

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Utilities, Inc. of Florida ADDRESS: 200 Weathersfield Ave Altamonte Springs, FL 32714  FACILITY: Sun'N Lake of Lake Placid WWTP LOCATION: Brevard Avenue Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014386 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: R-001, including Influent  MONITORING PERIOD: From: 08/01/2020 To: 08/31/2020
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	Sample Measurement				9.4				0	1 Monthly	Grab
	Permit Requirement				20.0 (Annl Avg)			mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	Sample Measurement				2.7	2.7	2.7		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement				5.1				0	1 Monthly	Grab
	Permit Requirement				20.0 (Annl Avg)			mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement				1.6	1.6	1.6		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

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Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement				1.7			0	1 Monthly	Grab
	Permit Requirement				200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement				0.5	<1.0		0	1 Monthly	Grab
	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				6.7	6.9		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				1.6			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement					0.052		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.022						0	5 Days/Week	Meter
	Permit Requirement		0.09 (Annl Avg)	MGD						(5 Days/Week)	(Meter)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement		0.020						0	5 Days/Week	Meter
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Meter)
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement					0.34			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-01	Sample Measurement					40			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-01	Sample Measurement					43			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Lisa Holmes	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 GATHERED AND EVALUATED 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.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (863) 465-6911	SUBMITTED ON  09/18/2020	

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

PERMITTEE NAME: Utilities, Inc. of Florida ADDRESS: 200 Weathersfield Ave Altamonte Springs, FL 32714  FACILITY: Sun'N Lake of Lake Placid WWTP LOCATION: Brevard Avenue Lake Placid, FL 33852  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014386 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 08/01/2020 To: 08/31/2020
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-2	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Lisa Holmes	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 GATHERED AND EVALUATED 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.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (863) 465-6911	SUBMITTED ON  09/18/2020

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014386-006

Facility: Sun 'n' Lake of Lake Placid WWTP

Monitoring Period From: 8/1/2020 To: 8/31/2020

	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 MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L		
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		2.0				6.8	0.0300				
2							0.0450				
3		1.7				6.8	0.0800				
4		1.9				6.8	0.0120				
5		1.6				6.9	0.0180				
6		1.8				6.7	0.0080				
7		1.6				6.7	0.0090				
8		1.7				6.8	0.0090				
9							0.0006				
10		2.0				6.8	0.0114				
11		2.1				6.8	0.0050				
12		2.0				6.9	0.0070				
13		2.0				6.8	0.0080				
14		2.1				6.8	0.0120				
15		2.1				6.9	0.0090				
16							0.0210				
17		2.0				6.9	0.0250				
18	2.7	1.6	<1.0	0.052	1.6	6.8	0.0140	40	43		
19		2.0				6.9	0.0140				
20		2.1				6.9	0.0170				
21		1.8				6.9	0.0150				
22		1.9				6.8	0.0100				
23							0.0410				
24		2.0				6.8	0.0400				
25		1.8				6.8	0.0130				
26		2.1				6.8	0.0210				
27		2.1				6.9	0.0190				
28		2.0				6.9	0.0210				
29		2.1				6.9	0.0290				
30							0.0210				
31		2.1				6.9	0.0300				
Total	2.7	50.2	<1.0	0.052	1.6	177.7	0.615	40	43		
Mo. Avg.	2.7	1.9	0.5	0.052	1.6	6.8	0.020	40	43		

**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:	8619	Name:	OTTO KRUCKER

ISSUANCE/REISSUANCE DATE: JUNE 19, 2015  
 DMR EFFECTIVE DATE: AUGUST 1, 2015

DEP FORM 62-620-910(10), EFFECTIVE NOV. 29, 1999