility: Sandalhaven WWTP

	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	Turb' (nt)
Code	50050	80082	80082	00530	00530	00530	00400	74055	50060	00620	00070
Mon. Site	OTH-1A & OTH-1B	EFA-1	INF-1	EFA-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.072						6.9		5.0		0.316
2	0.080				<.6		6.9	<1	1.7		0.364
3	0.080				.6		6.9	<1	5.0		0.387
4	0.088	<2	93	<.6	<.6	74.0	6.9	<1	2.2		0.371
5	0.084				.9		6.8	<1	1.0		0.337
6	0.082						6.8		4.3		0.314
7	0.107						6.8		5.0		0.348
8	0.081						6.8		5.0		0.369
9	0.087				.6		6.7	<1	3.2		0.387
10	0.090				.6		6.7	<1	5.0		0.386
11	0.076				<.6		6.7	<1	8.7		0.391
12	0.091				<.6		6.7	<1	1.5		0.456
13	0.088						6.7		5.0		0.391
14	0.082						6.7		5.0		0.673
15	0.084						6.7		3.4		1.269
16	0.084				<.6		6.7	<1	1.3		0.381
17	0.071				<.6		6.7	<1	5.0		0.392
18	0.069	2	130	.6	<.6	136	6.7	<1	4.3		0.527
19	0.080				.6		6.7	<1	5.0		0.357
20	0.063						6.7		5.0		0.342
21	0.077						6.7		5.0		0.327
22	0.071						6.7		5.0		0.342
23	0.069				<.6		6.8	<1	5.0		0.371
24	0.065				<.6		6.9	<1	5.0		0.357
25	0.076				<.6		6.9	<1	1.5		0.383
26	0.088				<.6		6.9	<1	5.0		0.328
27	0.062						6.9		1.6		0.392
28	0.063						6.9		4.0		0.473
29	0.060						6.9		5.0		0.492
30	0.052				<.8		6.9	<1	5.0		0.387
31	0.066	<2	94	<.6	<.6	156	6.9	<1	5.0		0.351
Total	2.382	<6	317	<1.8							
Mo. Avg.	.077	<2	105	<.6				<1			

PLANT STAFFING:

- Day Shift Operator
- Shift Operator
- Night Shift Operator
- Lead Operator

Class: _____
Class: _____
Class: _____
Class: B

Certificate No: _____
Certificate No: _____
Certificate No: _____
Certificate No: 7518

Name: _____
Name: _____
Name: _____
Name: Patricia G. W. W. W.

660

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Patrick Flynn
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamont Springs, Florida 32714

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Bnglewood, Florida 33533

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

MONITORING GROUP NUMBER: R-001 including influent
 MONITORING GROUP DESC:

FILE COPY

COUNTY: Charlotte

NO DISCHARGE FROM SITE: From: 9-01-04 To: 9-30-04

Parameter	Quantity or Loading		Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	Permit Requirement	Sample Measurement	Permit Requirement				
Flow (Rapid Rate Ponds)	0.15 (An Avg)				MGD			
Flow (Rapid Rate Ponds)	0.0004	0.0			MGD	0	5 days/week	5 Days/Week
BOD, Carbonaceous 5 day, 20C		Report (3 Mo Avg)	111	Report (Mo Avg)	mg/L	0	5 days/week	Flow meters and Analyzers
Solids, Total Suspended			120	Report (Mo Avg)	mg/L	0	Every Two Weeks	8-hour FFC
BOD, Carbonaceous 5 day, 20C			2.17	Report (Mo Avg)	mg/L	0	Every Two Weeks	8-hour FFC
BOD, Carbonaceous 5 day, 20C			<2	Report (Mo Avg)	mg/L	0	Every Two Weeks	8-hour FFC
BOD, Carbonaceous 5 day, 20C			<2	Report (Mo Avg)	mg/L	0	Every Two Weeks	8-hour FFC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	04/10/26

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A


When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Patrick Ryan **PERMIT NUMBER:** FLA014053
MAILING ADDRESS: 200 Weathersfield Avenue **LIMIT:** Final **REPORT GROUP:** Monthly
 Altamont Springs, Florida 32714 **CLASS SIZE:** N/A **Domestic**
FACILITY: Sandalhaven WWTP **MONITORING GROUP NUMBER:** R-002
LOCATION: 6811 Placida Road **MONITORING GROUP DESC:**
 Englewood, Florida 33533
COUNTY: Charlotte **NO DISCHARGE FROM SITE:**

MONITORING PERIOD From: 9-01-04 To 9-30-04

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reuse)	Sample Measurement	0.081							Ø		
Flow (Reuse)	Permit Requirement	0.10 (An Avg)		MGD				MGD		3 Days/Week	5 Days/Week
Flow (Reuse)	Sample Measurement	0.071	0.067						Ø		
Flow (Reuse)	Permit Requirement	0.08 (An Avg)	0.08 (An Avg)	MGD				MGD		3 Days/Week	5 Days/Week
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2				Ø		
BOD, Carbonaceous 5 day, 20C	Permit Requirement			mg/l	30.0 (An Avg)					Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
BOD, Carbonaceous 5 day, 20C	Permit Requirement			mg/l	30.0 (An Avg)	45.0 (An Avg)	60.0 (An Avg)			Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.6				Ø		
Solids, Total Suspended	Permit Requirement			mg/l	5.0 (Max)					4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				< 1	< 1			Ø		
Coliform, Fecal	Permit Requirement			1000/m	Not Detectable (75%)	25 (Max)				4 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator		941-697-4797	04/10/26

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

PAGE 04

SANDLAHAVEN UTI

9416978959

11/04/2004 16:14

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053
From: 9-01-04 To: 9-30-04

Facility: Sandalhaven WWTW

	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	Turb (nt)
Code	50050	80082	80082	00330	00530	00530	00400	74055	50060	00520	00070
Mon. Site	OTH-1A & OTH-1B	EFA-1	INF-1	EFA-1	EFB-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1
1	0.059				<.6		6.9	<1	5.0		0.365
2	0.052				<.6		6.9	<1	5.0		0.342
3	0.074						6.8		5.0		0.321
4	0.079						6.8		5.0		0.364
5	0.084						6.7		5.0		0.357
6	0.90	109					6.7		5.0		0.321
7	0.100				<.6		6.8	<1	5.0		0.311
8	0.105				.7		6.9	<1	5.0		0.657
9	0.110				<.6		6.8	<1	1.5		0.582
10	0.080				.8		6.8	<1	3.2		0.349
11	0.078						6.8		5.0		0.356
12	0.061						6.8		5.0		0.348
13	0.060				<.6		6.8	<1	5.0		0.307
14	0.082	<2	124	<.6	<.6	164	6.8	<1	5.0		0.321
15	0.080				2.6		6.8	<1	5.0		0.371
16	0.061				.6		6.8	<1	5.0		0.31
17	0.063						6.8		5.0		0.345
18	0.056						6.8		5.0		0.316
19	0.075						6.8		5.0		0.302
20	0.071				<.6		6.8	<1	5.0		0.316
21	0.068				<.8		7.5	<1	5.0		0.353
22	0.064				<.6		7.4	<1	5.0		0.312
23	0.067				<.6		7.2	<1	5.0		0.342
24	0.066						6.9		5.0		0.524
25	0.061						6.8		5.0		0.362
26	0.068						6.8		5.0		0.359
27	0.074						6.8		5.0		0.386
28	0.082	<2	98	<.6	<.6	76.0	6.9	<1	2.8		0.351
29	0.069						6.8		2.7		0.342
30	0.060				.6		6.8	<1	2.8		0.363
31											
Total	2199	<4	222	<1.2		240		<17			
Mo. Avg.	0.073	<2	111	<.6	<.7	120		<1			

PLANT STAFFING:
Day Shift Operator
Shift Operator
Night Shift Operator
Lead Operator

Class: I Certificate No: _____ Name: _____
 Class: _____ Certificate No: _____ Name: _____
 Class: _____ Certificate No: _____ Name: _____
 Class: B Certificate No: B9518 Name: Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Patrick Ryan
 200 Weatherford Avenue
 Alamo Springs, Florida 32714
 FACILITY: Sandalhaven WWT
 6811 Florida Road
 Inglwood, Florida 33533
 COUNTY: Charlotte

PERMIT NUMBER: FLA014053
 LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: E-601 including influent
 MONITORING GROUP DRSC:

NO DISCHARGE FROM SITE
 MONITORING PERIOD From: 10-01-04 To: 10-31-04

FILE COPY

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analyzes	Sample Type
Flow (Rapid Rate Ponds)	Sample	MGD					
Flow (Rapid Rate Ponds)	Measurement (An Avg)	0.15					
Flow (Rapid Rate Ponds)	Sample						
Flow (Rapid Rate Ponds)	Measurement	0.0004					
BOD, Carbonaceous 5 day, ZDC	Sample		98				
BOD, Carbonaceous 5 day, ZDC	Measurement						
Solids, Total Suspended	Sample		143				
Solids, Total Suspended	Measurement						
BOD, Carbonaceous 5 day, ZDC	Sample		2.17				
BOD, Carbonaceous 5 day, ZDC	Measurement						
BOD, Carbonaceous 5 day, ZDC	Sample		< 2				
BOD, Carbonaceous 5 day, ZDC	Measurement						

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Patrick Ryan
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Patrick Ryan
 TELEPHONE NO: 941-697-4747
 DATE (YY/MM/DD): 04/11/19

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Patrick Flynn
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamont Springs, Florida 32714

PERMIT NUMBER: FLAD14053

LEMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Eaglewood, Florida 33533

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 10-01-04 To 10-31-04

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reuse)	Sample Measurement	0.082							0		
Flow (Reuse)	Sample Measurement	0.085	0.077						0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.17				0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		0		
Solids, Total Suspended	Sample Measurement				.7				0		
Coliform, Fecal	Sample Measurement				<1	<1			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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator.	<i>Patrick Godwin</i>	941-697-4797	09/11/19

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053
From: 10-01-04 To: 10-31-04

Facility: Sandalhaven WWTP

Code	Flow (mgd)	COD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Nitrogen, NHrate, Total (as N) (mg/l)	Turbidity (ntu)
Mon. Site	00050	80022	80082	00530	00530	00530	00400	74055	50060	00520	00070
	OTH-1A & OTH-1B	EFA-1	INF-1	EFA-1	EPB-1	INF-1	EFA-1	EFA-1	EPA-1	EFA-1	EPB-1
1	0.083						6.8	<1	1.4		0.371
2	0.087				<.6		6.8		1.3		0.350
3	0.077						6.7		1.5		0.369
4	0.066				<.6		6.7	<1	2.6		0.327
5	0.072				<.6		6.7	<1	5.0		0.318
6	0.060				<.6		6.8	<1	5.0		0.427
7	0.057				.7		6.8	<1	2.8		0.348
8	0.068						6.8		2.0		0.315
9	0.070						6.7		2.2		0.366
10	0.066						6.7		1.7		0.365
11	0.160				<.6		6.7	<1	5.0		0.367
12	0.265	<2	68	<.6	<.6	152	6.9	<1	5.0		0.417
13	0.082				<.6		6.9	<1	5.0		0.582
14	0.092				<.6		6.9	<1	5.0		0.310
15	0.100						6.9		5.0		0.619
16	0.190						6.8		5.0		0.312
17	0.081						6.8		5.0		0.362
18	0.091				<.6		6.8	<1	5.0		0.379
19	0.074				<.6		6.7	<1	2.4		0.389
20	0.083				<.6		6.8	<1	5.0		0.428
21	0.086				<.6		6.8	<1	5.0		0.376
22	0.101						6.7		2.3		0.332
23	0.068						6.6		1.5		0.358
24	0.062						6.5		5.0		0.381
25	0.060				<.6		6.8	<1	5.0		0.365
26	0.091	<2	128	<.6	<.6	134	6.8	<1	1.3		0.451
27	0.085				.7		6.8	<1	1.3		0.381
28	0.082				<.6		6.8	<1	5.0		0.441
29	0.085						6.7		5.0		1.362
30	0.085						6.7		3.5		1.107
31	0.085						6.7		4.9		1.46
Total	2.704	<4	196	<1.2	<10.4	286	6.7	<17	4.9		1.46
Mo. Avg.	0.087	5.2	98	<.6	<.6	143		<1			

EST. LANT STAFFING:
Day Shift Operator
Night Shift Operator
Lab Operator

Class: _____ Certificate No: _____ Name: _____
 Class: _____ Certificate No: _____ Name: _____
 Class: B Certificate No: 6518 Name: Patrick Gedwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMIT NAME: Patrick Flynn
PERMIT ADDRESS: 200 Weatherfield Avenue
 Altamont Springs, Florida 32714
FACILITY: Sandalhaven WWTP
 681 Patrick Road
 Englewood, Florida 33533
CITY: Charlotte
MONITORING GROUP NUMBER: R-001 (including influent)
MONITORING GROUP DISC: NO DISCHARGE FROM SITE
CLASS SIZE: Final
REPORT GROUP: Monthly
PERMIT NUMBER: FLA014053
REPORT NUMBER: N/A

MONITORING PERIOD From: 11-01-04 To: 11-30-04
NO DISCHARGE FROM SITE:

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex. Frequency of Analysis	Sample Type
Flow (Rapid Rate Ponds)	0.15 (An Avg)	MGD				
Flow (Rapid Rate Ponds)	0.0004					
Flow (Rapid Rate Ponds)	Report (No Avg)					
Flow (Rapid Rate Ponds)	Report (No Avg)					
BOD, Carbonaceous 5 day, 20C	Sample Measurement	mg/L	99			
BOD, Carbonaceous 5 day, 20C	Sample Measurement	mg/L	162			
Sulfate (Total) Suspended	Sample Measurement	mg/L	Report (No Avg)			
BOD, Carbonaceous 5 day, 20C	Sample Measurement	mg/L	2.17			
BOD, Carbonaceous 5 day, 20C	Sample Measurement	mg/L	< 2			
BOD, Carbonaceous 5 day, 20C	Sample Measurement	mg/L	< 2			

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: Patrick Flynn
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Patrick Flynn*
TELEPHONE NO: 941-697-4779
DATE (YY/MM/DD): 04/12/02

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

640

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP

PERMIT NUMBER: FLA014053

MONITORING GROUP No.: R-001 including influent

MONITORING PERIOD

From:

11-01-04

To

11-30-04

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Totals Suspended	Sample Measurement			<.99				Ø		
Solids, Totals Suspended	Sample Measurement			<0.6	<0.6	<0.6		Ø		
pH	Sample Measurement			6.5	6.8			Ø		
Coliform, Fecal	Sample Measurement			<1				Ø		
Coliform, Fecal	Sample Measurement			<1	<1			Ø		
Total Residual Chlorine (for disinfection)	Sample Measurement			1.2				Ø		
Nitrogen, Nitrate, Total (as N)	Sample Measurement			Ø				Ø		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Patrick Flynn	PERMIT NUMBER: FLA014053	REPORT:	Industry:
MAILING ADDRESS: 200 Weatherfield Avenue Altamont Springs, Florida 32714	LIMIT: Final	GROUP:	Domestic
FACILITY: Sandalhaven WWTP	MONITORING GROUP NUMBER: R-002		
LOCATION: 6811 Placida Road Bnglewood, Florida 33533	MONITORING GROUP DESC:		
COUNTY: Charlotte	NO DISCHARGE FROM SITE: <input type="checkbox"/>		
	MONITORING PERIOD: From: <u>11-01-04</u> To: <u>11-30-04</u>		

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reuse)	0.083					0		
Flow (Reuse)	0.086 0.082					0		
BOD, Carbonaceous 5 day, 20C				< 2.17		0		
BOD, Carbonaceous 5 day, 20C				< 2 < 2 < 2		0		
Solids, Total Suspended				0.8		0		
Coliform, Fecal				< 1 < 1		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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	941-697-4797	04/12/22

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

PAGE 03
SANDALHAVEN UTILITY
9416978959
01/25/2005 13:08

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 11-01-04

To: 11-30-04

Facility: Sandalhaven WWTP

Code	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	Turb (ntu)
Mon. Site	50050	80082	80082	00530	00530	00530	00400	74055	50060	00620	00070
	OTH-1A & OTH-1B	EFA-1	INF-1	EFA-1	EFB-1	JNF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1
1	0.085										
2	0.073				0.8		6.7	<1	2.6		.35
3	0.073				<0.6		6.7	<1	2.8		.96
4	0.072				<0.6		6.7	<1	3.8		1.26
5	0.060				<0.6		6.8	<1	3.5		.57
6	0.048						6.8		3.6		0.80
7	0.092						6.7		5.0		0.70
8	0.093				<0.6		6.7		2.5		0.49
9	0.097				<0.6		6.8	<1	2.5		0.62
10	0.099	<2	136	<0.6	<0.6	216	6.7	<1	4.2		0.85
11	0.106				<0.6		6.7	<1	3.6		0.87
12	0.103				<0.6		6.7	<1	3.1		0.56
13	0.082						6.7		3.6		0.91
14	0.074						6.5		1.6		1.60
15	0.085				<0.6		6.5		2.5		2.41
16	0.080				<0.6		6.7	<1	4.6		0.65
17	0.080				<0.6		6.8	<1	4.6		0.84
18	0.080				<0.6		6.5	<1	4.5		0.62
19	0.078				<0.6		6.7	<1	5.0		1.22
20	0.123						6.7		3.0		0.78
21	0.085						6.6		1.2		0.55
22	0.084				<0.6		6.5		5.0		0.92
23	0.081	<2	187	<0.6	<0.6	190	6.6	<1	5.0		1.17
24	0.125				<0.6		6.7	<1	4.8		1.29
25	0.085				<0.6		6.7	<1	3.0		.97
26	0.085						6.5		5.0		1.68
27	0.098				<0.6		6.6	<1	5.0		.93
28	0.111						6.6		5.0		2.23
29	0.100				<0.6		6.8		5.0		1.28
30	0.091				<0.6		6.7	<1	4.4		1.34
31					<0.6		6.6	<1	5.0		.76
Total	2628	<4	323	<1.2	<11.						
Mo. Avg.	0.088	<2	162	<0.6	<0.6						

PLANT STAFFING:

Day Shift Operator
Night Shift Operator
Evening Shift Operator
Lead Operator

Class: C Certificate No: 13850
 Class: C Certificate No: 13794
 Class: C Certificate No: 8291
 Class: B Certificate No: 7518

Name: Mike Monat
 Name: Ted Rawleson
 Name: Raymond Hege
 Name: Ruthie Godwin

690

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3556, 2600 Blair Stone Road, Tallahassee, FL 32319-2400

FILE COPY

PERMITTEE NAME: Patrick Hynn
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamont Springs, Florida 32714
 FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, Florida 33533
 COUNTY: Charlotte

PERMIT NUMBER: FLA014053
 LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001 including influent
 MONITORING GROUP DESC:

REPORT GROUP: Monthly Domestic

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12-01-04 To 12-31-04

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Rapid Rate Ponds)	Sample Measurement	0.15 (An Avg)		MGD							
	Permit Requirement							MGD		5 days/week	5 Days/Week
Flow (Rapid Rate Ponds)	Sample Measurement	0.0003	0.0						Ø		
	Permit Requirement	Report (Mo Avg)	Report (5 Mo Avg)	MGD				MGD		5 days/week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				.80				Ø		
	Permit Requirement			mg/L	Report (Mo Avg)			mg/L		Every Two Weeks	8-hour TPC
Solids, Total Suspended	Sample Measurement				205				Ø		
	Permit Requirement			mg/L	Report (Mo Avg)			mg/L		Every Two Weeks	8-hour TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.08				Ø		
	Permit Requirement			mg/L	20 (An Avg)					Every Two Weeks	8-hour TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
	Permit Requirement			mg/L	30.0 (Mo Avg)	45.0 (Wk Avg)	60.0 (Max)			Every Two Weeks	8-hour TPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	941-697-4777	05/1/24

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

PAGE 02

SANDALHAVEN UTL

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01/25/2005

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP

PERMIT NUMBER: FLA014053

MONITORING GROUP No. R-001 including influent

MONITORING PERIOD From: 12-01-04 To 12-31-04

PAGE 03

SANDALHAVEN UTL

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Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Totals Suspended	Sample Measurement			mg/L	< 1.68			mg/L	0		
Solids, Totals Suspended	Sample Measurement			mg/L	< 0.8	< 0.8	1.0	mg/L	0	Every Two Weeks	8-hour FPC
pH	Sample Measurement				6.5	6.8			0	Every Two Weeks	8-hour FPC
Coliform, Fecal	Sample Measurement			#/100 ml	< 1			#/100 ml	0	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			#/100 ml	< 1	< 1		#/100 ml	0	Every Two Weeks	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement			mg/L	1.0			mg/L	0	Every Two Weeks	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			mg/L	0.5			mg/L	0	5 Days/Week	Grab
	Sample Measurement			mg/L	0			mg/L	0	Every Two Weeks	8-hour FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014053
 Monitoring Period From: 12-01-04 To: 12-31-04

Facility: Sandalhaven WWTP

Code	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	Turb (n)
Mon. Site	OTH-1A & OTH-1B	EFA-1	INF-1	EFA-1	EFB-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1
1	0.089				<0.6		6.6	<1	5.0		1.32
2	0.080				<0.6		6.5	<1	5.0		.83
3	0.082						6.6		5.0		.60
4	0.081						6.6		4.8		.50
5	0.081						6.5		5.0		.63
6	0.088				0.7		6.5	<1	5.0		.86
7	0.082	<2	204	<0.6	<0.6	164	6.6	<1	1.5		.87
8	0.083				<0.6		6.5	<1	1.4		1.52
9	0.083				<0.6		6.7	<1	1.3		.86
10	0.086						6.6		1.0		1.26
11	0.086						6.5		1.4		1.52
12	0.067						6.5		1.7		1.22
13	0.090				<0.6		6.6	<1	1.5		1.20
14	0.091				<0.6		6.7	<1	1.9		1.46
15	0.068				0.7		6.6	<1	1.7		1.02
16	0.073				<0.6		6.7	<1	1.8		1.20
17	0.078						6.8		2.0		1.10
18	0.082						6.5		2.0		.96
19	0.085						6.5		2.7		1.86
20	0.093				<0.6		6.6	<1	2.7		.89
21	0.085	<2	192	1.0	<0.6	246	6.8	<1	5.0		.89
22	0.080				<0.6		6.6	<1	5.0		.88
23	0.172				<0.6		6.5	<1	5.0		1.22
24	0.154						6.5		5.0		1.22
25	0.123						6.6		2.4		1.18
26	0.150						6.8		2.0		2.01
27	0.081				1.3		6.8	<1	5.0		2.48
28	0.091				<0.6		6.7	<1	5.0		1.94
29	0.094				<0.6		6.5	<1	4.3		1.22
30	0.047				1.3		6.8	<1	5.0		2.45
31	0.064						6.7		4.6		2.25
Total	2.789	<2	396	<1.6	12.4	210					
Mo. Avg.	0.090	<2	198	<0.8	<0.7	205					

PLANT STAFFING:

Day Shift Operator
 Shift Operator
 Night Shift Operator
 Lead Operator

Class: C Certificate No: 13850
 Class: C Certificate No: 8291
 Class: C Certificate No: 13794
 Class: B Certificate No: 2518

Name: Mike Monat
 Name: Raymond Hague
 Name: Tom Burleson
 Name: Patricia Godwin

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMIT NUMBER: PA014553

REPORT: Monthly Domestic

MONITORING GROUP NUMBER: R-001 including influent

MONITORING GROUP DESC: NO DISCHARGE FROM SITE

MONITORING PERIOD From: 1-01-05 to 1-31-05

PERMIT NAME: Patrick Flynn
 200 Wintersfield Avenue
 Altamont Springs, Florida 32714

FACILITY: Sandalhaven WTP
 2021 Sandalhaven Lane
 Englewood, Florida 33533

CITY: Cheshire

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Regd Rate Ponds)	Sample	0.15	MGD					
Flow (Regd Rate Ponds)	Measurement	(An Avg)						
Flow (Regd Rate Ponds)	Sample	0.033						
Flow (Regd Rate Ponds)	Measurement	Report (No Avg)						
Flow (Regd Rate Ponds)	Sample	0.011						
Flow (Regd Rate Ponds)	Measurement	Report (No Avg)						
BOD ₅ Carbonaceous 5 day, 20C	Sample	205	mg/L	Report (No Avg)				
BOD ₅ Carbonaceous 5 day, 20C	Measurement	Report (No Avg)						
Solids, Total Suspended	Sample	2.25	mg/L	Report (No Avg)				
Solids, Total Suspended	Measurement	Report (No Avg)						
BOD ₅ Carbonaceous 5 day, 20C	Sample	<0.8	mg/L	Report (No Avg)				
BOD ₅ Carbonaceous 5 day, 20C	Measurement	Report (No Avg)						
BOD ₅ Carbonaceous 5 day, 20C	Sample	<2	mg/L	Report (No Avg)				
BOD ₅ Carbonaceous 5 day, 20C	Measurement	Report (No 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 violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Patrick Flynn
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Patrick Flynn
 TELEPHONE NO: 941-697-4770
 DATE (YY/MM/DD): 05/2/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP

PERMIT NUMBER: FLA014053

MONITORING GROUP No.: R-001 including influent

MONITORING PERIOD From:

1-01-05 To 1-31-05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ev.	Frequency of Analysis	Sample Type
Solids, Totals Suspended	Sample Measurement			<0.80				Ø		
Solids, Totals Suspended	Sample Measurement			2.25	1.13	2.9		Ø		
pH	Sample Measurement			6.6	7.1			Ø		
Coliforms, Fecal	Sample Measurement			<1				Ø		
Coliforms, Fecal	Sample Measurement			<1	<1			Ø		
Total Residual Chlorine (for disinfection)	Sample Measurement			1.0				Ø		
Nitrogen, Nitrate, Total (as N)	Sample Measurement			3.04				Ø		

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SANDALHAVEN UTL

PAGE 03

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Patrick Flynn
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamont Springs, Florida 32714

PERMIT NUMBER: FLA014053

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, Florida 33533

LIMIT: Final
 CLASS SIZE: N/A
 REPORT GROUP: Wastewater Domestic

COUNTY: Charlotte

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 1-01-05 To: 1-31-05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reuse)	Sample Measurement	0.080							Ø		
Flow (Reuse)	Sample Measurement	0.078	0.084						Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2.08				Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
Solids, Total Suspended	Sample Measurement				28.3				Ø		
Coliform, Fecal	Sample Measurement				< 1	< 1			Ø		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	941-697-4797	05/2/23

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053
From: 1-1-05 To: 1-31-05

Facility: Sandalhaven WWTP

Code	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (a.u.)	Fecal Coliforms Bacteria (#/100ml)	TTC (For Disinfect.) (mg/l)	Nitrogen, Nitrates, Total (as N) (mg/l)	Turb (nt)
Mon. Site	OTH-1A & OTH-1B	EPA-1	INF-1	EPA-1	EPB-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPB-1
1	0.079						6.9		5.0		72
2	0.057						6.9		4.3		45
3	0.028						6.9		4.4		.49
4	0.095	<2	201	1.6	1.7	224	7.0	<1	4.3		.44
5	0.098				.9		7.1	<1	5.0		.82
6	0.007				1.8		7.0	<1	3.4		1.71
7	0.110				3.2		7.0	<1	1.0		5.08
8	0.141						6.8		1.0		1.35
9	0.136						6.7		1.0		4.85
10	0.128				28.3		6.8	<1	2.2	5.04	5.00
11	0.128				3.8		6.8	<1	1.0		5.00
12	0.124				1.8		6.8	<1	4.4		1.65
13	0.133				2.6		7.0	<1	3.3		1.43
14	0.141						6.8		5.0		1.17
15	0.159						6.8		4.4		.72
16	0.143						6.7		3.7		1.11
17	0.111				2.5		6.9	<1	3.8		2.45
18	0.101	<2	209	2.9	1.0	236	6.9	<1	5.0	10.77	1.75
19	0.077				<.6		6.8	<1	2.6		1.94
20	0.105				<.6		6.8	<1	4.5		1.37
21	0.106						6.8		3.2		1.10
22	0.138						6.7		3.9		1.40
23	0.135						6.6		2.2		1.36
24	0.095				0.9		6.7	<1	2.7		.82
25	0.099				<0.6		6.8	<1	2.5		.60
26	0.107				0.8		6.9	<1	3.2		1.21
27	0.108				0.6		6.8	<1	2.8		1.65
28	0.107						6.8		3.3		1.25
29	0.113						6.9		2.6		1.35
30	0.118						6.7		3.3		1.12
31	0.105				<.6		6.8	<1	3.4		1.23
Total	3491	<4	410	4.5		460					
Mo. Avg.	113	<2	205	2.05		230	6.8	<1			

PLANT STAFFING:
Day Shift Operator
Night Shift Operator
Lead Operator

Class: C Certificate No: 13850 Name: Mike Monat
 Class: C Certificate No: 8241 Name: Raymond Hoque
 Class: C Certificate No: 13294 Name: Ted Burleson
 Class: B Certificate No: 7512 Name: Patrick Godwin

.084

SANDALHAVEN

DATE 05
MONTH Jan

Allocation
R.H.
C12

1404	0.87	0.86	Ø
1418	1.90	0.88	Ø

097	0.87	0.81
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NO	FLOW	Q2	RH	RTU	House Flow	Project Flow	PA	30 MIN	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX
1	0.88	5.0	6.9	.72	0.86	Ø	0.82																															
2	0.57	4.3	6.9	.45	0.55	Ø	0.86																															
3	0.83	4.4	6.9	.49	0.81	Ø	0.86																															
4	0.95	4.3	7.0	.44	0.93	Ø	0.87																															
5	0.18	5.0	7.1	.82	0.96	Ø	0.87																															
6	1.07	3.4	7.0	1.71	1.05	Ø	0.687																															
7	1.10	2.2	7.0	5.0	0.20	0.88	1.286																															
8	1.41	2.2	6.8	1.35	Ø	1.41	0.870																															
9	1.26	2.2	6.8	4.85	Ø	1.36	0.665																															
10	1.28	2.2	6.8	5.00	Ø	1.28	1.253																															
11	1.28	1.0	6.8	5.00	Ø	1.28	0.860																															
12	1.6	4.4	6.8	1.65	0.94	0.28	0.860																															
13	1.3	3.3	7.0	7.43	1.31	Ø	0.660																															
14	1.11	5.0	6.8	1.17	0.60	0.79	0.870																															
15	1.59	4.1	6.8	.72	Ø	1.59	0.690																															
16	1.43	3.7	6.7	1.11	Ø	1.43	0.693																															
17	1.1	3.8	6.9	2.45	1.07	0.02	0.886																															
18	1.11	5.0	6.8	1.75	0.99	Ø	0.975																															
19	0.77	5.0	6.8	1.84	0.75	Ø	1.085																															
20	1.65	4.4	6.8	1.37	1.03	Ø	1.079																															
21	1.06	3.2	6.8	1.10	1.04	Ø	0.878																															
22	1.38	3.2	6.9	1.40	1.36	Ø	0.679																															
23	1.3	5.2	6.6	1.36	1.33	Ø	0.683																															
24	0.95	2.7	6.7	.82	0.93	Ø	0.884																															
25	0.97	2.5	6.9	.60	0.97	Ø	0.985																															
26	1.07	3.2	6.9	1.21	1.05	Ø	0.886																															
27	1.08	2.8	6.8	1.65	1.06	Ø	0.687																															
28	1.0	3.3	6.8	1.25	1.05	Ø	0.882																															
29	1.13	2.6	6.9	1.35	1.11	Ø	0.692																															
30	1.18	3.3	6.7	1.12	1.16	Ø	0.695																															
31	1.03	3.4	6.8	1.23	1.03	Ø	0.887																															
32	2.496				2.414	10.32																																
33	1.078				1.078	0.833																																

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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FILE COPY

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Patrick Flynn
MAILING ADDRESS: 200 Weathersfield Avenue
Altamont Springs, Florida 32714

PERMIT NUMBER: FLA014053

LIMIT: / Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, Florida 33533

MONITORING GROUP NUMBER: R-001 including influent
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 2-01-05 To 2-28-05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Rapid Rate Ponds)	Sample Measurement	0.15 (An Avg)		MGD							
	Permit Requirement							MGD		5 days/week	5 Days/Week
Flow (Rapid Rate Ponds)	Sample Measurement	0.0	0.011						Ø		
	Permit Requirement	Report (Mo Avg)	Report (3 Mo Avg)	MGD				MGD		5 days/week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				22.8				Ø		
	Permit Requirement			mg/L	Report (Mo Avg)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<0.6				Ø		
	Permit Requirement			mg/L	Report (Mo Avg)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<0.8				Ø		
	Permit Requirement			mg/L	20 (An Avg)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
	Permit Requirement			mg/L	30.0 (Mo Avg)	45.0 (WK Avg)	60.0 (Max)	mg/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	941-697-4797	05/03/24

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

PAGE 02

SANDALHAVEN UTIL

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11:53

03/24/2005

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP

PERMIT NUMBER: FLA014053

MONITORING GROUP No.: R-001 including influent

MONITORING PERIOD From: 2-01-05 To 2-28-05

Frequency of Analysis

Parameter	Sample Measurement Requirement	Quantity or Loading		Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Units	Quantity or Loading	Units	Quality or Concentration				
Solids, Totals Suspended	Sample Measurement						Ø		
	Requirement	mg/L	<0.8	mg/L				Every Two Weeks	8-hour PPC
Solids, Totals Suspended	Sample Measurement						Ø		
	Requirement	mg/L	<0.6	45.0 (60 Avg)	2.9	mg/L		Every Two Weeks	8-hour PPC
pH	Sample Measurement						Ø		
	Requirement	SU	6.5	8.5 (Min)	7.2	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement						Ø		
	Requirement	#/100 ml	<1	200 (Ar. Avg)		#/100 ml		Every Two Weeks	Grab
Total Residual Chlorine (for disinfection)	Sample Measurement						Ø		
	Requirement	mg/L	1.4	Report (No. Ofn Mean)	<1	mg/L		Every Two Weeks	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						Ø		
	Requirement	mg/L	0.61	0.5 (Min)		mg/L		5 Days/Week	Grab
Nitrogen, Ammonia, Total (as N)	Sample Measurement						Ø		
	Requirement	mg/L	12.0	12.0 (Max)		mg/L		Every Two Weeks	8-hour PPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement								
	Requirement								
Nitrogen, Ammonia, Total (as N)	Sample Measurement								
	Requirement								

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3550, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Patrick Flynn
MAILING ADDRESS: 200 Weathersfield Avenue
 Altamont Springs, Florida 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
 Englewood, Florida 33533

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 2-01-05 To: 2-28-05

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Report (Mo Avg)	Report (3 Mo Avg)								
Flow (Reuse)	Sample Measurement	0.080							0		
	Permit Requirement	0.10 (An Avg)		MGD				MGD		5 Days/Week	5 Days/Week
Flow (Reuse)	Sample Measurement	0.113	0.093						0		
	Permit Requirement	Report (Mo Avg)	Report (3 Mo Avg)	MGD				MGD		5 Days/Week	5 Days/Week
BOD, Carbonaceous 5 day, 20C	Sample Measurement	115			< 2				0		
	Permit Requirement			mg/L	20.0 (An Avg)			mg/L		Every Two Weeks	8-hour PAC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		0		
	Permit Requirement			mg/L	30.0 (Mo Avg)	45.0 (3 Mo Avg)	60.0 (Max)	mg/L		Every Two Weeks	8-hour PAC
Solids, Total Suspended	Sample Measurement				3.2				0		
	Permit Requirement			mg/L	5.0 (Max)			mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				< 1	< 1			0		
	Permit Requirement			#/100 ml	Non Detectable (75%)	25 (Max)		#/100 ml		4 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Patrick Godwin Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Patrick Godwin</i>	TELEPHONE NO 941-697-4777	DATE (YY/MM/DD) 05/03/24
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014052
From: 2-01-05 To: 2-28-05

Facility: Sandalhaven WWTP

Code	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Focal Coliform Bacteria (#/100ml)	TRC (Por Disinfect.) (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	Turb (ntu)
Mon. Site	OTH-1A & OTH-1B	EFA-1	INF-1	EFA-1	EFB-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1
1	0.102	<2	266	<0.6	0.9	2.38	6.8	<1	3.0	0.61	1.65
2	0.082				0.9		6.9	<1	3.8		1.81
3	0.102				0.8		6.8	<1	5.0		1.34
4	0.103						7.2		3.9		2.12
5	0.093						6.5		3.5		2.62
6	0.107						6.9		4.0		1.21
7	0.107				<0.6		6.9	<1	2.3		2.36
8	0.106				1.6		7.0	<1	5.0		1.53
9	0.106				1.1		6.8	<1	1.4		1.20
10	0.106				2.2		6.9	<1	3.0		1.25
11	0.106						7.1		3.5		2.95
12	0.089						6.8		3.6		1.02
13	0.096						6.7		4.6		.89
14	0.110				<0.6		6.8	<1	3.4		1.36
15	0.109	<2	186	0.6	<0.6	168	6.9	<1	4.1	<0.01	1.21
16	0.137				1.0		7.0	<1	2.8		1.51
17	0.144				0.6		7.0	<1	2.6		1.85
18	0.120						7.0		2.1		2.76
19	0.108						6.8		1.5		2.85
20	0.115						6.8		2.7		2.97
21	0.109						6.9		1.8		1.82
22	0.095				1.1		6.9	<1	1.8		1.83
23	0.122				1.0		7.0	<1	2.1		1.69
24	0.123				0.8		7.0	<1	2.1		1.29
25	0.129				0.7		7.0	<1	1.8		1.10
26	0.139						6.8		2.6		.80
27	0.188						6.9		5.0		.96
28	0.153				0.9		7.0	<1	4.0		.98
29											
30											
31											
Total	3.206	<4	455	<1.2	<15.4						
Mo. Avg.	0.115	<2	228	<0.6	<0.96			<1		<0.62	<0.31

PLANT STAFFING:
Day Shift Operator
Shift Operator
Night Shift Operator
Lead Operator

Class:	<u>A</u>	Certificate No:	<u>13850</u>	Name:	<u>Mike Monat</u>
Class:	<u>C</u>	Certificate No:	<u>13394</u>	Name:	<u>John Burleson</u>
Class:	<u>C</u>	Certificate No:	<u>8241</u>	Name:	<u>Raymond Hague</u>
Class:	<u>B</u>	Certificate No:	<u>2518</u>	Name:	<u>Patrick Goodwin</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3350, 2600 Blair Stone Road, Tallahassee, FL 32309-2400

PERMITTEE NAME: Patrick Flynn
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamont Springs, Florida 32714
 FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, Florida 33533
 COUNTY: Charlotte

PERMIT NUMBER: FLA014053
 LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001 including influent
 MONITORING GROUP DESC:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 3-01-05 To 3-31-05

REPORT GROUP: Monthly Domestic

690

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Rapid Rate Ponds)	Sample Measurement	0.15		MGD							
PARAM Code 50050 Y Mon Site No OTH-1B	Permit Requirement	(An Avg)						MGD		5 days/week	5 Days/Week
Flow (Rapid Rate Ponds)	Sample Measurement	0.0	0.011						Ø		
PARAM Code 50050 I Mon Site No OTH-1B	Permit Requirement	Report (Mo Avg)	Report (3 Mo Avg)	MGD				MGD		5 days/week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				179				Ø		
PARAM Code 80082 G Mon Site No INP-1	Permit Requirement			mg/L	Report (Mo Avg)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				193				Ø		
PARAM Code 06530 G Mon Site No INP-1	Permit Requirement			mg/L	Report (Mo Avg)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<0.85				Ø		
PARAM Code 80082 Y Mon Site No BPA-1	Permit Requirement			mg/L	20 (An Avg)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
PARAM Code 80082 I Mon Site No BPA-1	Permit Requirement			mg/L	30.0 (Mo Avg)	45.0 (Wk Avg)	60.0 (Max)	mg/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	941-697-4797	05/04/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA014053 MONITORING GROUP No. R-001 including in fluent
 MONITORING PERIOD From: 3-01-05 To 3-31-05

FACILITY NAME Sandalhaven WWTP

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Totals Suspended	Sample Measurement		mg/L	< 0.85	mg/L	0	Every Two Weeks	8-hour PPC
PARM Code 00530 Mon Site No. EPA-1	Requirement		20 (An. Avg)					
Solids, Totals Suspended	Sample Measurement		mg/L	1.3	mg/L	0	Every Two Weeks	8-hour PPC
PARM Code 00530 Mon Site No. EPA-1	Requirement		30.0 (An. Avg)	< 1.0	45.0 (WK Avg)			
pH	Sample Measurement		SU	6.6	SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. EPA-1	Requirement		6.0 (Min)	7.1	8.5 (Max)			
Coliform, Fecal	Sample Measurement		#/100 ml	< 1	#/100 ml	0	Every Two Weeks	Grab
PARM Code 74055 Mon Site No. EPA-1	Requirement		200 (An. Avg)					
Total Residual Chlorine (for disinfection)	Sample Measurement		mg/L	1.2	mg/L	0	5 Days/Week	Grab
PARM Code 30068 Mon Site No. EPA-1	Requirement		0.3 (Min)					
Nitrogen, Nitrate, Total (as N)	Sample Measurement		mg/L	0.53	mg/L	0	Every Two Weeks	8-hour PPC
PARM Code 00620 Mon Site No. EPA-1	Requirement		12.0 (Max)					

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3558, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Patrick Flynn
MAILING ADDRESS: 200 Weathersfield Avenue
 Altamont Springs, Florida 32714

FACILITY: Sandalhaven WWTP
LOCATION: 0017 Francis Road
 Englewood, Florida 33533

COUNTY: Charlotte

PERMIT NUMBER: FLA014053

LIMIT-CLASS SIZE: Final
 N/A

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

REPORT GROUP: Monthly
 Domestic

NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 3-01-05 To: 3-31-05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Reuse)	Sample Measurement	0.083							Ø		
PARM Code 50050 Y Mon Site No OTH-1A	Permit Requirement	0.10 (An Avg)		MGD				MGD		5 Days/Week	5 Days/Week
Flow (Reuse)	Sample Measurement	0.135	0.109						Ø		
PARM Code 50050 I Mon Site No OTH-1A	Permit Requirement	Report (Mo Avg)	Report (3 Mo Avg)	MGD				MGD		5 Days/Week	5 Days/Week
BOD, Carbonaceous 5 day, 20C	Sample Measurement	.139			<2				Ø		
PARM Code 80082 Y Mon Site No BFA-1	Permit Requirement			mg/L	20.0 (An Avg)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
PARM Code 80082 I Mon Site No BFA-1	Permit Requirement			mg/L	30.0 (Mo Avg)	45.0 (Wk Avg)	60.0 (Max)	mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				0.7				Ø		
PARM Code 00330 I Mon Site No BFB-1	Permit Requirement			mg/L	5.0 (Max)			mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				100%	<1			Ø		
PARM Code 74055 Y Mon Site No ERA-1	Permit Requirement			#/100 ml	Non Detectable (75%)	25 (Max)		#/100 ml		4 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	941-697-4797	05/04/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Sandalhaven WWTP

PERMIT NUMBER: FLA014053

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From:

3-01-05 To 3-31-05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			100%	<1		0		
PARM Code 1005	Requirement		#/100 ml	Non Detectable (75%)	25 (Max)	#/100 ml		4 Days/Week	Grab
pH	Sample Measurement			6.6	7.1		0		
PARM Code 00400	Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Turbidity	Sample Measurement		NTU	2.45			0		
PARM 00070	Requirement			Report (Max)		NTU		Continuous	Meter
Total Residual Chlorine (for disinfection)	Sample Measurement			1.2			0		
PARM Code 50050	Requirement		mg/L	0.5 (Min)		mg/L		5 Days/Week	Grab
	Sample Measurement								
	Requirement								
	Sample Measurement								
	Requirement								
	Sample Measurement								
	Requirement								
	Sample Measurement								
	Requirement								

DAILY SAMPLE RESULTS - PART B

Permit Number: Sandhavan WWTP

Facility: FLA014053

Monitoring Period From: 3-01-05 To: 3-31-05

Three-month Average Daily Flow: 0.122 mgd
Daily Flow % of Permitted Capacity: 91 %

Code	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (SU)	TRC (For Disinfect.) (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Totals (N) (mg/L)	TSS (mg/L)	Turbidity (NTU)
Mon. Site	OTH-1A	OTH-1B	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.132	0	<2	1.9	6.9	2.6	<1	0.53	0.7	.91
2	0.110	0			7.0	4.2	<1		<0.6	1.34
3	0.132	0			7.0	4.3	<1		<0.6	1.45
4	0.153	0			7.1	3.2				1.60
5	0.122	0			6.7	3.0				1.40
6	0.114	0			6.7	3.8				1.10
7	0.136	0			6.8	5.0	<1		<0.6	.81
8	0.134	0			6.8	3.1	<1		<0.6	1.11
9	0.132	0			6.8	1.2	<1		<0.6	1.50
10	0.151	0			6.9	2.2	<1		<0.6	2.45
11	0.146	0			6.8	2.2				1.15
12	0.121	0			6.7	3.2				1.31
13	0.118	0			6.7	2.8				.80
14	0.132	0			6.7	2.4	<1		<0.6	.58
15	0.121	0	<2	<0.6	6.8	3.4	<1	<0.1	0.7	.84
16	0.144	0			6.8	2.8	<1		<0.6	1.12
17	0.196	0			6.7	1.6	<1		<0.6	1.15
18	0.121	0			6.6	1.6				1.31
19	0.127	0			6.7	3.4				1.25
20	0.134	0			6.6	2.7				1.22
21	0.149	0			6.7	2.5	<1		0.6	.67
22	0.145	0			6.7	2.6	<1		0.6	.68
23	0.153	0			6.8	2.5	<1		0.6	.80
24	0.155	0			6.8	3.1	<1		<0.6	.83
25	0.146	0			6.8	1.9				.85
26	0.140	0			6.7	2.9				.85
27	0.153	0			6.7	2.3				1.12
28	0.159	0			6.8	2.2	<1		0.6	1.72
29	0.127	0	<2	0.9	6.8	2.0	<1	0.50	<0.6	1.44
30	0.128	0			6.8	1.8	<1		<0.6	1.68
31	0.128	0			6.9	1.5	<1		<0.6	1.86
Total	4.259	0	<6	<3.4						
Mo. Avg	0.137	0	<2	1.3	6.8	2.7	<1	0.35	<0.6	1.19

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 0013850 Name: Michael Monat

Evening Shift Operator

Class: C Certificate No: 0013794 Name: Ted Burleson

Shift Operator

Class: B Certificate No: 0007518 Name: Patrick Godwin

Lead Operator

DAILY SAMPLE RESULTS - PART B

Permit Number: Sandalhaven WWTP

Facility: FLA014053

Monitoring Period From: 3-01-05 To: 3-31-05

Three-month Average Daily Flow: 0.122 mgd
 Daily Flow % of Permitted Capacity: 91 %

	CBOD5 (MG/L)	TSS (MG/L)																		
Code	80082	00530																		
Mon. Site	INF-1	INF-1																		
1	195	186																		
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15	188	178																		
16																				
17																				
18																				
19																				
20																				
21																				
22																				
23																				
24																				
25																				
26																				
27																				
28																				
29	153	216																		
30																				
31																				
Total																				
Mo. Avg.	179	193																		

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0013850 Name: Michael Monat
 Evening Shift Operator Class: C Certificate No: 0013794 Name: Ted Burleson
 Night Shift Operator Class: B Certificate No: 0007518 Name: Patrick Godwin
 Lead Operator Class: B Certificate No: 0007518 Name: Patrick Godwin

FILE COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven

MAILING ADDRESS: 200 Weatherfield Avenue

Alumacreek Springs, FL 32714

FACILITY: Sandalhaven WWTP

6811 Jacada Road

Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER: FLA014053

LIMIT: Final

CLASS SIZE: N/A

REPORTS: Monthly

Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC: including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD from: 4-01-05 to 4-30-05

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	0.003	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 - Y	Permit Requirement						
Mon. Site No. OTH-1B	0.15						
Flow	0.0	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 - P	Sample Measurement						
Mon. Site No. OTH-1B	Report (Mo. Avg.)						
BOD, Carbonaceous 5 day, 20C	< 2						
PARM Code 80082 - Y	Permit Requirement						
Mon. Site No. BFA-1	20.0						
BOD, Carbonaceous 5 day, 20C	Requirement						
PARM Code 80082 - A	Sample Measurement						
Mon. Site No. BFA-1	30.0						
PARM Code 80082 - Y	Permit Requirement						
Mon. Site No. BFA-1	60.0						
Solids, Total Suspended	Requirement						
PARM Code 80082 - A	Sample Measurement						
Mon. Site No. BFA-1	30.0						
PARM Code 80082 - Y	Permit Requirement						
Mon. Site No. BFA-1	60.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y	Sample Measurement						
Mon. Site No. BFA-1	20.0						
PARM Code 00530 - A	Permit Requirement						
Mon. Site No. BFA-1	30.0						
Solids, Total Suspended	Requirement						
PARM Code 00530 - Y							

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 4-01-05 To: 4-30-05

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.6	6.9			Ø		
PARM Code 00400 Mon. Site No. EPA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				< 1				Ø		
PARM Code 74055 Mon. Site No. EPA-1	Permit Requirement				200 (An. Avg.)			NTU/OML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1	< 1	< 1		Ø		
PARM Code 74055 Mon. Site No. EPA-1	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0				Ø		
PARM Code 50060 Mon. Site No. EPA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.67				Ø		
PARM Code 00620 Mon. Site No. EPA-1	Permit Requirement				120 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				135				Ø		
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				195				Ø		
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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PAGE 03

PAGE 03

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA016053

LIMIT: Final
 CLASS SIZE: WA

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Plucida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 4-01-05 To 4-30-05

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.088						Ø		
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.10 (An.Avg.)		MGD					5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.104						Ø		
PARM Code 50050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2			Ø		
PARM Code 80082 Y Mon.Site No. BFA-1	Permit Requirement				20.0 (An.Avg.)		MGL		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		Ø		
PARM Code 80082 A Mon.Site No. BFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				0.8			Ø		
PARM Code 00530 B Mon.Site No. BFB-1	Permit Requirement				5.0 (Max.)		MGL		4 Days/Week	Grab
pH	Sample Measurement				6.6	6.9		Ø		
PARM Code 00400 A Mon.Site No. BFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	941-697-4777	05/05/27

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R 002
 MONITORING PERIOD From: 4-01-05 To: 4-30-05

PERMIT NUMBER: FLA014053

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						
PARM Code 74055 A	Permit Requirement		21				
Mon. Site No. BFA-1	Sample Measurement		25 (max.)			4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Permit Requirement		1.0				
PARM Code 50060 A	Sample Measurement		1.0 (Min.)			Continuous	Grab
Mon. Site No., EPA-1 Turbidity	Permit Requirement		2.55				
PARM Code 00070 B	Sample Measurement		Report Max			Continuous	Meter
Mon. Site No. BFB-1	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						

DAILY SAMPLE RESULTS - PART B

Permit Number: Sandalhaven WWT

Facility: FLA014053

Monitoring Period From: 3-01-05 To: 4-30-05

Three-month Average Daily Flow: 0.119 mgd
 Daily Flow % of Permitted Capacity: 69 %

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (SU)	TRC (For Disinfect.) (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Totals (N) (mg/L)	TSS (mg/L)	Turbidity (NTU)
50041	50050	80082	00530	00400	50060	74055	00620	00530	00070
OTM-1A	OH-1B	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.134			6.9	1.4				1.45
2	0.130			6.7	1.7				1.95
3	0.112			6.6	1.4				1.00
4	0.107			6.7	1.5	<1		<0.6	.68
5	0.089			6.8	1.4	<1		0.8	.96
6	0.118			6.8	1.2	<1		1.0	.58
7	0.124			6.8	1.3	<1		<0.6	.66
8	0.150			6.7	1.0				2.55
9	0.122			6.6	3.0				.52
10	0.114			6.7	3.0				.46
11	0.116			6.7	3.2	<1		<0.6	.62
12	0.108	<2	0.8	6.7	3.6	<1	0.15	0.7	.51
13	0.103			6.7	3.5	<1		1.4	.55
14	0.101			6.7	2.0	<1		1.1	1.25
15	0.091			6.8	3.1				1.90
16	0.100			6.7	5.0				.98
17	0.093			6.8	5.0				1.35
18	0.089			6.7	5.0	<1		0.6	.80
19	0.092			6.7	5.0	<1		<0.6	.90
20	0.094			6.6	5.0	<1		<0.6	.82
21	0.095			6.6	4.6	<1		<0.6	.65
22	0.087			6.7	5.0				.70
23	0.104			6.6	5.0				.61
24	0.083			6.7	5.0				.71
25	0.079			6.7	5.0	<1		<0.6	.62
26	0.096	<2	<0.6	6.7	5.0	<1	0.67	<0.6	.51
27	0.113			6.7	1.5	<1		1.3	.45
28	0.118			6.7	5.0	<1		<0.6	.41
29	0.084			6.7	5.0				1.72
30	0.090			6.6	5.0				.95
31									
Total	3.134		<4	<1.4				12.9	
Mo. Avg	0.104		<2	<0.7	6.7	<1	0.41	<0.8	.92

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 13850 Name: Mike Monat

Morning Shift Operator: Class: C Certificate No: 13794 Name: Ted Burleson

Night Shift Operator: Class: _____ Certificate No: _____ Name: _____

Lead Operator: Class: B Certificate No: 7518 Name: Patrick Godwin

Permit Number: Sandalhaven WWTP

DAILY SAMPLE RESULTS - PART B

Facility: FLA014053

Monitoring Period: From: 4-01-05 To: 4-30-05

Three-month Average Daily Flow: 0.119 mgd
 Daily Flow % of Permitted Capacity: 69 %

Code	CROCI (MGD)	TSS (MGL)																		
Code	89087	00530																		
Mon. Site	INF	INF																		
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12	132	216																		
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20																				
21																				
22																				
23																				
24																				
25																				
26	138	174																		
27																				
28																				
29																				
30																				
31																				
Total																				
Mon. Avg	135	195																		

PLANT STAFFING:

Shift Operator Class: C Certificate No: 13850 Name: Mike Monat

Evening Shift Operator Class: C Certificate No: 13794 Name: Ted Burleson

Night Shift Operator Class: Certificate No: Name: _____

Lead Operator Class: B Certificate No: 7518 Name: Patrick L. Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTED NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: including influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 5-01-05 To 5-31-05

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Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Sample Measurement	Permit Requirement							
Flow		0.003						Ø		
PARM Code 50050 Mon. Site No. OTH-1B	Y	0.15 (An. Avg.)		MGD					5 Days/Week	Flow meters and totalizers
Flow		0.0						Ø		
PARM Code 50050 Mon. Site No. OTH-1B	P	Report (Mo. Avg.)		MGD					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C					< 2			Ø		
PARM Code 80082 Mon. Site No. EPA-1	Y				20.0 (An. Avg.)		MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C					< 2	< 2		Ø		
PARM Code 80082 Mon. Site No. EPA-1	A				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended					< 87			Ø		
PARM Code 60530 Mon. Site No. EPA-1	Y				20.0 (An. Avg.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended					< 1.0	1.4		Ø		
PARM Code 60530 Mon. Site No. EPA-1	A				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	941-697-4777	05/06/24

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

PAGE 02

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053
From: 5-01-05 To: 5-31-05

Facility: Sandalhaven WWTP

Code Mon. Site	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)	Flow (MGD)
	80082 EFA-1	74055 EJA-1	00620 BFA-1	00400 EFA-1	00530 EFA-1	50060 EFA-1	00530 EPB-1	00070 EPB-1	80082 INF-1	00530 INF-1	50050 OTH-1A
1				6.7		5.0		.23			0.106
2		<1		6.7		1.1	<0.6	1.11			0.104
3		<1		6.6		5.0	<0.6	.35			0.095
4		<1		6.6		2.3	<0.6	.67			0.144
5		<1		6.6		5.0	<0.6	.56			0.141
6				6.7		5.0		.50			0.109
7				6.6		5.0		.28			0.106
8				6.7		5.0		.62			0.088
9		<1		6.7		3.1	<0.6	2.10			0.085
10	<2	<1	.43	6.6	<0.6	5.0	1.1	.51	82	88.0	0.075
11		<1		6.6		5.0	<0.6	.52			0.096
12		<1		6.6		5.0	<0.6	.53			0.116
13				6.6		5.0		.50			0.102
14				6.5		5.0		.45			0.080
15				6.5		5.0		.62			0.069
16		<1		6.6		5.0	<0.6	.53			0.079
17		<1		6.6		5.0	<0.6	.48			0.078
18		<1		6.6		1.3	<0.6	.71			0.068
19		<1		6.7		2.7	<0.6	.86			0.070
20				6.7		3.5		1.00			0.066
21				6.7		5.0		.87			0.071
22				6.5		2.6		1.09			0.062
23		<1		6.6		5.0	0.9	1.28			0.061
24	<2	<1	.23	6.7	1.4	5.0	1.0	1.05	220	160.2	0.065
25		<1		6.7		5.0	0.8	1.35			0.061
26		<1		6.7		5.0	0.7	.82			0.065
27				6.7		3.8		1.21			0.066
28				6.6		2.3		.92			0.068
29				6.7		3.2		1.22			0.060
30				6.6		3.3		.57			0.079
31		<1		6.6		5.0	<0.6	.43			0.150
Total	<4		.66		<2.0				302	248.2	2.685
Mo. Avg.	<2	<1	.33	6.6	<1.0	4.17	<.69	77.23	151	124.1	0.087

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0013850 Name: Michael Monat
 Evening Shift Operator Class: C Certificate No: 0013794 Name: Ted Burleson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 0007518 Name: Patrick Godwin

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA114059
Monitoring Period: From: 5-01-05 To: 5-31-05

Facility: Sandlhaven WWTP

Code	50050	Flow (MGD)									
Mon. Site	OTH-1B										
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											
31											
Total											
No. Avg.											

LANT STAFFING:
ay Shift Operator
vening Shift Operator
ght Shift Operator
ad Operator

Class: C Certificate No: 0013850 Name: Michael Monat
 Class: C Certificate No: 0013794 Name: Ted Burleson
 Class: B Certificate No: 0007518 Name: Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

620

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: , including Inflow

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 6-01-05 To 6-30-05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003				0		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0				0		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		0		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	0		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			< 0.86		0		
PARM Code 80530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			0.65	0.7	0		
PARM Code 80530 A Mon. Site No. EPA-1	Permit Requirement			30.8 (Mo. Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/07/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandlhaven WWTP

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 6-01-05 To 6-30-05
 PERMIT NUMBER: PL4014053

Parameter	Sample Measurement Permit	Quantity or Loading	Units	Quality of Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
				(Min.)	(Max.)				
pH				6.4	6.8	SD	0	5 Days/Week	Grab
PARM Code 00400 Mon. Site No. EPA-1 Coliform, Fecal	Sample Measurement Permit			<1	8.5 (Max.)		0		Grab
PARM Code 74055 Mon. Site No. EPA-1 Coliform, Fecal	Sample Measurement Permit Requirement			200 (Adj. Avg.)		MIGAL	0	Every Two Weeks	Grab
PARM Code 74055 Mon. Site No. EPA-1 Total Residual Chlorine (for Disinfection)	Sample Measurement Permit Requirement			<1	800 (Max.)	MIGAL	0	Every Two Weeks	Grab
PARM Code 50040 Mon. Site No. EPA-1 Nitrogen, Nitrate, Total (as N)	Sample Measurement Permit Requirement			Report (Mo. Coa. Mean)	400 (90%)	MIGAL	0	Every Two Weeks	Grab
PARM Code 00620 Mon. Site No. EPA-1 BOD, Carbonaceous 5 day, 20C	Sample Measurement Permit Requirement			1.1		MIGAL	0	5 Days/Week	Grab
PARM Code 80082 Mon. Site No. INF-1 Solids, Total Suspended	Sample Measurement Permit Requirement			0.5 (Min.)		MIGAL	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Mon. Site No. INF-1	Sample Measurement Permit Requirement			11.2		MIGAL	0	Every Two Weeks	8-hour FPC
	Sample Measurement Permit Requirement			12.0 (Max.)		MIGAL	0	Every Two Weeks	8-hour FPC
	Sample Measurement Permit Requirement			116		MIGAL	0	Every Two Weeks	8-hour FPC
	Sample Measurement Permit Requirement			Report (Mo. Avg.)		MIGAL	0	Every Two Weeks	8-hour FPC
	Sample Measurement Permit Requirement			172		MIGAL	0	Every Two Weeks	8-hour FPC
	Sample Measurement Permit Requirement			Report (Mo. Avg.)		MIGAL	0	Every Two Weeks	8-hour FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA814053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 6-01-05 To 6-30-05

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Sample Measurement	Permit Requirement							
Flow		0.095						Ø		
PARM Code 50050 Mon. Site No. OTH-1A	Y	0.10 (Mo. Avg.)		MGD					5 Days/Week	Flow meters and totalizers
Flow		0.105						Ø		
PARM Code 50050 Mon. Site No. OTH-1A	P	Report (Mo. Avg.)		MGD					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C					< 2			Ø		
PARM Code 80082 Mon. Site No. EPA-1	Y				20.0 (Mo. Avg.)		MGL		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C					< 2			Ø		
PARM Code 80082 Mon. Site No. EPA-1	A				30.0 (Mo. Avg.)	60.0 (Max.)	MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended					1.4			Ø		
PARM Code 00530 Mon. Site No. EPB-1	B				5.0 (Max.)		MGL		4 Days/Week	Grab
pH					6.4	6.8		Ø		
PARM Code 00400 Mon. Site No. EPA-1	A				6.0 (Min.)	8.5 (Max.)	SD		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/07/26

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

PLA014053
From: 6-01-05 To: 6-30-05

Facility: Sandalhaven WWTP

Code	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)	Flow (MGD)
Mon. Site	80082 EPA-1	74055 EPA-1	00620 EPA-1	00400 EPA-1	00530 EPA-1	50060 EPA-1	00530 EFB-1	00070 EFB-1	80082 DNP-1	00530 DNP-1	50050 OTH-1A
1		<1		6.7		1.4	<0.6	1.20			0.085
2		<1		6.8		2.3	<0.6	.81			0.090
3		<1		6.7		4.7	<0.6	.55			0.095
4				6.6		5.0		.98			0.100
5				6.6		5.0		.41			0.105
6		<1		6.5		5.0	1.4	.35			0.105
7	<2	<1	6.30	6.6	0.6	4.8	<0.6	.33	93	166	0.104
8		<1		6.7		5.0	0.6	.34			0.109
9		<1		6.6		5.0	<0.6	.38			0.114
10				6.6		1.6		.45			0.127
11				6.5		2.4		.40			0.139
12				6.5		5.0		.31			0.132
13		<1		6.6		5.0	<0.6	.32			0.109
14		<1		6.6		1.2	<0.6	.78			0.091
15		<1		6.6		3.6	<0.6	.86			0.086
16		<1		6.6		5.0	<0.6	.42			0.089
17				6.6		5.0		.50			0.080
18				6.5		5.0		.70			0.086
19				6.4		5.0		.40			0.079
20		<1		6.5		5.0	<0.6	.31			0.092
21	<2	<1	11.2	6.5	0.7	5.0	0.9	.30	138	178	0.104
22		<1		6.6		5.0	<0.6	.41			0.138
23				6.6		1.1	<0.6	.53			0.144
24				6.5		5.0		.31			0.107
25				6.5		1.1		.45			0.099
26				6.6		5.0		.32			0.085
27		<1		6.6		5.0	<0.6	.30			0.088
28		<1		6.5		5.0	<0.6	.20			0.120
29		<1		6.5		5.0	<0.6	.30			0.152
30		<1		6.5		5.0	<0.6	.48			0.091
31											
Total			17.5		1.3				231	344	3145
Mo. Avg.		<1	8.75	6.6	0.65		<0.7	.48	116	172	0.105

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 0013850 Name: Michael Monat

Evening Shift Operator

Class: C Certificate No: 0013794 Name: Ted Burleson

Night Shift Operator

Class: B Certificate No: 0007518 Name: Patrick Godwin

Lead Operator

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

690

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: From: 7-01-05 To: 7-31-05

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Measurement	0.003						
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (Ab. Avg.)	MGD			0		
Flow	Sample	0.0					5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. OTH-1B	Measurement	Report (Mo. Avg.)				0		
BOD, Carbonaceous 5 day, 20C	Permit Requirement		MGD			0		
PARM Code 80082 Y Mon. Site No. BFA-1	Measurement	< 2				0		
BOD, Carbonaceous 5 day, 20C	Permit Requirement	20.0 (Mo. Avg.)			MGL	0	5 Days/Week	Flow meters and totalizers
PARM Code 80082 A Mon. Site No. BFA-1	Measurement	< 2				0		
Solids, Total Suspended	Permit Requirement	30.0 (Mo. Avg.)			MGL	0	Every Two Weeks	
PARM Code 00530 Y Mon. Site No. BFA-1	Measurement	< 0.86				0		
Solids, Total Suspended	Permit Requirement	20.0 (Ab. Avg.)			MGL	0	Every Two Weeks	8-hour FPC
PARM Code 00530 A Mon. Site No. BFA-1	Measurement	< 0.6				0		
	Permit Requirement	30.0 (Mo. Avg.)			MGL	0	Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/07/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 7-01-05 To: 7-31-05

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.3	6.7			Ø		
PARM Code 00400 Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			< 1				Ø		
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			< 1				Ø		
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6				Ø		
PARM Code 50060 Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			9.29				Ø		
PARM Code 00620 Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)			MGL		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			153				Ø		
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			296				Ø		
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

08/24/2005 13:38

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SANDALHAVEN UTL

PAGE 03

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When (Completed null) this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL 33902-2549

PERMIT NAME: Utilities Incorporated of Sandalhaven
 PERMIT ADDRESS: 200 Watersfield Avenue
 Alhambra Springs, FL 32714
 FACILITY: Sandalhaven WWTP
 6811 Phacida Road
 Englewood, FL 34224
 COUNTY: Charlotte
 PERMIT NUMBER: FLA014053
 LIMIT: Final
 CLASS SIZE: N/A
 REPORT GROUP: Domestic
 FREQUENCY: Monthly
 MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

NO DISCHARGE FROM SITE
 MONITORING PERIOD FROM 7-01-05 to 7-31-05

08/24/2005 13:38

9416978959

SANDALHAVEN UTL

PAGE 04

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Measurement		0.099		0		
Flow	Measurement		0.111		0		
Flow meters and totalizers	Requirement (An.Avg.)	MGD				5 Days/Week	
Flow meters and totalizers	Sample						
PARM Code 50050 Y	Requirement		0.10			5 Days/Week	
Mon. Site No. OTH-1A	Requirement						
BOD, Carbonaceous 5 day, 20C	Sample		< 2				
PARM Code 80082 Y	Requirement		20.0			Every Two Weeks	
Mon. Site No. EPA-1	Requirement						
BOD, Carbonaceous 5 day, 20C	Sample		< 2				
PARM Code 80082 A	Requirement		30.0			Every Two Weeks	
Mon. Site No. EPA-1	Requirement						
Solids, Total Suspended	Sample		< 2				
PARM Code 00530 B	Requirement		5.0			4 Days/Week	
Mon. Site No. EPA-1	Requirement						
pH	Sample		6.3				
PARM Code 00400 A	Requirement		6.0			5 Days/Week	
Mon. Site No. EPA-1	Requirement						
pH	Sample		6.7				
PARM Code 00400 A	Requirement		8.5			5 Days/Week	
Mon. Site No. EPA-1	Requirement						

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: Patrick Godwin Lead Operator
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Patrick Godwin*
 TELEPHONE NO: 697-4797
 DATE (Y/M/M/D): 05/07/04

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

Permit Number:
Monitoring Period

FLA014053
From: 7-01-05

DAILY SAMPLE RESULTS - PART B

To: 7-31-05

Facility: Sandalhaven WWTP

Code	CBOD5 (MGL)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)	Flow (MG)
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	00530 EFA-1	50060 EFA-1	00530 EFB-1	00070 EFB-1	80082 INF-1	00530 INF-1	50050 OTH-1A
1				6.6							
2				6.4		4.3		1.0			0.051
3				6.4		1.4		0.25			0.090
4				6.5		4.0		.21			0.100
5		<1		6.5		5.0		.20			0.081
6		<1		6.5		5.0	<.6	.22			0.057
7	<2	<1	9.29	6.5	<0.6	5.0	<.6	.10			0.062
8		<1		6.5		1.8	<.6	.30	142	452	0.055
9				6.5		5.0	<.6	.22			0.105
10				6.5		5.0		.28			0.241
11		<1		6.3		1.2		3.51			0.146
12		<1		6.4		2.2	<.6	.61			0.121
13		<1		6.5		2.8	<.6	.42			0.86
14		<1		6.6		5.0	0.7	.43			0.105
15		<1		6.5		0.6	<0.6	.53			0.123
16				6.5		5.0		.55			1.091
17				6.4		5.0		.51			0.139
18		<1		6.3		5.0		.43			0.251
19	<2	<1	6.19	6.4		4.2	<0.6	.50			0.175
20		<1		6.5	<0.6	5.0	<0.6	.81	164	140	0.091
21		<1		6.5		5.0	<0.6	.39			0.091
22		<1		6.5		1.9	<0.6	1.95			0.096
23				6.7		1.1		.52			0.100
24				6.6		5.0		.53			0.082
25		<1		6.5		5.0		.51			0.088
26		<1		6.6		5.0	<0.6	.59			0.122
27		<1		6.6		5.0	<0.6	.53			0.102
28		<1		6.6		5.0	0.6	.65			0.132
29				6.6		1.9	<0.6	.71			0.142
30				6.7		5.0		.73			0.119
31				6.5		5.0		0.41			0.115
Total				6.4		5.0		0.42			0.115
Mo. Avg.	<2	<1	7.74	6.5	<0.6	3.9	<0.6	0.61	153	296	0.111

PLANT STAFFING:
Day Shift Operator
Evening Shift Operator
Night Shift Operator
D Operator

Class: C Certificate No: 0013850 Name: Michael Morat
 Class: C Certificate No: 0013794 Name: Ted Burleson
 Class: B Certificate No: 0007518 Name: Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: , including influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 8-01-05 To 8-31-05

600

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0				Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		Ø		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	Ø		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			<0.86		Ø		
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			<0.6	<0.6	Ø		
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hour FPC

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/09/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 8-01-05 To 8-31-05

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.3	6.8			Ø		
PARM Code 00400 Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			< 1				Ø		
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			200 (Ar. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			< 1				Ø		
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1				Ø		
PARM Code 50060 Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			3.11				Ø		
PARM Code 00620 Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			85.3				Ø		
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			133				Ø		
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

PAGE 03

SANDALHAVEN UTI

9416978959

08:01 09/28/2005

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 2100 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 8-01-05 To 8-31-05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.099				Ø		
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.10 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.074				Ø		
PARM Code 50050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		Ø		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		Ø		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			0.7		Ø		
PARM Code 00530 B Mon.Site No. EPB-1	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement			6.3		Ø		
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab
				6.8 (Max.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/09/26

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053
From: 8-01-05 To: 8-31-05

Facility: Sandalhaven WWTP

	CBOD5 (MGL)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MGL)	pH (SU)	TSS (MGL)	TRC (For Disinfect.) (MGL)	TSS (MGL)	Turbidity (NTU)	CBOD5 (MGL)	TSS (MGL)	Flow (MGL)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530	50050
Mon. Site	BFA-1	EFA-1	BFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1	OTH-1A
1		<1		6.7		5.0	<0.6	.68			0.094
2	<2	<1	2.55	6.7	<0.6	4.8	<0.6	.62	78	110	0.084
3		<1		6.8		4.8	<0.6	.65			0.086
4		<1		6.8		4.2	<0.6	.70			0.077
5				6.8		5.0		.45			0.068
6				6.4		5.0		.25			0.068
7				6.3		5.0		.23			0.079
8		<1		6.5		3.3	0.7	.64			0.078
9		<1		6.6		3.8	<0.6	.54			0.089
10		<1		6.7		4.6	<0.6	.51			0.080
11		<1		6.6		5.0	<0.6	.58			0.069
12				6.6		3.5		.45			0.081
13				6.3		2.6		.45			0.085
14				6.3		2.9		.46			0.074
15		<1		6.4		5.0	<0.6	.33			0.075
16	<2	<1	3.11	6.7	<0.6	5.0	<0.6	.41	62	92	0.063
17		<1		6.8		5.0	<0.6	.33			0.069
18		<1		6.7		5.0	<0.6	.38			0.065
19				6.8		1.1		1.20			0.058
20				6.4		1.7		.45			0.052
21				6.3		5.0		.34			0.074
22		<1		6.5		5.0	<0.6	.40			0.086
23		<1		6.5		1.7	<0.6	.58			0.074
24		<1		6.6		5.0	<0.6	.41			0.079
25				6.6		5.0	<0.6	.24			0.076
26				6.6		2.4		.29			0.066
27				6.4		1.2		.28			0.076
28		<1		6.3		5.0		.13			0.071
29		<1		6.5		1.1	<0.6	.43			0.071
30	<2	<1	1.63	6.5	<0.6	3.0	<0.6	.40	116	196	0.071
31		<1		6.5		5.0	0.7	.51			0.067
Total	<6	<19	6.29		<1.8		11.6		256	398	2.305
Mo. Avg.	<2	<1	2.10	6.6	<0.6	3.9	0.6	.46	85.3	133	0.074

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0013850 Name: Michael Monat
 Evening Shift Operator Class: C Certificate No: 0013794 Name: Ted Burleson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 0007518 Name: Patrick Godwin

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 8-01-05

To: 8-31-05

Facility: Sandalhaven WWTP

Code	50050																			
Mon. Site	OTH-1B																			
1	0																			
2	0																			
3	0																			
4	0																			
5	0																			
6	0																			
7	0																			
8	0																			
9	0																			
10	0																			
11	0																			
12	0																			
13	0																			
14	0																			
15	0																			
16	0																			
17	0																			
18	0																			
19	0																			
20	0																			
21	0																			
22	0																			
23	0																			
24	0																			
25	0																			
26	0																			
27	0																			
28	0																			
29	0																			
30	0																			
31	0																			
Total	0																			
Mo. Avg.	0																			

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 0013850 Name: Michael Monat

Evening Shift Operator

Class: C Certificate No: 0013794 Name: Ted Burleson

Night Shift Operator

Class: B Certificate No: 0007518 Name: Patrick Godwin

Lead Operator

Class: B Certificate No: 0007518 Name: Patrick Godwin

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Confidential Fax Transmittal

Attn: Mike Dunn	Date: 11/1/2005 11:50 AM
Company: UIF	Fax #: 407-869-6961
From: Richard W. Retz	Pages: 13 including this cover page.
Subject: DMR, September 2005	

URGENT
 For Your Review
 For your Information
 Please Reply
Original: will not be sent
 As Requested
 Please Comment



Messages:

Mike,

Please find with this fax cover letter the September 2005 DMR for Sandalhaven. I think there still is a problem with this DMR as far as reclaim water reporting with fecals. I will look into it. Whats your opinion.

Thanks.

dd form

Richard W. Retz

Assistant Operations Manager

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

EASTLAKE WATER SERVICE, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714



CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn: Rick Retz **Date:** 11/7/2005 12:02 PM

Company: Utilities, Inc. of Sandalhaven **Fax #:** (813) 626-1030

From: Michael Dunn **Pages:** 2 including this cover page.

Subject: Manager Meeting

URGENT For Your Review For your Information Please Reply Original: will not be sent
 As Requested Please Comment via U.S. Mail



Messages:

The attached sheet for Sandalhaven shows that coliforms are reported as a number. I would keep it the same until FDEP revises the sheet.

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

EASTLAKE WATER SERVICE, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

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Fax Transmittal

Attn: Rick Retz

Date: 11/7/2005 12:02 PM

Company: Utilities, Inc. of Sandalhaven

Fax #: (813) 626-1030

From: Michael Dunn

Pages: 2 including this cover page.

Subject: Manager Meeting

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 As Requested Please Comment via U.S. Mail



Messages:

The attached sheet for Sandalhaven shows that coliforms are reported as a number. I would keep it the same until FDEP revises the sheet.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 280 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 9-01-05 To 9-30-05

FILE COPY

600

PAGE 02

SANDALHAVEN UTILITY

9415978959

12:44

10/26/2005

11/01/2005 11:56

8136261030

GARTH A

PAGE 02

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003				0		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.0				0		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		0		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			200 (An. Avg.)	MGD		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2 < 2 < 2		0		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			300 (Mo. Avg.) 450 (Weekly Avg.) 60 (Max)	MGD		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			< 0.87		0		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			200 (An. Avg.)	MGD		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			< 0.65 < 0.65 0.7		0		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			200 (Mo. Avg.) 450 (Weekly Avg.) 60 (Max)	MGD		Every Two 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 (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/10/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R401
 MONITORING PERIOD: From 9-01-05 To 9-30-05
 PERMIT NUMBER: FLA014051

Parameter	Sample Measurement Permit Requirement	Quantity or Loading	Units	Quantity or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
				Report (Min.)	Report (Max.)				
pH	Measurement Permit Requirement			6.3	6.8	SI	0	5 Days/Week	Grab
PARM Code 09400 Mon. Site No. EPA-1 Coliform, fecal	Measurement Permit Requirement			6.0 (Min.)	8.5 (Max.)	SI	0	5 Days/Week	Grab
PARM Code 74055 Mon. Site No. EPA-1 Coliform, fecal	Measurement Permit Requirement			< 1		SI	0	5 Days/Week	Grab
PARM Code 74055 Mon. Site No. EPA-1 Total Residual Chlorine (for Disinfection)	Measurement Permit Requirement			200 (No. Avg)		SI	0	Every Two Weeks	Grab
PARM Code 51060 Mon. Site No. EPA-1 Nitrogen, Nitrate, Total (as N)	Measurement Permit Requirement			< 1 (No. Avg)	< 1	SI	0	Every Two Weeks	Grab
PARM Code 00620 Mon. Site No. EPA-1 BOD, Carbonaceous 5 day, ZWC	Measurement Permit Requirement			Report (Min.) 12.0	Report (Max.) 1.76	MG/L	0	5 Days/Week	Grab
PARM Code 81082 Mon. Site No. INP-1 Solids, Total Suspended	Measurement Permit Requirement			Report (No. Avg) 78		MG/L	0	Every Two Weeks	8-ltr PVC
PARM Code 00520 Mon. Site No. INP-1	Measurement Permit Requirement			Report (No. Avg) 110		MG/L	0	Every Two Weeks	8-ltr PVC

DEP Form 62-620 9/10/10, Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 9-01-05 To 9-30-05

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.098							Ø		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.067							Ø		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2				Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)			MGA		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max.)	MGA		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				< 0.6				Ø		
PARM Code 60530 B Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)			MGL		4 Days/Week	Grab
pH	Sample Measurement				6.3	6.8			Ø		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/10/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 9-01-05 To: 9-30-05

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			< 1		0		
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement			25 (Max.)	#/100ML		2 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2		0		
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Grab
Turbidity	Sample Measurement			1.25		0		
PARM Code 00070 B Mon. Site No. BFB-1	Permit Requirement			(Max.)	NTU		Continuous	Meter
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

PAGE 05

SANDALHAVEN UTL

9416978959

10/26/2005 12:44

11/01/2005 11:56

8136261030

GARTH A

PAGE 05

DAILY SAMPLE RESULTS - PART B

Permit No: 0050
Monitoring Period

RLAD14055

From: 9-01-05 To: 9-30-05

Facility: Sandalhaven WWTP

Code	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	ClO ₂ (MG/L)	TSS (MG/L)
Mon. Site	011-1A	011-1B	INR-1	INP-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1
1	0.065	05			6.5	3.2	<1			
2	0.071	05			6.5	3.5				
3	0.080	05			6.6	2.8				
4	0.093	05			6.3	2.6				
5	0.082	05			6.4	5.0				
6	0.068	05			6.4	5.0	<1			
7	0.073	05			6.5	5.0	<1			
8	0.057	05			6.5	5.0	<1			
9	0.067	05			6.8	5.0	<1			
10	0.060	05			6.6	5.0				
11	0.061	05			6.4	5.0				
12	0.060	05			6.4	5.0	<1			
13	0.063	05			6.7	3.3	<1			
14	0.064	05	44	80	6.4	5.0	<1	.53	<2	0.7
15	0.049	05			6.5	5.0	<1			
16	0.062	05			6.5	5.0				
17	0.054	05			6.5	5.0				
18	0.057	05			6.6	5.0				
19	0.060	05			6.7	5.0	<1			
20	0.061	05			6.7	5.0	<1			
21	0.079	05			6.8	5.0	<1			
22	0.072	05			6.8	5.0	<1			
23	0.086	05			6.7	5.0	<1			
24	0.085	05			6.6	2.9				
25	0.073	05			6.5	3.5				
26	0.061	05			6.6	3.5	<1			
27	0.071	05	112	140	6.8	2.8	<1	1.76	<2	<0.6
28	0.063	05			6.8	1.2	<1			
29	0.060	05			6.7	5.0	<1			
30	0.054	05			6.7	5.0				
31										
Total	2.011	05	156	220				229		
Mo. Avg.	0.067	05	78	110	6.6	4.31	<1	1.15	<2	<0.65

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0013850 Name: Michael Monat
 Evening Shift Operator Class: C Certificate No: 0013794 Name: Ted Burleson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 0007518 Name: Patrick Godwin

DHP Form 61-009(10) Effective November 29, 1994

FACILITY: Sandalhaven WWTP

DISCHARGE MONITORING PORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD: From 10/10/05 To 10/31/05

PERMIT NUMBER: DA004053

Parameter	Sample Measurement Requirement	Quantity or Loading	Units	Quality of Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
				(Mo. Geo. Mean)	(Max.)				
pH	Sample Measurement Permit			6.4	6.8		0		
PARM Code 09400 Mon. Site No. BFA-1 Coliform, Fecal	Sample Measurement Permit			6.0 (Min.)	8.5 (Max.)	SU	0	5 Days/Week	Grab
PARM Code 74055 Mon. Site No. BFA-1 Coliform, Fecal	Sample Measurement Permit			<1		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Mon. Site No. BFA-1 Coliform, Fecal	Sample Measurement Permit			<1	<1		0		
PARM Code 74055 Mon. Site No. BFA-1 Total Residual Chlorine (For Disinfection)	Sample Measurement Permit			1.0			0	Every Two Weeks	Grab
PARM Code 50060 Mon. Site No. BFA-1 Nitrogen, Nitrate, Total (as N)	Sample Measurement Permit			0.5 (Min.)		MGL	0	5 Days/Week	Grab
PARM Code 00620 Mon. Site No. BFA-1 BOD, Carboxaceous 5 day, 20C	Sample Measurement Permit			1.08		MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Mon. Site No. BFA-1 Solids, Total Suspended	Sample Measurement Permit			1.03		MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Mon. Site No. BFA-1	Sample Measurement Permit			8.2		MGL	0	Every Two Weeks	8-hr. FPC
	Sample Measurement Permit								
	Sample Measurement Permit								
	Sample Measurement Permit								

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 10/01/05 To 10/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.098				✓		
PARM Code 50050 Y Mon Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.087				∅		
PARM Code 50050 P Mon Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		∅		
PARM Code 80082 Y Mon Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	24-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2 < 2 < 2		∅		
PARM Code 80082 A Mon Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.) 45.0 (Weekly Avg.) 60 (Max)	MG/L		Every Two Weeks	24-hr. FPC
Solids, Total Suspended	Sample Measurement			0.7		∅		
PARM Code 00530 B Mon Site No. BFB-1	Permit Requirement			5.0 (Max)	MG/L		1 Day/Week	Grab
pH	Sample Measurement			6.4 6.8		∅		
PARM Code 00400 A Mon Site No. EPA-1	Permit Requirement			6.0 (Min.) 8.5 (Max)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/11/22

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

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 SANDALHAVEN UTL
 9416978959
 11/23/2005 14:56

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 10-01-05 To

PERMIT NUMBER: FLA014053
 10-31-05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			< 1				
PARM Code 74055 A Mon. Site No. BFA-1	Permit Requirement			25 (Max.)	#/100ML	0	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0				
PARM Code 50060 A Mon. Site No. BFA-1	Permit Requirement			1.0 (Min.)	MGL	0	Continuous	Grab
Turbidity	Sample Measurement			2.81				
PARM Code 00070 B	Permit Requirement			(Max.)		0	Continuous	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

PAGE 05

SANDALHAVEN UTL

9416978959

11/23/2005 14:56

LANT STAFFING:
 Day Shift Operator: Class: C Certificate No: 0013850 Name: Michael Monat
 Evening Shift Operator: Class: C Certificate No: 0013794 Name: Ted Buuleson
 Night Shift Operator: Class: B Certificate No: 0007518 Name: Patrick Godwin
 and Operator: Class: B Certificate No: 0007518 Name: Patrick Godwin

Code	Mon. Site	Flow (MGD)	Flow (MGD)	CBOD5 (MGL)	TSS (MGL)	pH (SU)	TRC (Pb) Distriect (MGL)	Fecal Coliform (#/100ML)	Nitrogen, Nitrate, Total (MGL)	CBOD5 (MGL)	TSS (MGL)
1	50050	50050	0.056	0.056	0.056	6.6	1.4	6.6	5.0	6.6	1.4
2	50050	50050	0.056	0.056	0.056	6.5	2.0	6.5	5.0	6.5	2.0
3	50050	50050	0.046	0.046	0.046	6.6	3.0	6.6	5.0	6.6	3.0
4	50050	50050	0.076	0.076	0.076	6.8	2.3	6.8	5.0	6.8	2.3
5	50050	50050	0.066	0.066	0.066	6.6	5.0	6.6	5.0	6.6	5.0
6	50050	50050	0.072	0.072	0.072	6.7	2.0	6.7	5.0	6.7	2.0
7	50050	50050	0.075	0.075	0.075	6.7	1.6	6.7	5.0	6.7	1.6
8	50050	50050	0.070	0.070	0.070	6.6	2.6	6.6	5.0	6.6	2.6
9	50050	50050	0.068	0.068	0.068	6.6	4.7	6.6	5.0	6.6	4.7
10	50050	50050	0.077	0.077	0.077	6.5	5.0	6.5	5.0	6.5	5.0
11	50050	50050	0.064	0.064	0.064	6.6	5.0	6.6	5.0	6.6	5.0
12	50050	50050	0.069	0.069	0.069	6.4	1.4	6.4	5.0	6.4	1.4
13	50050	50050	0.096	0.096	0.096	6.7	5.0	6.7	5.0	6.7	5.0
14	50050	50050	0.079	0.079	0.079	6.4	3.2	6.4	5.0	6.4	3.2
15	50050	50050	0.074	0.074	0.074	6.4	1.0	6.4	5.0	6.4	1.0
16	50050	50050	0.074	0.074	0.074	6.5	5.0	6.5	5.0	6.5	5.0
17	50050	50050	0.079	0.079	0.079	6.7	1.2	6.7	5.0	6.7	1.2
18	50050	50050	0.070	0.070	0.070	6.6	5.0	6.6	5.0	6.6	5.0
19	50050	50050	0.125	0.125	0.125	6.7	1.0	6.7	5.0	6.7	1.0
20	50050	50050	0.111	0.111	0.111	6.7	1.2	6.7	5.0	6.7	1.2
21	50050	50050	0.100	0.100	0.100	6.5	5.0	6.5	5.0	6.5	5.0
22	50050	50050	0.086	0.086	0.086	6.4	5.0	6.4	5.0	6.4	5.0
23	50050	50050	0.131	0.131	0.131	6.4	1.0	6.4	5.0	6.4	1.0
24	50050	50050	0.161	0.161	0.161	6.5	1.0	6.5	5.0	6.5	1.0
25	50050	50050	0.100	0.100	0.100	6.5	1.3	6.5	5.0	6.5	1.3
26	50050	50050	0.107	0.107	0.107	6.6	5.0	6.6	5.0	6.6	5.0
27	50050	50050	0.106	0.106	0.106	6.8	2.7	6.8	5.0	6.8	2.7
28	50050	50050	0.097	0.097	0.097	6.8	2.7	6.8	5.0	6.8	2.7
29	50050	50050	0.095	0.095	0.095	6.7	5.0	6.7	5.0	6.7	5.0
30	50050	50050	0.105	0.105	0.105	6.5	5.0	6.5	5.0	6.5	5.0
31	50050	50050	0.102	0.102	0.102	6.5	5.0	6.5	5.0	6.5	5.0
Total			2.673	2.673	2.673	6.6	1.4	6.6	5.0	6.6	1.4
Mo. Avg.			0.087	0.087	0.087	6.6	2.9	6.6	5.0	6.6	2.9

Permit Number: FLA014053
 Monitoring Period: 10-01-05 To: 10-31-05
 Facility: Sandalhaven WWTP

DAILY SAMPLE RESULTS - PART B

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053
From: 10-01-05 To: 10-31-05

Facility: Sundalhaven WWTP

	TSS (MGL)	Turbidity (NTU)																		
Code	00530	00070																		
Mon. Site	EFB-1	EFB-1																		
1		.60																		
2		.19																		
3	<0.6	.12																		
4	<0.6	.58																		
5	0.6	.27																		
6	<0.6	.30																		
7		.15																		
8		.45																		
9		.26																		
10		.42																		
11	0.7	.51																		
12	<0.6	.48																		
13	<0.6	.52																		
14	<0.6	.35																		
15		.45																		
16		.50																		
17	<0.6	.44																		
18	<0.6	.45																		
19	<0.6	.44																		
20	<0.6	.45																		
21		.45																		
22		.40																		
23		.40																		
24		2.81																		
25	<0.6	1.40																		
26	<0.6	1.11																		
27	<0.6	.63																		
28	<0.6	.65																		
29		.50																		
30		.31																		
31	<0.6	.41																		
Total																				
Mo. Avg.	<0.6	0.55																		

PLANT STAFFING:
 Day Shift Operator Class: C Certificate No: 0013850 Name: Michael Monat
 Evening Shift Operator Class: C Certificate No: 0013794 Name: Ted Burleson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 0007518 Name: Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

FILE COPY

12/22/2005 08:46 9416978959 SANDALHAVEN UTI PAGE 05

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224
 COUNTY: Osceola

PERMIT NUMBER: FLA014053
 LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: including Inflow

REPORT GROUP: Monthly Domestic

690

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 11-01-05 To 11-30-05

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003							Ø		
PARM Code 50050 Y Mon Site No. OTH-1B	Permit Requirement	0.15 (Ar. Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.0							Ø		
PARM Code 50050 P Mon Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2				Ø		
PARM Code 80082 Y Mon Site No. EPA-1	Permit Requirement				20 (Ar. Avg.)			MGD		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
PARM Code 80082 A Mon Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MGD		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<0.87				Ø		
PARM Code 00530 Y Mon Site No. EPA-1	Permit Requirement				20.0 (Ar. Avg.)			MGD		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<0.6	<0.6	0.8		Ø		
PARM Code 00530 A Mon Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MGD		Every Two 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 (Y/M/D)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/12/20

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

PAGE 02 GARTH A 8136261030 12/22/2005 10:08

FACILITY: Sandalhaven WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 11-01-05 To 11-30-05
 PERMIT NUMBER: FLA014053

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
PH				6.4	6.9			0		
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SV		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				0		
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement			200 (Ar. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		0		
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6				0		
PARM Code 30060 A Mon. Site No. EPA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			5.02				0		
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement			120 (Max.)			MG/L		Every Two Weeks	8-hr. EPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			116				0		
PARM Code 80820 CD Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. EPC
Solids, Total Suspended	Sample Measurement			233				0		
PARM Code 00130 CD Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. EPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT CLASS SIZE: Final N/A

REPORT GROUP: Monthly Domestic

FACILITY LOCATION: Sandalhaven WWTP
 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 11-01-05 To 11-30-05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.098							Ø		
PARM Code 50050 Y Mon Site No. OTH-1A	Permit Requirement	0.10 (An.Avg)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.089							Ø		
PARM Code 50050 P Mon Site No. OTH-1A	Permit Requirement	Report (Mo.Avg)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2				Ø		
PARM Code 80082 Y Mon Site No. EPA-1	Permit Requirement				20.0 (An.Avg)			MGD		Every Two Weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
PARM Code 80082 A Mon Site No. EPA-1	Permit Requirement				20.0 (Mo.Avg)	45.0 (Weekly.Avg)	60 (Max)	MG/L		Every Two Weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				0.8				Ø		
PARM Code 00530 Y Mon Site No. EPA-1	Permit Requirement				0 (Max)			MG/L		4 Days/Week	Grab
pH	Sample Measurement				6.4	6.9			Ø		
PARM Code 00400 A Mon Site No. EPA-1	Permit Requirement				6.0 (Min)	8.5 (Max)		PSU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/12/20

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

PAGE 04

GARTH A

8136261030

10:08

12/22/2005

12/22/2005 08:46

9416978959

SANDALHAVEN UTI

PAGE 01

FACILITY: Sandhaven WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-007
MONITORING PERIOD From: 11-01-05 To 11-30-05

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			< 1						
FARM Code 74055 A Mon Site No. EPA-1	Permit Requirement			25				Ø		
Fecal Bacterial Coliform (Per Disinfection)	Sample Measurement			0.6			#/100ML		4 Days/Week	Grab
FARM Code 50060 A Mon Site No. EPA-1	Permit Requirement			1.0				Ø		
Turbidity	Sample Measurement			2.90			MG/L		Continuous	Grab
FARM Code 00070 B Mon Site No. BFB-1	Permit Requirement			(Max)				Ø		
	Sample Measurement						NTU		Continuous	Meter
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

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

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 209 Weatherfield Avenue
 Alhambra Springs, FL 32714

PERMIT NUMBER: FLA014053

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Pacific Road
 Eagleswood, FL 32224

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 12-1-05 To 12-31-05

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003				0		
PARM Code 30030 Mon Site No. OTH-1B	Flow Measurement	0.19 (Ave)	MGD			0	5 Days/Week	Flow Totals
Flow	Sample Measurement	0.0				0		
PARM Code 30030 Mon Site No. OTH-1B	Flow Measurement	0.00	MGD			0	5 Days/Week	Flow Totals
BOD, Carbonaceous 5 day, 20C	Sample Measurement			22		0		
PARM Code 30012 Mon Site No. EPA-1	Sample Measurement			110 (Ave)	MGD	0	Every Two Weeks	8 hr. PPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			22	22	0		
PARM Code 30012 Mon Site No. EPA-1	Sample Measurement			300 (Max)	450 (Weekly Avg)	60 (Max)	Every Two Weeks	8 hr. PPC
Solids, Total Suspended	Sample Measurement			20.85		0		
PARM Code 30010 Mon Site No. EPA-1	Sample Measurement			100 (Ave)		0	Every Two Weeks	8 hr. PPC
Solids, Total Suspended	Sample Measurement			20.6	20.6	0		
PARM Code 30010 Mon Site No. EPA-1	Sample Measurement			300 (Max)	450 (Weekly Avg)	60 (Max)	Every Two Weeks	8 hr. PPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4777	06/01/16

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

PAGE 02

GARTH A

8136261030

09:11

01/17/2006

SANDALHAVEN UTI

PAGE 01

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING CIRCUIT NUMBER: R-001
 MONITORING PERIOD From: 12-1-05 to 12-31-05

PERMIT NUMBER: FLA014051

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
				6.4	6.9					
PHARM Code 01000 Mon. Site No. EPA-1	Sample Measurement			6.4	6.9			0		
Coliform, Fecal	Requirement			60 (Min.)	65 (Max.)		SU		5 Days/Week	Grab
PHARM Code 24005 Mon. Site No. EPA-1	Sample Measurement			<1				0		
Coliform, Fecal	Requirement			200 (Ar. Avg.)			#/100ML		Every Two Weeks	Grab
PHARM Code 74005 Mon. Site No. EPA-1	Sample Measurement			<1	<1	<1		0		
Total Residual Chlorine (For Disinfection)	Requirement			Report (No. Cont. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
PHARM Code 58000 Mon. Site No. EPA-1	Sample Measurement			0.7				0		
Nitrogen, Nitrate, Total (as N)	Requirement			0.5 (Min.)			MGL		1 Day/Week	Grab
PHARM Code 00000 Mon. Site No. EPA-1	Sample Measurement			0.72				0		
BOD, Carbonaceous 5 day, 20C	Requirement			120 (Max.)			MGL		Every Two Weeks	1-hr. FOC
PHARM Code 10000 Mon. Site No. EPA-1	Sample Measurement			148				0		
Solids, Total Suspended	Requirement			171 (Ar. Avg.)			MGL		Every Two Weeks	1-hr. FOC
PHARM Code 00000 Mon. Site No. EPA-1	Sample Measurement			171				0		
	Requirement						MGL		Every Two Weeks	1-hr. FOC
	Sample Measurement									
	Requirement									
	Sample Measurement									
	Requirement									

SANDALHAVEN WTP

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Westfields Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA914053

LIMIT: Firm
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6841 Florida Road
 Englewood, FL 34724

MONITORING GROUP NUMBER: R-002

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD FROM: 12-01-05 To 12-31-05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.098				0		
PARAM Code 50050 Mon Site No. OTH-1A	Regulatory Requirement	0.10 (An. Ave.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.082				0		
PARAM Code 50050 Mon Site No. OTH-1A	Regulatory Requirement	0.10 (An. Ave.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0		
PARAM Code 8002 Mon Site No. EPA-1	Regulatory Requirement			(An. Ave.)			Every Two Weeks	Bio-FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	2	0		
PARAM Code 8002 Mon Site No. EPA-1	Regulatory Requirement			500 (Max)	150 (Weekly Avg)		Every Two Weeks	Bio-FPC
Solids, Total Suspended	Sample Measurement			0.6		0		
PARAM Code 0050 Mon Site No. EPA-1	Regulatory Requirement			500 (Max)			5 Days/Week	Grab
pH	Sample Measurement			6.4	6.9	0		
PARAM Code 0040 Mon Site No. EPA-1	Regulatory Requirement			6.0 (Min)	8.5 (Max)		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06/01/16

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

Formik Number:
Monitoring Period

FL 014053
From 12-01-05 To 12-31-05

DAILY SAMPLE RESULTS - PART B

Facility: Sandalhaven WWTP

Code	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SL)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)
Mon. Site	07H-1A	07H-1B	B002	00530	00400	50060	74055	00620	B002	00530
			DNR-1	DNR-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1
1	0.090	0			6.7	1.1	<1			
2	0.066	0			6.7	1.8				
3	0.097	0			6.5	1.2				
4	0.095	0			6.4	1.7				
5	0.091	0			6.6	1.6	<1			
6	0.099	0			6.6	1.4	<1			
7	0.083	0	114	13.6	6.6	1.2	<1	0.72	<2	<0.6
8	0.090	0			6.5	1.4	<1			
9	0.085	0			6.6	5.0				
10	0.087	0			6.6	5.0				
11	0.092	0			6.6	5.0				
12	0.067	0			6.6	1.7	<1			
13	0.067	0			6.6	5.0	<1			
14	0.082	0			6.7	5.0	<1			
15	0.077	0			6.7	1.2	<1			
16	0.077	0			6.7	5.0				
17	0.085	0			6.4	5.0				
18	0.070	0			6.5	4.8				
19	0.082	0			6.5	3.6	<1			
20	0.062	0	171	206	6.7	5.0	<1	0.18	<2	0.6
21	0.089	0			6.9	1.4	<1			
22	0.076	0			6.9	5.0	<1			
23	0.075	0			6.6	2.2				
24	0.074	0			6.5	1.3				
25	0.082	0			6.8	1.4				
26	0.086	0			6.8	1.7				
27	0.082	0			6.9	2.3	<1			
28	0.084	0			6.8	5.0	<1			
29	0.088	0			6.8	1.7	<1			
30	0.084	0			6.8	5.0	<1			
31	0.077	0			6.6	5.0				
Total	2.562	0								
Mo. Avg	0.082	0	143	171	6.7	3.0	<1	0.45	<2	<0.6

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0013850 Name: Michael Monat
 Evening Shift Operator Class: C Certificate No: 0013794 Name: Ted Burtson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 0007518 Name: Patrick Godwin

UTILITIES, INC. OF SANDALHAVEN

DOCKET NO.: 060285-SU

CHARLOTTE COUNTY

25.30-440 (5)
Inspection Reports

Test Year Ended December 31, 2005



Jeb Bush
Governor

Department of Environmental Protection

South District
P.O. Box 2549
Fort Myers, Florida 33902-2549
Ph. (239) 332-6975
Fax (239) 332-6969

Colleen M. Castille
Secretary

RECEIVED
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CC: RR
m.d.

May 25, 2005

FILE 192 SA
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Patrick Flynn, Vice President
200 Weathersfield Avenue
Altamonte Springs, FL 32714

RE: Charlotte County-DW
Sandhaven WWTP
FLA014053

Dear Mr. Flynn:

A file review and a field inspection of the above referenced WWTP on April 14, 2005 indicate that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. Department personnel observed the following:

1. **The Department found that the required permitted information was not being properly recorded on the discharge monitoring report (DMR).** The Department is issuing a corrected DMR form that allows the operator to report flows for the two discharge sites, OTH-1A and OTH-1B. Please see enclosures.
2. **Please submit to the Department an updated copy of the reuse protocol indicating the correct turbidity alarm set points.** The June 18, 2001 reuse protocol indicated a 5.0 NTU alarm set point for turbidity.

You are advised that any activity that may contribute to violations of the above described statutes and rules should cease immediately. Continued operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.141 and 403.161, Florida Statutes.

Please notify the Department in writing within 15 days as to what actions you intend to take in order to address these deficiencies.

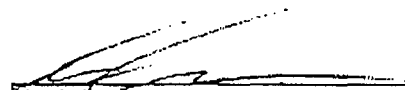
Continued . . .

"More Protection, Less Process"

Mr. Flynn
May 24, 2005
Page 2 of 2

If you have any questions, please do not hesitate to contact **Doug Wells** at (239) 332-6975, ext. 108. Your cooperation is appreciated.

Sincerely,



Keith Kleinmann
Environmental Manager

KK/EJ/mv

cc: Lenny Godwin, Operator
Allen Slater, FRWA (allen.slater@frwa.net)
enclosures

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven	PERMIT NUMBER: FLA014053		
MAILING ADDRESS: 200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT: Final	REPORT: Monthly	
	CLASS SIZE: N/A	GROUP: Domestic	
FACILITY: Sandalhaven WWTP	MONITORING GROUP NUMBER: R-001		
LOCATION: 6811 Placida Road Englewood, FL 34224	MONITORING GROUP DESC: , including Influent		
COUNTY: Charlotte	NO DISCHARGE FROM SITE: <input type="checkbox"/>		
	MONITORING PERIOD From: _____ To: _____		

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement							
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	MGL		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

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UTILITIES INC OF FL

PAGE 04/26

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement									
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (Ar. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement									
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

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UTILITIES INC OF FL

PAGE 05/26

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven	PERMIT NUMBER: FLA014053
MAILING ADDRESS: 200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT: Final
FACILITY: Sandalhaven WWTTP	CLASS SIZE: N/A
LOCATION: 6811 Placida Road Englewood, FL 34224	REPORT: Monthly GROUP: Domestic
COUNTY: Charlotte	MONITORING GROUP NUMBER: R-002
	MONITORING GROUP DESC:
	NO DISCHARGE FROM SITE: <input type="checkbox"/>
	MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.10 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement							
PARM Code 50050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement							
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

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UTILITIES INC OF FL

PAGE 06/26

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA014053

From: _____ To _____

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A	Permit Requirement							
Mon. Site No. BFA-1	Sample Measurement		25 (Max)		#100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Permit Requirement							
PARM Code 50060 A	Sample Measurement		1.0 (Min)		MG/L		Continuous	Grab
Mon. Site No., BFA-1	Permit Requirement							
Turbidity	Sample Measurement							
PARM Code 00070 B	Permit Requirement							
Mon. Site No. BFB-1	Sample Measurement				NTU		Continuous	Meier
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
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	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014053 Facility: Sandalhaven WWTP
 Monitoring Period From: _____ To: _____

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen Nitrate Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)	Flow (MGD)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	OTH-1A
1											
2											
3											
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25											
26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data. When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/hailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.105, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBD₅: Enter the average CBD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

MPY-09-2006 17:12

4078696961

97%

P. 11

UTILITIES, INC. OF SANDALHAVEN

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

June 3, 2005

Mr. Keith Kleinmann
Environmental Manager
Department of Environmental Protection
South District
P.O. Box 2549
Fort Meyers, Florida 33902-2549Re: Sandalhaven WWTP
FLA014053

Dear Mr. Kleinmann:

Please find listed below the responses concerning the file review and field inspection of the Sandalhaven WWTP conducted by your Department personnel on April 14, 2005.

1. **STATEMENT:** The Department found that the required permitted information was not properly recorded on the discharge monitoring report (DMR). The department is issuing a corrected DMR form that allows the operator to report flows for the two discharge sites, OTH-1A and OTH-1B. Please see enclosures.

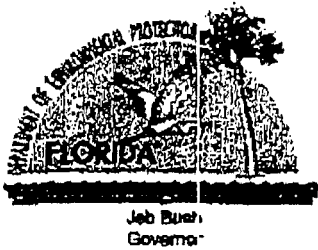
RESPONSE: Department personnel provided the Sandalhaven WWTP operator a revised DMR by mail on approximately May 30, 2005. A revised DMR for April 2005 was mailed to your Department on June 2, 2005. Utilities, Inc. requests an electronic copy in a word document of the revised DMR.

2. **STATEMENT:** Please submit to the Department an updated copy of the reuse protocol indicating the correct turbidity alarm set points. The June 18, 2001 reuse protocol indicated a 5.0 NTU alarm set point for turbidity.

RESPONSE: Attached with this correspondence is the Revised Operating Protocol dated October 10, 2001. Please note under **ACCEPTABILITY CRITERIA –TURBIDITY** that "the proposed set-point for alarm will be 3.0 NTUs and diversion of the effluent will also be when the turbidity exceeds 3.0 NTUs." Utilities, Inc. of Sandalhaven will verify that the set point is set at this value.

If you have any questions, please contact Richard Retz at the telephone number or address listed on the letterhead or by e-mail at r.retz@utilities-usa.com.

Very Truly Yours,
UTILITIES, INC. OF SANDALHAVENMichael T. Dunn
Regional Managerec: Richard Retz., Assistant Operations Manager
Patrick Flynn, Regional Director
cc: Scott Stewart, Area Manager



Department of Environmental Protection

South District
 P.O. Box 2549
 Fort Myers, Florida 33902-2549
 Ph. (239) 332-6875
 Fax (239) 332-6968

Cohen M. Caselle
 Secretary

June 2, 2005

SENT VIA ELECTRONIC MAIL

Mr. Patrick Flynn
 Regional Director
 Utilities, Inc. of Florida
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714
 Email: florida@utilitiesinc-usa.com

RE: Highlands County-DW
 Lake Placid Utilities aka Sun-n-
 Lakes of Lake Placid
 FLA014386

Dear Mr. Flynn:

A file review and a field inspection of the above referenced WWTP on May 5, 2005 indicate that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. Department personnel observed the following:

1. The above referenced permit expires August 29, 2005. An application to renew the permit should have been submitted no later than March 2, 2005. Florida Administrative Code (F.A.C.) Rule 62-620.410(5) states an applicant shall apply to the Department to renew an existing wastewater permit at least 180 days before the expiration date of the existing permit.
2. A review of the Discharge Monitoring Reports (DMRs) revealed that the August and September 2004 DMRs reported total residual chlorine (TRC) violations of 0.0 and 0.4 milligrams per liter (mg/L) respectively. F.A.C. Rule 62-600.440(4)b requires a total chlorine residual of at least 0.5 mg/L to be maintained after at least 15 minutes contact time at peak hourly flow.
3. The lift station lid and power panel was not locked. F.A.C. Rule 62-604.400(2)(d) states that pumping stations shall be enclosed with a fence or otherwise designed with appropriate features that discourage the entry of animals and unauthorized persons.

Continued . . .

"More Protection, Less Process"

Mr. Flynn
June 2, 2005
Page 2 of 2

You are advised that any activity that may contribute to violations of the above described statutes and rules should cease immediately. Continued operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.141 and 403.161, Florida Statutes.

Please notify the Department in writing within 15 days as to what actions you intend to take in order to address these deficiencies.

If you have any questions, please do not hesitate to contact Doug Wells at (239) 332-6975, ext. 108. Your cooperation is appreciated.

Sincerely,



Keith Kleinmann
Environmental Manager

KK/NDW/m.v

cc: Pugh Utilities, Operator
Allen Slater, FRWA (allen.slater@frwa.net)
Rick Retz, Utilities Inc. (r.retz@utilitiesinc-usa.com)

LAKE PLACID UTILITIES, INC.
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

COPY

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

June 16, 2005

Mr. Doug Wells
Department of Environmental Protection
South District
P.O. Box 2549
Fort Meyers, Florida 33902-2549

Re: Lake Placid Utilities WWTP
File Review and Field Inspection
FLA014386

Dear Mr. Wells:

Please find listed below the responses concerning the file review and field inspection of the Lake Placid Utilities, Inc. WWTP conducted by your Department personnel on May 5, 2005. Responses are presented using the same numbering system presented in the Department's letter dated June 2, 2005.

1. The operating permit renewal application was mailed before the March 2, 2005 deadline. A copy of the transmittal letter is attached.
2. The contract operating service was contacted for an explanation of the chlorine residual deficiencies occurring in August and September. This occurred during the time periods that Hurricane Charley and Jeanne swept through the area. A copy of their explanation is attached.
3. The lift station lid and power panel lids have been locked.

Sincerely
LAKE PLACID UTILITIES, INC.



Michael Dunn, P.E.
Regional Manager

Ec: Richard Retz
Patrick Flynn

Cc: Scott Stewart

Page 1 of 2
Document 1

Pugh Utilities Service, Inc.
760 Henscratch Road
Lake Placid, Florida 33852
(863) 465-6911

Rick Retz
Utilities, Inc. of Florida
200 Weathersfield Ave.
Allamonte Springs, Florida 32714

June 13, 2005

Reference: *Sun & Lakes of Lake Placid*
Water and Wastewater Treatment Plant

Dear Mr. Retz,

Water Plant:

The following are the dates and readings of the generator at the water plant.

April 26, 2005	424.1
May 3, 2005	425.6
May 9, 2005	426.6
May 17, 2005	427.7
May 24, 2005	428.7
May 31, 2005	429.8
June 7, 2005	430.8

A copy of the logbook pages will be enclosed with this letter.

The MOR's, DMR's and lab we have the following numbers for faxing:
(407) 869-6961, 468-3268 and (813) 626-1030.

The DMR's for the month of May are not finished. All information is faxed to your office as soon as all reports are ready.

In reference to the June 1, 2005 DEP letter, we have put a preventive maintenance plan in place at the water plant. The flushing program and valve exercise programs we do not do.

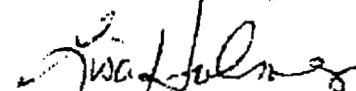
Wastewater Plant:

In reference to the June 2, 2005 DEP letter, item #2.

On August 14-16, 2005 a zero reading for chlorine was logged. During this time Hurricane Charlie had come through the area.

On September 27, 2005 a 0.4 reading for chlorine was logged. During this time Hurricane Jeanne had come through the area.

If you have any further questions please do not hesitate to call.


Lisa Holmes
Pugh Utilities

Enclosures

UTILITIES, INC. OF SANDALHAVEN

DOCKET NO.: 060285-SU

CHARLOTTE COUNTY

25.30-440 (6)
Permits

Test Year Ended December 31, 2005



Department of Environmental Protection

CRW: FINE
CC: PF, RR

Jeb Bush
Governor

South District
P.O. Box 2549
Fort Myers, Florida 33902-2549

Colleen M. Castille
Secretary

March 10, 2006

CERTIFIED MAIL NO.: 7005 0390 0005 8539 7971
RETURN RECEIPT REQUESTED

Patrick Flynn, Regional Director
Utilities Inc. of Sandalhaven
200 Weathersfield Ave.
Altamonte Springs, FL 32714

Re: Charlotte County - DW
RFI (Sandalhaven WWTP)
DEP Permit No: FLA014053
Application No.: FLA014053-007-DW1
Charlotte Harbor EMA

Dear Mr. Flynn:

Thank you for your application to substantially modify the wastewater permit for the above referenced wastewater treatment facility. However, the application is incomplete and pursuant to the provisions of Section 62-620.510, Florida Administrative Code (F.A.C.), please provide the information as requested in Attachment "A."

The application will remain incomplete until receipt of the requested information. Please refer to this letter in your response and submit two (2) copies of your response and supporting documentation. Also, it is important that your response to this letter be signed, sealed and dated by an engineer registered in the State of Florida.

Please note that pursuant to Rule 62-620.510(5), Florida Administrative Code, Section 120.60, Florida Statutes and Rule 62-4.055, Florida Administrative Code (F.A.C.), failure of an applicant to provide the timely requested information by the applicable deadline shall result in denial of the application. Please submit the requested information within 30 days of this letter.

Should you have any questions, please contact Ron Walters of this office at (239) 332-6975, extension 177.

Thank you for your continued cooperation.

Sincerely,

Charles Davault, P.E.
Wastewater Section Manager

CDR/RW/jli

Enclosures: Attachment "A"
Guide to Permitting Wastewater Facilities

Copies (with attachments) furnished to:
Stephan Romano, P.E.
Richard Orth, P.G., DEP—Fort Myers
Keith Kleinmann, DEP—Fort Myers

Attachment "A"

Additional Information Required

Sandalhaven WWTP

Application No.: FLA014053-007-DW1

March 10, 2006

1. Item 6 in Section 1 of Form 2A is incomplete.
2. Reference Section 1, Item 7 of Form 2A: Here you indicate two reuse land application sites. You also indicate no ground water disposal by underground injection. This is inconsistent with the rest of your application and the Capacity Analysis Report.
3. Reference Section 3 of Form 2A: Complete a separate Section 3 for each current or proposed method of reuse or effluent disposal identified in Section 1, Item 7 of Form 2A. Separate descriptions of each reuse or effluent disposal system (e.g., R-001 and R-002 for land application, and U-001 for underground injection) are required even if the discharge or reuse system originates at the same treatment facility.
4. Items 9.a, 9.c and 9.d in Section 1 of Form 2A are incomplete.
5. The last four lines of Item 2 in Section 3.C of Form 2A are incomplete.
6. Reference Section 3.B, Item 8 of Form 2A: For each pond, provide the average loading rate expressed as **inches per week**.
7. Reference Section 8, Item 1.d of Form 2A: The information contained in Section 8, Item 1.d is inconsistent with the rest of your application. You indicate you have provided an Agricultural Use Plan or Dedicated Site Plan with your application. However, neither an Agricultural Use Plan nor a Dedicated Site Plan was provided.
8. Please provide a reclaimed water or effluent analysis report (DEP Form 62-620.910(15) http://www.dep.state.fl.us/water/wastewater/forms/pdf/620_15_.pdf) for the effluent discharged to the restricted access spray site.
9. Please provide a reuse feasibility study to include all or a portion of the proposed 0.500 MGD disposal capacity.
10. Are the on-site existing wastewater treatment ponds (pond 2, pond 3, pond 4 and sedimentation ponds) scheduled to be abandoned or converted to additional reject storage, storage for mechanical integrity testing of the injection well or reuse disposal? If the ponds are to remain, please provide new design details of the ponds along with a mounding analysis if the ponds are proposed to be unlined or configuration will change dramatically.
11. Please provide a schedule and proposed procedure of abandonment of the existing ground water monitoring wells when the percolation ponds are taken offline or abandoned.
12. Reference the Process Configuration Diagram (Figure 4) that you have provided: Revise the diagram. Show all the existing, proposed, and intermediate sample locations for **influent and effluent**.
13. Please describe how flow through the plant is presently being measured. Also describe how flow through the plant will be measured after the proposed USBF plant is constructed and operating.
14. Reference your application's Table of Contents: Condition number V.5 of your current DEP permit requires a detailed **Operation and Maintenance Performance Report** prepared in accordance with the requirements of Rule 62-600.735, F.A.C. You did not include a detailed Operation and Maintenance Performance Report in your application package.

Attachment "A"

Additional Information Required

Sandalhaven WWTP

Application No.: FLA014053-007-DW1

March 10, 2006

15. The **Preliminary Design Report** was reviewed. The information submitted is inadequate for a Preliminary Design Report. Please refer to Guide to Permitting Wastewater Facilities (copy enclosed). Please use the guide and provide the information as outlined. Also provide design calculations.
16. Reference Section 2, Item 5 of Form 2A: You indicate the plant is designed for **Class I reliability**. Please provide a plant schematic flow diagram that affirmatively demonstrates that the plant will contain **all** the design features, equipment, piping, valves, controlled diversion, unit operation bypass, backup pumps, and redundancy necessary for Class I reliability. For guidance, refer to the EPA document entitled "**Design Criteria for Mechanical, Electrical, and Fluid System and Component Reliability-MCD-05**" referenced in Rule 62-600.300(2)(L), F.A.C.
17. Indicate where at the wastewater treatment plant site the annual sludge sample is collected.
18. The **Reuse Operating Protocol** was reviewed. The protocol is deficient and does not meet the requirements of Rules 62-610.320(6)(d) and (e), F.A.C., and Rules 62-610.463(1) and (2), F.A.C:
 - a. A turbidity diversion set point of 2.0 NTU or less is required, unless you can provide monitoring data to justify an increase in NTUs.
 - b. The total residual chlorine diversion set point must be at least 1.5 mg/l.
 - c. During equipment malfunction, manual samples must be collected every fifteen (15) minutes unless there is backup on-line continuous monitoring equipment in place.
 - d. The protocol must describe the procedure employed to reduce turbidity or increase chlorine residual when reclaimed water of substandard quality is being generated (i.e., a turbidity level greater than 2.0 NTU or a total residual chlorine level less than 1.5 mg/l at the location of continuous monitoring).
 - e. The protocol must indicate the operator response time for alarm conditions.
 - f. All diversion valves, sample locations, and alarms must be clearly labeled at the wastewater treatment plant site.
 - g. All diversion valves must be tested routinely and in accordance with the manufacturer's instructions. Provisions for timely repair must be specified in the protocol.
 - h. The operator must record the turbidity and chlorine residual readings when daily samples for total suspended solids (TSS) and fecal coliform are collected.
 - i. Additional reliability features must be in place (e.g., automatic diversion system to manual diversion alternate disposal system when the operator leaves the wastewater treatment plant site).
 - j. The protocol must include provisions for routine maintenance of continuous monitoring equipment (e.g., the cleaning of turbidity monitoring equipment lenses, etc.). Equipment must be maintained in accordance with the manufacturer's operation and maintenance instructions.

Attachment "A"

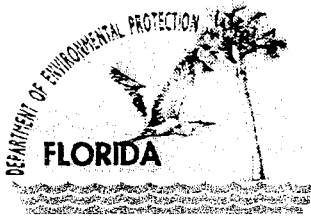
Additional Information Required

Sandalhaven WWTP

Application No.: FLA014053-007-DW1

March 10, 2006

- k. The continuous monitoring equipment must be calibrated by trained, authorized persons before equipment installation, each time the instruments are taken off-line, after preventative maintenance activity, and immediately after determining that the chlorine residual or turbidity levels are off by greater than 20% of the calibrated instrument reading. Calibration must conform to wastewater sampling standard operating procedures contained in DEP-SOP-001/01, FT 1900 and FT 2000 (refer to <http://www.dep.state.fl.us/labs/qa/sops.htm>).
 - l. Daily checks of equipment are required. Daily checks must be conducted and documented in accordance with the wastewater sampling standard operating procedures contained in DEP-SOP-001/01, FT 1990.
 - m. The protocol must contain a schematic or **site plan** (depict all the unit processes from the wastewater treatment filters to the reuse system), clearly identifying sampling locations, location of alarms and valves for diversion (automatic diversion valves and manual diversion valves), and location of automatic monitoring equipment.
 - n. Include the name of the automatic monitoring equipment's manufacturer(s) in the protocol.
 - o. Include in the protocol, a copy of the automatic monitoring equipment manufacturer's specifications for sample flow through, calibration frequency and factory checks of instruments.
 - p. Each time a diversion occurs because of the on-line monitoring equipment, the return of reclaimed water to the public access reuse disposal system can only take place after satisfactory review of what caused the diversion to occur. After the treatment process is corrected to produce reuse quality water, any portion of the reuse disposal system that may have been contaminated due to the diversion must be flushed. A detailed description of the flushing process must be included in the protocol. Also specify volume or time span of flushing necessary to ensure contaminated water is **not** discharged to the public access reuse disposal system.
19. The **Capacity Analysis Report** does not meet all the requirements of Rule 62-600.405, Florida Administrative Code. Please provide a Capacity Analysis Report that meets the requirements of Rule 62-600.405, Florida Administrative Code:
- a. Revise the Capacity Analysis Report in accordance with the requirements of Rule 62-600.405(6), F.A.C. In **Table 1**, include the Monthly Average Daily Flow, Three-Month Average Daily Flow, and Annual Average Daily Flow for the **past ten years** of historical data (i.e., from January 1996 through December 2005).
 - b. Incorporate the past ten years of historical data into your calculations of the future flows anticipated from year 2006 through at least year 2016.
 - c. Revise **Figures 1, 2, and 3** of the Capacity Analysis Report in accordance with the requirements of Rule 62-600.405(6), F.A.C. Incorporate the **past ten years** of historical data (i.e., from January 1996 through December 2005). On the abscissa of each graph, adjust the origin to be (Jan-96, 0.000).
 - d. Verify the totals shown in **Table 2**.



Department of Environmental Protection

Jeb Bush
Governor

South District
P.O. Box 2549
Fort Myers, Florida 33902-2549
(941) 332-6975

David B. Struhs
Secretary

DR ✓

STATE OF FLORIDA NOTICE OF PERMIT ISSUANCE

CERTIFIED MAIL No.: 7000 1670 0005 5300 2529
RETURN RECEIPT REQUESTED

AUG 18 2001
JW

PF rcvd copy

In the matter of an
Application for Permit
by:

Sandalhaven Utilities, Inc.
Mr. Donald Rasmussen, Vice President
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Charlotte County - DW
Sandalhaven WWTP
DEP File Nos. FLA014053-004-DW2P and
FLA014053-005-DW2MR
Charlotte Harbor EMA

Enclosed is Permit Number FLA014053 to operate the referenced wastewater treatment facility and reclaimed water disposal system. This permit is issued under Section 403.087, of the Florida Statutes.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative hearing in accordance with sections 120.569 and 120.57 of the Florida Statutes, or all parties may reach a written agreement on mediation as an alternative remedy under section 120.573 before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for petitioning for a hearing are set forth below, followed by the procedures for pursuing mediation.

The petition must contain the information set forth below and must be filed (received) in the Department's Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000. Petitions filed by the permit applicant or any of the parties listed below must be filed within fourteen days of receipt of this notice of intent. Petitions filed by any other person must be filed within fourteen days of publication of the public notice or within fourteen days of receipt of this notice of intent, whichever occurs first. A petitioner must mail a copy of the petition to the applicant at the address indicated above, at the time of filing. The failure of any person to file a petition (or a request for mediation, as discussed below) within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes, or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-5.207 of the Florida Administrative Code.

A petition must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the Department's permit identification number and the county in which the subject matter or activity is located;
- (b) a statement of how and when each petitioner received notice of the Department's action;

- (c) a statement of how each petitioner's substantial interests are affected by the department's action;
- (d) a statement of the material facts disputed by the petitioner, if any;
- (e) a statement of facts that the petitioner contends warrant reversal or modification of the Department's action;
- (f) a statement of which rules or statutes the petitioner contends require reversal or modification of the Department's action; and
- (g) and a statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice of intent. Persons whose substantial interests will be affected by any such final decision of the Department on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Any person may elect to pursue mediation by reaching a mediation agreement with all parties to the proceeding (which includes the Department and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Department's action or proposed action. The agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, by the same deadline as set forth above for the filing of a petition.

The agreement to mediate must include the following:

- (a) the names, addresses, and telephone numbers of any persons who may attend the mediation;
- (b) the name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;
- (c) the agreed allocation of the costs and fees associated with the mediation;
- (d) the agreement of the parties on the confidentiality of discussions and documents introduced during mediation;
- (e) the date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;
- (f) the name of each party's representative who shall have authority to settle or recommend settlement;
- (g) either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this action or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference; and
- (h) the signatures of all parties or their authorized representatives.

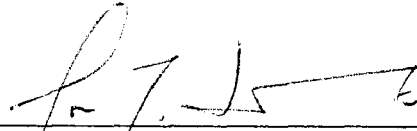
As provided in section 120.573 of the Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by section 120.569 and 120.57 for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within fourteen days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under section 120.569 and 120.57 remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

This action is final and effective on the date filed with the Clerk of the Department unless a petition (or request for mediation) is filed in accordance with the above. Upon the timely filing of a petition (or request for mediation) this order will not be effective until further order of the Department.

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Richard W. Cantrell
Director of
District Management

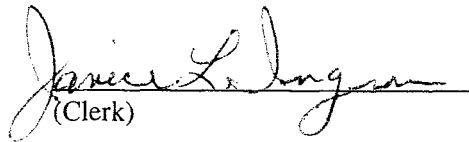
CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed by certified mail before the close of business on AUGUST 14, 2001 to the listed persons.

Clerk Stamp

FILING AND ACKNOWLEDGMENT

FILED, on this date, under section 120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.



(Clerk)

8-14-01
(Date)

RWC/MHR/jli
Copies furnished to:

Patrick C. Flynn
David A. Weber, P.E.
Keith Kleinmann, FDEP



Department of Environmental Protection

Jeb Bush
Governor

South District
P.O. Box 2549
Fort Myers, Florida 33902-2549

David B. Struhs
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Utilities Incorporated of Sandalhaven

PERMIT NUMBER: FLA014053
PA FILE NUMBER: FLA014053-004-DW2P and
FLA014053-005-DW2MR
ISSUANCE DATE: August 14, 2001
EXPIRATION DATE: August 13, 2006

RESPONSIBLE AUTHORITY:

Mr. Donald Rasmussen
Vice President
200 Weathersfield Avenue
Altamonte Springs, FL 32714
(407) 869-1919

FACILITY:

Sandalhaven WWTP
6811 Placida Road
Englewood, FL 33533
Charlotte County
Latitude: 26° 52' 23" N Longitude: 82° 18' 22" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

Operate an existing 0.150 MGD annual average daily flow, AADF, extended aeration domestic wastewater treatment plant consisting of a surge tank, dual pumps, 150,000 gallons of aeration volume, dual blower-motor assemblies, clarifier, dual backwashable filters, dual chlorine contact chambers, lime mix tank, aerobic digester, blower-motor assembly for the digester, continuous monitoring equipment for chlorine residual and turbidity, automatic valving for diversion of reject water to on site ponds, a 0.100 MG lined storage pond, a transfer pumping station and associated piping to deliver water from the on site lined storage pond to an isolated reuse storage lake at Wildflower Country Club Golf Course.

REUSE:

Land Application: An existing 0.150 mgd annual average daily flow (AADF) permitted capacity rapid infiltration basin system (R-001). R-001 consists of three evaporation/percolation ponds (32,670 sq. ft. bottom area). These ponds are located approximately at latitude 26° 52' 23" N, longitude 82° 18' 22" W.

Land Application: An existing 0.100 mgd annual average daily flow (AADF) permitted capacity slow-rate public access (R-002) consisting of a 100,000 gallons on site lined storage pond for reuse water. The reuse water is pumped from the treatment facility's storage pond to an isolated (no overflow structure) lake (Identified as reuse storage lake) located at the Wildwood Country Club Golf Course. From this isolated reuse storage lake, it can be pumped and introduced into the golf course irrigation system or pumped to a second clay lined isolated lake (Identified as High Lake) from where it also can be introduced into the golf course irrigation system. The golf course irrigation system can also be supplied by the main irrigation lake which is supplied by the on site storm water management system. This main irrigation lake is back flow protected through its irrigation pump's check valve.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 26 of this permit.

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I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System identified as WAFR System I.D. number R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
BOD, Carbonaceous 5 day, 20C	mg/l	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Solids, Total Suspended	mg/l	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
pH	s.u.	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100ml	Maximum	See Permit Condition I.A.4.				Every Two Weeks	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/l	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond.I.A.5
Nitrogen, Nitrate, Total (as N)	mg/l	Maximum	-	-	-	12.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	

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2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Sample taken after disinfection and at the discharge of the chlorine contact chamber.

3. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. *[Rule 62-600.740 (1) (a) 2.]*
4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. *[62-610.510, 8-8-99 and 62-600.440(4)(c), 12-24-96]*
5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.510, 8-8-99 and 62-600.440(4)(b), 12-24-96]*

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6. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System identified as WAFR I.D. number R-002. Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
BOD, Carbonaceous 5 day, 20C	mg/l	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Solids, Total Suspended	mg/l	Maximum	-	-	-	5.0	4 Days/Week	Grab	EFA-1	
pH	s.u.	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100ml	Maximum	See Permit Condition I.A.9.				4 Days/Week	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/l	Minimum	-	-	-	1.0	Continuous	Grab	EFA-1	See Cond.I.A.10
Turbidity	ntus	Maximum	See Permit Condition I.A.11.				Continuous	Meter	EFA-1	

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7. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 6. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFB-1	Sample taken after filtration and prior to disinfection in the chlorine contact chamber (Filter back wash supply basin).
EFA-1	Sample taken after disinfection and at the discharge of the chlorine contact chamber.

8. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. [Rule 62-600.740 (1) (a) 2.]
9. Over a 30 day period, 75 percent of the fecal coliform values (the 75th percentile value) shall be below the detection limits. Any one sample shall not exceed 25 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 5.0 milligrams per liter of total suspended solids (TSS) at a point before application of the disinfectant. Note: To report the 75th percentile value, list the fecal coliform values obtained during that month in ascending order. Report the value of the sample that corresponds to the 75th percentile (multiply the number of samples by 0.75). For example, for 30 samples, report the corresponding fecal coliform value for the 23rd value of ascending order. [62-600.440(5)(f), 12-24-96]
10. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. [62-600.440(5)(b), 12-24-96; 62-610.460(2), 8-8-99; and 62-610.463(2), 8-8-99]
11. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. [62-610.463(2), 8-8-99]

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B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and the influent, WAFR System I.D. number R-001 and R-002, monitored by the permittee as specified below:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements			Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
Flow (Rapid Rate Ponds)	mgd	Maximum	0.15	-	-	-	5 Days/Week	Recording flow meters and totalizers	OTH-1B	See Cond.I.B.4
Flow (Reuse)	mgd	Maximum	0.10	-	-	-	5 Days/Week	Recording flow meters and totalizers	OTH-1A	See Cond.I.B.4
BOD, Carbonaceous 5 day, 20C	mg/l	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond.I.B.3
Solids, Total Suspended	mg/l	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond.I.B.3

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2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
INF-1	Influent sample taken at the surge pump discharge.
OTH-1A	Continuous recording flow meter located in equipment room. This measures flow at the effluent weir of the chlorine contact chamber. Records what goes to reuse.
OTH-1B	Continuous recording flow meter located in equipment room. This measures flow at the effluent weir of the chlorine contact chamber. Records what goes to the evaporation/percolation ponds.

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4), 12-24-96]
4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6), 12-24-96]
5. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocols shall be directed to the on site evaporation/percolation ponds. The operating protocol shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department for review and approval upon revision of the operating protocol and with each permit application. [62-610.320(6) and 62-610.463(2), 8-8-99]
6. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463(2) and .865(8)(d), 8-8-99]
7. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18), 3-2-00]
8. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5), 12-24-96]
9. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month – last day of month	28 th day of following month
Quarterly	January 1 - March 30	April 28
	April 1 – June 30	July 28
	July 1 – September 30	October 28
	October 1 – December 31	January 28
Seminannual	January 1 – June 30	July 28
	July 1 – December 31	January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department at the address specified in Permit Condition I.B. 13 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18), 3-2-00][62-601.300(1), (2), and (3), 12-24-96]

10. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. *[62-610.870(3), 8-8-99]*
11. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. *[62-610.464(5), 8-8-99]*
12. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's South District Office at the address specified below:

South District Office
P.O. Box 2549
Fort Myers, Florida 33902-2549

Phone Number - (941) 332-6975
FAX Number - (941) 332-6969

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305, 10-23-00]*

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is land application and/or transport to AMS Residuals Management Facility, Facility I.D. No. FLA190284 or disposal in a Class I or II solid waste landfill.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5), 3-30-98]*
3. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter

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62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit.
[62-640.300(5), 3-30-98]

4. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. *[62-640.300(5), 3-30-98]*
5. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. *[62-640.100(6)(k)3 & 4, 3-30-98]*
6. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s), and the requirements of Chapter 62-640, F.A.C. *[62-640, 3-30-98]*
7. The domestic wastewater residuals for this facility are classified as Class B.
8. The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(4) (Use of Processes Equivalent to PSRP) of Title 40 CFR Part 503, revised as of October 25, 1995. *[62-640.600(1)(b), 3-30-98]*
9. The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(1) (Reduce the mass of volatile solids by a minimum of 38%) and 503.33(b)(3) (Demonstrate vector attraction reduction with additional aerobic digestion in a benchscale unit) of Title 40 CFR Part 503, revised as of October 25, 1995. *[62-640.600(2)(a), 3-30-98]*
10. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. *[62-640.400(8), 3-30-98]*
11. The permittee shall sample and analyze the Class A or Class B residuals to monitor for pathogen and vector attraction reduction requirements of Rule 62-640.600, F.A.C., and the parameters listed in the table below at least once every twelve (12) months.

Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits
Total Nitrogen	(Report only) % dry weight	Not applicable
Total Phosphorus	(Report only) % dry weight	Not applicable
Total Potassium	(Report only) % dry weight	Not applicable
Arsenic	75 mg/kg dry weight	36.6 pounds/acre
Cadmium	85 mg/kg dry weight	34.8 pounds /acre
Copper	4300 mg/kg dry weight	1340 pounds/acre
Lead	840 mg/kg dry weight	268 pounds/acre

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Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits
Mercury	57 mg/kg dry weight	15.2 pounds/acre
Molybdenum	75 mg/kg dry weight	Not applicable
Nickel	420 mg/kg dry weight	375 pounds/acre
Selenium	100 mg/kg dry weight	89.3 pounds/acre
Zinc	7500 mg/kg dry weight	2500 pounds/acre
pH	(Report only) standard units	Not applicable
Total Solids	(Report only) %	Not applicable

(62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3), 3-30-98)

12. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication - POTW Sludge Sampling and Analysis Guidance Document, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the POTW Sludge Sampling and Analysis Guidance Document, the requirements in Title 40 CFR Part 503, section 503.8 will apply. (62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3), 3-30-98)
13. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. [62-640.650(1)(e), 3-30-98]
14. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Residuals shall not be distributed and marketed if the monthly average of sample results for any parameter exceeds the Class AA parameter concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month. [62-640.650(1)(f), 3-30-98]
15. The permittee shall submit the results of all residuals monitoring with the permittee's Discharge Monitoring Report under Chapter 62-601, F.A.C. The analytical results from each sampling event shall be submitted with the report for the month in which the sampling event occurs. [62-640.650(3)(a)&(e), 3-30-98]
16. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. [62-640.600(3)(b), 3-30-98]
17. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. [62-640.600(3)(b)1., 3-30-98]
18. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. [62-640.600(3)(b)2., 3-30-98]
19. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [62-640.600(3)(b)6., 3-30-98]
20. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. [62-640.600(3)(b)3., 3-30-98]

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21. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [62-640.600(3)(b)4., 3-30-98]
22. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [62-640.600(3)(b)5., 3-30-98]
23. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [62-640.600(3)(b)7., 3-30-98]
24. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [62-640.600(3)(b)8., 3-30-98]
25. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. [62-640.600(3)(b), 3-30-98]
26. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. [62-640.400(7), 3-30-98]
27. Current Agricultural Use Plan(s) identify residuals landspreading on the following sites:

Site Name	Site Type (AG or LR)	App. Area (acres)	Site Location						
			County	Latitude			Longitude		
				DD	MM	SS	DD	MM	SS
A. Taylor	AG	331.4	Marion	27	38	00	82	14	00
M.J. Ranch	AG	1783	Manatee	27	19	05	82	10	45

The wastewater treatment facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites, unless all of the following conditions are met:

- a) The permittee notifies the Department within 24 hours that the site is being used;
- b) The site meets the site use restrictions of Rule 62-640.600(3), F.A.C., and the criteria for land application of residuals in Rule 62-640.700, F.A.C.;
- c) The permittee submits a new or revised Agricultural Use Plan for the site with a permit application in accordance with Rule 62-640.300(2), F.A.C., within 30 days of beginning use of the site;
- d) The permittee does not have another approved land application site, another approved disposal method (e.g. landfilling or incineration), or approved storage facilities available for use; and,
- e) The permittee demonstrates during permit application that application of additional residuals to an existing approved application site would have resulted in violation of Department rules, or was not possible due to circumstances beyond the permittee's control.

[62-640.300(2)&(3), 3-30-98]

28. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. [62-640.750(2), 3-30-98]
29. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. [62-640.700(2)(c), 3-30-98]

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30. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. *[62-640.700(2)(d), 3-30-98]*
31. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. *[62-640.700(2)(e), 3-30-98]*
32. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. *[62-640.700(2)(f), 3-30-98]*
33. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. *[62-640.700(5)(d), 3-30-98]*
34. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven days of request by the Department, or delegated Local Program. The permittee shall maintain record items a. through e. below in perpetuity, and maintain record items f. through k. for five years:
- a. Date of application of the residuals;
 - b. Location of the residuals application site as specified in the Agricultural Use Plan;
 - c. Identification of each application zone used by the permittee at the application site and the acreage of each zone;
 - d. Amount of residuals applied or delivered to each application zone;
 - e. Cumulative loading of each application zone;
 - f. The names of all other wastewater facilities using each of the application zones identified in item c.;
 - g. Method of incorporation (if any);
 - h. Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
 - i. Unsaturated depth of soil above the water table level at the time of application;
 - j. Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
 - k. The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C.
- [62-640.650(2), 3-30-98]*
35. The permittee shall submit an annual summary of residuals application activity to the South District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary must include a subtotal of each facility's contribution of residuals to the application zones. *[62-640.650(3)(b), 3-30-98]*
36. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to that application zone. *[62-640.700(3)(f), 3-30-98]*
37. A minimum unsaturated soil depth of two feet above the water table level is required at the time the residuals are applied to the soil. *[62-640.700(6)(a), 3-30-98]*
38. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. *[62-640.700(7)(a), 3-30-98]*

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39. Land application of "other solids" as defined in Chapter 62-640, F.A.C., is only allowed if specifically addressed in the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. *[62-640.860, 3-30-98]*
40. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d), 3-30-98]*
41. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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1. Date and Time Shipped
2. Amount of Residuals Shipped
3. Degree of Treatment (if applicable)
4. Name and ID Number of Residuals Management Facility or Treatment Facility
5. Signature of Responsible Party at Source Facility
6. Signature of Hauler and Name of Hauling Firm

AMS Residuals Management Facility /Treatment Facility

1. Date and Time Received
2. Amount of Residuals Received
3. Name and ID Number of Source Facility
4. Signature of Hauler
5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. *[62-640.880(4), 3-30-98]*

42. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. *[62-640.300(4), 3-30-98]*

III. GROUND WATER REQUIREMENTS

The ground water monitoring program for this facility is subject to the provisions of Chapters 62-4, 62-160, 62-520, 62-522, 62-601, 62-620, and 62-610, Florida Administrative Code (F.A.C.), and the following conditions:

1. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and with Rule 62-522.600, F.A.C.
2. The ground water monitoring wells shall be located as depicted on the attached site map.
3. Any new monitor well construction shall employ those methods and details as noted in the Department's "Guidelines for Monitor Well Design and Installation" and shall be constructed and installed such that adequate recharge is obtainable within the aquifer being monitored. Prior to construction of any new ground water monitoring wells, a soil boring shall be made at each new monitoring well location in order to properly size the well depth and screen interval. Upon completion of construction, a **MONITOR WELL COMPLETION REPORT (DEP Form 62-522.900(3))** shall be completed and submitted to the District Office for each new well.
4. The monitoring wells for the **Sandalhaven Utilities WWTP** are hereby designated as follows:

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Monitoring Well Name	Monitoring Location Site Number	Aquifer Monitored	Monitoring Well Type	New or Existing
SU-1	19947	Surficial	Background	Existing
SU-2	19943	" "	Site Boundry	Existing
SU-3	19945	" "	Intermediate	Existing
SU-4	19944	" "	Compliance	Existing

5. All monitoring wells listed below shall be sampled and analyzed according to the following schedule:

<u>Sampling Period</u>	<u>Monitoring Well</u>	<u>Report Due Date</u>
January-March	SU-1, SU-2, SU-3 and SU-4	April 28
April-June	SU-1, SU-2, SU-3 and SU-4	July 28
July-September	SU-1, SU-2, SU-3 and SU-4	October 28
October-December	SU-1, SU-2, SU-3 and SU-4	January 28

6. The following parameters shall be analyzed for each of the wells scheduled above in Item III.5.:

- a. Water level (NGVD)
- b. Nitrate (as N)
- c. Total dissolved solids
- d. Chloride
- e. pH
- f. Sulfate
- g. Sodium
- h. Arsenic
- i. Cadmium
- j. Chromium
- k. Lead
- l. Specific Conductance (field measurement)

7. The sampling and analyses of the monitoring wells and reclaimed water shall be in accordance with Chapter 62-601, 62-160, and 62-610, F.A.C.

8. Ground water sampling results shall be reported on the **Ground Water Monitoring Report - Part D of Form 62-620.910(10)** and submitted with the April, July, October and January DMR.

9. During the January-March sampling period, the reclaimed water shall be sampled and the analyses reported on the **Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15)**. During subsequent years when an operation permit is not submitted or renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system may be submitted in lieu of the report.

10. A Zone of Discharge is hereby established and shall not extend further than one hundred (100) feet beyond the perimeters of the areas of wetted surface of reclaimed water spray irrigation and the wastewater holding ponds, nor shall it extend beyond the limits of the property boundaries should such distance be less than one hundred (100) feet. The vertical zone of discharge shall not extend below the semi-confining zone at the base of the water table aquifer. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge and the minimum criteria for ground water as defined in Chapter 62-520, F.A.C. shall be met within the zone of discharge.

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11. All existing monitoring wells, which are not an active part of the monitoring program, are to be maintained for possible future use. Should any of the inactive wells become damaged or inoperable, the well(s) must be plugged and abandoned in accordance with the provisions of Chapter 62-532.500(4), F.A.C., with the details of such plugging submitted to the Department within seven (7) days thereafter.
12. If an active monitoring well becomes damaged or inoperable, the permittee shall notify the Department immediately, and a detailed written report shall be submitted within seven (7) days thereafter. The report shall describe the nature of the problem and the remedial measures that have been taken to prevent a recurrence.
13. All monitoring wells shall be properly maintained, easily accessible, prominently marked, secured and kept free of vegetation at all times.

Part IV Rapid Infiltration Basins (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. *[62-610.518, 8-8-99]*
2. The annual average hydraulic loading rate to the three evaporation/percolation ponds shall be limited to a maximum of 7.2 inches per day (as applied to the entire bottom area). *[62-610.523(3), 8-8-99]*
3. The three evaporation/percolation ponds normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. *[62-610.523(4), 8-8-99]*
4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. *[62-610.523(6) and (7), 8-8-99]*
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.514 and 62-610.414, 8-8-99]*
6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's South District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9), 8-8-99]*

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Part III Public Access System(s) (R-002)

7. This reuse system includes the following user:

User Name	User Type	Capacity (MGD)	Acreage
Wildflower Country Club Golf Course	Golf Courses	0.10	60
Total		0.10	60

[62-610.800(5), 8-8-99][62-620.630(10)(b), 3-2-00]

8. Cross-connections to the potable water system are prohibited. *[62-610.469(7), 8-8-99]*
9. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. *[62-610.469(7), 8-8-99]*
10. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
- Immediately discontinue potable water and/or reclaimed water service to the affected area.
 - If the potable water system is contaminated, clear the potable water lines.
 - Eliminate the cross-connection.
 - Test the affected area for other possible cross-connections.
 - Within 24 hours, notify the South District Office's domestic wastewater and drinking water programs.
 - Within 5 days of discovery of a cross-connection, submit a written report to the Department detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur. *[62-555.350(3) and 62-555.360, 9-22-99][62-620.610(20), 10-23-00]*
11. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. *[62-610.469(7), 8-8-99]*
12. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. *[62-610.471(3), 8-8-99]*
13. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to

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any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. *[62-610.471(1), (2), (5), and (7), 8-8-99]*

14. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. *[62-610.469(4), 8-8-99]*
15. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. *[62-610.471(6), 8-8-99]*
16. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. *[62-610.471(8), 8-8-99]*
17. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. *[62-610.468(2), 8-8-99]*
18. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. *[62-610.468, 62-610.469, 8-8-99]*
19. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. *[62-610.468(6), 8-8-99]*
20. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.414 and 62-610.464, 8-8-99]*
21. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's South District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9), 8-8-99]*

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 6 hours/day for 7 days/week. The lead operator must be a C, or higher.

[62-620.630(3), 10-23-00] [62-699.310, 5-20-92] [62-610.462, 8-8-99]

2. The lead operator shall be on duty for one full shift each duty day. A certified operator shall be on-site and in charge of each required shift and for periods of required staffing time when the lead operator is not on-site. *[62-699.311(10) and (5), 5-20-92]*
3. A certified operator shall be on call during periods the plant is unattended. *[62-699.311(1), 5-20-92]*

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4. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5), 12-24-96]
5. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1), 12-24-96]
6. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350, 10-23-00]

VI. SCHEDULES

1. As indicated in the application, the following corrective actions shall be completed according to the following schedule:

	Corrective Action	Completion Date
1	Operational protocol is not approved and revision of same is required. This needs to be submitted to the department for review by compliance/enforcement.	30 days after issuance date of permit.
2	Replace chlorine scales	6 months after issuance date of permit.
3	Replace chlorine ventilation fan.	6 months after issuance date of permit.

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Corrective Action		Completion Date
4	Pipe percolation pond #2 to diversion structure discharge pipe (downstream of automatic isolation valve) and add isolation valve so that each percolation pond may be loaded and rested. Submit a certification of completion and record drawings to the Department.	6 months after issuance date of permit.
5	Install baffles in chlorine contact chamber. Dye test chamber after installation of baffles and report effective detention time achieved and report to the Department. Submit a certification of completion and record drawings to the Department.	6 months after issuance date of permit.
7	Update reuse agreement with Wildflower Golf Course and submit copy to the Department.	6 months after issuance date of permit.
8	Upgrade lift station number two, (maintenance improvements)	24 months after issuance date of permit.
9	Perform maintenance on all three (3) on site percolation ponds	24 months after issuance date of permit.

[62-600.735(1), 12-24-96]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500, 1-8-97]

VIII. OTHER SPECIFIC CONDITIONS

1. An updated capacity analysis report is to be submitted to the Department annually. The day of submittal is to coincide with the issuance date noted on the permit. (BPJ)
2. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5), 10-23-00]
3. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a), 8-8-99][62-640.700(3)(c), 3-30-98]
4. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8), 12-24-96 and 62-640.400(6), 3-30-98]
5. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3), 12-26-96]

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6. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550, 12-26-96] [62-620.610(20), 10-23-00]*
7. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.
[62-604.130(4), 12-26-96]
8. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(1), 1-9-96] [and 62-600.400(2)(b), 12-24-96]*
9. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a), 4-23-97]*
10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2), 10-23-00]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1), 10-23-00]*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department South. *[62-620.610(2), 10-23-00]*

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3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3), 10-23-00]*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4), 10-23-00]*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5), 10-23-00]*
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6), 10-23-00]*
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7), 10-23-00]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8), 10-23-00]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department South personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.*[62-620.610(9), 10-23-00]*
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department South may be used by the Department South as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by

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Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10), 10-23-00]*

11. When requested by the Department South, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department South upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department South, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11), 10-23-00]*
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12), 10-23-00]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13), 10-23-00]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14), 10-23-00]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15), 10-23-00]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16), 10-23-00]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department South for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.*[62-620.610(17), 10-23-00]*
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).

FACILITY: Sandalhaven WWTP
PERMITTEE: Utilities Incorporated of Sandalhaven

PERMIT NUMBER: FLA014053
PA FILE NUMBER: FLA014053-004-DW2P and
FLA014053-005-DW2MR

- b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
- c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
- d. Any laboratory test required by this permit for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E1, F.A.C., to perform the test. On-site tests for dissolved oxygen, pH, and total chlorine residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
- e. Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests.

[62-620.610(18), 10-23-00]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19), 10-23-00]*
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - a. The following shall be included as information which must be reported within 24 hours under this condition:
 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.
 - b. For releases or spills of treated or untreated wastewater, unless authorized elsewhere in this permit, oral notifications as required above shall be provided using the following procedures:
 1. For unauthorized releases or spills in excess of 1,000 gallons per incident, or where public health or the environment may be endangered, to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

FACILITY: Sandalhaven WWTP
PERMITTEE: Utilities Incorporated of Sandalhaven

PERMIT NUMBER: FLA014053
PA FILE NUMBER: FLA014053-004-DW2P and
FLA014053-005-DW2MR

- a) Name, address, and telephone number of person reporting.
 - b) Name, address, and telephone number of permittee or responsible person for the discharge.
 - c) Date and time of the discharge and status of discharge (ongoing or ceased).
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater).
 - e) Estimated amount of the discharge.
 - f) Location or address of the discharge.
 - g) Source and cause of the discharge.
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date.
 - i) Description of area affected by the discharge, including name of water body affected, if any.
 - j) Other persons or agencies contacted.
2. For unauthorized releases or spills of 1,000 gallons or less, per incident, oral reports shall be provided to the Department within 24 hours from the time the permittee becomes aware of the discharge.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20), 10-23-00]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21), 10-23-00]*
22. Bypass Provisions.
- a. Bypass is prohibited, and the Department South may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
 - b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

FACILITY: Sandalhaven WWTP
PERMITTEE: Utilities Incorporated of Sandalhaven

PERMIT NUMBER: FLA014053
PA FILE NUMBER: FLA014053-004-DW2P and
FLA014053-005-DW2MR

- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22), 10-23-00]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - 2. The permitted facility was at the time being properly operated;
 - 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.

FACILITY: Sandalhaven WWTP
PERMITTEE: Utilities Incorporated of Sandalhaven

PERMIT NUMBER: FLA014053
PA FILE NUMBER: FLA014053-004-DW2P and
FLA014053-005-DW2MR

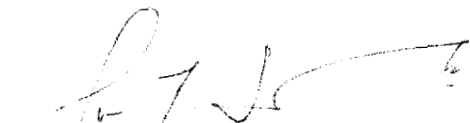
- c. Before an enforcement proceeding is instituted, no representation made during the Department South review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23), 10-23-00]

Note: In the event of an emergency the permittee shall contact the Department by calling (850) 413-9911. During normal business hours, the permittee shall call (941) 332-6975.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Richard W. Cantrell
Director of
District Management

DATE: August 14, 2001

RWC/MHR/jli

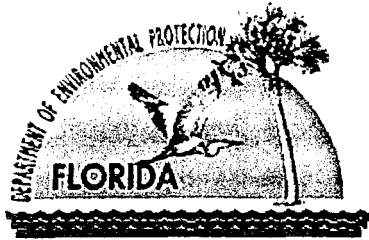
UTILITIES, INC. OF SANDALHAVEN

DOCKET NO.: 060285-SU

CHARLOTTE COUNTY

25.30-440 (7)
Notices

Test Year Ended December 31, 2005



Jeb Bush
Governor

Department of Environmental Protection

RECEIVED

MAY 27 2005

CC: RR
M.D.

South District
P.O. Box 2549
Fort Myers, Florida 33902-2549
Ph. (239) 332-6975
Fax (239) 332-6969

Colleen M. Castille
Secretary

May 25, 2005

Patrick Flynn, Vice President
200 Weathersfield Avenue
Altamonte Springs, FL 32714

RE: Charlotte County-DW
Sandhaven WWTP
FLA014053

Dear Mr. Flynn:

A file review and a field inspection of the above referenced WWTP on April 14, 2005 indicate that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. Department personnel observed the following:

1. **The Department found that the required permitted information was not being properly recorded on the discharge monitoring report (DMR).** The Department is issuing a corrected DMR form that allows the operator to report flows for the two discharge sites, OTH-1A and OTH-1B. Please see enclosures.
2. **Please submit to the Department an updated copy of the reuse protocol indicating the correct turbidity alarm set points.** The June 18, 2001 reuse protocol indicated a 5.0 NTU alarm set point for turbidity.

You are advised that any activity that may contribute to violations of the above described statutes and rules should cease immediately. Continued operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.141 and 403.161, Florida Statutes.

Please notify the Department in writing within 15 days as to what actions you intend to take in order to address these deficiencies.

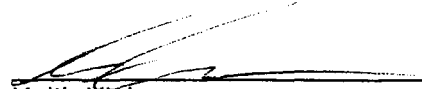
Continued . . .

"More Protection, Less Process"

Mr. Flynn
May 24, 2005
Page 2 of 2

If you have any questions, please do not hesitate to contact **Doug Wells** at (239) 332-6975, ext. 108. Your cooperation is appreciated.

Sincerely,



Keith Kleinmann
Environmental Manager

KK/EJ/mv

cc: Lenny Godwin, Operator
Allen Slater, FRWA (allen.slater@frwa.net)
enclosures

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 Y Mon.Site No. OTH-1B	Permit Requirement	0.15 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement										
PARM Code 50050 P Mon.Site No. OTH-1B	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: _____ To _____

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement									
PARM Code 00400 Mon.Site No. EFA-1	A Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Mon.Site No. EFA-1	Y Permit Requirement			200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Mon.Site No. EFA-1	A Permit Requirement			Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement									
PARM Code 50060 Mon.Site No. EFA-1	A Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement									
PARM Code 00620 Mon.Site No. EFA-1	A Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Mon.Site No. INF-1	G Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Mon.Site No. INF-1	G Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
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	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.10 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement										
PARM Code 50050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab
pH	Sample Measurement										
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: _____ To _____

PERMIT NUMBER: FLA014053

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014053 Facility: Sandalhaven WWTP
 Monitoring Period From: _____ To: _____

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)	Flow (MGD)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	OTH-1A
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30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014053 Facility: Sandathaven WWTP
 Monitoring Period From: _____ To: _____

Flow (MGD)										
Code	50050									
Mon. Site	OTH-1B									
1										
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30										
31										
Total										
Mo. Avg										

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

DON, TREN FILE

UTILITIES, INC. OF FLORIDA
 VIOLATION REPORTING FORM
 COMPANY NAME Sandal Haven Utl
 COMPANY NO. 690

DATE OF OCCURRENCE 11/7-02
 TIME (M:PM) (11:44+)

WATER SYSTEMS	Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/>	NPDES		
<input type="checkbox"/>	FDEP		
<input type="checkbox"/>	County/Local		
<input checked="" type="checkbox"/>	Overflow/Spill	11-18-02	Red Alert back work holding 11/18/02
<input type="checkbox"/>	Compliance		
<input type="checkbox"/>	Other		

WATER SYSTEMS	Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/>	NPDES		
<input type="checkbox"/>	FDEP		
<input type="checkbox"/>	County/Local		
<input type="checkbox"/>	Compliance		
<input type="checkbox"/>	Back's		
<input type="checkbox"/>	Other		

Use additional sheets as necessary.

Operator Signature

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SPILL ABNORMAL EVENT REPORT

DATE/TIME REPORTED: 3-13-02

FIRST NOTIFICATION BY: PHONE **FAK** VOICE MAIL OTHER

DEP PERSON RECEIVING REPORT: Tom Jackson

DATE/TIME OF ABNORMAL EVENT: 3-13-02

DISCHARGE REPORTED BY: _____ PHONE: _____

NAME OF FACILITY/COLLECTION SYSTEM: Sandal haven

TYPE OF ABNORMAL EVENT: Repair S.F Filter Pandal, NTU 4.975
manual RT Valve sticking. Put to Bypass 1500F: 1202 1500
monitored well on shift. Put in AS when left for day

LOCATION OF EVENT/DISCHARGE: Sandal haven

APPROXIMATE GALLONAGE DISCHARGED: _____

DISCHARGE TO: Ground Surface Water Other

IF DISCHARGE TO SURFACE WATER, samples needed at point of discharge, background and downstream of point of discharge. Attach sample results and sample location map.

NATURE AND CAUSE OF THE EVENT: Sand filters found high NTU
+ sent perched S.F. Back to surge all tank full high flow
Safety in Act. + Bypass

STEPS TAKEN TO CORRECT THE PROBLEM/PREVENT ITS RECURRENCE: Back
wash + Bypass to try to control pressure + manual for
over flow

TIME FACILITY WILL BE OPERATING AGAIN: Don't know, making
decision. Sampling discharge will resume when on line

REFERRED TO: Tom Jackson

FOLLOW UP: ROBERT PAVER 320 3862 cell

Robert Paver

690.3.15

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO. 690 COMPANY NAME Sandalhaven

DATE OF OCCURRENCE 3-13-02
TIME _____

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> NPDES	_____	_____
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Overflow/Spill	_____	_____
<input checked="" type="checkbox"/> Compliance	<u>3-13-02</u>	<u>Lab. value returned manual R.T. Filters Repl. By Pass. 1200 S.F. will collect samples. (KJ for Valued) 3-12-02 1500 RTH 2290 C/dor</u>
<input type="checkbox"/> Other	_____	_____

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Compliance	_____	_____
<input type="checkbox"/> Bact's	_____	_____
<input type="checkbox"/> Other	_____	_____

Use additional sheets as necessary.

Operator Signature _____

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO. 690 COMPANY NAME Sandal Haven

DATE OF OCCURRENCE 3-13-02
TIME _____

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> NFDOS	_____	_____
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Overflow/Spill	_____	_____
<input checked="" type="checkbox"/> Compliance	<u>3-13-02</u>	<u>Auto Valve sticking manual R.T. Fill/ters Padd. By Pass. 1200 S.F. will collect sample. (R.D. for Valves) 3-12-02 1500 RTH 2290 CH201</u>
<input type="checkbox"/> Other	_____	_____

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Compliance	_____	_____
<input type="checkbox"/> Bact's	_____	_____
<input type="checkbox"/> Other	_____	_____

Use additional sheets as necessary.

Operator Signature _____

Utilities, inc of Florida
Violation Report.

Company no 696 Comp. name Sandalhaven
at (D) Sec.
Tom Jackson

Compliance ✓

Sand fetters off line 0900 to 12 noon
for cleaning back on line.

disc in Report tel Eff. is
of my clarity Trib 2.113

Robert Paul
8946

Phon #
(941) 697-4797

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SPILL/ABNORMAL EVENT REPORT

DATE/TIME REPORTED: 8-2-01 11:15 am

FIRST NOTIFICATION BY: PHONE VOICEMAIL OTHER

DEP PERSON RECEIVING REPORT: Keith

DATE/TIME OF ABNORMAL EVENT: 8-2-01 0940

DISCHARGE REPORTED BY: John (Siswah) PHONE:

NAME OF FACILITY/COLLECTOR IN SYSTEM: Sandal Haven

TYPE OF ABNORMAL EVENT: L/S to Bad Float

LOCATION OF EVENT/DISCHARGE: 6610 Gaslight Blvd. L/S #6

APPROXIMATE GALLONS/DISCHARGED: 100 gallons

DISCHARGE TO: Ground Surface Water Other

IF DISCHARGE TO SURFACE WATER, samples needed at point of discharge, background and downstream of point of discharge. Attach sample results and sample location map.

NATURE AND CAUSE OF THE EVENT: Bob float

STEPS TAKEN TO CORRECT THE PROBLEM/PREVENT ITS RECURRANCE: Bob float

down float around 3pm to bring it back to float
around 11:30 am. To float on line 3.
HITOLE found in the bucket of 1/2: 30min. display
the part of float

TIME FACILITY WILL BE OPERATING AGAIN: back in work by 10:00 am

REFERRED TO: Keith

FOLLOW UP: Bob float go thru yesterday, L/S float
by 11:30 am. 8:30 1:15:00

Keith

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO. 690 COMPANY NAME Sandal Haven

DATE OF OCCURRENCE 12/1
TIME 091

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> NPDES	_____	_____
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input checked="" type="checkbox"/> Overflow/Spill	<u>12-201</u>	<u>4/5-46 Bad leak. 100G/gal. in line in low low spot of asset. Pump down checked & ran. Be checked 12/1 call Madras Work. HTH. Brushed out.</u>
<input type="checkbox"/> Compliance	_____	_____
<input type="checkbox"/> Other	_____	_____

U 50
12-301 P&H didn't go thru Madras has fixed the leak on line 12/15.

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Compliance	_____	_____
<input type="checkbox"/> Bact's	_____	_____
<input type="checkbox"/> Other	_____	_____

Use additional sheets as necessary.

Operator Signature _____

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SPILL / ABNORMAL EVENT REPORT

DATE/TIME REPORTED: 10/20/01 1530

FIRST NOTIFICATION BY: PHONE PHONE FAX VOICE MAIL OTHER

DEP PERSON RECEIVING REPORT: Keith

DATE/TIME OF ABNORMAL EVENT: 10/20-01

DISCHARGE REPORTED BY: [Signature] PHONE: _____

NAME OF FACILITY/COLLECTION SYSTEM: Sandal haven

TYPE OF ABNORMAL EVENT: 4/5 3Phase Bad log.

LOCATION OF EVENT/DISCHARGE: Geopirula Blvd. 4/5 4

APPROXIMATE GALLONAGE DISCHARGED: [Signature]

DISCHARGE TO: Ground Surface Water Other

IF DISCHARGE TO SURFACE WATER, samples needed at point of discharge, background and downstream of point of discharge. Attach sample results and sample location map.

NATURE AND CAUSE OF THE EVENT: Bad loge

STEPS TAKEN TO CORRECT THE PROBLEM/PREVENT ITS RECURRENCE: Gen on site OK

TIME FACILITY WILL BE OPERATING AGAIN: Ele sewer 10-2301
calling Sun shin city for location 102301

REFERRED TO: Keith

FOLLOW UP: _____

[Signature]

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SPILL/ABNORMAL EVENT REPORT

DATE/TIME REPORTED: 9-20-01 1731

FIRST NOTIFICATION BY: PHONE **FAX** VOICE MAIL OTHER

DEP PERSON RECEIVING REPORT: Tom Jackson

DATE/TIME OF ABNORMAL EVENT: _____

DISCHARGE REPORTED BY: _____ PHONE: _____

NAME OF FACILITY/COLLECTION SYSTEM: Sandel haven

TYPE OF ABNORMAL EVENT: Rel in Reject Clz Cont. Baffles not fully installed.

LOCATION OF EVENT/DISCHARGE: Sandehaven

APPROXIMATE GALLONAGE DISCHARGED: in Reject

DISCHARGE TO: Ground Surface Water Other

IF DISCHARGE TO SURFACE WATER, samples needed at point of discharge, background and downstream of point of discharge. Attach sample results and sample location map.

NATURE AND CAUSE OF THE EVENT: Clz baffles not fully installed no one to make a use pump pump

STEPS TAKEN TO CORRECT THE PROBLEM/PREVENT ITS RECURRENCE: Baffles will be finished 9-21-01

NTU .427 Clz 5.0

TIME FACILITY WILL BE OPERATING AGAIN: 9-21-01

REFERRED TO: _____

FOLLOW UP: _____

VIOLATION REPORTING FORM

COMPANY NO. 690 COMPANY NAME Sandalhaven DATE OF OCCURRENCE 9-20-01

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description/Location of Violation
<input type="checkbox"/> NPDES	_____	_____
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Overflow/Spill	_____	_____
<input type="checkbox"/> Compliance	_____	_____
<input checked="" type="checkbox"/> Other	<u>9-20-01</u>	<u>Cl2 Baffles not finished. NTU 497 Cl2 20 min only Not inspect. No one to monitor pump room. Will be completed 9-21-01. Back to service when back to monitor. Report Paver 8946</u>

WATER SYSTEMS

<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Compliance	_____	_____
<input type="checkbox"/> Bact Tee's	_____	_____
<input type="checkbox"/> Other	_____	_____

Use additional sheets as necessary.

Operator Signature _____

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SPILL/ABNORMAL EVENT REPORT

DATE/TIME REPORTED: 5-7-01 1015AM

FIRST NOTIFICATION BY: PHONE FAX VOICE MAIL OTHER

DEP PERSON RECEIVING REPORT: Bent to Tom Jackson

DATE/TIME OF ABNORMAL EVENT: 5-7-01 0845

DISCHARGE REPORTED BY: None PHONE: _____

NAME OF FACILITY/COLLECTION SYSTEM: _____

TYPE OF ABNORMAL EVENT: Plant turned sand filters off
line for cleaning + Plant correction

LOCATION OF EVENT/DISCHARGE: Sandalhaven Sandhaven

APPROXIMATE GALLONAGE DISCHARGED: _____

DISCHARGE TO: Ground Surface Water Other

IF DISCHARGE TO SURFACE WATER, samples needed at point of discharge, background and downstream of point of discharge. Attach sample results and sample location map.

NATURE AND CAUSE OF THE EVENT: Plant turned

STEPS TAKEN TO CORRECT THE PROBLEM/PREVENT ITS RECURRENCE: increase
are returned from digester

TIME FACILITY WILL BE OPERATING AGAIN: ? will notify

REFERRED TO: Tom Jackson Dep

FOLLOW UP: ?

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO. 690 COMPANY NAME Sandalhaves utl

DATE OF OCCURRENCE 5-7-01
TIME 0825

WASTEWATER SYSTEMS Att W.W. Department.

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> NPDES	_____	_____
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Overflow/Spill	_____	_____
<input checked="" type="checkbox"/> Compliance	<u>5-7-01</u> 5-7-01	<u>Flow - back to plant turned off and FFP closely in report. sand filter at time line. will notify when sufficient</u>
<input type="checkbox"/> Other	_____	_____

Tom Jackson

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Compliance	_____	_____
<input type="checkbox"/> Back's	_____	_____
<input type="checkbox"/> Other	_____	_____

Use additional sheets as necessary.

Phil Pave
Operator Signature

Att Keith

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO. 690 COMPANY NAME Sandalhaven outfaller DATE OF OCCURRENCE 1-8-01
Att W.W. See. green TIME 0800

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> NPDES	_____	_____
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Overflow/Spill	_____	_____
<input type="checkbox"/> Compliance	_____	_____
<input checked="" type="checkbox"/> Other	<u>1-8-01</u>	<u>Break one BW ^{mud} well respect holding tank over flowed. 2000 gal. Liner let down to be Racked up.</u>

(collection on site)

Cell # 941 3203862 office 941 6974797

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Compliance	_____	_____
<input type="checkbox"/> Bact's	_____	_____
<input type="checkbox"/> Other	_____	_____

Use additional sheets as necessary.

Robert Paul
Operator Signature

Att Keith

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO. 690 COMPANY NAME Sandalhaven Filters DATE OF OCCURRENCE 1-5-01
Att W. W Sec Green TIME 0900 4/5 RotoPhase

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> NPDES	_____	_____
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Overflow/Spill	_____	_____
<input type="checkbox"/> Compliance	_____	_____

Other 1-5-01
one bag on RotoPhase out. Pump pulling 100AMP. 30AM. Pumper truck keeping up with pump and haul all weekend. Personnel set up to. Pump to be pulled 1-8-01
Cell # 941 3203862 Office: 941 6974797

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> FDEP	_____	<u>Keith, 1-8-01</u>
<input type="checkbox"/> County/Local	_____	<u>I had the wrong fax #.</u>
<input type="checkbox"/> Compliance	_____	<u>Robert</u>
<input type="checkbox"/> Bact's	_____	_____
<input type="checkbox"/> Other	_____	_____

Use additional sheets as necessary.

Robert Parn
Operator Signature

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

11 3000

COMPANY NO. 690

COMPANY NAME Sandalhaven W. W. Sec.

DATE OF OCCURRENCE 12-1-00

Green

TIME around midnight still in hand By Pass.

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> NPDES	_____	_____
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Overflow/Spill	_____	_____
<input checked="" type="checkbox"/> Compliance	<u>12-1-00</u>	<u>Blown Break tripped. Reset Breaks called. Etc. Doug Clark etc. Call on Reiso EFF Claudio. Still in Reset EFF Claudio 4351 Lich/INTU. EFF totally clear before going back on line Robert Paine 8946 Reiso sand taken from rejected pipe.</u>
<input type="checkbox"/> Other	_____	_____

Cell # 941 320 3862 office 941 697 4797

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Compliance	_____	_____
<input type="checkbox"/> Bactis	_____	_____
<input type="checkbox"/> Other	_____	_____

Use additional sheets as necessary.

Robert Paine
Operator Signature

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO. _____ COMPANY NAME _____ DATE OF OCCURRENCE TIME _____

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> NPDES	_____	_____
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Overflow/Spill	_____	_____
<input checked="" type="checkbox"/> Compliance	7-1-02	Blower Broken/Stopped
<input type="checkbox"/> Other	_____	_____

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Compliance	_____	_____
<input type="checkbox"/> Bact's	_____	_____
<input type="checkbox"/> Other	_____	_____

Use additional sheets as necessary.

Operator Signature _____

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SPILL/ABNORMAL EVENT REPORT

DATE/TIME REPORTED: 4-11-00 1530

FIRST NOTIFICATION BY: PHONE FAX VOICE MAIL OTHER

DEP PERSON RECEIVING REPORT: Kreth Klineman

DATE/TIME OF ABNORMAL EVENT: 4-10-00 1130pm

DISCHARGE REPORTED BY: Bob Office PHONE: 941-474-5991

NAME OF FACILITY/COLLECTION SYSTEM: Sandalhaven of Utilities Inc.

TYPE OF ABNORMAL EVENT: Sludge Spill

LOCATION OF EVENT/DISCHARGE: Sandalhaven Waste Water Plant

APPROXIMATE GALLONAGE DISCHARGED: 30-40,000 gal

DISCHARGE TO: Ground Surface Water Other

IF DISCHARGE TO SURFACE WATER, samples needed at point of discharge, background and downstream of point of discharge. Attach sample results and sample location map.

NATURE AND CAUSE OF THE EVENT: plant upset, Sludge Blanket in plant clarifier Bulked clogging Filters and Flaming in clarifier.

STEPS TAKEN TO CORRECT THE PROBLEM/PREVENT ITS RECURRENCE: Wasted to digester and Backwash Filtration. Turned Skimmers off.

TIME FACILITY WILL BE OPERATING AGAIN: Should have Filtration on line late 4-12-00

REFERRED TO: _____

FOLLOW UP: _____

VIOLATION REPORTING FORM

COMPANY NO. 690 COMPANY NAME Sandlehaven DATE OF OCCURRENCE 4-10-00

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description/Location of Violation
<input type="checkbox"/> NPDES	_____	_____
<input checked="" type="checkbox"/> FDEP	<u>4-11-00</u>	<u>Plant Upset mudwell overflowed 30⁰⁰ to 40⁰⁰ gal.</u>
<input type="checkbox"/> County/Local	_____	_____
<input checked="" type="checkbox"/> Overflow/Spill	<u>4-11-00</u>	<u>Plant Upset mudwell overflowed 30⁰⁰ to 40⁰⁰ gal.</u>
<input type="checkbox"/> Compliance	_____	_____
<input type="checkbox"/> Other	_____	_____

WATER SYSTEMS

<input type="checkbox"/> FDEP	_____	_____
<input type="checkbox"/> County/Local	_____	_____
<input type="checkbox"/> Compliance	_____	_____
<input type="checkbox"/> Bact Tee's	_____	_____
<input type="checkbox"/> Other	_____	_____

Use additional sheets as necessary.


Operator Signature

RECEIVED

MAY 27 2005

CC: RR
M.D.



Department of Environmental Protection

Jeb Bush
Governor

South District
P.O. Box 2549
Fort Myers, Florida 33902-2549
Ph. (239) 332-6975
Fax (239) 332-6969

Colleen M. Castille
Secretary

May 25, 2005

FILE 192 SH
4/14/05
698

Patrick Flynn, Vice President
200 Weathersfield Avenue
Altamonte Springs, FL 32714

RE: Charlotte County-DW
Sandhaven WWTP
FLA014053

Dear Mr. Flynn:

A file review and a field inspection of the above referenced WWTP on April 14, 2005 indicate that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. Department personnel observed the following:

1. **The Department found that the required permitted information was not being properly recorded on the discharge monitoring report (DMR).** The Department is issuing a corrected DMR form that allows the operator to report flows for the two discharge sites, OTH-1A and OTH-1B. Please see enclosures.
2. **Please submit to the Department an updated copy of the reuse protocol indicting the correct turbidity alarm set points.** The June 18, 2001 reuse protocol indicated a 5.0 NTU alarm set point for turbidity.

You are advised that any activity that may contribute to violations of the above described statutes and rules should cease immediately. Continued operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.141 and 403.161, Florida Statutes.

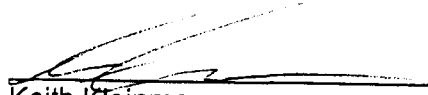
Please notify the Department in writing within 15 days as to what actions you intend to take in order to address these deficiencies.

Continued . . .

Mr. Flynn
May 24, 2005
Page 2 of 2

If you have any questions, please do not hesitate to contact Doug Wells at (239) 332-6975, ext. 108. Your cooperation is appreciated.

Sincerely,



Keith Kleinmann
Environmental Manager

KK/EJ/mv

cc: Lenny Godwin, Operator
Allen Slater, FRWA (allen.slater@frwa.net)
enclosures

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement										
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement										
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement										
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										
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed, mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.10 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement							
PARM Code 50050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement							
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: _____ To _____

PERMIT NUMBER: FLA014053

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014053
 Monitoring Period From: _____

Facility: Sandalhaven WWTP
 To: _____

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)	Flow (MGD)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1	OTH-1A
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
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20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lea rator Class: _____ Certificate No: _____ Name: _____

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014053 Facility: Sandalhaven WWTP
 Monitoring Period From: _____ To: _____

Flow (MGD)																				
Code	50050																			
Mon. Site	OTH-1B																			
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
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26																				
27																				
28																				
29																				
30																				
31																				
Total																				
Mo. Avg.																				

PLANT STAFFING:
 Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.
Time Sample Obtained: Enter the time the sample was taken.
Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.
Detection Limits: Record the detection limits of the analytical methods used.
Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.
Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)
Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).
Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.
Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).
Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.
Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.
No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.
CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.
TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.
Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.
Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.
No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.
Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

UTILITIES, INC. OF SANDALHAVEN

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

June 3, 2005

Mr. Keith Kleinmann
Environmental Manager
Department of Environmental Protection
South District
P.O. Box 2549
Fort Meyers, Florida 33902-2549

Re: Sandalhaven WWTP
FLA014053

Dear Mr. Kleinmann:

Please find listed below the responses concerning the file review and field inspection of the Sandalhaven WWTP conducted by your Department personnel on April 14, 2005.

1. STATEMENT: The Department found that the required permitted information was not properly recorded on the discharge monitoring report (DMR). The department is issuing a corrected DMR form that allows the operator to report flows for the two discharge sites, OTH-1A and OTH-1B. Please see enclosures.

RESPONSE: Department personnel provided the Sandalhaven WWTP operator a revised DMR by mail on approximately May 30, 2005. A revised DMR for April 2005 was mailed to your Department on June 2, 2005. Utilities, Inc. requests an electronic copy in a word document of the revised DMR.

2. STATEMENT: Please submit to the Department an updated copy of the reuse protocol indicating the correct turbidity alarm set points. The June 18, 2001 reuse protocol indicated a 5.0 NTU alarm set point for turbidity.

RESPONSE: Attached with this correspondence is the Revised Operating Protocol dated October 10, 2001. Please note under ACCEPTABILITY CRITERIA –TURBIDITY that “the proposed set-point for alarm will be 3.0 NTUs and diversion of the effluent will also be when the turbidity exceeds 3.0 NTUs.” Utilities, Inc. of Sandalhaven will verify that the set point is set at this value.

If you have any questions, please contact Richard Retz at the telephone number or address listed on the letterhead or by e-mail at r.retz@utilities-usa.com.

Very Truly Yours,
UTILITIES, INC. OF SANDALHAVEN

Michael T. Dunn
Regional Manager

ec: Richard Retz., Assistant Operations Manager
Patrick Flynn, Regional Director
cc: Scott Stewart, Area Manager

UTILITIES, INC. OF SANDALHAVEN

DOCKET NO.: 060285-SU

CHARLOTTE COUNTY

25.30-440 (8)
Field Employees

Test Year Ended December 31, 2005

**Employees Involved in Utilities, Inc. of Sandalhaven. Operations
During Test Year 2005:**

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Rick Retz, Regional Manager: Manages operations and employees for all West Coast operations. West Coast operations include all systems located in South Florida and West Florida.

Tony Wierzbicki, Project Manager: Manages capital projects and developer activity within the West Coast and South Florida Operations areas

Scott Stewart, Area Manager: Supervises the day-to-day operations for the systems within the West Coast Operations area.

Field Employees:

Patrick (Lenny) Godwin, Lead Operator ("B" Water License, "B" Wastewater License): Mr Godwin is responsible for overseeing the day-to-day operations of the Sandalhaven wastewater facility.

Mike Monet, Operator ("C" Wastewater License):

Facilities:

The minimum staffing requirement at the Sandalhaven wastewater plant is 6 hours per day, 7 days per week by a minimum Class "C" wastewater operator.

Duties and Responsibilities:

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for the plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace plant equipment and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the collection and disposal systems.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

UTILITIES, INC. OF SANDALHAVEN

DOCKET NO.: 060285-SU

CHARLOTTE COUNTY

25.30-440 (9)
Vehicles

Test Year Ended December 31, 2005

FL Vehicles as of 5-5-06

Veh. #	Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934	99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL	\$15,678.58	Alafaya Utilities, Inc.
9932	99 DODGE DAKOTA	1B7FL26XXXS277898	NO DRIVER YET	\$15,467.19	Alafaya Utilities, Inc.
636	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	\$16,622.26	Alafaya Utilities, Inc.
221	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY	\$13,356.21	Alafaya Utilities, Inc.
19	00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK	\$15,363.17	Alafaya Utilities, Inc.
610	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON	\$18,681.44	Alafaya Utilities, Inc.
311	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS	\$19,053.10	Alafaya Utilities, Inc.
308	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	\$19,053.10	Alafaya Utilities, Inc.
431	04 CHEV C25	1GCHK24U04E296751	DON TAYLOR	\$25,036.88	Alafaya Utilities, Inc.
24	00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP	\$15,099.10	Bayside Utility Services, Inc.
638	06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP	\$18,923.65	Bayside Utility Services, Inc.
8691	86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK	\$11,026.85	Bayside Utility Services, Inc.
223	02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	\$13,356.21	Cypress Lakes, Utilities, Inc.
608	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16	00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF	\$15,363.17	Eastlake Water Service, Inc.
9808	98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW	\$15,312.81	Labrador Utilities, Inc.
427	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY	\$17,763.05	Labrador Utilities, Inc.
508	05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS	\$24,607.70	Mid-County
103	01 CHEV S10	1GCCS14W01K129325	MATTHEW GUNTHER	\$15,053.85	Mid-County
9833	98 CHEV S-10	1GCCS14X2WK245013	STEVEN SZCZEPKOWSKI	\$16,047.78	Mid-County
111	01 CHEV 1500	1GCEC14W81Z185977	SPARE	\$16,965.92	Mid-County
461	04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO	\$16,588.04	Mid-County
9928	99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN	\$15,493.25	Sandalhaven
426	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	\$17,763.05	Sandalhaven
9935	99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933	99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET	\$15,659.79	Sanlando Utilities, Inc.
9931	99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE	\$15,493.25	Sanlando Utilities, Inc.
9927	99 DODGE DAKOTA	1B7FL26XXXS261958	JIM SWEGHEIMER	\$15,792.00	Sanlando Utilities, Inc.
9602	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE	\$16,085.99	Sanlando Utilities, Inc.
516	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN	\$18,484.14	Sanlando Utilities, Inc.
101	01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO	\$15,053.85	Sanlando Utilities, Inc.
220	02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE	\$13,356.21	Sanlando Utilities, Inc.
14	00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	\$15,363.17	Sanlando Utilities, Inc.
102	01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	\$15,516.86	Sanlando Utilities, Inc.
9835	98 CHEV S-10	1GCCS14X0WK247116	SPARE	\$16,290.61	Sanlando Utilities, Inc.
9834	98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110	01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER	\$18,690.29	Sanlando Utilities, Inc.
109	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER	\$19,066.93	Sanlando Utilities, Inc.
217	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE	\$17,238.08	Sanlando Utilities, Inc.
18	00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH	\$19,049.81	Sanlando Utilities, Inc.
108	01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL	\$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	\$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	\$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	\$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	\$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	\$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRFX75424V600407	SANLANDO DUMP TRUCK	\$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	\$19,372.92	Tierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22	Utilities, Inc. of Florida
9765	97 PONTIAC GRAND AM	1G2WP5216WV270000	NO DRIVER YET	\$15,000.00	Utilities, Inc. of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	\$35,922.85	Utilities, Inc. of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	\$16,750.47	Utilities, Inc. of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	\$16,471.74	Utilities, Inc. of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	\$18,923.65	Utilities, Inc. of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	\$16,461.98	Utilities, Inc. of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05	Utilities, Inc. of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53	Utilities, Inc. of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	\$19,053.10	Utilities, Inc. of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	\$21,654.48	Utilities, Inc. of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	\$28,037.52	Utilities, Inc. of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	\$24,891.62	Utilities, Inc. of Florida
428	04 CHEV S10 TRAILBLAZER	1GNDD13S442340667	BRYAN GONGRE	\$27,109.73	Utilities, Inc. of Florida
512	05 CHEV TAHOE	1GNEK13T85R199267	PATRICK FLYNN	\$37,478.51	Utilities, Inc. of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY	\$32,505.83	Utilities, Inc. of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	\$0.00	Utilities, Inc. of Florida
242	02 CHEV IMPALA	2G1WF55E329381533	SCOTTY HAWS	\$19,351.00	Utilities, Inc. of Florida
9925	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE	\$17,132.82	Utilities, Inc. of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	\$22,987.16	Utilities, Inc. of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	\$22,387.19	Utilities, Inc. of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	\$24,967.07	Utilities, Inc. of Florida
33	00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE	\$20,427.35	Utilities, Inc. of Pennbrooke
105	01 CHEV S10	1GCCS14WXX18159350	JAMES YINGLING	\$15,998.46	Utilities, Inc. of Pennbrooke
314	03 CHEV C15 FULL	1GCEC14X43Z114271	STEVEN PFOUTS	\$19,053.10	Utilities, Inc. of Pennbrooke
511	05 CHEV C15 REG CAB	1GCEC14X75Z230180	DAN ANDERSON	\$18,064.18	Utilities, Inc. of Pennbrooke

UTILITIES, INC. OF SANDALHAVEN

DOCKET NO.: 060285-SU

CHARLOTTE COUNTY

25.30-440 (10)
Customer Complaints

Test Year Ended December 31, 2005

Sandalhaven

COMMENT :.. I NEED THE WATER METER #, ASAP PLEASE. SERVICE IS CONNECTED
AND THERE . IS A HOME ON LOT PER CUSTOMER. THANK YOU

RESOLUTION :.. METER # 04113318
 . BADGER METER
 . READ 43.860
 . MM/JS
 . I INSTALLED METER INFO & BILL CODE- GAVE BACK TO JACKIE FOR

BACK BILL.AR .

 . THIS ACCT HAS ANEW ACCT # S/B6901010371
 . RB

RDATE :.. 05/17/05

Sandalhaven

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 932398
ACCOUNT# :. 006901007312
CUSTOMER NAME :. GARLAND,RAYMOND
SERVICE ADDRESS:. 3401 PEPPERWOOD LN
PHONE :. 941/697-2299
EDATE :. 06/03/05
TYPE :. 20
FOPER :.
COMMENT :. OBTAIN A READ PER NEW
RESOLUTION :. READ 321
 . MM/JS
 .
 .
RDATE :. 06/06/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 932762
ACCOUNT# :. 006901008433
CUSTOMER NAME :. BERARD,HAROLD
SERVICE ADDRESS:. 9111 KESTRAL CIR
PHONE :. 508/771-4943
EDATE :. 06/06/05
TYPE :. 20
FOPER :.
COMMENT :. TAG TO CALL OFFC:
 . CALL OFFC AND PROVIDE INFO FOR SWR ACCOUNT
 . TO AVOID ANY DISRUPTION IN SERVICE!!
 . THANK YOU
 .
RESOLUTION :. READ 43
 . TAGGED
 . MM/JS
RDATE :. 06/07/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 932770
ACCOUNT# :. 006901010003
CUSTOMER NAME :. KLEIN,RICHARD C
SERVICE ADDRESS:. 9081 BANTRY BAY BLVD
PHONE :. 941/964-4448
EDATE :. 06/06/05
TYPE :. 20
FOPER :.
COMMENT :. CALL OFFC AND APPLY TO AVOID ANY DISRUPTION IN SERVICE FOR
SEWER

Sandalhaven

RESOLUTION . :TAG ON DOOR
:. READ 74
. MM/JS
. THIS IS 9081 BAUTRY BAY BLVD
RDATE :. 06/07/05

CORPÝÝ----. 103
ROUTE :. 690
SERVICE ORDER# :. 932774
ACCOUNT# :. 006901010351

Sandalhaven

CORPýý----. 103

ROUTE :. 690
SERVICE ORDER# :. 933859
ACCOUNT# :. 006901008933
CUSTOMER NAME :. RIECK, BRUCE
SERVICE ADDRESS :. 6796 GASPARILLA PINES BLVD 46
PHONE :. 586/725-0252
EDATE :. 06/08/05
TYPE :. 20
FOPER :.

Sandalhaven

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

COMMENT :. APPLY FOR SERVICE
 : . TAG!
RESOLUTION :. TAGGED TO APPLY
 : . READ 27
 : . MM/JS
RDATE :. 06/09/05

CORPÝÝ----. 103
ROUTE :. 690
SERVICE ORDER# :. 935554
ACCOUNT# :. 006900055260
CUSTOMER NAME :. SEIFERT, JAMES F
SERVICE ADDRESS: :. 9820 EAGLE PRESERVE DR
PHONE :. / -
EDATE :. 06/13/05
TYPE :. 20
FOPER :.
COMMENT :. ANY HOUSE SET HERE? HOOKED UP TO SEWER?
RESOLUTION :. NO HOUSE , NOTHING HOOKED UP
 : . LG/JS
RDATE :. 06/14/05

CORPÝÝ----. 103
ROUTE :. 690
SERVICE ORDER# :. 935555
ACCOUNT# :. 006900055280
CUSTOMER NAME :. SEIFERT, JAMES F
SERVICE ADDRESS: :. 9800 EAGLE PRESERVE DR
PHONE :. / -
EDATE :. 06/13/05
TYPE :. 20
FOPER :.
COMMENT :. ANY HOUSE HERE? SEWER HOOKED UP YET?
RESOLUTION :. NO HOUSE AND NO HOOK UP
 : . LG/JS
RDATE :. 06/14/05

CORPÝÝ----. 103
ROUTE :. 690
SERVICE ORDER# :. 938990
ACCOUNT# :. 006901008933
CUSTOMER NAME :. RIECK, BRUCE
SERVICE ADDRESS: :. 6796 GASPARILLA PINES BLVD 46
PHONE :. 586/725-0252
EDATE :. 06/22/05
TYPE :. 20
FOPER :.
COMMENT :. TAG TO APPLY
 : . AGAIN

Sandalhaven

RESOLUTION . THANK YOU
: DOOR TAGGED AGAIN!
: LG/JS
RDATE : 06/23/05

CORPýý----. 103
ROUTE : 690
SERVICE ORDER# : 940817
ACCOUNT# : 006901008321

Sandalhaven

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CUSTOMER NAME :. WILSON, JOHN
SERVICE ADDRESS:. 9038 KESTRAL CIR
PHONE :. / -
EDATE :. 06/27/05
TYPE :. 20
FOPER :.
COMMENT :. NSF CHK#3296 6/13/5 \$26.96
 :. BANK SERV FEE 25.00
 :. TOTAL AMNT DUE \$51.96 PAYABLE BY CASHIER CHK OR M/O ONLY
 :. TO AVOID INTERRUPTION OF SERV AND A \$15 RECONNECT FEE
 :. 5 DAY LTTR MAILED 6/28
RESOLUTION :. NSF CHARGE WAS WAIVED PER LETTER FROM BANK
 :. NO ACTION TAKEN
 :. JS
RDATE :. 07/11/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 898571
ACCOUNT# :. 006901015380
CUSTOMER NAME :. EGRET REAL ESTATE GROUP,
SERVICE ADDRESS:. 7050 PLACIDA RD
PHONE :. 941/697-1445
EDATE :. 02/16/05
TYPE :. 24
FOPER :.
COMMENT :. ADJ ACCOUNT DUE TO NOT HOOKED UP TO SEWER YET. SPOKE TO EC SHE
 :. LEAVE DEPOSIT AND REC. AND ADJ BILL FOR SWR OFF UNTIL THE
ACCOUNT WAS :. TO BECOME ACTIVE AGAIN. JS
RESOLUTION :. ADJ -56.66 FOR SWR 420 GALLONS
 :. JS
RDATE :. 02/16/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 898792
ACCOUNT# :. 006901015370
CUSTOMER NAME :. ERGET REAL ESTATE GROUP,
SERVICE ADDRESS:. 7035 PLACIDA RD
PHONE :. 941/628-1378
EDATE :. 02/17/05
TYPE :. 24
FOPER :.
COMMENT :. ADJ ACCOUNT PER FIELD. NO SWR INSTALLED AS OF YET.
RESOLUTION :. PER EC ADJ ONLY SWR OFF OF ACCT NOT DEPST OR RECNT.
 :. -57.43 1168 GALS
 :. JS

Sandalhaven

RDATE :. 02/17/05

CORPÝÝ----. 103

ROUTE :. 690

SERVICE ORDER# :. 902555

ACCOUNT# :. 006901092980

CUSTOMER NAME :. RUSSELL,CHARLES

SERVICE ADDRESS:. 8222 HARBORSIDE CIR

PHONE :. / -

EDATE :. 03/02/05

TYPE :. 24

Sandalhaven

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

FOPER :.
COMMENT :. ADJ ACCOUNT PER CCU READS
RESOLUTION :. ADJ FOR -2000 GALS OF SWR
 . AJD FOR -7.14 (069022)
 . JS
RDATE :. 03/02/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 902863
ACCOUNT# :. 006901014051
CUSTOMER NAME :. MACK,CHESTER M
SERVICE ADDRESS:.. 6610 GASPARILLA PINES BLVD 204
PHONE :. 941/698-0117
EDATE :. 03/03/05
TYPE :. 24
FOPER :.
COMMENT :. CUSTOMER'S BANK SENT LETTER IN REGARDS TO NSF BEING THAT IT
WAS THEIR
 . FAULT MR MACK'S CHECK DID NOT CLEAR
RESOLUTION :. WAIVED -25.00 NSF FEE
 . JS
RDATE :. 03/03/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 907239
ACCOUNT# :. 006901013101
CUSTOMER NAME :. GORDON,ALBERT
SERVICE ADDRESS:.. 6800 PLACIDA RD 188
PHONE :. / -
EDATE :. 03/17/05
TYPE :. 24
FOPER :.
COMMENT :. ADJ ACCOUNT FOR PRIOR CONSUMPTION NOT BELONGING TO THIS
CUSTOMER BUT
 . TO THE NEW CUSTOMER ON DASH TWO (MOVE IN DATE PER CUSTOMER WAS
12/30)
RESOLUTION :. ADJ ACCOUNT FOR -9000 GALS
 . ADJ ACCOUT -60.91 SWR
 . JS
RDATE :. 03/17/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 907244
ACCOUNT# :. 006901013102
CUSTOMER NAME :. WHIPPO,CHARLES
SERVICE ADDRESS:.. 6800 PLACIDA RD 188

Sandalhaven

PHONE :. 941/697-3105
EDATE :. 03/17/05
TYPE :. 24
FOPER :.
COMMENT :. ADJ ACCOUNT FOR TIME CUSOTMER SPENT IN HOME BEFORE SIGNING UP
RESOLUTION :. ADJ SWR (BACK BILL) +60.91 (9000 GALS)
. JS
RDATE :. 03/17/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 910182

Sandalhaven

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

ACCOUNT# :. 006901007791
CUSTOMER NAME :. SABINE, LAURIE
SERVICE ADDRESS:. 3304 DOVE LN
PHONE :. / -
EDATE :. 03/28/05
TYPE :. 24
FOPER :.
COMMENT :. PER CCU READ USED FOR FINAL ON THIS ACCOUNT WAS 11
 :. ADJ DONE
RESOLUTION :. ADJ +14.28 +4000 GALS
 :. JS
RDATE :. 03/28/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 910183
ACCOUNT# :. 006901007792
CUSTOMER NAME :. STEINER, EDWIN J
SERVICE ADDRESS:. 3304 DOVE LN
PHONE :. 941/697-5994
EDATE :. 03/28/05
TYPE :. 24
FOPER :.
COMMENT :. CUSTOMER OVERBILLED DUE TO INCORRECT FINAL READ ON PRIOR FOR
1/31/05
 :. ADJ DONE
RESOLUTION :. ADJ -12.63 AND -4000 GALS
 :. JS
RDATE :. 03/28/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 915898
ACCOUNT# :. 006901014501
CUSTOMER NAME :. PARE, ROBERT
SERVICE ADDRESS:. 6610 GASPARILLA PINES BLVD 224
PHONE :. 941/697-3699
EDATE :. 04/14/05
TYPE :. 24
FOPER :.
COMMENT :. ADJ ACCOUNT DUE TO INCORRECT KEYED READ.
RESOLUTION :. ADJ ACCOUNT -291000 GALS FOR SEWER
 :. ADJ ACCOUNT -17.85 SWR CHARGES
 :. 3/29/05 MISREAD 323 CORRECT READ 32 (USED)
 :. JS
RDATE :. 04/14/05

CORPýý----. 103
ROUTE :. 690

Sandalhaven

SERVICE ORDER# :. 933342
ACCOUNT# :. 006901012822
CUSTOMER NAME :. SCHULZE,WILLAIM
SERVICE ADDRESS:. 6800 PLACIDA RD TH2-A
PHONE :. 508/771-8811
EDATE :. 06/07/05
TYPE :. 24
FOPER :.
COMMENT :. ADJ ACCOUNT DUE TO MISREAD ON 3/29/05
. READ 3/29/05 118

Sandalhaven

SERVICE ADDRESS:.. 6725 GASPARILLA PINES BLVD
PHONE :. / -
EDATE :. 06/16/05
TYPE :. 24
FOPER :.
COMMENT :. ADJ ACCOUNT DUE TO MISREAD
. PRIOR READ 801 USAGE 722,000
. CORRECTED READ 81 USAGE 2,000
RESOLUTION :. ADJ 69022 -21.42 -8000GALS
. JS

Sandalhaven

(545) REPORT UBRSDREPOR.2 UTILITY BILLING SYSTEM
DETAIL SERVICE ORDER COMPLAINTS FOR 103

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CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 06/16/05

CORPýý----. 103

ROUTE :. 690

SERVICE ORDER# :. 937509

ACCOUNT# :. 006901008821

CUSTOMER NAME :. POST,WALTER

SERVICE ADDRESS:.. 6796 GASPARILLA PINES BLVD 35

PHONE :. 727/302-2226

EDATE :. 06/17/05

TYPE :. 24

FOPER :.

COMMENT :. CUSTOMER REQUESTED FINAL SERVICE ON 5/24/05. IT WAS READ BUT
NOT

. FINALED AT THAT TIME FOR A FINAL BILL TO BE ISSUED. ON 5/28/05
. THE REGULAR READ WAS TAKEN AND THE CUSTOMER WAS BILLED WITH

THAT READ

. AND UP TO THAT PERIOD. THE ACCOUNT IS ADJUSTED FOR THE 4 DAYS

OF

. SERVICE ON THE BASE CHARGES.

RESOLUTION :. 5/24/05 FINAL READ 23. CUSTOMER WAS BILLED THROUGH 5/28/05 AND
READ

. OF 23. ADJUSTED BASE CHARGE FOR 4 DAYS @ \$1.65 AND A FINAL

BILL

. IS ISSUED WITH THIS CREDIT FROM 5/28/05 READ AND 6/05 BILL.

.
. EC

RDATE :. 06/17/05

CORPýý----. 103

ROUTE :. 690

SERVICE ORDER# :. 937829

ACCOUNT# :. 006901009241

CUSTOMER NAME :. KANSMAN,HARRY

SERVICE ADDRESS:.. 6796 GASPARILLA PINES BLVD N-77

PHONE :. / -

EDATE :. 06/20/05

TYPE :. 24

FOPER :.

COMMENT :. ADJ ACCOUNT DUE TO MISREAD ON 5/31/05

RESOLUTION :. ADJ -1000 GAL

. ADJ -3.57 SWR
. JS

RDATE :. 06/20/05

CORPýý----. 103

ROUTE :. 690

SERVICE ORDER# :. 938471

ACCOUNT# :. 006901011822

Sandalhaven

CUSTOMER NAME :. PIETRUCKI, JOSEPH
SERVICE ADDRESS:. 6800 PLACIDA RD 242
PHONE :. 941/697-3342
EDATE :. 06/21/05
TYPE :. 24
FOPER :.
COMMENT :. DUE TO CCU RECORDS MR. PIETRUCKI FINALED HIS ACCOUNT W/ THEM
AS OF :. 11/30/04 W/ A FINAL READ OF 751
RESOLUTION :. ADJ DONE TO BOTH -2 AND -3 ACCOUNTS
 . 006901011822 (51) \$-51.73 -14,000 GALS
 . 006901011823 (51) \$+51.73 +14,000 GALS
 .
 . TRANS BALANCE FROM THIS DASH TO 6901011823
 . JS

Sandalhaven

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 06/21/05

CORPýý----. 103

ROUTE :. 690
SERVICE ORDER# :. 938480
ACCOUNT# :. 006901011823
CUSTOMER NAME :. BARRET,JOSEPH
SERVICE ADDRESS:.. 6800 PLACIDA RD 242
PHONE :. / -
EDATE :. 06/21/05
TYPE :. 24
FOPER :.
COMMENT :. ADJ ACCOUNT DUE TO INFO PROVIDED BY CCU AND FIDDLERS GREEN
REALTY.
RESOLUTION :. ADJ
 :. 006901011822 (51) \$-51.73 -14000 GALS TRANS TO 6901011823
 :. 006901011823 (51) \$+51.73 +14000 GALS TRANS FROM 6901011822
 :. HIS ACCOUNT BEGAN AS OF 11/30/05 W/ CCU
 :. CLOSED PER REALTOR AS OF 6/14/05
 :. JS
RDATE :. 06/21/05

CORPýý----. 103

ROUTE :. 690
SERVICE ORDER# :. 906207
ACCOUNT# :. 006901009591
CUSTOMER NAME :. KRUPA,FRANK
SERVICE ADDRESS:.. 6796 GASPARILLA PINES BLVD L-21
PHONE :. / -
EDATE :. 03/15/05
TYPE :. 39
FOPER :.
COMMENT :. LIFT STATION ALARM SOUNDING
 :. PROVIDE RESOLUTION
RESOLUTION :. READ 21
 :. PLEASE NOTE THE CORRECT ADDRESS IS 6796 GASP'PINES BLVD LOT 21
 :. METER NUMBER CORRECT
 :. MM/JS
RDATE :. 03/16/05

CORPýý----. 103

ROUTE :. 690
SERVICE ORDER# :. 888361
ACCOUNT# :. 006901007393
CUSTOMER NAME :. KELLEHER,PAUL H
SERVICE ADDRESS:.. 3312 BLUE JAY LN
PHONE :. 603/569-3310
EDATE :. 01/13/05
TYPE :. 40

Sandalhaven

FOPER :.
COMMENT :. CUSTOMER SAYS PART OF HER BACK YARD WAS DUG UP BECAUSE WORK
WAS BEING . MADE TO SEWER LINE. SHE SAYS TO HOLE WAS FILLED IN, BUT THE
AREA NEED . TO BE RESODDED. PLEASE CHECK AND ADVISE CUSTOMER
RESOLUTION :. PENDING TO BE RESOLVED TODAY OR ON TUESDAY THE 22ND
. LG/JS
. 2/22/05 SOD INSTALLED, JOB COMPLETED, CUSTOMER HAPPY
. MM/JS
RDATE :. 02/18/05

Sandalhaven

(545) REPORT UBRSDREPORT.2 UTILITY BILLING SYSTEM
DETAIL SERVICE ORDER COMPLAINTS FOR 103

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CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

43 records listed.

Sandalhaven

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/31/05

CORPýý----. 103
ROUTE :.
SERVICE ORDER# :. 952323
ACCOUNT# :. 006909000500
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 07/27/05
TYPE :. 20
FOPER :.
COMMENT :. PLEASE SEND BACK W/ METER INFO
 :. THANKS ;-)
RESOLUTION :. NO METER AT THIS TIME
 :. THEY ARE HOOKED UP TO SWR.
 :. LG/JS
 :. 10/12/05
 :. NOT ON R/SHEETS CK CC
 :. 10/25/05 CHARLOTTE COUNTY HAS NOT INSTALLED METER YET.
EXTENDED DUE DATE :.
 :. FROM 07/27/05 TO 11/30/05
 :. KS
 :.
 :.
RDATE :. 10/25/05

CORPýý----. 103
ROUTE :.
SERVICE ORDER# :. 952516
ACCOUNT# :. 006909000530
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 07/28/05
TYPE :. 20
FOPER :.
COMMENT :. MIKE OR LENNY COULD YOU PLEASE CHECK THIS RESIDENCE TO SEE IF
TAP HAS :.
 :. BEEN HOOKED UP YET. CUSTOMER ASKING WHERE IT IS LOCATED.
 :. THANK YOU
RESOLUTION :. CUSTOMER NEEDS TO GO IN DEEPER TO CONNECT
 :. BUT THEY HAVE THE CORRECT LOCATION
 :. LG/JS
RDATE :. 07/29/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 952874
ACCOUNT# :. 006901010171
CUSTOMER NAME :. VENNING, JOHN

Sandalhaven

SERVICE ADDRESS:.. 9791 EAGLE PRESERVE DR
PHONE :.. 941/830-2028
EDATE :.. 07/28/05
TYPE :.. 20
FOPER :..
COMMENT :.. JUST WANTED AN UPDATE.
 :.. IS THIS HOOKED UP TO OUR SWR YET?
 :.. I SHOW THEY ARE USING WATER HERE.
RESOLUTION :.. YES HOOKED UP
 :.. LG/JS
RDATE :.. 07/29/05

Sandalhaven

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/31/05

CORPýý----. 103
ROUTE :.
SERVICE ORDER# :. 952881
ACCOUNT# :. 006909000290
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 07/28/05
TYPE :. 20
FOPER :.
COMMENT :. IS THIS HOOKED UP TO SWR YET???
 . METER INFO???
 . HAS USAGE W/ WATER CO.
RESOLUTION :. READ 0000
 . YES HOOKED UP
 . MTR# 4116459
 . LG/JS
 . READ 0
 . METER # 04116459
RDATE :. 10/14/05

CORPýý----. 103
ROUTE :.
SERVICE ORDER# :. 967563
ACCOUNT# :. 006900000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 09/12/05
TYPE :. 20
FOPER :. UIS
COMMENT :. CAN WE SUPPLY SEWER TO LOT 23 BANTRY BAY BLVD?
 . LYN @ROBERTSON HOMES 941-474-2031.
 .
 . THANK YOU.
RESOLUTION :. NO-WE HAVE NO SEWER IN THAT AREA.
 . 9/21/05- I ADVISED CUSTOMER THAT OUR LINES DO NOT EXTEND THAT
FAR & THAT :.
 . THE CUSTOMER CAN PD FOR THE LINE TO GET EXTENDED, WE WOULD
HAVE TO SEE :.
 . PLAN & APPROVED THEM.(PER TONY) ANN
RDATE :. 09/12/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 972494
ACCOUNT# :. 006901012852
CUSTOMER NAME :. WATT,TULA
SERVICE ADDRESS:.. 6800 PLACIDA RD TH2-D

Sandalhaven

PHONE :. / -
EDATE :. 09/26/05
TYPE :. 20
FOPER :.
COMMENT :. PLEASE TAG CUST DOOR TO PLEASE CALL THE OFFICE ASAP IN
REFERENCE TO :. A PAYMENT DISCREPENCY ASK CUST TO CALL AND ASK FOR ROBERT IN
: . CUSTOMER SERVICE, THANKS
RESOLUTION :. 09/30/05 HOME TAGGED ALSO I HAD LEFT VM FOR CUST AND SHE
CALLED THE NEXT : . DAY ALL IS OK
: . MIKE/RB
RDATE :. 09/30/05

Sandalhaven

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/31/05

CORPýý----. 103
ROUTE :.
SERVICE ORDER# :. 002843
ACCOUNT# :. 006900000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 12/28/05
TYPE :. 20
FOPER :. UIS
COMMENT :. CAN WE PROVIDE SERVICE TO 8904 BANTRY BAY BLVD. (LOT 23)?
 :. TERRY SMITH 941-964-0809 CELL- 704-252-0106.
 :. CUSTOMER SAID IT'S NEXT DOOR TO HIS COMMERICAL LOTS (LOT
19,20,21,22)
.
 :. THANK YOU!
RESOLUTION :. THAT WOULD BE A "NO" OUR NEAREST SEWER LINE IS APPROX NINE
HOUSE LOTS
 :. DOWN THE ROAD. MIGHT WANT TO CHECK WITH TONY OR MIKE. I DOUBT
THEY
 :. WOULD WANT TO RUN A LINE FOR A LOT OR TWO. MIKE M/ANN
RDATE :. 01/03/06

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 974523
ACCOUNT# :. 006901007361
CUSTOMER NAME :. STIMAN,MR
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 09/30/05
TYPE :. 24
FOPER :.
COMMENT :. THIS CUSTOMER REQUESTED THAT THE SERVICE BE FINALED ON
5/23/05.
 :. THE CUSTOMER WAS BILLED THROUGH 6/23/05. ADJUST THE ACCOUNT
FOR
 :. OVER BILL.
RESOLUTION :. ACCOUNT IS ADJUSTED FOR \$15.16 DUE TO INCORRECT BILL PERIOD. A
 :. CORRECTED BILL WILL BE SENT TO THE CUSTOMER.
.
 :. EC
RDATE :. 09/30/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 992570
ACCOUNT# :. 006901014202
CUSTOMER NAME :. BRUCE,ELKINS L

Sandalhaven

SERVICE ADDRESS: . 6610 GASPARILLA PINES BLVD 209
PHONE : . 941/697-0344
EDATE : . 11/22/05
TYPE : . 24
FOPER : .
COMMENT : . CHARLOTTE COUNTY MIS READ FOR 8/31/05 WAS 47. CUSTOMER WAS
OVER BILLED . 6000 GALS. ADJUST ACCOUNT
RESOLUTION : . CHARLOTTE COUNTY CORRECT READ 41. ADJUSTED SEWER 6000 GALS
\$22.20. A . CORRECTED BILL WILL BE SENT TO THE CUSTOMER
: .
: . CC/EC
RDATE : . 11/22/05
CORPýý----. 103

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CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/31/05

ROUTE :. 690
SERVICE ORDER# :. 999561
ACCOUNT# :. 006901190870
CUSTOMER NAME :. BAILEY, LURLEEN
SERVICE ADDRESS: :. 9173 PINEHAVEN WY
PHONE :. 941/697-6712
EDATE :. 12/15/05
TYPE :. 35
FOPER :.
COMMENT :. CUSTOMER BELIEVES HER SWR LINE IS BROKEN
 :. PAGED TO LG
RESOLUTION :. LINE IS ON CUSTOMER SIDE. SPOKE W/ CUSTOMER AND OFFICE AND
INFORMED THEM
 :. BOTH.
 :. P.S. NOT A BIG PROBLEM BY THE WAY NO LEAK
 :. MM/JS
RDATE :. 12/15/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 999836
ACCOUNT# :. 006901007081
CUSTOMER NAME :. YESKA, DONALD
SERVICE ADDRESS: :. 6712 LONG MOSS LN
PHONE :. 941/697-0162
EDATE :. 12/16/05
TYPE :. 35
FOPER :.
COMMENT :. PLEASE CHECK SEWER LINE BY DRIVEWAY WHERE HOLE IS LOCATED
INFORM
 :. CUSTOMER OF FINDINGS AND ADVISE.
 :.
 :. PAGED TO LENNY
RESOLUTION :. REPLACED 6" CAP AT "Y" WHEN THERE SEWER IS TIED IN FOR THIS
ADDRESS AND
 :. THE ONE NEXT DOOR. FILLED HOLE BACK IN AND WILL SEED UNLESS
SCOTT S. GIV
 :. -ES OVK TO SOD WHICH WOULD BE A WEEK OR SO BEFORE WE COULD
COMPLETE.
 :. LL/JS
RDATE :. 01/11/06

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 001039
ACCOUNT# :. 006901007531
CUSTOMER NAME :. GONDA, WALTER
SERVICE ADDRESS: :. 3324 BLUE JAY LN
PHONE :. 941/697-0694

Sandalhaven

EDATE :: 12/21/05
TYPE :: 39
FOPER ::
COMMENT :: RED LIGHT ON AT GASPARILLA PINES BLVD LOCATION
 . PAGED TO LEENY; 11:01AM-HE SAID THEY ARE WORKING ON IT NOW
RESOLUTION :: FLOAT STUCK AT L/S 5
 . LG/JS
RDATE :: 12/21/05

CORPýý----- . 103
ROUTE ::
SERVICE ORDER# :: 947748
ACCOUNT# :: 006900000000
CUSTOMER NAME :: ,

Sandalhaven

TYPE :. 20
FOPER :.
COMMENT :. TAG TO APPLY FOR SERVICE.
RESOLUTION :. READ 4.810
 . TAGGED MM/JS
RDATE :. 01/06/05

CORPýý----. 103
ROUTE :. 690
SERVICE ORDER# :. 885696
ACCOUNT# :. 006901007213
CUSTOMER NAME :. TORESKO, DOMINICK J
SERVICE ADDRESS: . 6745 LONG MOSS LN

Sandalhaven

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

PHONE :. 941/698-0561
EDATE :. 01/05/05
TYPE :. 20
FOPER :.
COMMENT :. PLEASE TAG TO APPLY
RESOLUTION :. READ 32.290
 :. TAGGED MM/JS
RDATE :. 01/06/05

CORPýý----. 103

ROUTE :. 690
SERVICE ORDER# :. 894989
ACCOUNT# :. 006901013812
CUSTOMER NAME :. CARLO, JOHN
SERVICE ADDRESS: 6600 GASPARILLA PINES BLVD 106
PHONE :. / -
EDATE :. 02/03/05
TYPE :. 20
FOPER :.
COMMENT :. NSF CHK#9437 1/21/5 \$34.10
 :. BANK SERV FEE 25.00
 :. TOTAL AMNT DUE \$59.10 PAYABLE BY CASHIER CHK OR M\O ONLY
 :. TO AVOID INTERRUPTIONO F SERV AND A \$15 RECONNECT FEE
 :. 5 DAY LTTR MAILED 2/4
RESOLUTION :. PAID IN FULL
 :. 2/14/05
 :. JS
RDATE :. 02/14/05

CORPýý----. 103

ROUTE :. 690
SERVICE ORDER# :. 896033
ACCOUNT# :. 006901014051
CUSTOMER NAME :. MACK, CHESTER M
SERVICE ADDRESS: 6610 GASPARILLA PINES BLVD 204
PHONE :. 941/698-0117
EDATE :. 02/08/05
TYPE :. 20
FOPER :.
COMMENT :. NSF AUTO DRAFT 1/31 \$26.96
 :. BANK SERV FEE 25.00 [ACCNT FROZEN]
 :. TOTAL AMNT DUE \$51.96 PAYABLE BY CASHIER CHK OR M\O ONLY
 :. TO AVOID INTERRUPTION OF SERV AND A \$450 RECONNECT FEE
 :. 5 DAY LTTR MAILED 2/9
RESOLUTION :. PAID 2/16/05 JS
RDATE :. 02/16/05

CORPýý----. 103

ROUTE :. 690

Sandalhaven

SERVICE ORDER# :. 898159
ACCOUNT# :. 006901015380
CUSTOMER NAME :. EGRET REAL ESTATE GROUP,
SERVICE ADDRESS:. 7050 PLACIDA RD
PHONE :. 941/697-1445
EDATE :. 02/15/05
TYPE :. 20
FOPER :.
COMMENT :. PLEASE VERIFY METER THERE AND CUSTOMER IS ON SEWER SERVICE.

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(545) REPORT UBRSDREPORT.2 UTILITY BILLING SYSTEM PAGE 3
DETAIL SERVICE ORDER COMPLAINTS FOR 103

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

RESOLUTION :. METER NO 504509
 : . THIS BLDG IS NOT YET HOOKED UP TO SEWER
 : . JS
 : . LG
RDATE :. 02/16/05

CORPýý----- . 103
ROUTE :. 690
SERVICE ORDER# :. 898452
ACCOUNT# :. 006901015370
CUSTOMER NAME :. ERGET REAL ESTATE GROUP,
SERVICE ADDRESS: . 7035 PLACIDA RD
PHONE :. 941/628-1378
EDATE :. 02/16/05
TYPE :. 20
FOPER :.
COMMENT :. VERIFY IF HOOKED UP TO OUR SEWER LINES
 : . TIMOTHY FITZFIMMONS-PH THIS IN**
RESOLUTION :. NO SEWER AS OF YET
 : . MR FITZSIMMONS WILL CONTACT WHEN DONE
 : . JS
 : . MM
RDATE :. 02/17/05

CORPýý----- . 103
ROUTE :. 690
SERVICE ORDER# :. 899473
ACCOUNT# :. 006901013101
CUSTOMER NAME :. GORDON,ALBERT
SERVICE ADDRESS: . 6800 PLACIDA RD 188
PHONE :. / -
EDATE :. 02/18/05
TYPE :. 20
FOPER :.
COMMENT :. TAG CUSTOMER TO CALL OFFC
 : . EXT. 224 AND SPEAK TO JACQUEE IN REGARDS TO ACCT.
 : . THANKYOU
RESOLUTION :. TAGGED MM/JS
RDATE :. 02/22/05

CORPýý----- . 103
ROUTE :. 690
SERVICE ORDER# :. 908315
ACCOUNT# :. 006901013332
CUSTOMER NAME :. LUSARDO,MICHAEL
SERVICE ADDRESS: . 6800 PLACIDA RD 1004
PHONE :. 609/978-0463
EDATE :. 03/21/05
TYPE :. 20

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FOPER      :.  
COMMENT    :. TAKE FINAL READING, TURN OFF & LOCK  
RESOLUTION :. READ 327  
           . MM/JS  
           .  
           .  
           . AACCOUNT WAS REACTIVATED...  
RDATE      :. 03/29/05
```