## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

	Utilities Inc of Flo 200 Weathersfield Altamonte Spring Barrington Estates	1 Ave s, FL 32714				LIMI FACI	MIT NUMBER T: ILITY TYPE: IITORING GR(	FINAL DW	REF	PORT: DUP:	Monthly Domestic			
LOCATION:						DESC	DESCRIPTION: two rapid infiltration basins with a total wetted area of 2.35 acres							
COUNTY:	LAKE	ŀ	i			MON	ITORING PER	RIOD: From: 0	8/01/2020 To:	08/31/2020	i	_		
Parame	eter		Quantity of	or Loading	Units	Qualit	ty or Concent	tration	Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow		Sample Measurement		.025						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)		
PARM Code 50050 Mon. Site: FLW-1	0 Y	Permit Requirement		0.049 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))		
Flow		Sample Measurement		.028						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)		
PARM Code 50050 Mon. Site: FLW-1	0 1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))		
BOD, Carbonaceou	us 5 day, 20C	Sample Measurement					8.8			0	1 Monthly	Grab		
PARM Code 80082 Mon. Site: EFA-1	2 Y	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)		
BOD, Carbonaceou	us 5 day, 20C	Sample Measurement				8.0	8.0	8.0		0	1 Monthly	Grab		
PARM Code 80082 Mon. Site: EFA-1	2 A	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)		

Parameter		Quantity	or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
Solids, Total Suspended	Sample Measurement					2.3			0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				3.4	3.4	3.4		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					2.2			0	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					2.0	2.0		0	1 Monthly	Grab
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
рН	Sample Measurement				7.2		7.8		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity o	or Loading	Units	Qualit	y or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				0.6				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						5.8		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		.025						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 P Mon. Site: FLW-1	Permit Requirement		0.049 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement	.026	.028						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Q Mon. Site: FLW-1	Permit Requirement	Report (Qrtr Avg)	Report (Mo Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						53		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
OR AUTHORIZED AGENT D James Kilgore P T	CERTIFY UNDER PENAL' IRECTION OR SUPERVISI ROPERLY GATHERED AN ERSONS WHO MANAGE TH HE INFORMATION SUBMI M AWARE THAT THERI OSSIBILITY OF FINE AND	ON IN ACCORDAN D EVALUATED TH HE SYSTEM, OR TH TTED IS, TO THE D ARE SIGNIFICA	NCE WITH A SYS HE INFORMATION HOSE PERSONS DI BEST OF MY KNO NT PENALTIES F	TEM DESIGNED I SUBMITTED. BA RECTLY RESPON WLEDGE AND BI FOR SUBMITTING	TO ASSURE THAT ASED ON MY INQ SIBLE FOR GATHE ELIEF, TRUE, ACC	CQUALIFIED PER UIRY OF THE PER RING THE INFOR URATE AND COM	RSONNEL OR AUT RSON OR MATION, Electroni MPLETE. I	URE OF PRINCIP/ HORIZED AGENT cally Signed	L EXECUTIV	E OFFICER TELEPHONE	<ul> <li>SUBMITTED ON</li> <li>4 09/22/2020</li> </ul>

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

LIMIT: FACILITY TYPE:		ORT: Mo	41-1			
FACILITY TYPE:						
	DW GRC	UP: Do	omestic			
MONITORING G	ROUP: RMP-Q					
DESCRIPTION:	Biosolids Quar	ntity				
MONITORING PI	ERIOD: From: 08/01/20	D: From: 08/01/2020 To: 08/31/2020				
			Frequency			
nits Quality or Concentration	n Units	No. Ex.	of Analysis	Sample Type		
		0	1 Monthly	Calculated		
tons			(1 Monthly)	(Calculated)		
		0	1 Monthly	Calculated		
tons			(1 Monthly)	(Calculated)		
		. EXECUTIVE	OFFICER TELEPHONE	SUBMITTED ON		
PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR						
THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I						
MITTING FALSE INFORMATION, INCLUDING THE						
ton: ton: ton: ALL ALL RESP 2 ANI	Quality or Concentration Quality or Concentration s ATTACHMENTS WERE PREPARED UNDER MY ED TO ASSURE THAT QUALIFIED PERSONNEL D. BASED ON MY INQUIRY OF THE PERSON OR PONSIBLE FOR GATHERING THE INFORMATION, D BELIEF, TRUE, ACCURATE AND COMPLETE. I	MONITORING PERIOD: From: 08/01/20       Quality or Concentration     Units       Image: State of the state	MONITORING PERIOD: From: 08/01/2020 To: 08/         Quality or Concentration       Units       No. Ex.         0       0       0         s       0       0         ATTACHMENTS WERE PREPARED UNDER MY ED TO ASSURE THAT QUALIFIED PERSONNEL DASED ON MY INQUIRY OF THE PERSON OR PONSIBLE FOR GATHERING THE INFORMATION, D BELIEF, TRUE, ACCURATE AND COMPLET.       SIGNATURE OF PRINCIPAL EXECUTIVE OR AUTHORIZED AGENT	MONITORING PERIOD: From: 08/01/2020 To: 08/31/2020         Quality or Concentration       Units       No. Ex.       Frequency of Analysis         0       1 Monthly         s       0       1 Monthly         s       0       1 Monthly         s       0       1 Monthly         ATTACHMENTS WERE PREPARED UNDER MY ED TO ASSURE THAT QUALIFIED PERSONNEL DASED ON MY INQURY OF THE PERSONNEL DBLIEF, TRUE, ACCURATE AND COMPLETE I.       SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT       TELEPHONE (985) 520-2204		

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA416207-004-DW3P

Monitoring Period

From: August 1, 2020

Facility: Barrington Estates WWTF

To: August 31, 2020

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u	Flow (Total thru Plant) MGD	
Code	80082	50060	74055	00620	00530	00400	50050	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	
1		>2.2				7.6	0.026	
2							0.033	
3		>2.0				7.7	0.033	
4		2.2				7.6	0.024	
5		1.7				7.6	0.035	
6		0.9				7.8	0.024	
7		0.8				7.8	0.027	
8		1.5				7.7	0.031	
9							0.030	
10		>2.2				7.5	0.026	
11	8.0	>2.2	2.0	5.8	3.4	7.6	0.015	
12		>2.2				7.6	0.030	
13		>2.2				7.7	0.030	
14		>2.2				7.6	0.033	
15		>2.2				7.8	0.025	
16							0.028	
17		>2.2				7.6	0.028	
18		0.6				7.7	0.026	
19		0.8				7.5	0.022	
20		1.5				7.6	0.027	
21		0.6				7.6	0.031	
22		>2.2				7.2	0.020	
23							0.035	
24		1.0				7.4	0.036	
25		>2.2				7.6	0.025	
26		>2.2				7.7	0.020	
27		2.0				7.4	0.036	
28		>2.2				7.2	0.028	
29		>2.2				7.4	0.031	
30							0.031	
31		>2.2				7.4	0.028	
Total	8.0	13.6	2.0	5.800	3.4	196.9	0.874	
Mo. Avg.	8.0	1.2	2.00	5.800	3.4	7.6	0.028	

## PLANT STAFFING:

Lead Operator	Class: B
Day Shift Operator:	Class: B
Day Shift Operator:	Class: A
Day Shift Operator:	Class: C
Day Shift Operator:	Class: C

Certificate No: 9307 Certificate No: 18213 Certificate No: 18659 Certificate No: 125530 Certificate No: 17747 Name:JAMES KILGOREName:JOHN PAGANName:DOMENIC GENTILUCCIName:ANTHONY LOIACONOName:CHUCK SCHWADES