

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Utilities, Inc. of Florida ADDRESS: 200 Weathersfield Avenue Altamonte Springs, FL 32714 FACILITY: Mid-County WWTP LOCATION: 2299 Spanish Vista Drive Dunedin, FL 34698 COUNTY: PINELLAS	PERMIT NUMBER: FL0034789 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: D-001 DESCRIPTION: Discharge of treated effluent to Curlew Creek. MONITORING PERIOD: From: 08/01/2020 To: 08/31/2020
--	---

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	.816				0	1 Monthly	Calculated
	Permit Requirement	0.9 (Annl Avg)	MGD				(1 Monthly)	(Calculated)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	.888				0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	MGD				(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFD-01	Sample Measurement			1.7		0	1 Monthly	Calculated
	Permit Requirement			5.0 (Annl Avg)	mg/L		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon. Site: EFD-01	Sample Measurement			2.0	2.0	0	1 Weekly	16-hr Flow Proportioned Composite
	Permit Requirement			6.25 (Mo Avg)	10.0 (Maximum)	mg/L	(1 Weekly)	(16-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFD-01	Sample Measurement					1.0			0	1 Monthly	Calculated
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Monthly)	(Calculated)
Solids, Total Suspended PARM Code 00530 1 Mon. Site: EFD-01	Sample Measurement					1.0	1.0		0	1 Weekly	16-hr Flow Proportioned Composite
	Permit Requirement					6.25 (Mo Avg)	10.0 (Maximum)	mg/L		(1 Weekly)	(16-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 P Mon. Site: EFB-01	Sample Measurement						1.0		0	1 Weekly	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Weekly)	(Grab)
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFD-01	Sample Measurement					.551			0	1 Monthly	Calculated
	Permit Requirement					3.0 (Annl Avg)		mg/L		(1 Monthly)	(Calculated)
Nitrogen, Total PARM Code 00600 1 Mon. Site: EFD-01	Sample Measurement					.775	1.2		0	1 Weekly	16-hr Flow Proportioned Composite
	Permit Requirement					3.75 (Mo Avg)	6.0 (Maximum)	mg/L		(1 Weekly)	(16-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFD-01	Sample Measurement					.070			0	1 Monthly	Calculated
	Permit Requirement					1.0 (Annl Avg)		mg/L		(1 Monthly)	(Calculated)
Phosphorus, Total (as P) PARM Code 00665 1 Mon. Site: EFD-01	Sample Measurement					.168	.22		0	1 Weekly	16-hr Flow Proportioned Composite
	Permit Requirement					1.25 (Mo Avg)	2.0 (Maximum)	mg/L		(1 Weekly)	(16-hr Flow Proportioned Composite)
pH PARM Code 00400 1 Mon. Site: EFD-01	Sample Measurement				6.8		7.82		0	5 Days/Week	Meter
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Meter)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-01	Sample Measurement				96.77				0	1 Monthly	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Monthly)	(Calculated)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement						5.0		0	4 Days/Week	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(4 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-01	Sample Measurement				1.0				0	5 Days/Week	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(5 Days/Week)	(Meter)
Chlorine, Total Residual PARM Code 50060 1 Mon. Site: EFD-01	Sample Measurement						0.01		0	1 Weekly	Grab
	Permit Requirement						0.01 (Maximum)	mg/L		(1 Weekly)	(Grab)
Oxygen, Dissolved (DO) PARM Code 00300 1 Mon. Site: EFD-01	Sample Measurement				6.7				0	5 Days/Week	Grab
	Permit Requirement				5.0 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFD-01	Sample Measurement		.775						0	1 Monthly	Calculated
	Permit Requirement		Report (Mo Total)	ton/mth						(1 Monthly)	(Calculated)
Nitrogen, Total PARM Code 00600 P Mon. Site: EFD-01	Sample Measurement		.551						0	1 Monthly	Calculated
	Permit Requirement		2.12 (Annl Tot)	ton/yr						(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
IC25 Statre 7day Chr Ceriodaphnia PARM Code TRP3B P Mon. Site: EFD-01	Sample Measurement				100				0	1 Semi-Annually; twice per year	24-hr Flow Proportioned Composite
	Permit Requirement				100.0 (Minimum)			percent		(1 Semi-Annually; twice per year)	(24-hr Flow Proportioned Composite)
IC25 Statre 7day Chr Ceriodaphnia PARM Code TRP3B Q Mon. Site: EFD-01	Sample Measurement				100				0	1 See permit	Documents
	Permit Requirement				100.0 (Minimum)			percent		(1 See permit)	(Documents)
IC25 Statre 7day Chr Ceriodaphnia PARM Code TRP3B R Mon. Site: EFD-01	Sample Measurement				100				0	1 See permit	Documents
	Permit Requirement				100.0 (Minimum)			percent		(1 See permit)	(Documents)
IC25 Statre 7Day Chr Pimephales PARM Code TRP6C P Mon. Site: EFD-01	Sample Measurement				MNR				0	1 Semi-Annually; twice per year	24-hr Flow Proportioned Composite
	Permit Requirement				100.0 (Minimum)			percent		(1 Semi-Annually; twice per year)	(24-hr Flow Proportioned Composite)
IC25 Statre 7Day Chr Pimephales PARM Code TRP6C Q Mon. Site: EFD-01	Sample Measurement				MNR				0	1 See permit	Documents
	Permit Requirement				100.0 (Minimum)			percent		(1 See permit)	(Documents)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
IC25 Statre 7Day Chr Pimephales PARM Code TRP6C R Mon. Site: EFD-01	Sample Measurement				MNR				0	1 See permit	Documents
	Permit Requirement				100.0 (Minimum)			percent		(1 See permit)	(Documents)
Flow PARM Code 50050 P Mon. Site: FLW-01	Sample Measurement		.816						0	1 Monthly	Calculated
	Permit Requirement		0.9 (Annl Avg)	MGD						(1 Monthly)	(Calculated)
Flow PARM Code 50050 Q Mon. Site: FLW-01	Sample Measurement	.888	.929						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 G Mon. Site: INF-01	Sample Measurement						98.7		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						170		0	1 Monthly	16-hr Flow Proportioned Composite
	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(16-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-01	Sample Measurement						210		0	1 Monthly	16-hr Flow Proportioned Composite
	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(16-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Kevin O'Neill	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 (305) 407-0768	SUBMITTED ON 09/28/2020

Parameter	Monitoring Site	Comments for Monitoring Group - D-001
51005 A	EFA-01	On August 10, 2020, we had a fecal hit 5.0 #100ml, this dropped our Coliform 0/0 less than detected average
TRP3B P	EFD-01	Toxicity December 2020
TRP3B Q	EFD-01	Toxicity March 2020
TRP3B R	EFD-01	Toxicity June 2020

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Utilities, Inc. of Florida ADDRESS: 200 Weathersfield Avenue Altamonte Springs, FL 32714 FACILITY: Mid-County WWTP LOCATION: 2299 Spanish Vista Drive Dunedin, FL 34698 COUNTY: PINELLAS	PERMIT NUMBER: FL0034789 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
--	---

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	32.67				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-1	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	MNR				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-2	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Kevin O'Neill	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 (305) 407-0768	SUBMITTED ON 09/28/2020

DAILY SAMPLE RESULTS - PART B

Permit Number:

FL0034789

Monitoring Period

Aug 1 to Aug 31

2020

	Flow (MGD) (D-001)	CBOD5 (mg/L)	TSS(MG/L)	TSS (mg/L)	Nitrogen	Phosphorus	PH (max)	PH (min)
Code	50050.000	80082	00530	00530	00600	00665	00400	00400
Mon. Site	FLW-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01
1	0.898						7.54	7.00
2	0.885						7.53	7.12
3	0.890			<1			7.54	7.20
4	0.849	2.0	1.0	<1	0.6	0.15	7.50	7.18
5	0.858			<1			7.49	7.05
6	0.839			<1			7.56	7.17
7	0.833						7.46	7.04
8	0.814						7.47	7.05
9	0.813						7.85	7.14
10	0.837	2.0	1.0	<1	1.20	0.15	7.82	7.42
11	0.820			<1			8.27	7.46
12	0.831			<1			7.70	7.40
13	0.840			<1			7.60	7.22
14	0.805						7.77	6.85
15	0.828						7.77	6.85
16	0.848						7.73	7.18
17	0.822	2.0	1.0	<1	0.2	0.15	7.59	7.49
18	0.860			<1			7.80	7.38
19	0.873			<1			7.77	7.30
20	0.932			<1			7.77	7.21
21	1.013						7.76	7.23
22	0.955						7.73	6.90
23	0.988						7.57	6.91
24	0.968	2.0	1.0	<1	1.10	0.22	7.73	7.20
25	0.973			<1			7.74	7.27
26	0.932			<1			7.71	7.38
27	0.922			<1			7.74	7.19
28	0.890						7.66	7.05
29	0.911						7.66	7.05
30	1.114						7.72	7.16
31	1.156			<1			7.58	7.15
Total	27.797							
Mo. Avg.	0.897	2.000	1.000	<1	0.775	0.168	7.682	7.168

PLANT STAFFING:

Day shift Operators

Lead Operator	Class B	Certificate No.	13390	Name:	Kevin Oneill
Operator I	Class: C	Certificate No.	13244	Name:	Eddie Christn
Night Shift Operator	Class: B	Certificate No.	12019	Name	Dave Worrell
Operator II	Class A	Certificate No.	8226	Name	Don Greene

Fecal Coliform	TRC (disinfect)	TRC (Dechlor)	Oxygen, Dissolved (DO) (MG/L)	cbod5 (mg/l)	TSS (MG/L)	Biosolids Quantity (transferred to BTF)	Biosolids Quantity (Landfilled)
74055	50060	50060	00300	80082	00530	B0007	B0008
EFA-01	EFA-01	EFD-01	EFD-01	inf-01	INF-01	RMP-1	RMP-2
	2.00	<0.01	7.70				
	1.90	<0.01	7.10				
<1	2.20	<0.01	7.40				
<1	2.00	<0.01	7.60	170	210	32.67	MNR
<1	2.20	<0.01	7.40				
<1	1.50	<0.01	6.60				
	1.00	<0.01	6.60				
	1.60	<0.01	6.50				
	1.40	<0.01	7.20				
5.00	1.70	<0.01	6.10				
<1	1.90	<0.01	6.60				
<1	2.10	<0.01	6.50				
<1	1.90	<0.01	7.20				
	2.20	<0.01	7.50				
	2.20	<0.01	6.90				
	2.20	<0.01	6.70				
<1	1.90	<0.01	6.50				
<1	2.20	<0.01	7.60				
<1	1.90	<0.01	6.60				
<1	1.40	<0.01	6.60				
	2.00	<0.01	5.80				
	2.50	<0.01	6.60				
	1.90	<0.01	6.60				
<1	2.00	<0.01	6.50				
<1	2.20	<0.01	6.60				
<1	2.30	<0.01	6.60				
<1	2.00	<0.01	6.50				
	2.10	<0.01	6.30				
	2.30	<0.01	6.50				
	2.00	<0.01	6.40				
<1	2.60	<0.01	6.40				
0.30	1.977	<0.01	6.765	170	210	32.67	MNR