

911044-WS

FORM 6 ORIGINAL
PAGE 1 OF 2 FILE COPY

APPLICATION FOR SMALL SYSTEM EXEMPTION
SECTION 367.022(6), FLORIDA STATUTES
RULE 25-30.055 AND 25-30.060(3)(f), FLORIDA ADMINISTRATIVE CODE

NAME OF SYSTEM: EDGEWATER MANOR ASSOCIATION, INC

PHYSICAL ADDRESS OF SYSTEM: 22333 EDGEWATER DR. D-4
~~22333 EDGEWATER DR.~~ FL 33980
CHARLOTTE HARBOR,

MAILING ADDRESS (IF DIFFERENT): _____

COUNTY: CHARLOTTE

PRIMARY CONTACT PERSON:

NAME: JOSEPH BILKINGTON, PRESIDENT

ADDRESS: 22333 EDGEWATER DR. APT D-4
CHARLOTTE HARBOR
~~22333 EDGEWATER DR.~~ FL 33980

PHONE #: _____

NATURE OF APPLICANT'S BUSINESS ORGANIZATION: (CORPORATION, PARTNERSHIP, SOLE PROPRIETOR, ETC.): CORPORATION

I believe this system to be exempt from the regulation of the Florida Public Service Commission pursuant to Section 367.022(6), Florida Statutes, for the following reasons:

ACK _____
AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAG _____
LEG _____
LIT _____
OPC _____
RCH _____
SCD _____
VLS _____
OTH _____

- 1. The system has or will have the capacity to serve 100 or fewer persons as defined in Rule 25-30.055, Florida Administrative Code (refer to Page 2 of Form 6).
- 2. The system provides (CHOOSE THE ONE THAT IS APPLICABLE):
Water service only _____
Wastewater service only X
Both _____
- 3. The service area is located at: 22333 EDGEWATER DR
~~22333 EDGEWATER DR.~~ FL 33980
CHARLOTTE HARBOR
- 4. Documentation verifying the capacity of the system(s) is attached. For a wastewater system, documentation verifying the capacity of both the treatment and disposal facilities is attached.

DOCUMENT NUMBER-DATE

12604 DEC 16 88

APPLICATION FOR SMALL SYSTEM EXEMPTION

I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084.

CHARLES L. GORDON
(Applicant please type or print)

11-14-94
(Date)

Charles L. Gordon
(Signature)

Sec. of Directors
(Title)

When you finish filling out the application, the original and two copies of the application and documentation verifying the capacity of the system should be mailed to: Director, Division of Records and Reporting, Florida Public Service Commission, 101 East Gaines Street, Tallahassee, Florida 32399-0850.



Florida Department of Environmental Regulation
Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32309-2400

DER Form #	17-000(P)027
As to or Operation Permit for a	Domestic Wastewater Facility
Form No.	Domestic Wastewater Facility
Effective Date	July 1, 1991
DER Application No.	Files in the DER



Application for an Operation Permit for a Domestic Wastewater Facility

RECEIVED

FEB 14 1994

D.E.P. SOUTH DISTRICT

Part I - Instructions

- (1) All applicable items must be completed in full in order to avoid delay in processing of this application. Where attached sheets (or other technical documentation) are utilized in lieu of the blank space provided, indicate appropriate cross-references in the space and provide copies to the Department in accordance with (3) below. Note that if part(s) of this application do not apply, those part(s) of the form need not be executed.
- (2) All information is to be typed or printed in ink.
- (3) Four (4) copies of this application (with supporting information) and a check for the application fee, in accordance with Rule 17-4.050, F.A.C., made payable to the State of Florida, Department of Environmental Regulation, shall be submitted with this application when sent to the appropriate district office or approved local program.
- (4) Attach an 8 1/2" x 11" copy of a USGS map showing site locations. Be sure to include the map name and date on the USGS map provided.
- (5) Application to operate a wastewater treatment and/or disposal system may be made at any time using this form. Application to operate a treatment system may be made in conjunction with a permit application for operation of a reuse/land application system or an injection well system. If the treatment plant operation permit is being applied for concurrently with an application to operate a reuse/land application system or injection well system, attach this form to the reuse/land application or injection well system operation permit application.
- (6) Where requested on this form, enter location in both latitude/longitude and section/township/range formats.
- (7) Dates are to be entered in MM/DD/YYR format.

Part II - General Information

- (1) Application type: Treatment System Disposal System
 Initial operation permit Renewal of operation permit (5 years) Renewal of operation permit (10 years)
 Temporary operation permit
- (2) The facility's DER identification number (also known as the GMS identification number) 5208P5895
- (3) Project/Facility Name: Edgewater Manor Assn., Inc.
Address 22333 Edgewater Drive
City Charlotte Harbor Zip 33980 County Charlotte
Latitude 26 ° 57 ' 51 " N Longitude 82 ° 04 ' 46 " W Section 26 Township 40 S. Range 22 E.
Telephone Number (813) 627-8540
- (4) Applicant/Responsible Authority: Name Joseph Pilkington - President
Address 22333 Edgewater Drive, Apt D-4
City Charlotte Harbor State FL Zip 33980
Telephone Number (813) 627-8540
Applicant/Responsible Authority is: County (C) Federal Agency (F) Municipality (M) Private (P) State Agency (S)
- (5) Project description: 10,000 GPD extended aeration waste water treatment facility with reclaimed water through sand filter to a drainfield located on site.

DER Form 17-600.0102
 As for an Operation Permit for a
 Domestic Wastewater Facility
 Issue Date: July 1, 1991
 DER Application No. _____
 (Print or Stencil)

(6) For this facility indicate the current or most recent DER permits; issue and expiration dates; orders; and notices. Include any federal EPA-NPDES permits in this list.

Permit Number	Permit Type	Issue Date	Expiration Date	Notice of Violations (Y or N)	Consent Orders (Y or N)
D008-160508	operating	2, 27, 89	2, 27, 94	N	N
_____	_____	____/____/____	____/____/____	_____	_____
_____	_____	____/____/____	____/____/____	_____	_____
_____	_____	____/____/____	____/____/____	_____	_____

(7) Completion of construction date: 1 / 1 / 73

(8) Date of expiration of current state permit: 2 / 27 / 94

Current permit is a: Construction permit Operation permit Temporary operation permit

(9) Is reclaimed water produced by this facility reused (see Definition of "Reuse" in Rule 17-600.200(69), F.A.C.? Yes (Y) No (N)

Part III - Treatment System Data

(1) Treatment Facility Name Edgewater Manor Assn., Inc.

Address 22333 Edgewater Drive

City Charlotte Harbor

Zip 33980

County Charlotte

Latitude 26 ° 57 ' 51 " N Longitude 82 ° 04 ' 46 " W Section 26 Township 40 S. Range 22 E.

Telephone Number (813) 627-8540

(2) Design Capacity:

Current Permitted Capacity 0.01 mgd + Proposed Design Capacity N/A mgd = Total Design Capacity 0.01 mgd

Basin of design flow: Annual average daily flow Maximum monthly average daily flow Three-month average daily flow

Other, specify _____

(3) Treatment level to be provided:

Parameter	Limit	Units*
BOD	0 to 20, 30 mg/l	A-Avg, M-Avg
	0 to 60 mg/l	Any one sample
TSS	0 to 10, 12.5 mg/l	A-Avg, M-Avg
	0 to 20 mg/l	Any one sample
Fecal Coliform	0 to 200#/100 ml	A-Avg, M-Avg
	0 to 400#/100ml	10X max. Any one Sample
	0 to 800#/100 ml	Any one sample
pH	6.00-8.50	Daily 5/wk.

*Note Units should include a compliance frequency (eg. annual average monthly average, minimum, maximum, etc., whichever is appropriate)

A=annual

M=month