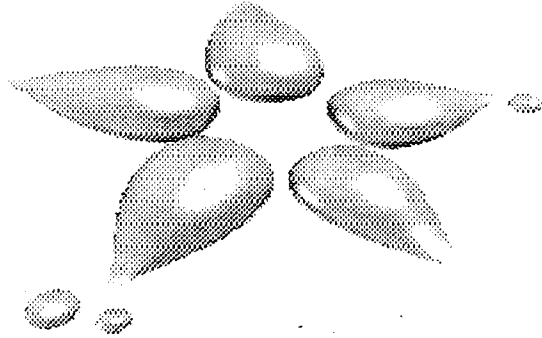


ORIGINAL



# United Water

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**Before the**

**Florida Public Service Commission**

**Docket No. 980214-WS**

**Application for a General Rate Increase**

**H - 6 Schedule**

**Containing**

**25-30.440**

**Additional Engineering Information**

**Required of Class A & B**

**Water and Sewer Utilities**

DOCUMENT NUMBER-DATE

05511 MAY 18 88

FPSC-RECORDS/REPORTING

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Secretary



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Duval County Health Department

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WATER SUPPLY SYSTEM INSPECTION REPORT

Community [X] Non-Transient Non-Community [ ] Non-Community [ ] Other [ ]

WATER PLANT NAME ALDERMAN PARK  
LOCATION 8047 CARLOTTA RD. DATE DEC 9, 1997  
OWNER United Water Florida I.D. 216 1326  
ADDRESS P.O. Box 8004 JAX FL SURVEYED 3/1997  
32239

SYMBOLS:		X - VIOLATION	S - SATISFACTORY	O - NOT APPLICABLE	
1. AERATION			S	OPERATORS NAME: <u>Jim Keyes</u> CERTIFICATION # <u>B 6752</u>	
2. AUXILIARY POWER			S		
3. CHLORINATION FACILITY			S		
4. DISINFECTION			S		
5. WATER APPEARANCE			S	11. CROSS CONNECTION	S
6. FLOW METER			S	12. ON SITE LOG	S
7. SYSTEM PRESSURE			S	13. MONTHLY OPERATION REPORTS	S
8. 6' x 6' x 4' CONCRETE WELL APRON			S	14. BACTERIOLOGICAL MONITORING	S
9. RAW SAMPLE TAP			S	15. CHEMICAL MONITORING	S
10. MAINTENANCE			S	16.	

COMMENTS AND INSTRUCTIONS

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WATER SUPPLY SYSTEM INSPECTION REPORT

Community [] Non-Transient Non-Community [ ] Non-Community [ ] Other [ ]

WATER PLANT NAME COLUMBINE

LOCATION 6710 COLUMBINE DATE DEC 9, 1997

OWNER UNITED WATER FLORIDA I.D. 216 1326

ADDRESS PO, Box 8004 SURVEYED 3/1997

JAX FL 32239

SYMBOLS:		X - VIOLATION	S - SATISFACTORY	O - NOT APPLICABLE
1. AERATION			S	
2. AUXILIARY POWER			S	
3. CHLORINATION FACILITY			S	
4. DISINFECTION	<u>2.0 mg/l</u>		S	
5. WATER APPEARANCE			S	
6. FLOW METER			S	
7. SYSTEM PRESSURE			S	
8. 6' x 6' x 4' CONCRETE WELL APRON			S	
9. RAW SAMPLE TAP			S	
10. MAINTENANCE			S	
				11. CROSS CONNECTION S
				12. ON SITE LOG S
				13. MONTHLY OPERATION REPORTS S
				14. BACTERIOLOGICAL MONITORING S
				15. CHEMICAL MONITORING S
				16.

OPERATORS NAME: Jim Keyes  
CERTIFICATION # B 6752

COMMENTS AND INSTRUCTIONS

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WATER SUPPLY SYSTEM INSPECTION REPORT

Community [✓] Non-Transient Non-Community [ ] Non-Community [ ] Other [ ]

WATER PLANT NAME ELVIA WTP

LOCATION 7755 ELVIA DR DATE DEC 9, 1997

OWNER UNITED WATER FLORIDA I.D. 216 1326

ADDRESS P.O. Box 8004, JAX FL SURVEYED 3/97

32239

SYMBOLS:		X - VIOLATION	S - SATISFACTORY	O - NOT APPLICABLE	
1. AERATION	S			OPERATORS NAME: <u>MILTON DEVEREAUX</u> CERTIFICATION # <u>2850</u>	
2. AUXILIARY POWER	S				
3. CHLORINATION FACILITY	S				
4. DISINFECTION <u>2.0 mg/l</u>	S				
5. WATER APPEARANCE	S			11. CROSS CONNECTION	S
6. FLOW METER	S			12. ON SITE LOG	S
7. SYSTEM PRESSURE	S			13. MONTHLY OPERATION REPORTS	S
8. 6' x 6' x 4' CONCRETE WELL APRON	S			14. BACTERIOLOGICAL MONITORING	S
9. RAW SAMPLE TAP	S			15. CHEMICAL MONITORING	S
10. MAINTENANCE	S			16.	

COMMENTS AND INSTRUCTIONS

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#### WATER SUPPLY SYSTEM INSPECTION REPORT

Community [  ] Non-Transient Non-Community [  ] Non-Community [  ] Other [  ]

WATER PLANT NAME LAKE LUCINA  
 LOCATION 2350 CEBERY BLVD. DATE DEC 9, 1997  
 OWNER UNITED WATER FLORIDA I.D. 216 1326  
 ADDRESS P.O. Box 8004 SURVEYED 3/1997  
JAX FL 32239

SYMBOLS:		X - VIOLATION	S - SATISFACTORY	O - NOT APPLICABLE	
1. AERATION			S	OPERATORS NAME: <u>Ron Price</u> CERTIFICATION # <u>e 3902.</u>	
2. AUXILIARY POWER			S		
3. CHLORINATION FACILITY			S		
4. DISINFECTION	<u>3.0 mg</u>		S		
5. WATER APPEARANCE			S	11. CROSS CONNECTION	S
6. FLOW METER			S	12. ON SITE LOG	S
7. SYSTEM PRESSURE			S	13. MONTHLY OPERATION REPORTS	S
8. 6' x 6' x 4' CONCRETE WELL APRON			S	14. BACTERIOLOGICAL MONITORING	S
9. RAW SAMPLE TAP			S	15. CHEMICAL MONITORING	S
10. MAINTENANCE			S	16.	

#### COMMENTS AND INSTRUCTIONS

<u>S</u>

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### WATER SUPPLY SYSTEM INSPECTION REPORT

Community [] Non-Transient Non-Community [] Non-Community [] Other []

WATER PLANT NAME UNIVERSITY PARK

LOCATION 3703 CARANAUGH RD. DATE DEC 9, 1997

OWNER UNITED WATER FLORIDA I.D. 216 1326

ADDRESS P.O. Box 8004, Jax FL 32239 SURVEYED 3/1997

SYMBOLS:		X - VIOLATION	S - SATISFACTORY	O - NOT APPLICABLE	
1. AERATION			S	OPERATORS NAME: <u>Ron Price</u> CERTIFICATION # <u>C 3902.</u>	
2. AUXILIARY POWER			S		
3. CHLORINATION FACILITY			S		
4. DISINFECTION	<u>1.5 mg/l</u>		S		
5. WATER APPEARANCE			S	11. CROSS CONNECTION	S
6. FLOW METER			S	12. ON SITE LOG	S
7. SYSTEM PRESSURE			S	13. MONTHLY OPERATION REPORTS	S
8. 6' x 6' x 4' CONCRETE WELL APRON			S	14. BACTERIOLOGICAL MONITORING	S
9. RAW SAMPLE TAP			S	15. CHEMICAL MONITORING	S
10. MAINTENANCE			S	16.	

### COMMENTS AND INSTRUCTIONS

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Ron Price  
ENGINEER / ENVIRONMENTAL SPECIALIST



HR Duval County Public Health Unit  
 515 West Sixth Street  
 Jacksonville, Florida 32206



ENVIRONMENTAL ENGINEERING SECTION  
 Tel. 630-3272

WATER SUPPLY SYSTEM INSPECTION REPORT

Community [] Non-Transient Non-Community [] Non-Community [] Other []

WATER PLANT NAME Forest Brook WTP  
 LOCATION 5335 Oaklane Dr DATE 6/25/97  
 OWNER UWF I.D. 216 0381  
 ADDRESS POB 8004 JAX FL 32239 SURVEYED 1/95

SYMBOLS:		X-VIOLATION	S-SATISFACTORY	O-NOT APPLICABLE
1.	AERATION	S	OPERATORS NAME: <u>J. Fairchild</u>	
2.	AUXILIARY POWER	S	CERTIFICATION # <u>7537</u>	
3.	CHLORINATION FACILITY	S		
4.	DISINFECTION <u>1.4 ppm</u>	S		
5.	WATER APPEARANCE	S	11.	CROSS CONNECTION S
6.	FLOW METER	S	12.	ON SITE LOG S
7.	SYSTEM PRESSURE	S	13.	MONTHLY OPERATION REPORTS S
8.	6'x6'x4' CONCRETE WELL APRON	S	14.	BACTERIOLOGICAL MONITORING S
9.	RAW SAMPLE TAP	S	15.	CHEMICAL MONITORING S
10.	MAINTENANCE	S	16.	

COMMENTS AND INSTRUCTIONS


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Wm Kennedy Env. S  
 ENVIRONMENTAL SPECIALIST



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WATER SUPPLY SYSTEM INSPECTION REPORT

Community [ ] Non-Transient Non-Community [ ] Non-Community [ ] Other [ ]

WATER PLANT NAME Holly Oaks  
 LOCATION 1943 Holly Oaks River Dr. DATE 10/30/96  
 OWNER United Water Florida I.D. 216 0924  
 ADDRESS P.O. Box 8004 JAX FL. SURVEYED 3/94  
32211

SYMBOLS:		X-VIOLATION	S-SATISFACTORY	O-NOT APPLICABLE
1.	AERATION	S	OPERATORS NAME: <u>Milton Devereaux</u>	
2.	AUXILIARY POWER	S	CERTIFICATION # <u>C 2850</u>	
3.	CHLORINATION FACILITY	X		
4.	DISINFECTION	S		
5.	WATER APPEARANCE	S	11. CROSS CONNECTION	S
6.	FLOW METER	S	12. ON SITE LOG	S
7.	SYSTEM PRESSURE	S	13. MONTHLY OPERATION REPORTS	S
8.	6'x6'x4' CONCRETE WELL APRON	S	14. BACTERIOLOGICAL MONITORING	S
9.	RAW SAMPLE TAP	S	15. CHEMICAL MONITORING	S
10.	MAINTENANCE	S	16.	

COMMENTS AND INSTRUCTIONS

Water Plant is currently off line.  
Systems maintaining a Cl<sub>2</sub> residual in distribution. 2.0 mg/L - OK  
3. NOTED CYLINDERS NOT IN PLACE

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HYDER ZAMAN  
[Signature]  
[Signature]  
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Secretary



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WATER SUPPLY SYSTEM INSPECTION REPORT

Community [  ] Non-Transient Non-Community [  ] Non-Community [  ] Other [  ]

WATER PLANT NAME MONUMENT ROAD WTP  
LOCATION 1258 Monument Rd. DATE Oct. 16, 1997  
OWNER United Water Florida I.D. 216 0924  
ADDRESS P.O. Box 8004 Jax Fl. SURVEYED 4/1996  
32239

SYMBOLS:		X - VIOLATION	S - SATISFACTORY	O - NOT APPLICABLE	
1. AERATION			S	OPERATORS NAME: <u>Randy Adams</u> CERTIFICATION # <u>C 2234.</u>	
2. AUXILIARY POWER			S		
3. CHLORINATION FACILITY			S		
4. DISINFECTION	<u>3.0 mg/l</u>		S		
5. WATER APPEARANCE			S	11. CROSS CONNECTION	S
6. FLOW METER			S	12. ON SITE LOG	S
7. SYSTEM PRESSURE			S	13. MONTHLY OPERATION REPORTS	S
8. 6' x 6' x 4' CONCRETE WELL APRON			S	14. BACTERIOLOGICAL MONITORING	S
9. RAW SAMPLE TAP			S	15. CHEMICAL MONITORING	S
10. MAINTENANCE			S	16.	

COMMENTS AND INSTRUCTIONS

1300 Monument Rd check remote top = 2.0 mg/l chlorine

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**WATER SUPPLY SYSTEM INSPECTION REPORT**

Community [] Non-Transient Non-Community [] Non-Community [] Other []

WATER PLANT NAME Queen Acres  
LOCATION 10655 JOLYNN RD DATE JAN/20/1998  
OWNER United Water Florida I.D. 216 0924  
ADDRESS 1400 Millcoe Rd. SURVEYED 3/1997  
Jax FL- 32225

SYMBOLS:		X - VIOLATION	S - SATISFACTORY	O - NOT APPLICABLE	
1. AERATION			S	OPERATORS NAME: <u>Randy Adams</u> CERTIFICATION # <u>C-2234</u>	
2. AUXILIARY POWER			S		
3. CHLORINATION FACILITY			S		
4. DISINFECTION	<u>3.0 mg/h</u>		S		
5. WATER APPEARANCE			S	11. CROSS CONNECTION	S
6. FLOW METER			S	12. ON SITE LOG	S
7. SYSTEM PRESSURE			S	13. MONTHLY OPERATION REPORTS	S
8. 6' x 6' x 4' CONCRETE WELL APRON			S	14. BACTERIOLOGICAL MONITORING	S
9. RAW SAMPLE TAP			S	15. CHEMICAL MONITORING	<u>ING 5/96</u>
10. MAINTENANCE			S	16. <u>GROSS 5/96, GP 5/96, GP 3/93</u> <u>ALPHA 5/96, II 5/96, I 3/93</u>	

**COMMENTS AND INSTRUCTIONS**

S

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### WATER SUPPLY SYSTEM INSPECTION REPORT

Community [  ] Non-Transient Non-Community [  ] Non-Community [  ] Other [  ]

WATER PLANT NAME HYDE GROVE W.T.P

LOCATION 6927 HANSON DR. DATE 12/18/97

OWNER UNITED WATER OF FLORIDA I.D. 216 4499-0529

ADDRESS PO. BOX 8004 JAX FL 32229 SURVEYED 4/95

SYMBOLS:		X - VIOLATION	S - SATISFACTORY	O - NOT APPLICABLE
1. AERATION	Replacement in progress			OPERATORS NAME: <u>JAMES FAIRCHILD</u>
2. AUXILIARY POWER				CERTIFICATION # <u>C7537</u>
3. CHLORINATION FACILITY	IN PROGRESS	S		
4. DISINFECTION	ON FILE	S		
5. WATER APPEARANCE		S		11. CROSS CONNECTION <u>NON</u>
6. FLOW METER	200741	S		12. ON SITE LOG <u>---</u>
7. SYSTEM PRESSURE	50	S		13. MONTHLY OPERATION REPORTS <u>10/97</u>
8. 6' x 6' x 4' CONCRETE WELL APRON		S		14. BACTERIOLOGICAL MONITORING <u>11/97</u>
9. RAW SAMPLE TAP		S		15. CHEMICAL MONITORING <u>4/97</u>
10. MAINTENANCE		S		16.

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WATER SUPPLY SYSTEM INSPECTION REPORT

Community [ X ] Non-Transient Non-Community [ ] Non-Community [ ] Other [ ]

WATER PLANT NAME GREEN FOREST W.T.P  
LOCATION 5537 GREEN FOREST DR. DATE 12/18/97  
OWNER UNITED WATER OF FLORIDA I.D. 216 0565  
ADDRESS P.O. BOX 8004 JAX FL 32229 SURVEYED 1/95

SYMBOLS:		X - VIOLATION	S - SATISFACTORY	O - NOT APPLICABLE
1. AERATION			S	OPERATORS NAME: <u>JAMES FAIRCHILD</u> CERTIFICATION # <u>C 7537</u>
2. AUXILIARY POWER	<u>1.2 FAULT</u>		S	
3. CHLORINATION FACILITY			S	
4. DISINFECTION	<u>1.2 FAULT</u>		S	
5. WATER APPEARANCE			S	11. CROSS CONNECTION <u>NO DISCOVERED</u> S
6. FLOW METER	<u>494324</u>		S	12. ON SITE LOG S
7. SYSTEM PRESSURE	<u>68</u>		S	13. MONTHLY OPERATION REPORTS <u>10/97</u> S
8. 6' x 6' x 4' CONCRETE WELL APRON			S	14. BACTERIOLOGICAL MONITORING <u>11/97</u> S
9. RAW SAMPLE TAP			S	15. CHEMICAL MONITORING <u>5/97</u> S
10. MAINTENANCE			S	16.

COMMENTS AND INSTRUCTIONS

Empty box for comments and instructions.

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James Fairchild  
Jim Curry  
ENGINEER / ENVIRONMENTAL SPECIALIST  
EMBFRUT 4

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STATE OF FLORIDA  
 DEPARTMENT OF HEALTH AND  
 REHABILITATIVE SERVICES  
 District Four

ENVIRONMENTAL ENGINEERING SECTION  
 Tel. 630-3272

WATER SUPPLY SYSTEM INSPECTION REPORT

Community [  ] Non-Transient Non-Community [  ] Non-Community [  ] Other [  ]

WATER PLANT NAME OAK Hill WTP  
 LOCATION 4705 Duchewean DATE 6/25/97  
 OWNER UWF I.D. 216 0565  
 ADDRESS POB 8004 JAX FL 32239 SURVEYED 6/96

SYMBOLS:		X-VIOLATION	S-SATISFACTORY	O-NOT APPLICABLE
1. AERATION	S		OPERATORS NAME: <u>J. Fairchild</u>	
2. AUXILIARY POWER	S		CERTIFICATION # <u>C7537</u>	
3. CHLORINATION FACILITY	S			
4. DISINFECTION <u>1.3ppm</u>	S			
5. WATER APPEARANCE	S		11. CROSS CONNECTION	S
6. FLOW METER	S		12. ON SITE LOG	S
7. SYSTEM PRESSURE	S		13. MONTHLY OPERATION REPORTS	S
8. 6'x6'x4' CONCRETE WELL APRON	S		14. BACTERIOLOGICAL MONITORING	S
9. RAW SAMPLE TAP	S		15. CHEMICAL MONITORING	S
10. MAINTENANCE	S		16.	

COMMENTS AND INSTRUCTIONS


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## WATER SUPPLY SYSTEM INSPECTION REPORT

Community [] Non-Transient Non-Community [] Non-Community [] Other []

WATER PLANT NAME WHEAT RD W.T.P

LOCATION 7400 WHEAT RD DATE 12/18/97

OWNER UNITED WATER OF FLORIDA I.D. 216 0565

ADDRESS P.O. BOX 8004 JAX FL SURVEYED 1/75

SYMBOLS:		X - VIOLATION	S - SATISFACTORY	O - NOT APPLICABLE
1. AERATION			S	OPERATORS NAME: <u>JAMES FAIRCHILD</u> CERTIFICATION # <u>C 7537</u>
2. AUXILIARY POWER	<u>1.25A</u>		S	
3. CHLORINATION FACILITY			S	
4. DISINFECTION			S	
5. WATER APPEARANCE			S	11. CROSS CONNECTION <u>NONE OBSERVED</u>
6. FLOW METER	<u>699367</u>		S	12. ON SITE LOG
7. SYSTEM PRESSURE	<u>58</u>		S	13. MONTHLY OPERATION REPORTS
8. 6' x 6' x 4' CONCRETE WELL APRON			S	14. BACTERIOLOGICAL MONITORING
9. RAW SAMPLE TAP			S	15. CHEMICAL MONITORING
10. MAINTENANCE			S	16.

### COMMENTS AND INSTRUCTIONS

REPAIR EMERGENCY SHOWER

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 ENGINEER / ENVIRONMENTAL SPECIALIST

STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

210 40 40 W  
BNT 11/30/94  
PJ  
L

Plant Name LAKE Forest WTP County DUVAL PWS ID 2160634  
 Plant Address 1202 Bunker Hill Blvd. Zip Code 322 Plant Phone \_\_\_\_\_  
 Owner Name Jacksonville Suburban Utilities Corp Owner Phone 904-725-2865  
 Owner Address 1400 Millcoe Rd. P.O. Box 8004, Jax FL Zip Code 32239  
 Date of this inspection 10/25/94 Date of last inspection 6-28-93 Person contacted Buddy STRICKLAND  
 Certified operators and cert. nos. Buddy STRICKLAND C-7255

Population served 2800 Service connections 827 Percent metered 100% Design capacity .504 MGD  
 Design storage capacity 50000 gal Average output 258,300 gal Maximum hour 48,431 Maximum day 333,100 gal  
 Approval no. and date 1691-WD-2471 Type meter and copy SENSUS ACT-PAK TAKING 110625 X 100

Service area characteristics: (check all that apply)  COMMUNITY /  NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest area  Visitor Center  
 Company Town  Marina  Restaurant  Other  
 Indian Reservation  Motel  School  
 Emergency Water Source Intermittent in Lake Turner Emergency Power Source ADNF  
 Type of Standby \_\_\_\_\_ Capacity of Standby \_\_\_\_\_

Sources of Raw Water:  
 Ground\* How many Wells? 1  
 Surface\*\* Identify Source: \_\_\_\_\_  
 Purchased\*\*\* Identify supply System: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal  pH adjustment  
 Chlorination  Filtration  Lime Softening  T & O control  
 Chlor.-pre.  Filt. hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft.  
 Coagulation  Other--specify \_\_\_\_\_

What, if any, additional treatment is needed? \_\_\_\_\_  
 For the control of what deficiencies? \_\_\_\_\_

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>Yes</u>	Backup machine Operative <u>MAINTENANCE</u>	Make of chlorinator <u>Advance 200 (x2)</u>	Capacity, lb./24 hr <u>50 ea</u> <sup>Ground Storage 30</sup>
Evidence of leaks <u>NO</u>	Reserve supply <u>YES</u>	Gas or hypo used <u>GAS</u>	Chlorine feed rate <u>8</u>
Air-pack or respirator adequate <u>YES</u>	Residual at remote tap <u>30 FAC</u>	Condition of equipment <u>GOOD</u>	Automatic switchover <u>Yes</u>
Residual at plant <u>30 FAC</u>	Residual at remote tap <u>30 FAC</u>	Ammonia smells fresh <u>NO</u>	More capacity needed <u>NO</u>
		Comments on chlorination <u>ADEQUATE</u>	

Check stored cylinders AMMONIA, TRICLOR, CYLINDER WRENCH  
HAS LOSS + ... (unclear) alarm

AERATOR

Bloodworms present <u>NONE</u>	Type of aerator <u>Air diffuser</u>	Tray area or weir length <u>N/A</u>	Condition of screens <u>GOOD</u>
<u>Pilot Project with</u>	Condition of aerator <u>GOOD</u>		Adequate for Fe, H <sub>2</sub> S control
<u>COAGULATION N/A</u>	Chemical used <u>air diffusers to reduce required 4 hour detention to 2 hour detention</u>	Purpose <u>for Hydrogen Sulfide removal</u>	

Blanket visible <u>                    </u>	Flocculation good or poor <u>                    </u>	Settling good? <u>                    </u>	Carryover <u>                    </u>
---	---	--	---------------------------------------

LIME SOFTENING N/A

Any auxiliary chemicals used <u>                    </u>	Quicklime or hydrated <u>                    </u>	Name of unit <u>                    </u>	Size and type <u>                    </u>
Nature and abundance of floc <u>                    </u>		Points of application (in unit) <u>                    </u>	
Is settling good <u>                    </u>	Excessive carryover <u>                    </u>	Appearance of sludge blanket <u>                    </u>	
Any filter cementation <u>                    </u>	Effluent stability <u>                    </u>	Turbidity in clearwell <u>                    </u>	Secondary precipitation <u>                    </u>
		Recarbonation type <u>                    </u>	Sludge recirculation used <u>                    </u>

FLUORIDATION N/A

Corrosion noted <u>                    </u>	Chemical used <u>                    </u>	Strength if acid <u>                    </u>	Is dilution used (acid) <u>                    </u>
Split sample agreement <u>                    </u>	Gelling or plugging <u>                    </u>	Feeder make and model <u>                    </u>	
	Sufficient analyses <u>                    </u>	Feeder condition <u>                    </u>	

STABILIZATION N/A

Stability index of effluent <u>                    </u>	Is pH control practiced <u>                    </u>	Chemical(s) used <u>                    </u>
---	---	--



HIGH SERVICE

Pump No.	1	2						
Manufacturer name	Peerless	Peerless						
Pump type & motor HP	15HP	15HP						
Model number	820A	820A						
Date Installed	92?	92						
Capacity	110 gpm	650 gpm						
Maintenance schedule	MONTHLY	MONTHLY						
Date last serviced	SEPT	SEP						

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: (2)ground; (1)<sup>RIDGEL</sup>hydropneumatic; ( )elevated; ( )clearwell.

Tank No.	1	2						
Capacity	5,000	50,000						
Material	STFR	concrete						
Gravity drain capacity	2"	4"?						
Bypass capacity	NO	NO						
Covered/screened openings	N/A	YES						
Date of last cleaning	92	N/A						
Pressure gauge	YES	N/A						
Sight glass	YES	MILLI-MONITOR MEASURE TANK LEVEL						
On/Off pressure	52/64	N/A						
Hgt. to bottom of el. tank	N/A	N/A						
Hgt to max. water level	N/A	N/A						

Comments: H<sub>2</sub>S odor control - AERATED BIO SCUM + inject into chlorine

diffuser Does not come in contact with water. Only used to mask ventilated air exiting the diffusers. 92

SANITARY SURVEY WORKSHEET

SYSTEM NAME: Lake Forest WTP DATE: 10-26-94

POPULATION

SERVICE CONNECTIONS: 827

ERC+350 GPD ERC=3.5 People  
pop. est. gpd.

AAD 258300 X 1440 = 179 GPM (use MOR if available).

MAX DAY 333100 X 2.25 = 748475 MAX DAY (Use MOR if available) 1440 = 231 GPM.

AAD/GPD 258300 1,162,350 48,331.25 max 807.2

MAX HR. 179 X 4.5 = 807 24 Hrs. = 33.6 gal/hr. 60 = 0.56 GPM.

AAD/GPM-GPD

PLANT

WELL PUMP 500 GPM X 1440 min. = 720,000 GPM-GPD

TYPE: Artesian,  Rock,

AERATOR 11 X 5 GPM = 55 GPM.

square feet  
(total tray area)

OR → Air diffusers Max. design rate = 750 GPM

                     X 10 GPM =                      GPM

protected tray area (ft.2)

WEIR LENGTH (ft.)

GROUND STORAGE

CAPACITY 50,000 GALLONS.

H2S DETENTION CAPACITY 50,000 X 6 = 300,000 GPD 1440 = 208 GPM

MAX AAD flow @ 4 hr. DETENTION FOR H2S REDUCTION.

H S PUMPS 900  
650 GPM x 1440 = 2232,000 GPD.  
1550

HYDRO TANK 5000 HYDRO TANK GROSS VOLUME REQUIREMENT  
GROSS VOLUME

LARGEST HIGH SERVICE GPM 900 X 10 = 9000 GALS.

IF USED FOR CHLORINE CONTACT EFFECTIVE VOLUME = NA GAL. X 0.67 =                      GAL.  
(gross vol.:

CHLORINE CONTACT TIME

EFFECTIVE TANK VOLUME NEEDED

179 X 15 MIN. = 2685 GAL X 1.5 = 4027.5 GALLONS  
Max. hr. in GPM. (Gross volume needed)

REQUIRED GAS

CHLORINATION CAPACITY 179 X 360 = 64440. 5000 = 12.888 X 7 = 9.0.  
Maximum hour Pounds per day of  
in GPM. gas chlorine required

REQUIRED HYPOCHLORINATION  
CAPACITY IN GALLONS PER DAY

USING 10% SOLUTION                      X 360 =                      1000 =                      X .35 =                     .  
Maximum hour Gallons per day  
in GPM. of solution required.



# Florida Department of Environmental Protection

Lawton Chiles  
Governor

Northeast District  
7825 Baymeadows Way, Suite B200  
Jacksonville, Florida 32256-7577

Virginia B. Wetherell  
Secretary

## PUBLIC WATER PLANT INSPECTION REPORT

Type: Compliance  Follow-up  Complaint  ID No. 2454330 Insp. Date 4-4-94  
System Name Lotton Oaks (Yulee Home Park) Operator Ken Snyder  
System Owner Jacksonville Suburban Utilities Corp. Cert. No. \_\_\_\_\_  
Address 644 Cesery Boulevard, Suite 108 Phone 725-2865  
City Jacksonville State FL Zip 32239 Location Yulee  
System Type: Community  Non-Transient, Non-Community  Non-Community

### Inspection Results

Selections marked with an "X" are unsatisfactory. Referenced sections are from Florida Statutes and Florida Administrative Code.

___	Admittance for Inspection	403.091 FS	_____
___	Aeration	17-555.350	_____
<u>X</u>	Bacteriological Monitoring	17-555.510	<u>clear plant before operating</u>
<u>X</u>	Bacteriological Well Clearance	17-555.315(3)c	<u>" well " "</u>
___	Certified Operator	17-555.350(2)	_____
___	Check Valve	17-555.330(3)	_____
<u>X</u>	Chemical Monitoring	17-550.510 & 520	<u>meet 1994 requirements</u>
___	Chlorine Test Kit (DPD)	17-550-330(3)	_____
<u>X</u>	Cross-connection	17-555.360	<u>submit written plan</u>
___	Disinfection	17-555.350(1)	_____
___	Plant _____ ppm Remote _____ ppm		_____
___	Flow Meter	17-555.320(8)	_____
___	Liquid Chlorination	17-555.320(5)(b)	_____
<u>X</u>	Gas Chlorination	17-555.320(5)	<u>install alarm system</u>
___	Maintenance of Facilities	17-555.350	_____
<u>X</u>	Monthly Operating Reports (MOR)	17-555.730(1)d	<u>submit monthly</u>
___	On-site Daily Logs	17-602.360(1)e	_____
___	Plant Design	17-555.330	_____
___	Pressure	17-555.320(7)	_____
___	Raw Sample Tap	17-555.315(2)f	_____
___	6' x 6' x 4" Concrete Wellpad	17-555.315(2)(b)5	_____
___	Sanitary Hazard	17-555.320(7)	_____
___	Underground Wellhead	17-555.310 & .315	_____

Comments refer to attached letter

It is required that a written response be submitted to the Department within (15) days regarding any unsatisfactory result listed.

Inspector Vincent A. Seibold  
Vincent Seibold  
Engineer IV

Date 4/4/94

James T. Howell, M.D., M.P.H.  
Secretary



Lawton Chiles  
Governor

In partnership with the City of Jacksonville

Duval County Health Department

Tel. 630-3272

Environmental Health/Engineering Division • 900 University Boulevard N., Suite 300 • Jacksonville, Florida • 32211

WATER SUPPLY SYSTEM INSPECTION REPORT

Community [  ] Non-Transient Non-Community [  ] Non-Community [  ] Other [  ]

WATER PLANT NAME Magnolia Gardens WTP  
LOCATION 2540 Lantana DATE 12-23-99  
OWNER United Water I.D. 216 0708  
ADDRESS Box 8004 JAX 32211 SURVEYED 8/95

SYMBOLS:		X - VIOLATION	S - SATISFACTORY	O - NOT APPLICABLE
1. AERATION			S	OPERATORS NAME: <u>STRICKLAND</u>
2. AUXILIARY POWER			S	
3. CHLORINATION FACILITY			S	
4. DISINFECTION	<u>0.93</u>		S	CERTIFICATION #
5. WATER APPEARANCE			S	11. CROSS CONNECTION <u>none observed</u>
6. FLOW METER			S	12. ON SITE LOG <u>S</u>
7. SYSTEM PRESSURE	<u>60 psi</u>		S	13. MONTHLY OPERATION REPORTS <u>S</u>
8. 6' x 6' x 4' CONCRETE WELL APRON			S	14. BACTERIOLOGICAL MONITORING <u>S</u>
9. RAW SAMPLE TAP			S	15. CHEMICAL MONITORING <u>S</u>
10. MAINTENANCE			S	16.

COMMENTS AND INSTRUCTIONS

Empty box for comments and instructions.

COPY OF THIS INSPECTION REPORT RECEIVED BY:

y.B. Strickland

Authority:  
Chapter 381.403 FS  
Chapter 62-550 10D-4 FAC  
62-555  
62-560

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Wense Muni  
ENGINEER / ENVIRONMENTAL SPECIALIST

James T. Howell, M.D., M.P.H.  
Secretary



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WATER SUPPLY SYSTEM INSPECTION REPORT

Community [] Non-Transient Non-Community [] Non-Community [] Other []

WATER PLANT NAME MARSH VIEW  
LOCATION 14738 MARSH VIEW DR DATE JAN 29, 1998  
OWNER United Water Florida I.D. 216 0547  
ADDRESS P.O. Box 8004 JAX, FL. SURVEYED IN PROGRESS  
32239

SYMBOLS:		X - VIOLATION	S - SATISFACTORY	O - NOT APPLICABLE	
1. AERATION			S	OPERATORS NAME: <u>Robin Demay</u> CERTIFICATION # <u>4311</u>	
2. AUXILIARY POWER			S		
3. CHLORINATION FACILITY			S		
4. DISINFECTION	<u>3.0 mg/l</u>		S		
5. WATER APPEARANCE			S	11. CROSS CONNECTION	S
6. FLOW METER			S	12. ON SITE LOG	S
7. SYSTEM PRESSURE			S	13. MONTHLY OPERATION REPORTS	S
8. 6' x 6' x 4' CONCRETE WELL APRON			S	14. BACTERIOLOGICAL MONITORING	S
9. RAW SAMPLE TAP			S	15. CHEMICAL MONITORING	<u>ING 3/96</u>
10. MAINTENANCE			S	16. <u>GROSS ALPHA 5/96</u> , <u>GP 4/96</u> , <u>GP 1/93</u> , <u>GP 4/43</u>	

COMMENTS AND INSTRUCTIONS

Large empty box for comments and instructions, containing a handwritten 'S' in the top left corner.

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[Signature]  
ENGINEER / ENVIRONMENTAL SPECIALIST



Alachua County Public Health Unit  
 515 West Sixth Street  
 Jacksonville, Florida 32206

ENVIRONMENTAL ENGINEERING SECTION  
 Tel. 630-3272



WATER SUPPLY SYSTEM INSPECTION REPORT

Community [  ] Non-Transient Non-Community [  ] Non-Community [  ] Other [  ]

WATER PLANT NAME Ortega Hills WTP  
 LOCATION 5033 Greenway Dr DATE 5/20/76/26/77  
 OWNER UWF I.D. 216 0852  
 ADDRESS 1400 Millcoe 32225 SURVEYED 1/95

SYMBOLS:		X-VIOLATION	S-SATISFACTORY	O-NOT APPLICABLE
1. AERATION		S	OPERATORS NAME: <u>Tom Valentine</u>	
2. AUXILIARY POWER		S	CERTIFICATION # <u>C3211</u>	
3. CHLORINATION FACILITY		S		
4. DISINFECTION <u>1.9 ppm</u> <u>1.20 ppm cont.</u>		S		
5. WATER APPEARANCE		S	11. CROSS CONNECTION	S
6. FLOW METER		S	12. ON SITE LOG	S
7. SYSTEM PRESSURE		S	13. MONTHLY OPERATION REPORTS	S
8. 6'x6'x4' CONCRETE WELL APRON		S	14. BACTERIOLOGICAL MONITORING	S
9. RAW SAMPLE TAP		S	15. CHEMICAL MONITORING	S
10. MAINTENANCE		S	16.	

COMMENTS AND INSTRUCTIONS


COPY OF THIS INSPECTION REPORT RECEIVED BY:

*James E. ...*

Authority:  
 Chapter 381.403.FS  
 Chapter 17-550 10D-4 FAC  
 17-555  
 17-560

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*William / Summary Eng*  
 ENVIRONMENTAL SPECIALIST

D  
7/30/90

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

PUBLIC WATER SUPPLY SYSTEM INSPECTION REPORT

Authority:

Chapter 381,403; FS

Date: 07/16/96  
PWS ID: 255-4334

Routine  [X]  
Complaint  [ ]  
Pre-opening inspection  [ ]  
Reinspection  [ ]

Public Water System Report PDL

Facility: PONCE DE LEON GRID SYSTEM Location: A1A N. OF VILANO BRIDGE

System Owner: UNITED WATER Phone: (904) 721-4630

Mailing Address: P O BOX 8004, JAX., FL 32239-8004

\*\*\*\*\*

I. General

Classification:

[X] Community  [ ] Non-Community  [ ] Non-Transient non-community

Facility type: RESIDENTIAL Service Connection 297 Population Served 1040

II. Well Information

	1	2	3	4	5	6
Well Number						
Year Drilled	1977	1988				
Depth Drilled	240	252				
Diameter of casing	6"	10"				
Casing Material	PVC	BLK STEEL				
Concrete Pad	YES	YES				
Pump Manufacture	PEERLESS	PEERLESS				
Hp	5	5				
Model No.						
	300GPM	300GPM				

Comments: \_\_\_\_\_

III. Treatment

Type: AERATION, CHLORINATION

Chemicals:

Chemical Used	Type Feeder	CAPACITY	Point of Application	Purpose
GAS CHLORINE	REGAL	25LB./DAY	HSP	DISINFECTION
GAS CHLORINE	ADVANCE	100LB./DAY	HSP	DISINFECTION
GAS CHLORINE	ADVANCE	100LB./DAY	HSP	DISINFECTION

Aerators:  [ ] slimes or algae noted  [X] screens in good repair  
 [ ] iron deposits  [ ] hydrogen sulfide odor

Disinfection:  [ ] odor of Cl  [X] ample stock of Cl  
 [ ] lead washers kept  [ ] ammonia fresh (odor)  
 [X] remote residual  [ ] corrosion noticeable  
 [X] machine function good  [X] Note chlorine set rate  
 [ ] fan works ok

Cl residual before entering distribution line: 2.0 MG/L

Cl residual at extremity of distribution line: \_\_\_\_\_

IV. Storage Facilities:  ground storage  elevated storage  
 hydroneumatic  clear well

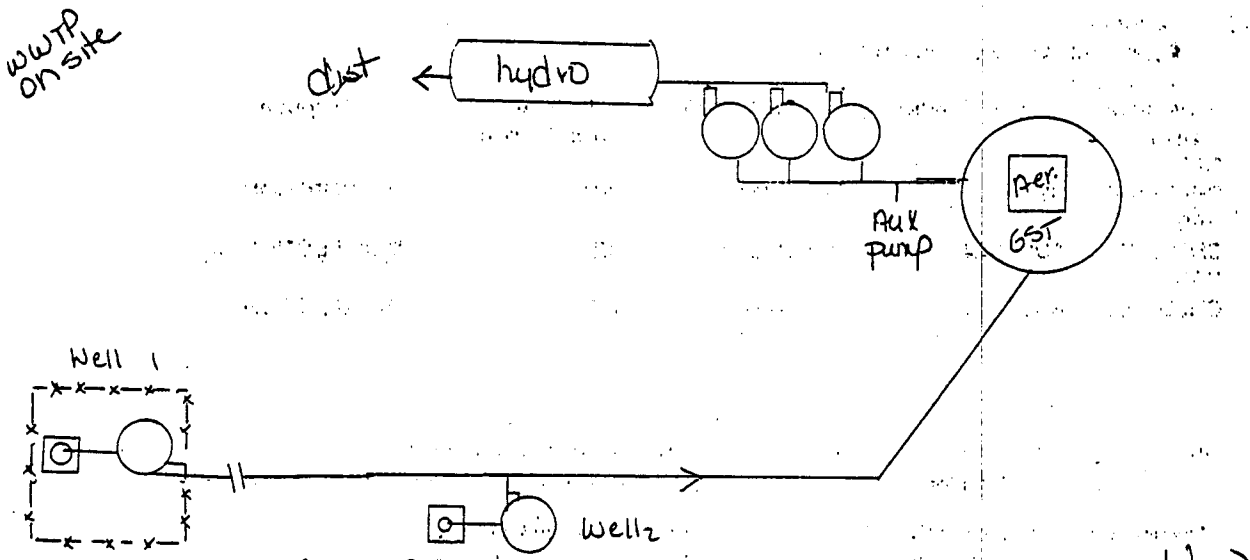
Tank Number	1	2	3	4
Capacity (Gal.)	5000	500,000		
Material	STEEL	STEEL		
Gravity Drain	6"	6"		
By-Pass Capacity	YES	YES		
On/Off Pressure				
Comments	HYDRO	AERATED GST		

V. High Service Pumps

Pump No.	1	2	3	4
Manufacturer	ALLIS CHAMBERS	PEERLESS	PEERLESS	
CAPACITY	300 GPM	1250 GPM	1250 GPM	
HP	10	40	40	AUXILLARY

VII. Other FACILITY IS WELL MAINTAINED. THANK YOU.

• Plant Sketch:



Inspector: Cynthia A. Rogers Title: Environmental Specialist II  
 CC: D.E.P. Plate WATER JACKSONVILLE, FL 32256



STATE OF FLORIDA  
 DEPARTMENT OF HEALTH AND REHABILITATION SERVICES

*Dr*  
 7/20/96

PUBLIC WATER SUPPLY SYSTEM INSPECTION REPORT

Authority:  
 Chapter 381,403; FS

Date: 07/16/96  
 PWS ID: 255-4334

Routine  [X]  
 Complaint  [ ]  
 Pre-opening Inspection  [ ]  
 Reinspection  [ ]

Public Water System Report *A1A SOUTH*

Facility: PONCE DE LEON GRID SYSTEM #4 Location: A1A BEHIND FIRE STATION

System Owner: UNITED WATER Phone: (904) 721-4630

Mailing Address: P O BOX 8004, JAX., FL 32239-8004

\*\*\*\*\*

I. General

Classification:

[X] Community  [ ] Non-Community  [ ] Non-Transient non-community

Facility type: RESIDENTIAL Service Connection 209 Population Served ~ 732

II. Well Information

Well Number	1	2	3	4	5	6
Year Drilled	UNK					
Depth Drilled	750'					
Diameter of casing	4"					
Casing Material	GVS					
Concrete Pad	YES					
Pump Manufacture						
Hp						
Model No.						

Comments: ARTESIAN FLOW

III. Treatment

Type: AERATION, CHLORINATION

Chemicals:

Chemical Used	Type Feeder	CAPACITY	Point of Application	Purpose
GAS CHLORINE	REGAL	100LB./DAY	HSP	DISINFECTION

Aerators:  [ ] slimes or algae noted  [X] screens in good repair  
 [ ] iron deposits  [ ] hydrogen sulfide odor

Disinfection:  [ ] odor of Cl  [X] ample stock of Cl  
 [ ] lead washers kept  [ ] ammonia fresh (odor)  
 [X] remote residual  [ ] corrosion noticeable  
 [X] machine function good  [ ] Note chlorine set rate  
 [X] fan works ok

Cl residual before entering distribution line: 1.8 MG/L

Cl residual at extremity of distribution line: \_\_\_\_\_

IV. Storage Facilities:  ground storage  elevated storage  
 hydroneumatic  clear well

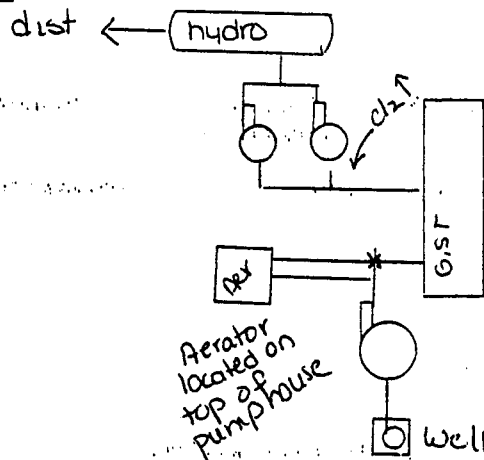
Tank Number	1	2	3	4
Capacity (Gal.)	15000	3000		
Material	STEEL	STEEL		
Gravity Drain		2"		
By-Pass Capacity				
On/Off Pressure				
Comments	G.S.T.	HYDRO		

V. High Service Pumps

Pump No.	1	2	3	4
Manufacturer	PEERLESS	PEERLESS		
CAPACITY	250 GPM	250 GPM		
HP	10	10		

VII. Other FACILITY IS WELL MAINTAINED. THANK YOU.

\* Plant Sketch:



Inspector: Cynthia A. Rogers

Title: Environmental Specialist II

CC: D.E.P.

JACKSONVILLE, FL 32256

Cld  
7/30/96

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATION SERVICES

PUBLIC WATER SUPPLY SYSTEM INSPECTION REPORT

Authority:  
Chapter 381,403, FS

Date: 07/16/96  
PWS ID: 255-4334

Routine  [X]  
Complaint  [ ]  
Pre-opening Inspection  [ ]  
Reinspection  [ ]

Public Water System Report

Facility: PONCE DE LEON GRID SYSTEM #3 Location: NORTH OF GATE STATION  
BEFORE GUANA STATE PARK LINE  
System Owner: UNITED WATER Phone: (904) 721-4630  
Mailing Address: P O BOX 8004, JAX., FL 32239-8004

**I. General**

Classification:

[X] Community  [ ] Non-Community  [ ] Non-Transient non-community

Facility type: RESIDENTIAL Service Connection 209 Population Served ~732

**II. Well Information**

Well Number	1	2	3	4	5	6
Year Drilled	UNK					
Depth Drilled	750'					
Diameter of casing	6"					
Casing Material	GVS					
Concrete Pad	YES					
Pump Manufacture						
Hp						
Model No.						

Comments: ARTESIAN FLOW

**III. Treatment**

Type: AERATION, CHLORINATION

Chemicals:

Chemical Used	Type Feeder	CAPACITY	Point of Application	Purpose
GAS CHLORINE	REGAL	50LB./DAY	HSP	DISINFECTION

- Aerators:  [ ] slimes or algae noted  [X] screens in good repair  
 [ ] iron deposits  [ ] hydrogen sulfide odor
- Disinfection:  [ ] odor of Cl  [X] ample stock of Cl  
 [ ] lead washers kept  [ ] ammonia fresh (odor)  
 [X] remote residual  [ ] corrosion noticeable  
 [X] machine function good  [ ] Note chlorine set rate  
 [X] fan works ok

Cl residual before entering distribution line: 0.5 MG/L  
Cl residual at extremity of distribution line: \_\_\_\_\_

IV. Storage Facilities:  ground storage     elevated storage  
 hydroneumatic     clear well

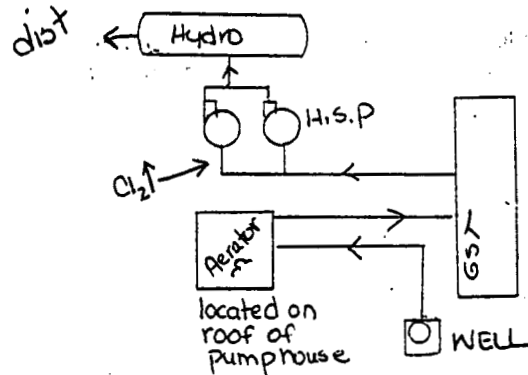
Tank Number	1	2	3	4
Capacity (Gal.)	3000	15,000		
Material	STEEL	STEEL		
Gravity Drain	6'	6'		
By-Pass Capacity	YES	YES		
On/Off Pressure				
Comments	G.S.T.	HYDRO		

V. High Service Pumps

Pump No.	1	2	3	4
Manufacturer	PEERLESS	PEERLESS		
CAPACITY	250 GPM	250 GPM		
HP	10	10		

VII. Other FACILITY IS WELL MAINTAINED. THANK YOU.

• Plant Sketch:



Inspector: Cynthia A. Rogers  
 Cynthia A. Rogers

Title: Environmental Specialist II  
 CC: D.E.P. Potable water JACKSONVILLE, FL 32256

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATION SERVICES

*7/20/96*

PUBLIC WATER SUPPLY SYSTEM INSPECTION REPORT

Authority:  
Chapter 381,403; FS

Date: 07/16/96  
PWS ID: 255-4334

Routine  [X]  
Complaint  [ ]  
Pre-opening inspection  [ ]  
Reinspection  [ ]

Public Water System Report

*PWN*

Facility: PONCE DE LEON GRID SYSTEM #1 Location: 325 A1A N  
System Owner: UNITED WATER Phone: (904) 725-2865  
Mailing Address: P O BOX 8004, JAX., FL 32239-8004

I. General

Classification:

[X] Community  [ ] Non-Community  [ ] Non-Transient non-community

Facility type: RESIDENTIAL Service Connection ~1334 Population Served 5269  
(DATA PER CUP PERMIT 3/2/95)

II. Well Information

Well Number	1	2	3	4	5	6
Year Drilled	1968					
Depth Drilled	857					
Diameter of casing	16"					
Casing Material	STEEL					
Concrete Pad	YES					
Pump Manufacture	FM					
Hp	15					
Model No.	5453B2					

Comments: THIS PLANT IS CONNECTED WITH THE CORONA ST. FACILITY.

III. Treatment

Type: AERATION, CHLORINATION

Chemicals:

Chemical Used	Type Feeder	CAPACITY	Point of Application	Purpose
GAS CHLORINE	REGAL	410	HSP	DISINFECTION
GAS CHLORINE	REGAL	410	GST	DISINFECTION

Aerators:  [ ] slimes or algae noted  [X] screens in good repair CLEANED  
 [ ] iron deposits  [ ] hydrogen sulfide odor 07/10/96

Disinfection:  [ ] odor of Cl  [X] ample stock of Cl  
 [ ] lead washers kept  [ ] ammonia fresh (odor)  
 [X] remote residual  [ ] corrosion noticeable  
 [X] machine-function good  [X] Note chlorine set rate  
 [X] fan works ok

Cl residual before entering distribution line: 1.8 MG/L  
Cl residual at extremity of distribution line: \_\_\_\_\_

IV. Storage Facilities:  ground storage  elevated storage  
 hydroneumatic  clear well

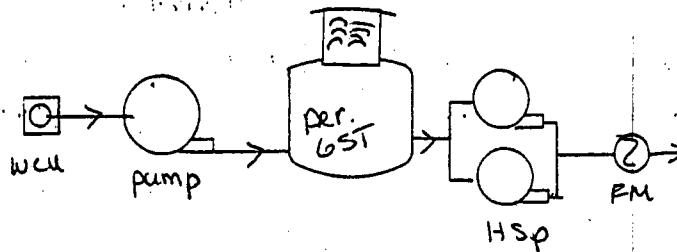
Tank Number	1	2	3	4
Capacity (Gal.)	100000			
Material	CONCRETE			
Gravity Drain	6"			
By-Pass Capacity	6"			
On/Off Pressure				
Comments	AERATED G.S.T.			

V. High Service Pumps

Pump No.	1	2	3	4
Manufacturer	PEERLESS	PEERLESS		
CAPACITY	40P-B	40P-B		
HP	30	30		


VII. Other FACILITY IS WELL MAINTAINED. THANK YOU.

• Plant Sketch:



Inspector: Cynthia A. Rogers  
 Cynthia A. Rogers

Title: Environmental Specialist II  
 CC: D.E.P. Potable water JACKSONVILLE, FL 32256

TG   
 FILE  
 7/20/96

PUBLIC WATER SUPPLY SYSTEM INSPECTION REPORT

Authority:  
 Chapter 381,403; FS

Date: 07/16/96  
 PWS ID: 255-0908

Routine  [X]  
 Complaint  [ ]  
 Pre-opening inspection  [ ]  
 Reinspection  [ ]

Public Water System Report

Facility: PONTE VEDRA GRID Location: CORONA RD

System Owner: UNITED WATER OF FL. Phone: (904) 725-2865

Mailing Address: P O BOX 8004, JAX. FL 32239

I. General

Classification:

[X] Community  [ ] Non-Community  [ ] Non-Transient non-community

Facility type: RESIDENTIAL Service Connection ~1334 Population Served 5269

II. Well Information

Well Number	1	2	3	4	5	6
Year Drilled	1966	1986				
Depth Drilled	880'	880'				
Diameter of casing	16"	16"x4"				
Casing Material	BLK STEEL	BLK STEEL				
Concrete Pad	YES	YES				
Pump Manufacture	FM	PEERLESS				
Hp	15	50				
Model No.						

Comments: THE WELL ENCLOSURE FOR WELL NUMBER 2 IS QUITE EXTRAVAGANT, VERY NICE!

III. Treatment

Type: AERATION, CHLORINATION

Chemicals:

Chemical Used	Type Feeder	Model #	Point of Application	Purpose
GAS CHLORINE	ADVANCE		HSP	DISINFECTION
GAS CHLORINE	REGAL	410	HSP	DISINFECTION
GAS CHLORINE	REGAL	410	GST	DISINFECTION

Aerators:  [ ] slimes or algae noted  [X] screens in good repair  
 [ ] iron deposits  [ ] hydrogen sulfide odor

Disinfection:  [ ] odor of Cl  [ ] ample stock of Cl  
 [ ] lead washers kept  [ ] ammonia fresh (odor)  
 [ ] remote residual  [ ] corrosion noticeable  
 [ ] machine function good  [ ] Note chlorine set rate  
 [ ] fan works ok

Cl residual before entering distribution line: 1.7 MG/L  
 Cl residual at extremity of distribution line: \_\_\_\_\_

IV. Storage Facilities:  ground storage  elevated storage  
 hydroneumatic  clear well

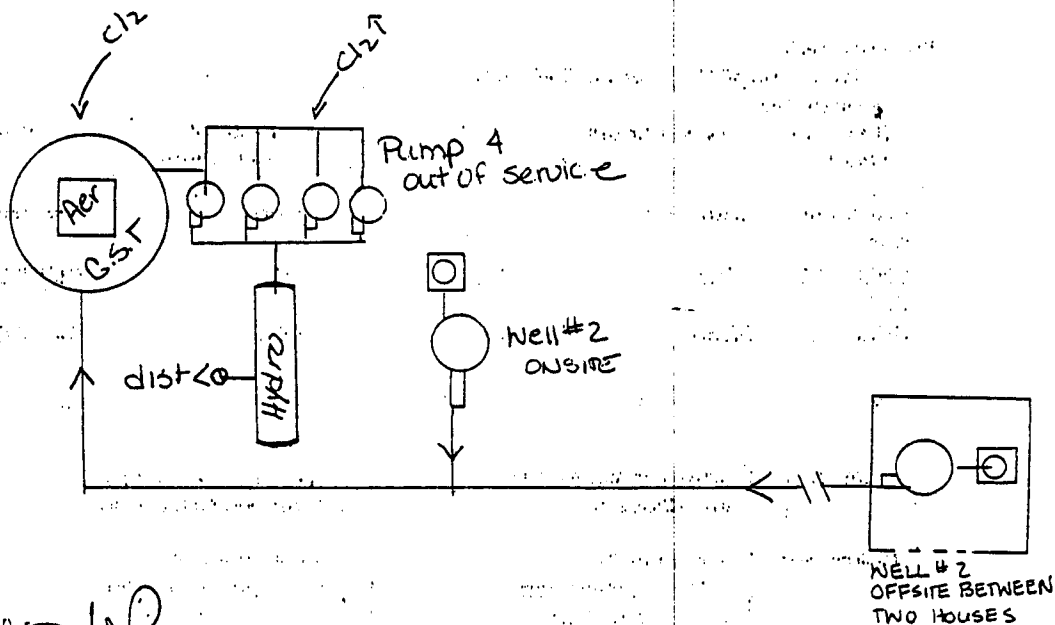
Tank Number	1	2	3	4
Capacity (Gal.)	350,000	10,000		
Material	CONCRETE	STEEL		
Gravity Drain	6"	4"		
By-Pass Capacity	YES			
On/Off Pressure				
Comments	AERATED GST	HYDRO		

V. High Service Pumps

Pump No.	1	2	3	4
Manufacturer	WORTHINGTON	PEERLESS		
Model No.		5AENG		
HP		40		

VII. Other FACILITY HAS A NEW COAT OF PAINT (VERY INTERESTING COLOR). THE PLANT IS WELL MAINTAINED. THANK YOU.

• Plant Sketch:



Inspector:

*Cynthia A. Rogers*  
 Cynthia A. Rogers

Title: Environmental Specialist II

CC: D.E.P. Bubblewater JACKSONVILLE, FL 32256



ID. No. 2550908

State of Florida  
 Department of Environmental Protection  
 SANITARY SURVEY REPORT  
 for  
 Drinking Water System

Inspection Date: 12-21-95

I. GENERAL

Plant name Ponte Vedra Beach WTP #2 County St. Johns  
 Plant Owner United Water Florida, Inc Person contacted Tom Griffin  
 Address Post Office Box 8004 Phone 721-4630  
 City Jacksonville Zip 32239-8004 Operator/No. Sam Nixon C.5577  
 Population Served ~ 4700 Operator Phone No. \_\_\_\_\_  
 No. of service connections 1343 Meter in-line  
 Plant designed by Parks / Flynn, P.E. Plant Capacity 2,100,000 gpd.  
 Storage capacity 350,000 gallons Output, avg day 983,200 (5/95)  
 Approval No./date W455-125876 10.30.96 Daily maximum 1,210,000 (5/95)  
 Emergency source interconnect with Plant #1 Emergency power cat Diesel Genl. 280 kw  
 TYPE OF SERVICE:  Community [ ] Non-community [ ] Non-transient  
 Type of facility: residential  
 latitude 30:13:04 N longitude 81:22:27 W  
 Location (provide directions) A1A South of JTB to Corona Rd  
East approx 1 mile on right (Do not Speed - 25MPH)

II. SOURCE OF RAW WATER  ground No. of wells 2  
 surface [ ] purchased

A. Ground Supplies

Well No.	1	2	3	4	5	6	7	8
year drilled	1966	1986						
depth	980'	580'						
casing depth	360'	364'						
casing diameter	16"	16" x 12"						
casing material	CS	Blk Steel						
static water level	Artesian	+ 8.6'						
strainer								
subject to inundation	no	no						
concrete slab	yes	yes						
salt infiltration	no	no						
check valve	yes	yes						
grouted	yes	yes						
Pump Type	F-M	Peerless						
year pump								
capacity (gpm)	1800	2000						
horsepower	15	50						
comments	alternating							

J. Disinfection

air pack OK                     lead washers kept  
 wrench present                     ammonia kept  
 fan works                             single system  
 dual system                          automatic change over  
 leak detector                        loss of capability alarm  
 test kit OK                          properly chained/stored  
 ample stock                          repair kit  
 Chlorine concentration                         feed rate       
 Chlorine residual at plant                         In distribution       
 comments:     

IV. STORAGE

ground storage                     elevated storage  
 hydropneumatic tank                clear well

	1	2	3	4
tank number				
capacity (gallons)	350,000	10,000		
material	concrete	steel		
drain capacity	6"			
bypass capacity	6"			
screens	OK			
relief valve				
condition				
comments	Ground Storage. Pressure Tank.			

V. HIGH SERVICE PUMPS

	1	2	3	4
Number			Fire	
horsepower	40	40	100	
capacity (gpm)	600	600	2000	
Model/type	Wilmington	Wilmington		
comments	Alternate. * has been rebuilt - may have greater gpm. Currently out of service			

VI. DISTRIBUTION

material VC, FT, AC, LS max diam 16" min diam 4"  
 operation pressure 60 psi Fire system yes  
 No. of Dead ends present? none Flushing Log kept? NO  
 Are there any cross connections? none  
 Are there any sanitary hazards near well? none  
 Any leaks suspected? none  
 Supply shortages? none  
 comments     

VII. WATER QUALITY REVIEW

A. Chemical

1. lab capability                     pH                     chlorine  
     fluoride  
     other     

2. Chems  
 Primary Inorganics 4/97                     TTHM's N/A  
 Secondary Standards 4/97                     Group I UC's 5/97  
 Turbidity N/A                                     Group II UC's 5/97  
 VOC's 4/95                                       Pesticides 5/97  
 Radionuclides 10/97                          Asbestos 1/93  
 Nitrate 3/95                                       Nitrite 3/95

comments:     

3. Maximum Contaminant Level (MCL) Violations: None



HRS Duval County Public Health Unit  
 515 West Sixth Street  
 Jacksonville, Florida 32206

*[Handwritten mark]*



ENVIRONMENTAL ENGINEERING SECTION  
 Tel. 630-3272

WATER SUPPLY SYSTEM INSPECTION REPORT

Community  Non-Transient Non-Community  Non-Community  Other

WATER PLANT NAME ROYAL LAKES  
 LOCATION 8509 Western Way DATE JUN 25, 1997  
 OWNER United Water Florida I.D. 216 0980  
 ADDRESS P.O. Box 8004 Jacksonville FL 32211 SURVEYED 12/1994

SYMBOLS:		X-VIOLATION	S-SATISFACTORY	O-NOT APPLICABLE	
1. AERATION			S	OPERATORS NAME: <u>Jim McCully</u> CERTIFICATION # <u>6156 C</u>	
2. AUXILIARY POWER			S		
3. CHLORINATION FACILITY			S		
4. DISINFECTION	<u>1.0 mg/L</u>		S		
5. WATER APPEARANCE			S	11. CROSS CONNECTION	S
6. FLOW METER			S	12. ON SITE LOG	S
7. SYSTEM PRESSURE			S	13. MONTHLY OPERATION REPORTS	S
8. 6'x6'x4' CONCRETE WELL APRON			S	14. BACTERIOLOGICAL MONITORING	S
9. RAW SAMPLE TAP			S	15. CHEMICAL MONITORING	<u>IUG 3/96</u>
10. MAINTENANCE			S	16. <u>GROSS 5/96, GP 4/96, GP 1/93, GP 4/93</u> <u>ALPHA 1/96, II 4/96, I 1/93, III 4/93</u>	

COMMENTS AND INSTRUCTIONS

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*[Signature]*  
 ENVIRONMENTAL SPECIALIST



HK Duval County Public Health U.  
515 West Sixth Street  
Jacksonville, Florida 32206

ENVIRONMENTAL ENGINEERING SECTION  
Tel. 630-3272



WATER SUPPLY SYSTEM INSPECTION REPORT

Community [] Non-Transient Non-Community [ ] Non-Community [ ] Other [ ]

WATER PLANT NAME Sun Rose WTP  
 LOCATION 7128 Balboa DATE 8/25/97  
 OWNER UWF, Inc I.D. 216 0995  
 ADDRESS PDB 8004 32239 SURVEYED 12-94

SYMBOLS:		X-VIOLATION	S-SATISFACTORY	O-NOT APPLICABLE
1. AERATION	S		OPERATORS NAME: <u>Various</u>	
2. AUXILIARY POWER	S		CERTIFICATION # <u>on file</u>	
3. CHLORINATION FACILITY	S			
4. DISINFECTION <u>3.60 ppm @ plant</u>	S			
5. WATER APPEARANCE	S		11. CROSS CONNECTION	<u>None Seen</u>
6. FLOW METER <u>diag</u>	S		12. ON SITE LOG	S
7. SYSTEM PRESSURE <u>40+psi</u>	S		13. MONTHLY OPERATION REPORTS	S
8. 6'x6'x4' CONCRETE WELL APRON	S		14. BACTERIOLOGICAL MONITORING	S
9. RAW SAMPLE TAP	S		15. CHEMICAL MONITORING	S
10. MAINTENANCE	S		16.	

COMMENTS AND INSTRUCTIONS

[Empty space for comments and instructions]

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[Signature]  
William Kennedy [Signature]  
 ENVIRONMENTAL SPECIALIST

RECEIVED

JUL 31 1997

fill in WSP 22/21/97



Lawton Chiles  
Governor

UNITED WATER FLORIDA  
James I. Howell, M.D., M.P.H.  
Secretary

Date: July 24 1997  
PWS ID: 2554368

Routine  [X]  
Complaint  [ ]  
Pre-opening Inspection  [ ]  
Reinspection  [ ]

Public Water System Report

Facility: ST. Johns ~~North~~ Forest Location: CR. 210W  
System Owner: United Water of Fla. Phone: (904) 721-4600  
Mailing Address: P.O. Box 8004, Jax., FLA 32239-8004

operator: Mike Acres

I. General Classification:

Community  Non-Community  Non-Transient non-community

Facility type: Subdivision Service Connection \_\_\_\_\_ Population Served \_\_\_\_\_

II. Well Information

Well Number	1	2	3	4	5	6
Year Drilled	1989	1989	1989	1989		
Depth Drilled	400'	78'	400'	78'		
Diameter of casing	8 x 6	6"	8 x 6"	6"		
Casing Material	Bik steel	PVC	Bik steel	PVC		
Concrete Pad	Yes	Yes	Yes	Yes		
Pump Manufacture	Peerless	Peerless	Peerless	Peerless		
Hp	5	5	5	5		
Model No.						

Comments: FUT 1 AAC 1339  
2 AAC 1340

III. Treatment

Type: Aeration, Chlorination

Chemicals:

Chemical Used	Type Feeder	Model #	Point of Application	Purpose
Gas Chlorine	REGAL		Each side of Pumps	Disinfection
				--

Aerators:  slimes or algae noted  screens in good repair  
 iron deposits  hydrogen sulfide odor

Disinfection:  odor of Cl  ample stock of Cl  
 lead washers kept  ammonia fresh (odor)  
 remote residual  corrosion noticeable  
 machine function good  Note chlorine set rate  
 fan works ok

Cl residual before entering distribution line: 1.2  
Cl residual at extremity of distribution line: \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATION SERVICES

*Don*  
*7/30/96*

PUBLIC WATER SUPPLY SYSTEM INSPECTION REPORT

Authority:  
Chapter 381.403, FS

Date: 07/16/96  
PWS ID: 255-4345

Routine   
Complaint   
Pre-opening Inspection   
Reinspection

Public Water System Report

Facility: St. Johns North Location: 2455 Hawkcrest  
System Owner: United Water of FL. Phone: (904) 721-4630  
Mailing Address: P O BOX 8004, JACKSONVILLE, FL 32239-8004

I. General

Classification:

Community  Non-Community  Non-Transient non-community

Facility type: RESIDENTIAL Service Connection 297 Population Served ~1040

II. Well Information

Well Number	1	2	3	4	5	6
Year Drilled	1984	1988	1993			
Depth Drilled	460	500	610'			
Diameter of casing	8"x4"	8"x4"	12"x8"			
Casing Material	PVC	PVC	BLK STEEL			
Concrete Pad	YES	YES	YES			
Pump Manufacture	PEERLESS	PEERLESS	PEERLESS			
Hp	5	5	30			
Model No.			12MB25T6			
	285 GPM	300 GPM	1000GPM			

Comments: C.V.P. #3-109-0071 ANM2

III. Treatment

Type: AERATION, CHLORINATION

Chemicals:

Chemical Used	Type Feeder	Model #	Point of Application	Purpose
CHLORINE GAS	ADVANCE		HSP	DISINFECTION
CHLORINE GAS	REGAL	410	GST	DISINFECTION
CHLORAL POLY PHOSPHATE	W & T		AUX. BYPASS	DISINFECTION
			GST	CORROSION CONTROL

Aerators:  slimes or algae noted  screens in good repair  
 iron deposits  hydrogen sulfide odor

Disinfection:  odor of Cl  ample stock of Cl  
 lead washers kept  ammonia fresh (odor)  
 remote residual  corrosion noticeable  
 machine function: good  Note chlorine set rate  
 fan works ok

Cl residual before entering distribution line: 1.8 MG/L  
Cl residual at extremity of distribution line: \_\_\_\_\_

IV. Storage Facilities:  ground storage  elevated storage  
 hydroneumatic  clear well

Tank Number	1	2	3	4
Capacity (Gal.)	30,000	5,000	107,000	
Material	STEEL	STEEL	fiberglass	
Gravity Drain	4"	4"	yes	
By-Pass Capacity	6"	6"	yes	
On/Off Pressure				
Comments	AERATED GROUND STORAGE	hydro	new storage tank	

V. High Service Pumps

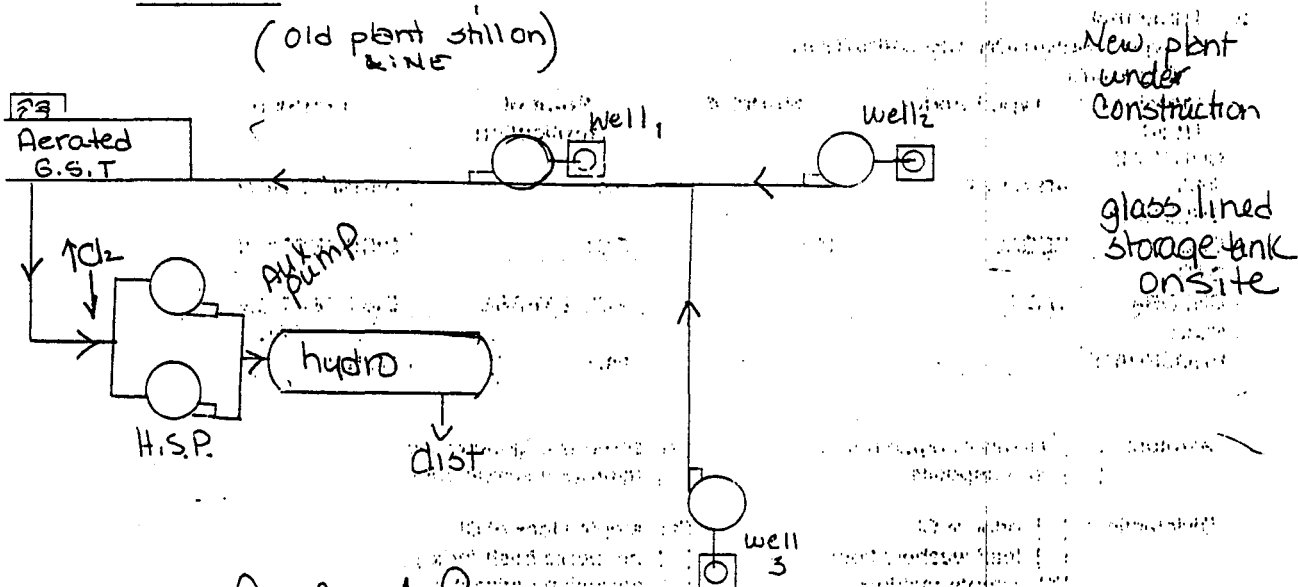
Pump No.	1	2	3	4
Manufacturer	Berkly	Berkly	Peerless	
Model No.				
HP	20	20		

aux. motor

VII. Other The facility appears well maintained. The new plant is beautiful. I am

looking forward to the completion and on line. Thank you.

\* Plant Sketch:



Inspector:

*Cynthia A. Rogers*  
 Cynthia A. Rogers

Title: Environmental Specialist II

CC: D.E.P. Jacksonville JACKSONVILLE, FL 32256



St. Johns Duval County Public Health  
 515 West Sixth Street  
 Jacksonville, Florida 32206

ENVIRONMENTAL ENGINEERING SECTION  
 Tel. 630-3272



WATER SUPPLY SYSTEM INSPECTION REPORT

Community  Non-Transient Non-Community  Non-Community  Other

WATER PLANT NAME Venetian Terrace WTP  
 LOCATION 5190 Ensign Ave DATE 6/25/97  
 OWNER UWF I.D. 216 1218  
 ADDRESS 1400 Millco 32225 SURVEYED 1/95

SYMBOLS:		X-VIOLATION	S-SATISFACTORY	O-NOT APPLICABLE
1.	AERATION	S	OPERATORS NAME: <u>J. Franchi</u>	
2.	AUXILIARY POWER <u>City indicate</u>	S	CERTIFICATION # <u>7537</u>	
3.	CHLORINATION FACILITY	S		
4.	DISINFECTION <u>0.6 ppm</u>	S		
5.	WATER APPEARANCE	S	11. CROSS CONNECTION	S
6.	FLOW METER <u>Pigment</u>	S	12. ON SITE LOG	S
7.	SYSTEM PRESSURE <u>50 PSI</u>	S	13. MONTHLY OPERATION REPORTS	S
8.	6'x6'x4' CONCRETE WELL APRON	S	14. BACTERIOLOGICAL MONITORING	S
9.	RAW SAMPLE TAP	S	15. CHEMICAL MONITORING	S
10.	MAINTENANCE	S	16.	

COMMENTS AND INSTRUCTIONS


COPY OF THIS INSPECTION REPORT RECEIVED BY:

James E. Child  
William Kennedy Boyd  
 ENVIRONMENTAL SPECIALIST

Authority:  
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ID. No. 2454310

State of Florida  
Department of Environmental Protection  
SANITARY SURVEY REPORT  
for  
Drinking Water System

Inspection Date: 11-28-95

I. GENERAL

Plant name Yulca Amoco County Nassau  
Plant Owner MIKE SLAH Person contacted MIKE J. SLAH  
Address Route 3, Box 488 Phone 904-721-4650  
City Yulca, FL zip 32097 Operator/No. United Water  
Population Served 25+ Operator Phone No. 721-4650  
No. of service connections 1 Meter EA-Line  
Plant designed by As built Plant Capacity 14,000 gpd  
Storage capacity 1805 Output, avg. day 800  
Approval No./date As built Daily maximum 3,500  
Emergency source none Emergency power none

TYPE OF SERVICE: [ ] Community [  ] Non-community [ ] Non-transient

Type of facility: Convenient store

latitude 30° 21' 00" N longitude 81° 39' 00" W

Location (provide directions) I-95 N, Exit 129, W. Stone on left hand side

II. SOURCE OF RAW WATER [  ] ground No. of wells 1  
[ ] surface [ ] purchased

A. Ground Supplies

Well No.	1	2	3	4	5	6	7	8
year drilled	unk							
depth								
casing depth								
casing diameter	2"							
casing material	CVS							
static water level								
strainer								
subject to inundation	NO							
concrete slab	NO							
salt infiltration	unk							
check valve	Yes							
grouted	unk							
Pump Type	Vertical							
year pump								
capacity (gpm)								
horsepower	1/2 HP							
comments	JK							

III. TREATMENT

- A. General
- aeration
  - chlorination
  - iron removal
  - filtration
  - pH adjustment
  - reverse osmosis
  - ion exchange
  - lime softening
  - coagulation
  - recarbonation
  - fluoridation
  - sedimentation
  - membrane filtration
  - sequestration

N/A B. Aeration

No. of trays \_\_\_\_\_ capacity \_\_\_\_\_  
 dimensions \_\_\_\_\_  
 slimes/algae noted  iron deposits  
 screens satisfactory  HS odor  
 comments: \_\_\_\_\_

     C. Chemical Use

chemical	feeder type	capacity	point of use	purpose
Chlorine	Hypo/Scanner	24 SPD	Pre-Hydro Tank	Disinfection

N/A D. Chemical Feeders

- oil on floor
- spare parts kept
- noisy operation
- water on floor
- excessive vibration
- chemical spilled
- has repair manuals
- chemicals well stocked
- feeders all work
- bags stored dry

N/A E. Coagulation

- settling poor
- no blanket seen
- pinpoint floc
- chem dose questionable
- effluent taste & odor
- color removal good

N/A F. Softening

- spiractor
- accelerator
- reaction basin
- floc unstable
- blanket visible
- feed intermittent
- settling poor

B. Bacteriological

1. Are bacteriological samples being conducted as required? Yes

2. Is current treatment satisfactory? Yes

VIII. CONCLUSION

- Facility meets State and Federal minimum requirements
- Supplement information is attached
- The following deficiencies were noted

	Deficiency	Code Reference
1.	Well is not approved Public water well.	
2.	Well is less than 10' from <del>an</del> underground excavation storage tank.	
3.	System is conditionally accepted as a public water system. System shall tie in to central municipal public water distribution system when it becomes accessible.	
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Inspector's Signature: St. J. DeLore Date: 12-05-95

Title: Engineer I

Approved by: Walter P. Ruffini Date: 1-11-96

J. Disinfection

<input type="checkbox"/>	air pack OK	<input type="checkbox"/>	lead washers kept
<input type="checkbox"/>	wrench present	<input type="checkbox"/>	ammonia kept
<input type="checkbox"/>	fan works	<input type="checkbox"/>	single system
<input type="checkbox"/>	dual system	<input type="checkbox"/>	automatic change over
<input type="checkbox"/>	leak detector	<input type="checkbox"/>	loss of capability alarm
<input type="checkbox"/>	test kit OK	<input type="checkbox"/>	properly chained/stored
<input type="checkbox"/>	ample stock	<input type="checkbox"/>	repair kit
	Chlorine concentration _____		feed rate _____
	Chlorine residual at plant <u>2.5</u>		In distribution <u>2.5</u>
	comments: <u>Satisfactory</u>		

IV. STORAGE

ground storage       elevated storage  
 hydropneumatic tank       clear well

	1	2	3	4
tank number				
capacity (gallons)	1209	609		
material	Steel	Steel		
drain capacity	Yes			
bypass capacity	No			
screens	NA			
relief valve	Yes	Yes		
condition	Good	Good		
comments	Hydro tank	Bladder Tank		

V. HIGH SERVICE PUMPS

	1	2	3	4
Number				
horsepower				
capacity (gpm)				
Model/type				
comments				

VI. DISTRIBUTION

material GIC PIC max diam 2" min diam \_\_\_\_\_  
 operation pressure \_\_\_\_\_ Fire system \_\_\_\_\_  
 No. of dead ends present? 0 Flushing Log kept? 0

**WASTEWATER COMPLIANCE INSPECTION REPORT**

**FACILITY AND INSPECTION INFORMATION**

@ = Optional

Name and Physical Location of Facility Holly Oaks WWTF 10797 Fort Caroline Rd. Jacksonville, FL	GMS ID: 3116X12395	County Duval	Entry Date/Time June 20, 1997
		Phone	@ Exit Time/Date June 20, 1997

Name(s) of Field Representative(s) Charles R. Davis	Title (Rick) Operator	Phone - 721-4636
--	--------------------------	---------------------

Name and Address of Permittee or Designated Representative Mr. M. Sambamurthy - Vice President - Manager United Water Florida, 1400 Millcoe Rd. Jacksonville, FL 32225	Title	Phone	@ Operator Certification #
---	-------	-------	----------------------------

Inspection Type <input checked="" type="checkbox"/> CEI	Samples Taken (Y/N): <input checked="" type="checkbox"/> Y	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken (Y/N): <input checked="" type="checkbox"/> Y	@ Log book Volume: <input checked="" type="checkbox"/> V Page 151, 152

In Compliance With Permit Conditions (Y/N): <input checked="" type="checkbox"/> Y - MARGINAL
Recommended Actions: Letter to Permittee.

Name(s) and Signature(s) of Inspector(s) <i>[Signature]</i>	District Office/Phone Number FL DEP (904) 448-4330	Date
--	---	------

@ Signature of Reviewer Kristen Smeltzer	District Office/Phone Number x341	Date 7-7-97
---	--------------------------------------	----------------

**FACILITY COMPLIANCE AREAS EVALUATED**

S=Satisfactory M=Marginal U=Unsatisfactory Blank=Not Evaluated \*See Comments

1. Permit		6. Sampling		11. Effluent	
2. Compliance Schedule		7. Self-Monitoring Program		12. Groundwater	
3. Pretreatment	M*	8. Facility Site Review	S	13. Disposal Method	
S 4. Records and Reports	M*	9. Flow Measurement		14. Residuals Management	
5. Laboratory	S	10. Operation and Maintenance		15. Other	

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, PAI, XSI, RI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
1 N 2 5 3 FL 0023621	11 12 970620	17 18 C	19 S	20 2	
Remarks					

21 66

Inspection Type (Field 18): A=PAI, B=CEI, S=CSI, X=XSI, R=RI, C=CEI  
 Inspection Code (Field 19): S=State, J=Joint EPA/State, EPA Lead, T=Joint State/EPA-State Lead  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3=Agricultural, 4=Federal  
 Every other field is self explanatory

PMST36 3116X12395 031616 00025 900243

06/29/97  
18:45:16

PARAMETER RESULT TRENDS

O Y FOR 3116P00901 - HOLLY OAKS SUBDIVISION  
SITE NAME - S.T.P. FINAL EFFLUENT - HOLLY OAKS

RPT DATE	FECAL COLI MF 031616 #/100	NITROGEN(N)KJEL 000625 MG/L	CHLOR RES, MIN 900243 MG/L
04/00/97	NO RESULT	NO RESULT	NO RESULT
02/00/97	NO RESULT	.000	NO RESULT
01/00/97	18.0	.470	.5
12/00/96	20.0	.640	.5
11/00/96	9.0	.980	.5
10/00/96	9.0	.060	.5
09/00/96	14.0	.500	.5
08/00/96	2.0	.850	.5
07/00/96	1.0	.730	.5
06/00/96	6.0	.440	.5
05/00/96	5.0	.360	.5
04/00/96	4.0	.690	.5
03/00/96	17.0	1.770	.5
02/00/96	8.0	.810	.5
AVERAGE:	17.52459	1.25887	0.50204
STD DEV:	15.46244	1.07603	0.10310

XMIT HERE FOR NEXT PAGE

PLANT CONDITION DURING INSPECTION

Plant Description: This facility is a 1.0 MGD conventional activated sludge plant with influent screening with discharge to a 1.75 acre polishing pond and then to Cowhead Creek.

Lift Stations: #master/lift stations \_\_\_\_\_ #pumps \_\_\_\_\_ hp \_\_\_\_\_ Alarms, Audible, Visible

Conditions Satisfactory

Influent: Bar Screen Static Screen Pretreatment

Aeration: Color Brown Mixing \_\_\_\_\_ Condition Diffusers turned on all the way  
High amount of air in unit.

Blowers: # 2 125 hp, Timer \_\_\_\_\_ Conditions weirs slightly uneven - some solids rising

Clarifiers # 1 Blanket Depth \_\_\_\_\_ feet, Weir level \_\_\_\_\_

Appearance nitrification occurring in unit - sludge coming to top - BUBBLES rising

Chlorine Contact Chamber: baffled, Appearance \_\_\_\_\_

Disinfection Method: 150 # gas cylinders of chlorine - no automatic chlorine  
UV system being installed. (NOT on-scale - NOT chained down)

Dechlorination Method: 150 # gas cylinders of sulfur dioxide

Filters: # \_\_\_\_\_ Backwash Freq. \_\_\_\_\_ Media Condition \_\_\_\_\_

Digester: freeboard \_\_\_\_\_ feet, Appearance Aerated - Satisfactory

Sludge Beds # \_\_\_\_\_ Appearance \_\_\_\_\_

Effluent Pump: # \_\_\_\_\_ pumps, Conditions \_\_\_\_\_

Outfall Appearance: \_\_\_\_\_

Sampling Location: \_\_\_\_\_ Compositing by Time Flow 900 mL taken every hour for 16 HR. (15 Litorontas)

Land Application: Pond # \_\_\_\_\_ Freeboard \_\_\_\_\_ Drainfield # \_\_\_\_\_ Sprayfield # \_\_\_\_\_  
Appearance \_\_\_\_\_

Records: MORS Permit Chain-of-Custody Forms Lab Analyses

Comments Daily log book was satisfactory

On-Site Log: no calibration kept for ch, pH or temperature

Lead Operator: Charles Davis #Staff \_\_\_\_\_ Hours Staffed \_\_\_\_\_

Process Control: Target MLSS \_\_\_\_\_ mg/l, Last MLSS \_\_\_\_\_ mg/l Sludge Wasting Freq. \_\_\_\_\_

Flow Measurement: Type noth weir or ultrasonic meter recently installed. Calibrated \_\_\_\_\_ Inst. Flow \_\_\_\_\_ Condition prop design - does not meet minimum sta

Lab: United Water Florida

Plant: fenced, locked, RPZ insp date \_\_\_\_\_ Condition \_\_\_\_\_

Other: \_\_\_\_\_

GMST36 3116X12395 05005

0082 000530

06/29/97  
18:44:26

PARAMETER RESULT TRENDS

FOR 3116P00901 - HOLLY OAKS SUBDIVISION

SITE NAME - S.T.P. FINAL EFFLUENT - HOLLY OAKS

FLOW, MONTH AVG BIOCHEM OXY DEM RES SUSP

RPT DATE 050053 MGD 080082 MG/L 000530 MG/L

04/00/97 NO RESULT NO RESULT NO RESULT

02/00/97 1.000 NO RESULT NO RESULT

01/00/97 .534 5.6 6. K

12/00/96 .542 6.1 8. L

11/00/96 .577 6.0 12. K

10/00/96 .605 3.8 2. L

09/00/96 .560 4.0 2. L

08/00/96 .566 3.8 3. L

07/00/96 .625 3.8 3. K

06/00/96 .557 4.2 3. K

05/00/96 .513 4.9 4. K

04/00/96 .529 5.9 5. K

03/00/96 .544 7.1 9. K

02/00/96 .547 5.7 7. K

AVERAGE: 0.58573 4.62653 5.51020

STD DEV: 0.11454 1.30811 3.86827

XMIT HERE FOR NEXT PAGE



**WASTEWATER COMPLIANCE INSPECTION REPORT**

**FACILITY AND INSPECTION INFORMATION**

@ = Optional

Name and Physical Location of Facility JACKSONVILLE HEIGHTS WWTF 5957 Tampico Road. Jacksonville, Florida.	GMS ID: 3116 P01970	County DUVAL	Entry Date/Time 1996-July-9 <sup>th</sup>
		Phone	@ Exit Time/Date 1996-July-9 <sup>th</sup>

Name(s) of Field Representative(s) MR. GREG BAUER.	Title - Supervisor / Operator -	Phone
---	------------------------------------	-------

Name and Address of Permittee or Designated Representative MR. Philip Heik, Vice President, United Water Florida 1400 Millcoer Rd., P.O. Box 8004 JACKSONVILLE, FL 32239-8004	Title	Phone	@ Operator Certification #
--	-------	-------	----------------------------

Inspection Type <input checked="" type="checkbox"/> Domestic - <input type="checkbox"/> Industrial	C E I Samples Taken(Y/N): Y	@ Sample ID#:	Samples Split (Y/N):
	Were Photos Taken(Y/N): Y	@ Log book Volume: IV	@ Page 19-20.

In Compliance With Permit Conditions (Y/N): Yes.

Recommended Actions

Name(s) and Signature(s) of Inspector(s) <i>Kathleen St. Gerard</i>	District Office/Phone Number FL DEP (904) 448-4330 x338.	Date
--	---	------

@ Signature of Reviewer <i>Kristen Smeltzer</i>	District Office/Phone Number x341	Date 8-8-96
--	--------------------------------------	----------------

**FACILITY COMPLIANCE AREAS EVALUATED**

S=Satisfactory, M=Marginal, U=Unsatisfactory, Blank=Not Evaluated \*See Comments

S	1. Permit		6. Sampling	S	11. Effluent
	2. Compliance Schedule		7. Self-Monitoring Program		12. Groundwater
S	3. Pretreatment	S	8. Facility Site Review	S	13. Disposal Method
S	4. Records and Reports		9. Flow Measurement		14. Residuals Management
	5. Laboratory	S	10. Operation and Maintenance		15. Other

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, PAI, XSI, RI)

Transaction Code 1 N 2 5 3	NPDES Number FL000236711	YR/MO/DA 9/6/07	Insp Type C	Inspector S	Fac Type 2
Remarks					

21

66

Inspection Type (Field 18): A=PAI, B=CBI, S=CSI, X=XSI, R=RI  
 Inspection Code (Field 19): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic,  
 3=Agricultural, 4=Federal  
 Every other field is self explanatory

# WASTEWATER COMPLIANCE INSPECTION REPORT

## FACILITY AND INSPECTION INFORMATION

e = Optional

Name and Physical Location of Facility <i>Lofton Oaks Subdivision AIA (SR200) east of Yulee</i>	GMS ID: <i>3145P01895</i>	County <i>Nassau</i>	Entry Date/Time <i>11/12/96 1400</i>
		Phone	e Exit Time/Date <i>1440</i>

Name(s) of Field Representative(s) <i>Ken Snyder</i>	Title <i>Operator</i>	Phone
---	--------------------------	-------

Name and Address of Permittee or Designated Representative <i>Mr. Philip Heil United Water Florida 1400 Millcoke Rd. Jacksonville, FL 32225</i>	Title <i>Vice President</i>	Phone	e Operator Certification #
--	--------------------------------	-------	----------------------------

Inspection Type <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial	Samples Taken (Y/N): <i>N</i>	e Sample ID#:	Samples Split (Y/N):
Were Photos Taken (Y/N): <i>N</i>	e Log book Volume: <i>II</i>	e Page	

In Compliance With Permit Conditions (Y/N): *Y*

Recommended Actions *See Attached*

Name(s) and Signature(s) of Inspector(s) <i>HEATHER WEHRY Heather Wehry</i>	District Office/Phone Number <i>200/904-448-4330 ext 343</i>	Date <i>12/3/96</i>
--	---	------------------------

e Signature of Reviewer <i>Kristen Smeltzer Kristen Smeltzer</i>	District Office/Phone Number <i>X344</i>	Date <i>12-3-96</i>
---	---	------------------------

### FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory, M=Marginal, U=Unsatisfactory, Blank=Not Evaluated, See Comments

<i>S</i> 1. Permit	6. Sampling	11. Effluent
2. Compliance Schedule	7. Self-Monitoring Program	12. Groundwater
3. Pretreatment	<i>S</i> 8. Facility Site Review	<i>S</i> 13. Disposal Method
<i>S</i> 4. Records and Reports	<i>S</i> 9. Flow Measurement	14. Residuals Management
5. Laboratory	<i>S</i> 10. Operation and Maintenance	15. Other

Fill Out this Section For All Surface Water Discharger Inspections (CEI, CSI, PAI, XSI, RI)

Transaction Code <i>1 2 5 3</i>	NPDES Number	YR/MO/DA <i>11 12</i>	Insp Type	Inspector	Fac Type <i>20</i>
Remarks					

Inspection Type (Field 18): A=PAI, B=CB, S=CSI, X=XSI, R=RI  
 Inspection Code (Field 19): S=State, J=Joint EPA/State, EPA=Lead, T=Joint State/EPA/State Lead  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3=Agricultural, 4=Federal  
 Every other field is self-explanatory

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

**WASTEWATER COMPLIANCE INSPECTION REPORT**

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility: MONTEREY WWTP, 5802 HARRIS ST., JACKSONVILLE, FL  
 GMS ID: 3116PO1316 County: DUVAL  
 Entry Date/Time: 3-18-97 / 1450  
 Phone: @ Exit Time/Date: 1540 / 3-18-97

Name(s) of Field Representatives(s):  
 Title:  
 Phone:

Name and Address of Permittee or Designated Representative: MR. MUNIPALLI SAMBAMURTHI, UNITED WATER FLORIDA, 1400 MILLCOE ROAD, JACKSONVILLE, FL 32225  
 Title: VICE PRESIDENT / MANAGER  
 Phone:  
 @ Operator Certification #:

Inspection Type:  CI  I  
 Samples Taken (Y/N): N @ Sample ID#:   
 Samples Spill (Y/N):  
 Domestic  Industrial Were Photos Taken (Y/N): Y @ Log book Volume: III @ Page: 33

In Compliance With Permit Conditions (Y/N): N  
 Recommended Actions: SEE LETTER

Name(s) and Signature(s) of Inspector(s): STEPHANIE L. JENKINS  
 District Office/Phone Number: NAD/448-4320x342  
 Date: 3/31/97

@ Signature of Reviewer: Kristen Smeltzer  
 District Office/Phone Number: X341  
 Date: 3-31-97

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory, M=Marginal, U=Unsatisfactory, Blank=Not Evaluated \*See Comments

1. Permit	6. Sampling	11. Effluent
2. Compliance Schedule	7. Self-Monitoring Program	12. Groundwater
3. Pretreatment	8. Facility Site Review	13. Disposal Method <u>OUTFALL PIA</u>
4. Records and Reports	9. Flow Measurement	14. Residuals Management
5. Laboratory	10. Operation and Maintenance	15. Other

Fill Out This Section For All Surface Water Discharger Inspections (CI, CSI, PAI, XSI, RI)

Transaction Code: 1 2 5 3 F L L O O 2 3 6 0 4 11 12 9 7 0 3 1 8 17 18 R 19 S 20 2  
 NPDES Number: F L L O O 2 3 6 0 4  
 YR/MO/DA: 9 7 0 3 1 8  
 Insp Type: R  
 Inspector: S  
 Fac Type: 2

21  
 Inspection Type (Field 18): A=PAI, B=CB, S=CSI, X=XSI, R=RI  
 Inspection Code (Field 19): S=State, J=Joint EPA/State, EPA Lead, T=Joint State/EPA-State Lead  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3=Agricultural, 4=Federal  
 Every other field is self-explanatory

FACILITY DIAGRAM @

INSPECTION COMMENTS

COMPLAINT INSPECTION

TALKED TO ROBERT PARKS, FOREMAN FOR THE MONTEREY WWTP

- THOUGHT AT FIRST THAT THERE WAS AIR IN THE PIPES, ALL THE VALVES & VACUUM BREAKERS WERE CLOSED, BUT THE PROBLEM STILL OCCURRED

- 3 RELIEF VALVES & VACUUM BREAKER BETWEEN THE PLANT AND THE RIVER

- OTHER THEORIES FOR THE PROBLEM

- ① VELOCITY OF THE EFFLUENT

- ② CAVITATION

- PIPES WERE CHECKED FOR LEAKAGE

- PICTURES WERE TAKEN DURING THE INSPECTION



# Department of Environmental Protection

G. GRIMES

RECEIVED

DEC 10 1996

A

Lawton Chiles  
Governor

Northeast District  
7825 Baymeadows Way, Suite B200  
Jacksonville, Florida 32256-7590

UNITED WATER FLORIDA  
Virginia B. Wesherell  
Secretary

December 10, 1996

Tou?

Mr. Munipalli Sambamurthi  
Vice President - Manager  
United Water Florida, Inc.  
1400 Millcoe Road  
Jacksonville, Florida 32225

Dear Mr. Sambamurthi:

Nassau County - Domestic Waste  
Sunray Utilities WWTP

A routine inspection of the above referenced facility was conducted by Department personnel and Mr. Huey James of Jax Utilities Management at the Sunray Utilities WWTP on November 12, 1996. At the time of the inspection, the facility was well maintained and was operating satisfactorily.

However, a review of the monthly operating reports for the period of January 1996 to September 1996, revealed several nitrate violations, which are listed below.

Date	Nitrate Results
January 17, 1996	18.8 mg/l
March 14, 1996	14.7 mg/l
May 22, 1996	21.3 mg/l
July 2, 1996	17.0 mg/l
August 28, 1996	14.0 mg/l
September 25, 1996	17.2 mg/l

\*\* In accordance with Specific Condition 19 of the current permit, the one time sample maximum for nitrate is 12.0 mg/l.

According to Mr. James, several attempts have been made to reduce the nitrate levels. However, the facility continues to exceed its permitted limit. Please indicate methods that you plan to utilize to reduce the nitrate levels in the effluent.

Mr. Sambamurthi  
December 10, 1996  
Page 2

A written response addressing the violations shall be submitted to the Department within 30 days from receipt of this letter. If you have any questions, please feel free to call me at 9904) 448-4330, extension 343. Thank you for your cooperation.

Sincerely,

*Heather Wehry*  
Heather Wehry  
Domestic Waste Engineer

*APW*  
*KAS*  
cc: Huey James, Jax Utilities Management

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

e = Optional

Name and Physical Location of Facility <i>Sun Ray Utilities SR 200 @ Chester Rd. O'Neil, FL</i>	CMS ID: <i>3MSP01ZZ8...</i>	County <i>Nassau</i>	Entry Date/Time <i>11/12/96 1445</i>
Name(s) of Field Representative(s) <i>Huey James</i>	Title <i>Operator</i>	Phone	e Exit Time/Date <i>1530</i>
Name and Address of Permittee or Designated Representative <i>Mr. Philip Hill United Water Florida 1400 Millwood Rd. Jacksonville, FL 32225</i>	Title <i>Vice President</i>	Phone	e Operator Certification #

Inspection Type  RI  S Samples Taken(Y/N):  e Sample ID# Samples Split (Y/N):

Domestic  Industrial Were Photos Taken(Y/N): *N* e Log book Volume: *II* e Page *75-76*

In Compliance With Permit Conditions (Y/N): *N*

Recommended Actions *See Attached*

Name(s) and Signature(s) of Inspector(s) *HEATHER WEHRY Heather Wehry* District Office/Phone Number *FDEP NED/904-448-4330-ext 343* Date *12/9/96*

e Signature of Reviewer *Kristen Smeltzer Kristen Smeltzer* District Office/Phone Number *X341* Date *12/9/96*

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory, M=Marginal, U=Unsatisfactory, Blank=Not Evaluated, \*See Comments

1. Permit		6. Sampling	<i>H</i>	11. Effluent	<i>Airrate Violator</i>
2. Compliance Schedule		7. Self-Monitoring Program		12. Groundwater	
3. Pretreatment	<i>S</i>	8. Facility Site Review	<i>S</i>	13. Disposal Method	
<i>S</i> 4. Records and Reports	<i>S</i>	9. Flow Measurement		14. Residuals Management	
5. Laboratory	<i>S</i>	10. Operation and Maintenance		15. Other	

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, PAI, XSI, RI)

Transaction Code  1  2  5  3 NPDES Number YR/MO/DA  11  12 Insp Type Inspector  17  18  19  20 Fac Type

Remarks

21

Inspection Type (Field 18): A=PAI, B=OB, S=CSI, X=XSI, R=RI  
 Inspection Code (Field 19): S=State, J=Joint EPA/State, EPA=Lead, T=Joint State/EPA, State=Lead  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3=Agricultural, 4=Federal  
 Every other field is self-explanatory

# United Water



December 20, 1006

**United Water Florida**  
1400 Millcoe Road  
PO Box 8004  
Jacksonville, FL 32239-8004  
telephone 904 721 4600  
facsimile 904 721 4680

Ms. Heather Wehry  
Florida Department of Environmental Protection  
7825 Baymeadows Way  
Suite B200  
Jacksonville, Florida 32256-7590

**Subject: Routine Inspection - Lofton Oaks WWTP, Nassau Co.**

Dear Ms. Wehry:

Since we have noted the Nitrate excursion, UWF has modified the blower operation by sequencing its operating periods in an on-off mode. The plant capacity is at approximately 40%. However, new subdivisions are now being occupied which will increase the flow. We expect this problem to become less problematic as we near capacity.

We believe this modification in aeration periods will correct the problem you noted. Should you have any questions, please do not hesitate to contact us.

Sincerely,

Gordon E. Grimes, P.E.  
Senior Project Engineer

GEG/m

f:\lofton\permit1



# United Water



December 20, 1996

**United Water Florida**  
1400 Millcoe Road  
PO Box 8004  
Jacksonville, FL 32239-8004  
telephone 904 721 4600  
facsimile 904 721 4680

Ms. Heather Wehry  
Department of Environmental Protection  
7825 Baymeadows Way  
Suite B200  
Jacksonville, Florida 32256-7590

**Subject: Routine Inspection - Amoco Service Station, Nassau Co.**

Dear Ms. Wehry:

The operational problems that you noted during inspection are a continuing problem for UWF and this facility. We believe that as long as the Amoco Station is the only customer, operation of the facility will remain a problem.

We are glad to report that there has been movement with respect to design and construction of the lift station addressed in our earlier correspondence. We met with the developer of the Mall Site and his consultant on December 19, 1996 to discuss the final design of the proposed system. Based on their schedule, a construction permit for the proposed lift station should be submitted to FDEP near the end of January - first of February. Construction should start soon after the permit is approved.

We trust that this is satisfactory to FDEP. We look forward to the elimination of this small WWTF.

Should you have any questions, please do not hesitate to contact us.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Gordon E. Grimes'.

Gordon E. Grimes, P.E.  
Senior Project Engineer

GEG/m

f/yulee/rountinel

United Water



December 20, 1996

112-17  
**United Water Florida**

1400 Millcoe Road

PO Box 8004

Jacksonville, FL 32239-8004

telephone 904 721 4600

facsimile 904 721 4680

Ms. Heather Wehry  
Florida Department of Environmental Protection  
7825 Baymeadows Way  
Suite B200  
Jacksonville, Florida 32256-7590

**Subject: Routine Inspection - Sunray Utilities, Nassau Co.**

Dear Ms. Wehry:

As you may be aware, UWF accepted the operation of this facility on November 15, 1996. We are unable to respond as to what actually caused the high nitrate concentration. We are aware that the facility is extremely under loaded; causing excessive detention times throughout the plant process. Upon assumption of the operating responsibilities, UWF began sequencing the aeration system on and off in an effort to control the nitrates. We believe that this will control the problem. If we have difficulty with this procedure we will attempt to establish an anoxic zone within the aeration basin.

We are anticipating an increase in flows over the next year and a half that should help in resolving this problem.

Should you have any questions, please do not hesitate to contact us.

Sincerely,

Gordon E. Grimes, P.E.  
Senior Project Engineer

GEG/m

fyulee@sunrayinspect1

To: Gordon Grimes  
From: Tom Griffis  
Subject: Sun Ray Nassau DEP notice  
Date: December 19, 1996

*file*  
*W3 report in file.*  
*Summary* *North coast*

The DEP letter dated December 12, 1996 addresses the high effluent Nitrate levels occurring between January and September of 1996. Since we did not operate the facility during the period, we can't begin to explain the problem.

Since we began operation of the facility, we have made adjustments in the amount of air applied to the process. But with the extremely underloaded plant, Nitrate levels are going to be hard to control. We may want to try and set up some type of anoxic zone and see if this helps.

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

- FACILITY AND INSPECTION INFORMATION

⊙ = OPTIONAL

Name and Physical Location of Facility: **ORTEGA HILLS WWT**  
 GMS ID: **316P0034** County: **Duval** Phone: **316X10687**  
 Entry Date/Time: **7/21/94** Ex Time/Date: **⊙**

Name(s) of Field Representative(s): **E-T. Valentine** Title: **Operator** Phone: **C 3407 904-725-2865**  
**Mike Jones** Title: **Manager** Phone: **904-721-4648**  
**646-824 Becker** Title: **(ON-SITE)** Phone: **721-4649**

Name and Address of Permittee or Designated Representative: **PHILIP HEIL, V.P.** Title: **Operator** Phone: **904-721-4600**  
**1400 Mill Cove Road** Title: **S-Suburban Utilities Corp** Phone: **904-721-4600**  
**Jacksonville** Title: **Operator** Phone: **32225**

Inspection Type:  Domestic  Industrial  
 Samples Taken (N/N): **Y** @ Sample ID#: **940438** @ Sample Spk (N/N): **Y**  
 Were Phos Taken (N/N): **Y** @ Log Book Volume: **2** @ Page: **120**

In Compliance With Permit Conditions (N/N): **N**  
 Recommended Actions: **Minor comments**

Name(s) and Signature(s) of Inspector(s): **J. Martin** Date: **8/18/94**  
 District Office/Phone Number: **NE 904-448-4330** Date: **8/18/94**

Signature of Reviewer: **K. Kuntz** Date: **8-18-94**  
 District Office/Phone Number: **X341** Date: **8-18-94**

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory, M=Marginal, U=Unsatisfactory, Blank=Not Evaluated. See Comments

5	5	1. Permit DO16-163819	S	6. Sampling	S
		2. Compliance Schedules	S	7. Self-Monitoring Program	S
		3. Pretreatment	S	8. Facility Site Review	S
5	4. Records & Reports		M	9. Flow Measurement	
		10. Operation & Maintenance		11. Effluent	S
		12. Groundwater		13. Disposal Method	
		14. Residuals Management	S	15. Other	

Fill out this section for All Surface Water Discharge Inspections (CEI, CSI, CBI, PAI, XSI, RI)

Transaction Code: \_\_\_\_\_ NPDES Number: \_\_\_\_\_ YRM/ODA: \_\_\_\_\_ Inspect Type: \_\_\_\_\_ Inspector: \_\_\_\_\_ Fac Type: \_\_\_\_\_  
 Remarks: \_\_\_\_\_  
 21- \_\_\_\_\_

Inspector Type (Field 18): A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI  
 Inspector Code (Field 19): S=State, J=Joint EPA/State, EPA Lead, I=Joint State/EPA, State Lead, L=Local  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned, Domestic  
 3=Agricultural, 4=Federal  
 Every other field is self-explanatory

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
NORTHEAST DISTRICT  
7925 BAYMEADOWS WAY, SUITE B-200  
JACKSONVILLE, FL 32256-7577

SAMPLE ID NO.: 940438 DATE: 1994/07/21  
SAMPLE SOURCE: ORTEGA HILL S/D WWTP TIME: 1335  
STATION NUMBER: 1 SAMPLER: J.MARTIN  
STATION LOCATION: FINAL EFFLUENT  
Fixed monitoring: State: Special Project: Dredge & Fill:  
NPDES: Intensive Survey: Response Operation:  
Domestic Waste: X Other:  
SAMPLE SUPPORTS Compliance: X Enforcement:

## FIELD MEASUREMENTS

Total depth:	Sample depth :	Water temp. (oC):
pH :	Conductivity :	Dissolved Oxygen:
Secchi :	Stream Velocity:	Salinity :

## WEATHER CONDITIONS :

## LABORATORY MEASUREMENTS

PARAMETER	PARAMETER	
Turbidity (NTU) :	Color (PtCo) :	
Conductivity (uMHO):	pH (standard units) :	

The following values are in ppm.

COD :	CBOD :	4
Oil & Grease :	T.D.S @ 180 C. :	
Dissolved Oxygen :	BOD :	
TOT SS : 6	TOT SOLIDS :	
VOL SS :	VOL TOT.SOLIDS :	
FIX SS :	FIX TOT.SOLIDS :	

TOTAL HARDNESS as CaCO3: T.D.S 180 o C:

TOTAL ALKALINITY: SETTLEABLE MATTER:

## COMMENTS:

## SAMPLE CUSTODY

SAMPLE RELEASED TO : BIFIN ADHYARU

DATE: 1994/07/21 TIME: 1530

PRESERVATION : ICE

REPORTED BY : BIFIN ADHYARU DATE: 1994/08/01

GMST36 3116X10687 000625 900241 900242 900243 05/93 07/94

08/18/94

PARAMETER RESULT TRENDS

07:37:48

0 N FOR 3116P00334 - ORTEGA HILLS SUBDIVISION  
 SITE NAME - ORTEGA HILLS S/D-STP/OUTFALL

RPT DATE	NITROGEN (N) KJEL 000625 MG/L	PH, MINIMUM 900241 STD UN	PH, MAXIMUM 900242 STD UN	CHLOR RES, MIN 900243 MG/L
06/00/94	1.930	NO RESULT	NO RESULT	1.2
05/00/94	.790	NO RESULT	NO RESULT	1.2
03/00/94	.780	6.10	6.80	1.2
02/00/94	1.500	6.60	6.80	1.4
01/00/94	1.800	NO RESULT	NO RESULT	1.0
12/00/93	.440	6.60	6.80	1.7
11/00/93	1.250	6.60	6.70	1.5
10/00/93	1.440	6.60	7.10	1.4
09/00/93	2.220	6.60	7.00	1.7
08/00/93	1.340	6.60	7.00	1.7
07/00/93	1.760	6.50	6.90	1.7
05/00/93	3.440	6.30	7.40	1.4

AVERAGE: 1.55750 6.50000 6.94444 1.42500  
 STD DEV: 0.78755 0.18028 0.21293 0.24166

XMIT HERE FOR NEXT PAGE

GMST36 3116X10687 000530 080082 031616 000300 05/93 07/94

08/18/94

PARAMETER RESULT TRENDS

07:36:39

0 N FOR 3116P00334 - ORTEGA HILLS SUBDIVISION  
 SITE NAME - ORTEGA HILLS S/D-STP/OUTFALL

RPT DATE	RES SUSP 000530 MG/L	BIOCHEM OXY DEM 080082 MG/L	FECAL COLI MF 031616 #/100	DC 000300 MG/L
06/00/94	3.	1.5	45.0	7.8
05/00/94	2.	1.2	23.0	7.4
03/00/94	5.	2.4	4.0	8.0
02/00/94	6.	2.6	13.0	8.0
01/00/94	3.	2.0	10.0	8.0
12/00/93	2.	1.9	15.0	8.0
11/00/93	5.	2.9	24.0	7.8
10/00/93	3.	2.7	109.0	7.8
09/00/93	2.	3.8	329.0	7.6
08/00/93	3.	4.0	150.0	7.6
07/00/93	4.	2.8	411.0	7.6
05/00/93	3.	3.7	84.0	8.2

AVERAGE: 3.41667 2.62500 101.41667 7.8166  
 STD DEV: 1.31137 0.89455 134.43988 0.2327

XMIT HERE FOR NEXT PAGE

GMST36 3116X10687 050053 050047 900238 05/93 07/94

08/18/94

PARAMETER RESULT TRENDS

07:57:48

0 N

FOR 3116P00334 - ORTEGA HILLS SUBDIVISION

SITE NAME - ORTEGA HILLS S/D-STP/OUTFALL

RPT DATE	FLOW, MONTH AVG		FLOW, MAX DAILY		FLOW, 3-MO ADF	
	050053	MGD	050047	MGD	900238	MGD
06/00/94	.164		NO RESULT		<del>.124</del>	
05/00/94	.112		NO RESULT		<del>.132</del>	
03/00/94	.142		NO RESULT		.200	
02/00/94	.182		NO RESULT		.201	
01/00/94	.236		NO RESULT		.194	
12/00/93	.181		NO RESULT		.174	
11/00/93	.185		NO RESULT		.173	
10/00/93	.177		NO RESULT		.153	
09/00/93	.163		NO RESULT		.146	
08/00/93	.144		NO RESULT		.127	
07/00/93	.144		NO RESULT		.116	
05/00/93	.102		NO RESULT		.146	

AVERAGE: 0.16100

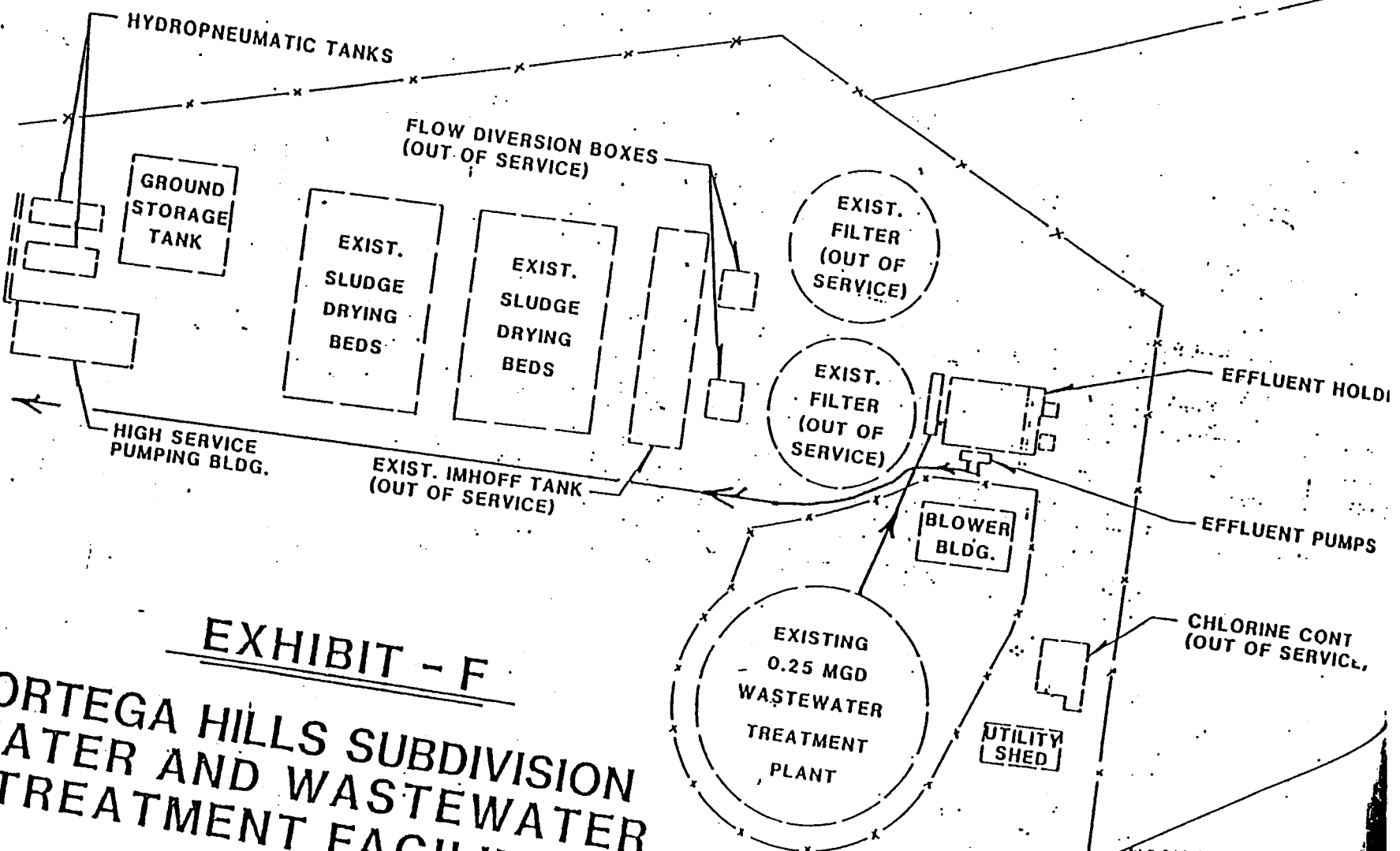
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STD DEV: 0.03592

0.03066

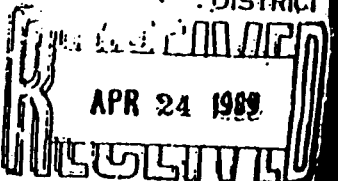
XMIT HERE FOR NEXT PAGE

FOR PROFESSIONAL SERVICES IN THE CITY OF

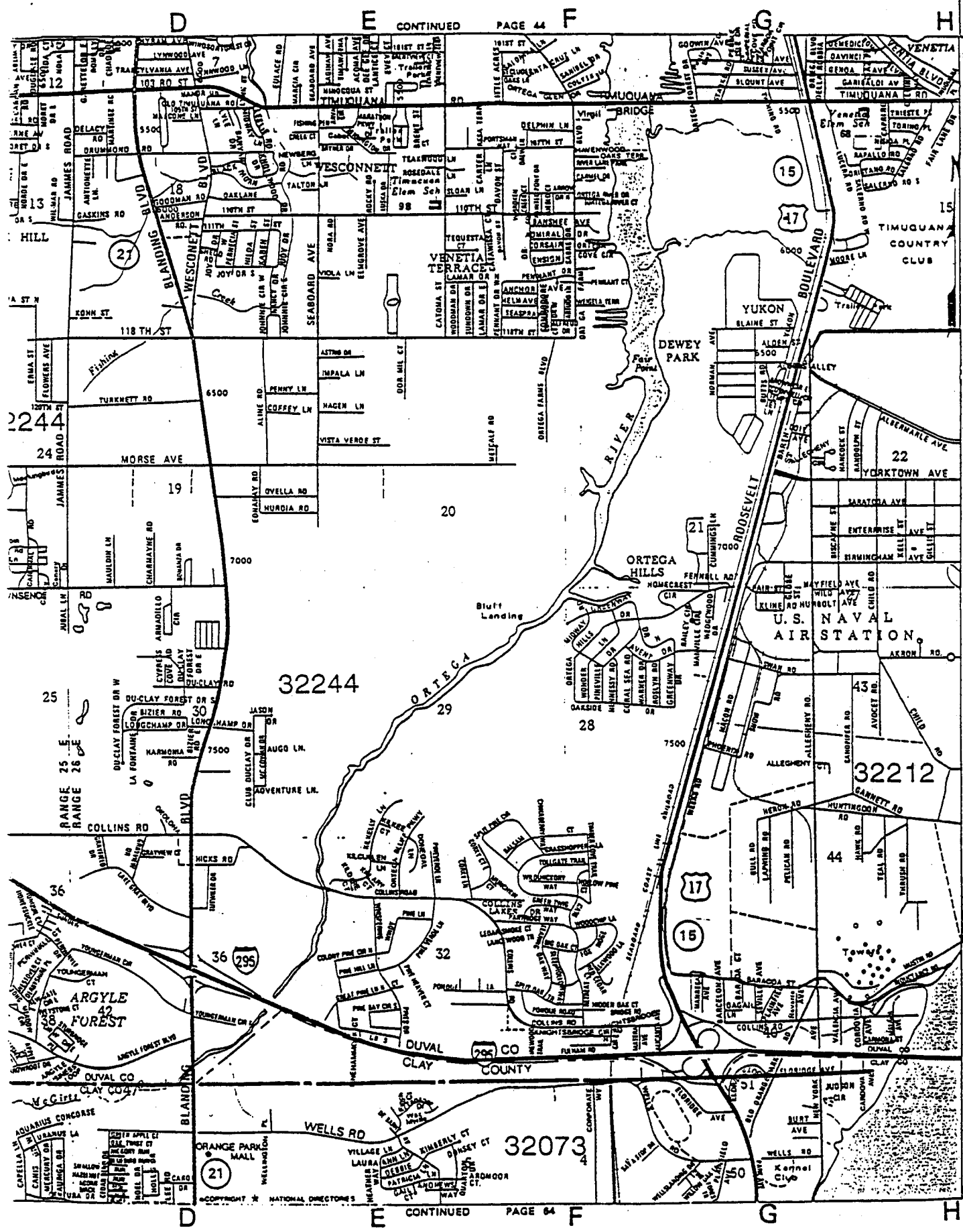


**EXHIBIT - F**

**ORTEGA HILLS SUBDIVISION  
WATER AND WASTEWATER  
TREATMENT FACILITIES**

NORTH 15th DISTRICT  
  
 APR 24 1989  
 JACKSONVILLE





CONTINUED PAGE 44

# WASTEWATER COMPLIANCE INSPECTION REPORT

## FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility Ponce de Leon WWT P HIGHWAY A-1-A, 3152 S. Patelvedra Blvd, Goodwin Beach, FL. (3155 X12539)	GMS ID: 3155 P00510	County St. Johns	Entry Date/Time July 28, 1997
Name(s) of Field Representatives(s) Michael Acres - Operator.	Title Operator.	Phone (S.S. Route. 721-4646)	@ Exit Time/Date July 28, 1997.
Name and Address of Permittee or Designated Representative Mr. M. Sambamurthi, Vice President, United Water Florida 1400 Mollisee Rd. Jacksonville, Florida 32225.	Title Vice President	Phone -	@ Operator Certification # -

Inspection Type <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial	Samples Taken(Y/N): Y	@ Sample ID#: -	Samples Split (Y/N): -
Were Photos Taken(Y/N): Y	@ Log book Volume: VI	@ Page 41, 42	

In Compliance With Permit Conditions (Y/N): Y

Recommended Actions Letter to Permittee

Name(s) and Signature(s) of Inspector(s) Kathleen St. Gerard	District Office/Phone Number FL DEP (904) 448-4330	Date x338
---	---	--------------

@ Signature of Reviewer Kristen Smeltzer	District Office/Phone Number Kristen Smeltzer x341	Date 8-6-97
---	---	----------------

## FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory, M=Marginal, U=Unsatisfactory, Blank=Not Evaluated \*See Comments

S	1. Permit D055-253570		6. Sampling	S*	11. Effluent for samples taken
	2. Compliance Schedule		7. Self-Monitoring Program		12. Groundwater 7/28/97
	3. Pretreatment	S	8. Facility Site Review	S	13. Disposal Method
S	4. Records and Reports		9. Flow Measurement		14. Residuals Management
	5. Laboratory	S	10. Operation and Maintenance		15. Other

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, PAI, XSI, RI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
1 2 5 3		11 12	17 18	19	20
Remarks					

21

66

Inspection Type (Field 18) A=PAI, B=CBJ, S=CSI, X=XSI, R=RI, C=CEI  
 Inspection Code (Field 19) S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead  
 Facility Type (Field 20) 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic,  
 3=Agricultural, 4=Federal  
 Every other field is self explanatory

PLANT CONDITION DURING INSPECTION

Plant Description: This facility has a permitted capacity of 2.095 mgd extended  
aeration unit with chlorinated reclaimed water to

Lift Stations: # master/lift stations       , #pumps       , hp        Alarms, Audible, Visible  
Conditions none on site - 3 main lines in system

Influent: Bar Screen Static Screen Pretreatment       

Aeration: Color Cond Brown Mixing Adequate Condition Satisfactory

Blowers: # 2 hp, Timer yes, Conditions Satisfactory

Clarifiers # 1, Blanket Depth        feet, Weir level         
Appearance Sludge BLANKET was > 5' from surface; unit was very clean.

Chlorine Contact Chamber: baffled, Appearance clean unit; clean effluent

Disinfection Method: CHLORINE GAS - 150# cylinders

Dechlorination Method:       

Filters: # -, Backwash Freq.       , Media Condition       

Digester: freeboard 2' feet, Appearance aerated

Sludge Beds # -, Appearance       

Effluent Pump: #        pumps, Conditions       

Outfall Appearance: 5 percolation/evaporation ponds.

Sampling Location: Tap after dcc., Composited by Time Flow

Land Application: Pond # 5, Freeboard 4', Drainfield #       , Sprayfield #         
Appearance ponds were very clean. All ponds were dry.

Records: MORs Permit Chain-of-Custody Forms Lab Analyses  
Comments very good records

On-Site Log: Satisfactory; includes operators initials pH, Ch. O, DO, OR, W.  
Temperature + calibration logs, process control, NH3-N, units, etc.

Lead Operator: Rogan Atwood, #Staff 2, Hours Staffed 7x/week.

Process Control: Target MLSS        mg/l, Last MLSS        mg/l Sludge Wasting Freq.       

Flow Measurement: Type TURBINE TYPE WATER METER ON PIPE, Calibrated       , Inst. Flow       , Condition       

Lab: United Water Florida, 20 Millcreek Rd.

Plant: fenced, locked, RPZ insp date 4/30/97 Condition Satisfactory

Other: \* need date of RPZ inspection

\* High nitrate noted on MORs for Dec. 96 when mark 9th MORs  
CL = > 2.2 High fecal col. in Dec. 96.  
pH = 6.91

MST36 3155X12539 050053 080082 000530 031616

07/30/97

PARAMETER RESULT TRENDS

13:33:00

O Y

FOR 3155P00510 - PONCE DE LEON STP/JAX SUBURBAN UTIL

SITE NAME - S.T.P. FINAL EFFLUENT -PONCE DELEON

PT DATE	FLOW, MONTH AVG 050053 MGD	BIOCHEM OXY DEM 080082 MG/L	RES SUSP 000530 MG/L	FECAL COLI MF 031616 #/100
06/00/97	.021	1.6	3.	8.0
05/00/97	.020	2.5	6.	188.0
04/00/97	.023	1.0	4.	1.0
03/00/97	.021	3.5	7.	1.0
02/00/97	.021	3.3	6.	1.0
01/00/97	.022	5.4	5.	1.0
12/00/96	.023	3.6	5.	620.0
11/00/96	.020	4.0	5.	1.0
10/00/96	.022	5.4	3.	1.0
09/00/96	.018	4.7	1.	1.0
08/00/96	.025	5.8	1.	1.0
07/00/96	.020	4.6	2.	2.0
06/00/96	.019	7.5	3.	1.0
05/00/96	.018	5.5	4.	1.0
AVERAGE:	0.01557	4.04545	5.66909	44.52787
STD DEV:	0.00548	1.89755	4.32974	109.30732

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GMST36 3155X12539 000620 0243

07/30/97  
13:25:45

PARAMETER RESULT TRENDS

0 Y FOR 3155P00510 - PONCE DE LEON STP/JAX SUBURBAN UTIL  
SITE NAME - S.T.P. FINAL EFFLUENT -PONCE DELEON

RPT DATE	000620 NO3 N MG/L	900243 CHLOR RES, MIN MG/L
06/00/97	7.000	1.0
05/00/97	NO RESULT	1.0
04/00/97	11.700	.9
03/00/97	17.900	.5
02/00/97	20.000	1.1
01/00/97	13.800	.8
12/00/96	15.110	.5
11/00/96	6.700	.5
10/00/96	6.320	1.0
09/00/96	12.090	.5
08/00/96	8.620	1.0
07/00/96	9.900	.5
06/00/96	11.050	.5
05/00/96	7.240	1.0
AVERAGE:	6.61774	0.62909
STD DEV:	4.64170	0.17919

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FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT ...

FACILITY AND INSPECTION INFORMATION

Ⓞ - OPTIONAL

Name and Physical Location of Facility <b>PONTE VEDRA WWTP</b>	GMS ID: <b>31SSPO5998</b>	County <b>ST. JOHNS</b>	Entry Date/Time <b>11-29-95</b>
		Phone	Ⓞ Exit Time/Date <b>11-29-95</b>

Name(s) of Field Representative(s) <b>SAM MIXON</b>	Title <b>OPERATOR</b>	Phone
--	--------------------------	-------

Name and Address of Permittee or Designated Representative Certification #: <b>UNITED WATER FLORIDA</b> <b>1400 MILLCOE ROAD</b> <b>JACKSONVILLE FL 32239</b>	Title	Phone	Ⓞ Operator
--	-------	-------	------------

Inspection Type:  **RI**      Samples Taken (Y/N): **N**      Ⓞ Sample ID#: **N/A**      Samples Split (Y/N): **N**

**Domestic**     **Industrial**      Were Photos Taken (Y/N): **N**      Ⓞ Log Book Volume: **III**      Ⓞ Page: **2**

In Compliance With Permit Conditions (Y/N): **N**

Recommended Actions: **see cover letter**

Name (s) and Signature(s) of Inspector(s) <b>ED M. HERNANDEZ</b> <i>[Signature]</i>	District Office/Phone Number <b>NED / 448-4330</b>	Date <b>12-1-95</b>
<b>DAN HULL E.I.</b> <i>[Signature]</i>	<b>NED / 442-4330</b>	
Ⓞ Signature of Approver <b>Kristen Smeltzer</b> <i>[Signature]</i>	District Office/Phone Number <b>X341</b>	Date <b>12-4-95</b>

**IF FACILITY COMPLIANCE AREA IS EVALUATED**

S=Satisfactory; M=Marginal; U=Unsatisfactory; Blank=Not Evaluated; See Comments

<b>S</b>	1. Permit		6. Sampling	<b>S</b>	11. Effluent
	2. Compliance Schedules		7. Self-Monitoring Program		12. Groundwater
	3. Pretreatment	<b>M</b>	8. Facility Site Review	<b>U</b>	13. Disposal Method
	4. Records & Reports		9. Flow Measurement		14. Residuals Management
	5. Laboratory	<b>S</b>	10. Operation & Maintenance		15. Other

Fill out this section for all surface water discharges inspections (CEI, CSI, CBI, PAI, XSI, RI)

Transaction Code	NPOES Number	YR/MO/DA	Inspection Type	Inspector	Fac Type
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	11 12 <input type="checkbox"/>	17 18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	
Remarks					

21

Inspection Type (Field 18): A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI

Inspector Code (Field 19): S=State, J=Joint/EPA/State-EPA Lead, I=Joint/State/EPA/State Lead, L=Local

Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3=Agricultural, 4=Federal

Every other field is self-explanatory.

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

Ⓞ = Optional

Name and Physical Location of Facility: ROYAL LAKES WWTF  
 8509 WESTERN WAY  
 JACKSONVILLE FL. (31162, 12403)  
 GMS ID: 3116P05360  
 County: Duval  
 Phone: (31162, 12403)  
 Entry Date/Time: 9/7/05/29  
 Ⓞ Exit Time/Date: 9/7/05/29

Name(s) of Field Representative(s): PRENTISS GARAWAY - Supervisor/Operator  
 Title: Royal Lakes WWTF (904) 721-4635  
 Phone: 721-4635

Name and Address of Permittee or Designated Representative: MR. M. SAMBAMURTHI, P.E. VICE PRESIDENT  
 UNITED WATER FLORIDA  
 1400 MILLCOCK RD. JACKSONVILLE, FL 32225-4442  
 Title: Vice President  
 Phone: 32225-4442  
 Ⓞ Operator Certification #:

Inspection Type:  CSEI  Samples Taken (Y/N): Y Ⓞ Sample ID#: Samples Split (Y/N):  
 Domestic  Industrial Were Photos Taken (Y/N): Y Ⓞ Log book Volume: V Ⓞ Page: 133, 134

In Compliance With Permit Conditions (Y/N): Y  
 Recommended Actions:

Name(s) and Signature(s) of Inspector(s): Matthew A. Gerard - FL DEP (904) 448-4330 EXT. 338  
 District Office/Phone Number: 448-4330 EXT. 338  
 Date:

Ⓞ Signature of Reviewer: Kristen Smeltzer  
 District Office/Phone Number: X34  
 Date: 6-9-97

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory M=Marginal U=Unsatisfactory Blank=Not Evaluated \*See Comments

S	1. Permit D016-230626		6. Sampling		11. Effluent
	2. Compliance Schedule		7. Self-Monitoring Program		12. Groundwater
	3. Pretreatment	S	8. Facility Site Review	S	13. Disposal Method
S	4. Records and Reports		9. Flow Measurement		14. Residuals Management
	5. Laboratory	S	10. Operation and Maintenance		15. Other

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, PAI, XSI, RI)

Transaction Code: 1 N 2 5 3 FL0002675 11 12 9/6/05/29 17 18 S 19 S 20 2

21  
 Inspection Type (Field 18): A=PAI, B=CSI, S=CSI, X=XSI, R=RI  
 Inspection Code (Field 19): S=State, U=Joint EPA/State, EPA Lead, T=Joint State/EPA-State Lead  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3=Agricultural, 4=Federal  
 Every other field is self-explanatory





# Department of Environmental Protection

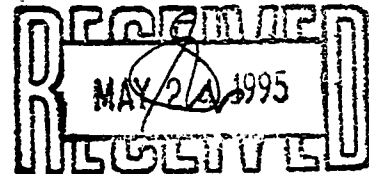
cc: Don Holaw  
S. Mann's  
T. Griffiths.

Lawton Chiles  
Governor

Northeast District  
7825 Baymeadows Way, Suite B200  
Jacksonville, Florida 32256-7590  
May 18, 1995

Virginia B. Wetherell  
Secretary

Mr. Philip Heil  
Vice President  
United Water Florida  
1400 Millcoe Road  
Jacksonville, Florida 32225



UNITED WATER FLORIDA

Dear Mr. Heil:

Duval - Domestic Waste  
San Jose WWF - FL0023663  
Compliance Evaluation Inspection

A Compliance Evaluation Inspection was conducted at the San Jose Wastewater Treatment Facility on April 26, 1995. The following comments are for each area evaluated during the inspection.

## PERMIT

The facility is permitted as 2.25 MGD complete mix wastewater facility with chlorination, dechlorination and discharge to the St. Johns River.

The facility is located at 7128 Balboa Road, Jacksonville, Duval County, Florida.

Operation Permit DO16-246674 was issued June 27, 1994 and expires April 15, 1999.

This category was satisfactory.

## FACILITY SITE REVIEW

Overall the facility is well operated and maintained.

The facility is secured within a fence with a locked gate.

The grounds were clean and well maintained.

The aeration tank contents had good mixing and the air was evenly disbursed. The color of the MLSS in the aeration chambers appeared brown.

There was a slight amount of ash type floc in clarifier number 2. The skimmer arm on this clarifier was not performing as well as it should have been.

Mr. Philip Heil  
May 18, 1995  
Page two

All units were in operation.

The effluent was clear.

Since one ton cylinders are used for chlorination, it is recommended that an alarm system be placed on the chlorination system.

This category was given a satisfactory rating.

#### **SAMPLING**

Process control testing performed by the operator include: settleability tests (daily), MLSS (daily), SVI (2/week), TKN (weekly), dissolved oxygen (daily), pH, chlorine, sludge judge readings, TSS (daily), alkalinity and a microscopic exam.

The contract laboratory is United Water Florida (formerly Jacksonville Suburban Utilities) that is located on Millcoe Road, Jacksonville.

This category was given a satisfactory rating.

#### **OPERATION AND MAINTENANCE**

Overall, the facility is well operated and maintained. This category received a satisfactory rating.

#### **RECORDS AND REPORTS**

The daily log was available at the facility and was acceptable. Self-monitoring records consist of: MORs, chain of custody sheets, documentation of chain of custody for samples include when samples were taken, who took samples, location, preservatives used, time samples were received at the laboratory, set-up times, method of analyses used and person performing the analyses. Calibration logs were also available for pH and chlorine meters. Documentation of these records is available for inspection at the plant and at the laboratory that is located on Millcoe Road.

This category received a satisfactory rating.

#### **EFFLUENT**

Samples taken by Department personnel during the inspection were as follows:

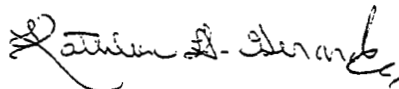
CBOD5 (9/20/94):	3 mg/l
TSS (9/20/94):	5 mg/l
Chlorine	0.92 mg/l

Mr. Philip Heil  
May 18, 1995  
Page three

Overall the effluent is a very good quality and this category was rated as satisfactory.

Please extend my gratitude to Mr. Tom Jones for his cooperation and assistance during the inspection. If you have any questions, please contact me at (904) 448-4330 EXT 338.

Sincerely,



Kathleen H. Gerard  
Engineer

*BPW*  
cc: Tom Jones *KJS*  
Mike Tanski, DEP Tallahassee  
RESD

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = OPTIONAL

Name and Physical Location of Facility SAN JOSE WWF 7123 BAIBOA ROAD JACKSONVILLE, FL.	GMS ID: 3116 P01471	County DUVAL	Entry Date/Time 9/04/26
		Phone 721-4644	@ Exit Time/Date 9/04/26

Name(s) of Field Representatives(s) TOM JONES	Title Operator	Phone (104) 725-2865 721-4644
--	-------------------	-------------------------------------

Name and Address of Permittee or Designated Representative Certification #: MR. Philip Heil, VICE PRESIDENT, UNITED WATER FLORIDA 1400 Millcoke Road JACKSONVILLE, FL 32225.	Title	Phone	@ Operator
---	-------	-------	------------

Inspection Type: <input checked="" type="checkbox"/> CEI <input type="checkbox"/> I	Samples Taken (Y/N): Y	@ Sample ID#:	Samples Split (Y/N): N
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial	Were Photos Taken (Y/N): Y	@ Log Book Volume: 2	@ Page: 93/94

In Compliance With Permit Conditions (Y/N): Y

Recommended Actions

Name(s) and Signature(s) of Inspector(s) <i>Ruthless Gerard</i>	District Office/Phone Number FL DEP (904) 448-4330 x338	Date 5/16/95
--	--	-----------------

@ Signature of Reviewer Kristen Smeltzer <i>Kristen Smeltzer</i>	District Office/Phone Number x341	Date 5-19-95
---	--------------------------------------	-----------------

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory; M=Marginal; U=Unsatisfactory; Blank=Not Evaluated \*\*See Comments

S	1. Permit DO16-246674	S	6. Sampling	S	11. Effluent samples 4/26/95
	2. Compliance Schedules		7. Self-Monitoring Program		12. Groundwater
	3. Pretreatment	S	8. Facility Site Review	S	13. Disposal Method
S	4. Records & Reports		9. Flow Measurement		14. Residuals Management
	5. Laboratory	S	10. Operation & Maintenance		15. Other

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
1 N	2 5 3 FL 0023663	11 12 95 04 26	17 18 C	19 S	20 2
Remarks					

Inspection Type (Field 18): A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI  
 Inspector Code (Field 19): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead, L=Local  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic,  
 3=Agricultural, 4=Federal  
 Every other field is self explanatory.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
NORTHEAST DISTRICT  
7825 BAYMEADOWS WAY, SUITE B-200  
JACKSONVILLE, FL 32256-7577

SAMPLE ID NO.: 950189 DATE: 1995/04/26  
SAMPLE SOURCE: SAN JOSE WWF TIME: 1440  
STATION NUMBER: SAMPLER: K.H.GERARD  
STATION LOCATION: FALL FROM WEIR AFTER CHLORINATION  
Fixed monitoring: State: Special Project: Dredge & Fill:  
NPDES: Intensive Survey: Response Operation:  
Domestic Waste: X Other:

SAMPLE SUPPORTS Compliance: X Enforcement:

FIELD MEASUREMENTS

Total depth:	Sample depth :	Water temp. (oC):
pH :	Conductivity :	Dissolved Oxygen:
Secchi :	Stream Velocity:	Salinity :

WEATHER CONDITIONS : CLEAR, FAIR

LABORATORY MEASUREMENTS

PARAMETER	PARAMETER	
Turbidity (NTU) :	Color (PtCo)	:
Conductivity (uMHO):	pH (standard units)	:

The following values are in ppm.

COD :	CBOD	: 3
Oil & Grease :	T.D.S @ 180 C.	:
Dissolved Oxygen :	BOD	:
TOT SS : 5	TOT SOLIDS	:
VOL SS :	VOL TOT.SOLIDS	:
FIX SS :	FIX TOT.SOLIDS	:

TOTAL HARDNESS as CaCO3: T.D.S 180 o C:

TOTAL ALKALINITY: SETTLEABLE MATTER:

COMMENTS:

SAMPLE CUSTODY

SAMPLE RELEASED TO : BIPIN ADHYARU

DATE: 1995/04/27

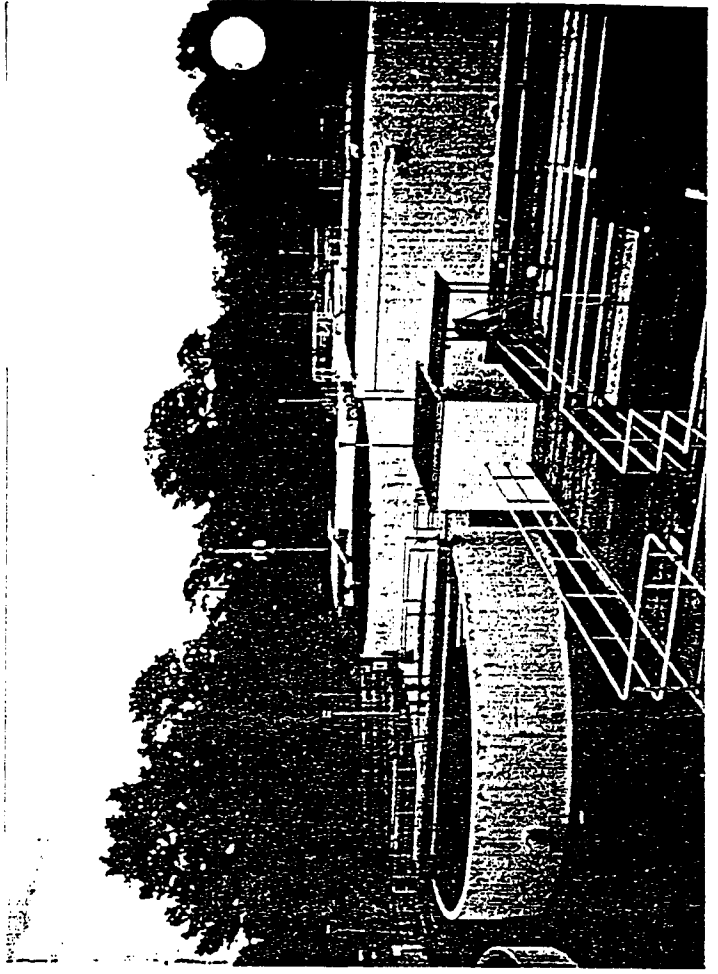
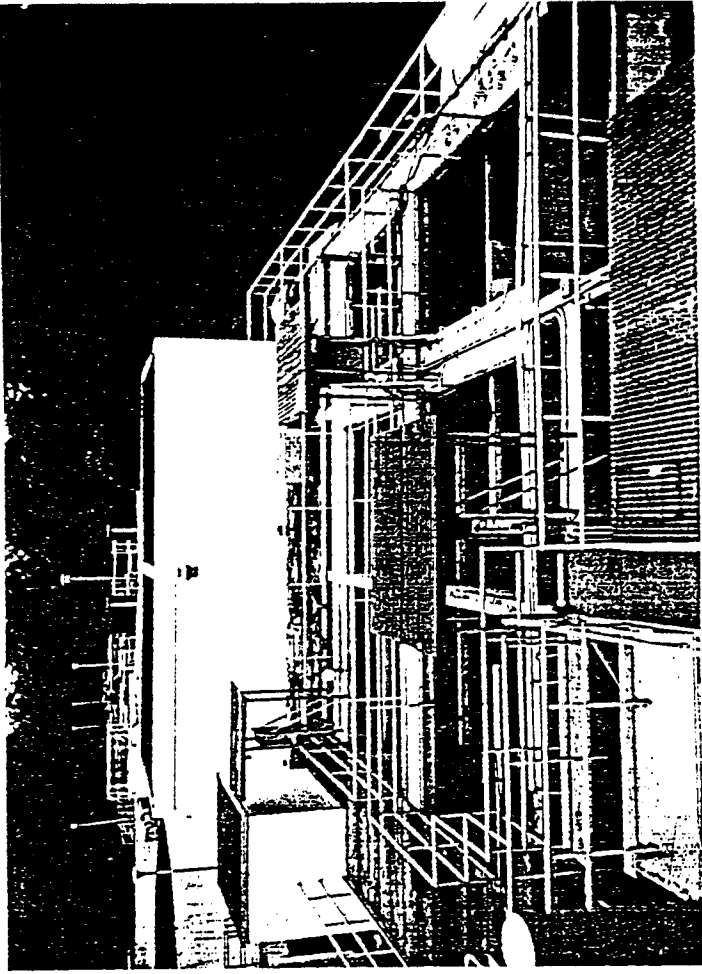
TIME: 0730

PRESERVATION : ICE

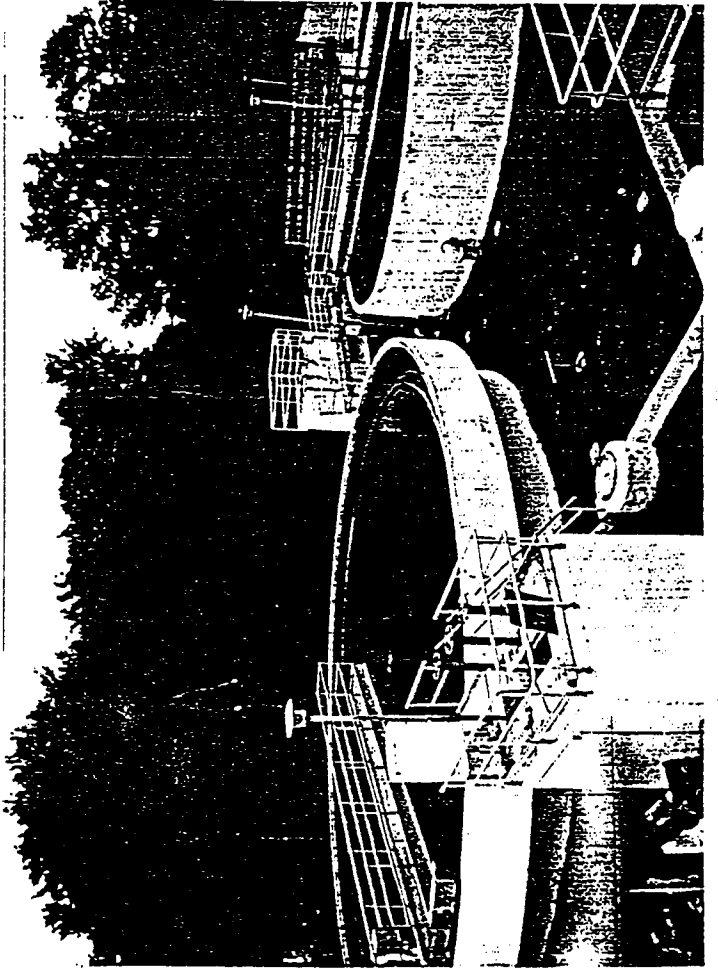
REPORTED BY : BIPIN ADHYARU

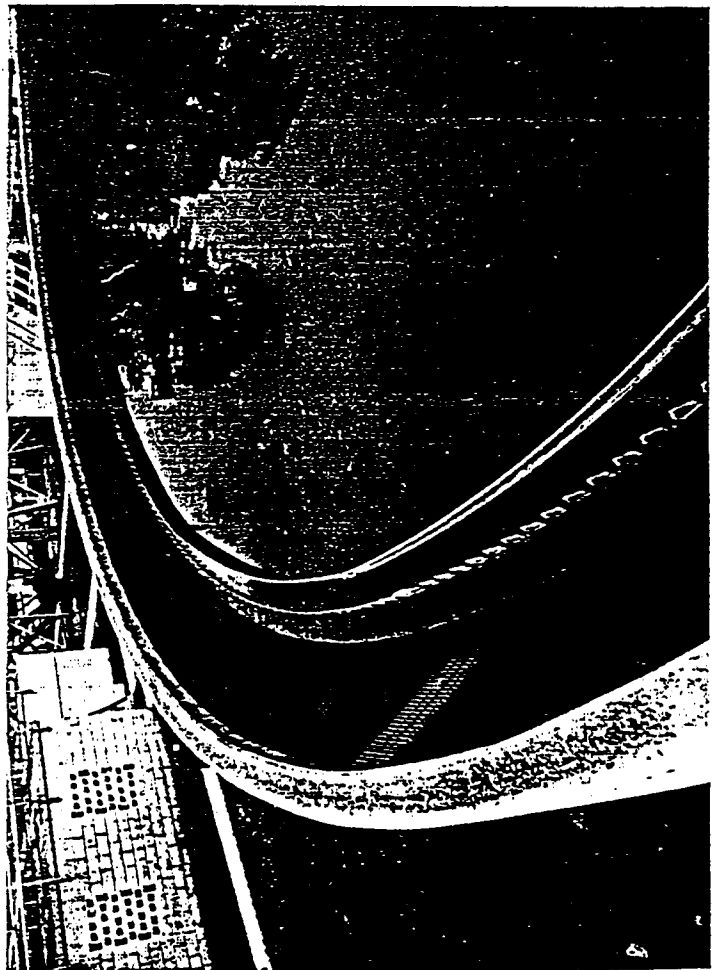
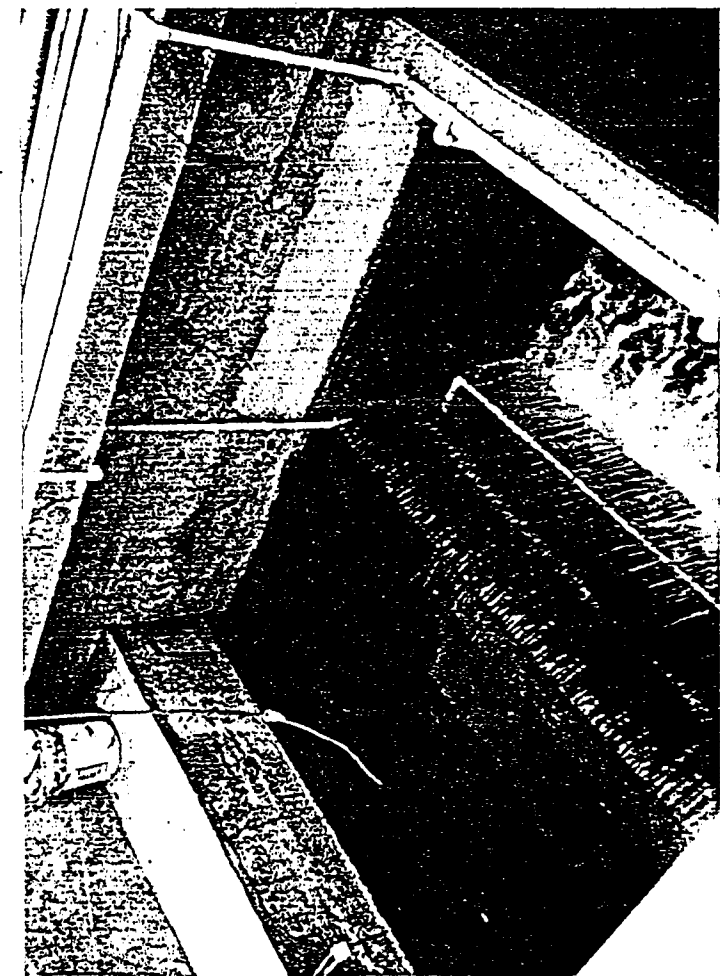
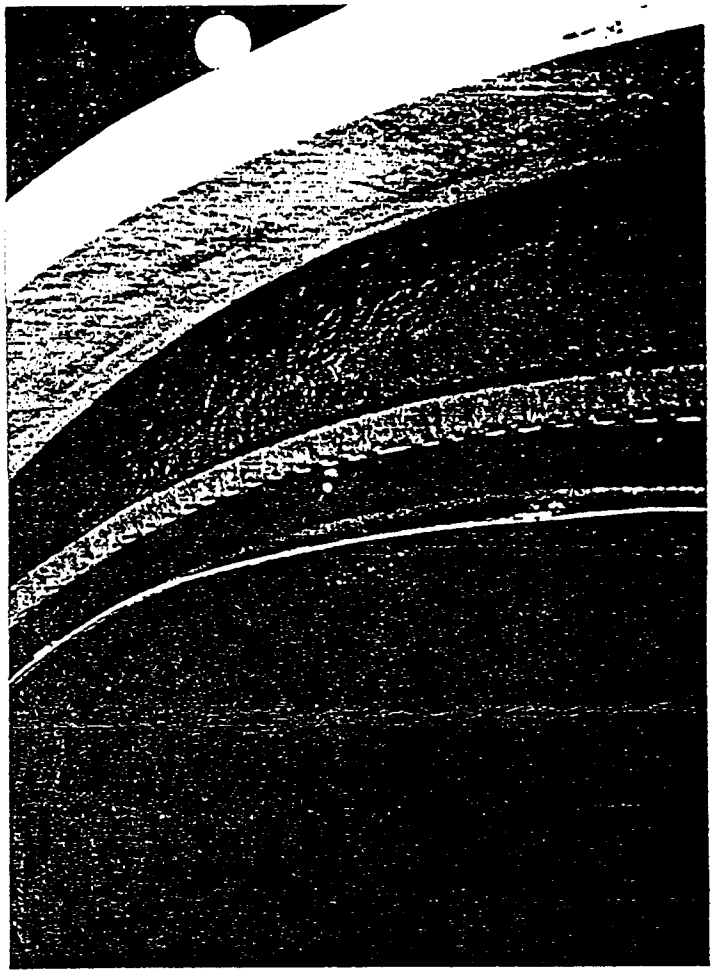
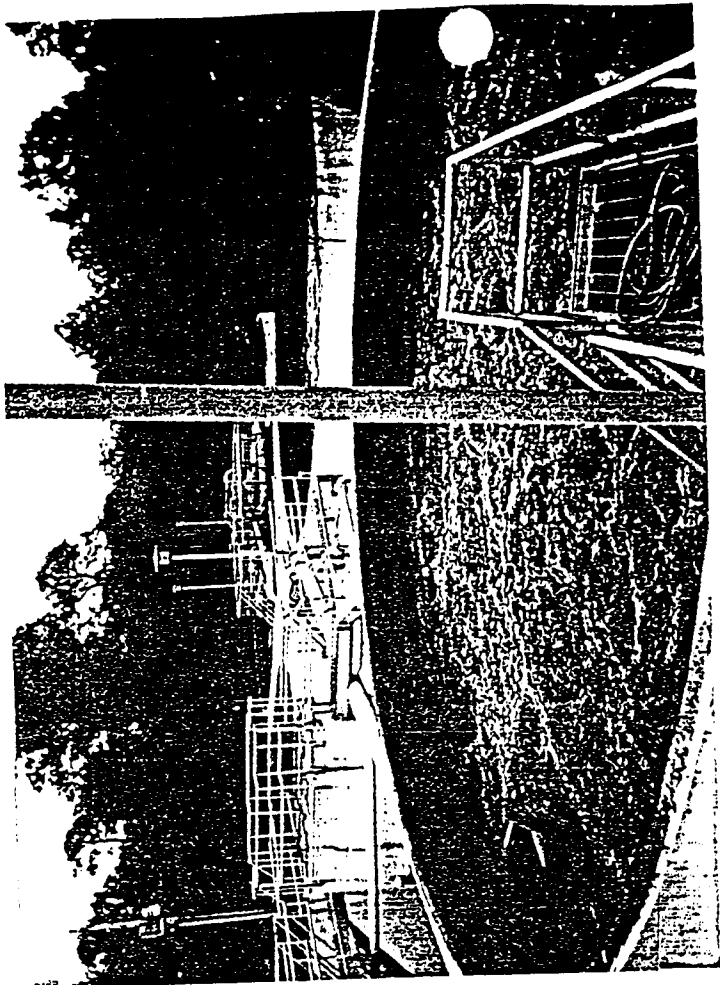
DATE: 1995/05/02

0010714



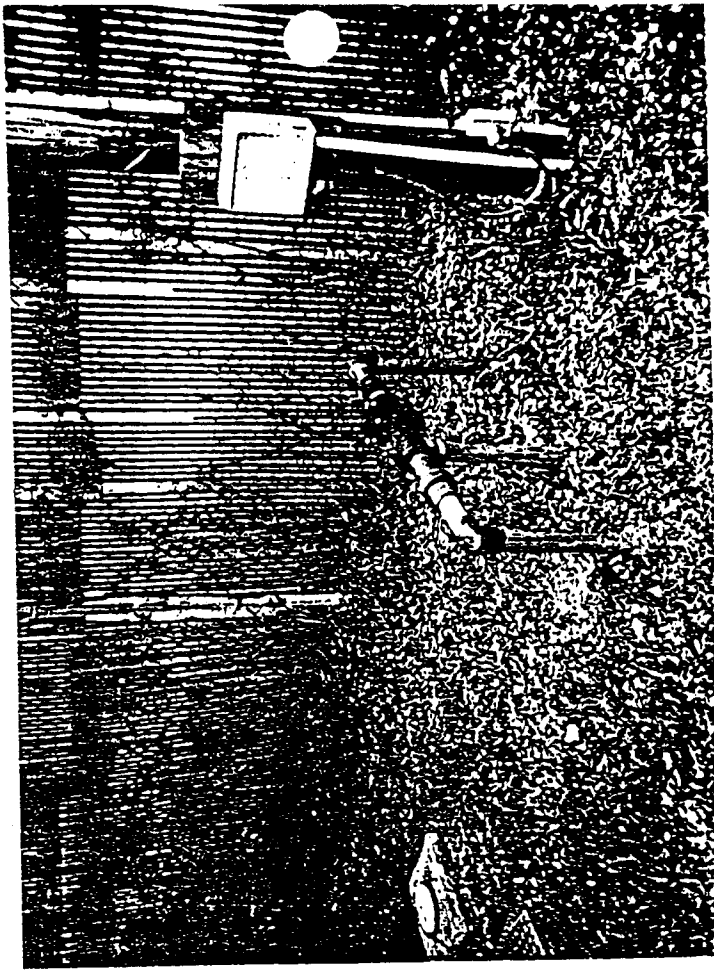
SAN JOSE S/D WWTF



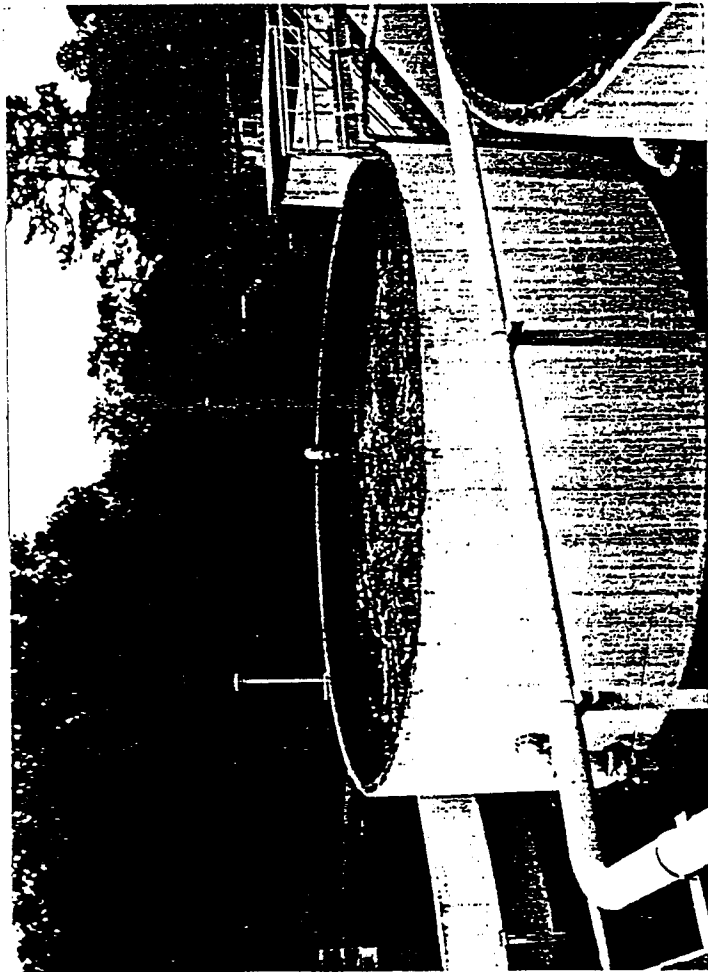


DAN JUDGE 3/12 1971

4/26/95



SAN JOSE S/D WWTF





# WASTEWATER COMPLIANCE INSPECTION REPORT

## FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility San Pablo WWTP 14738 Marsh View Drive. JACKSONVILLE, FLORIDA.	GMS ID: 3116 P01984 (FLO024769) (3116 X 10096)	County Duval Phone	Entry Date/Time 96/07/30 @ Exit Time/Date 96/07/30.
Name(s) of Field Representatives(s) ROBIO DEMAY -	Title LEAD OPERATOR	Phone (904) 721-4600.	
Name and Address of Permittee or Designated Representative MR. Philip P Heil, Vice President, United Water Florida. 1400 Millcoie Rd. JACKSONVILLE, FL 32225-4442	Title	Phone	@ Operator Certification #

Inspection Type <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial	Samples Taken(Y/N): <input checked="" type="checkbox"/> Y	@ Sample ID#:	Samples Split (Y/N): <input type="checkbox"/> N
Were Photos Taken(Y/N): <input checked="" type="checkbox"/> Y	@ Log book Volume: IV	@ Page 45, 46, 47	
In Compliance With Permit Conditions (Y/N): <input checked="" type="checkbox"/> Y	Recommended Actions * STP still being evaluated - by COE + Micronair systems.		

Name(s) and Signature(s) of Inspector(s) <i>Kathleen A. Arnold</i>	District Office/Phone Number FL DEP (904) 448-4330 x338.	Date
@ Signature of Reviewer <i>Kristen Smeltzer</i>	District Office/Phone Number x341	Date 7-15-96

### FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory; M=Marginal; U=Unsatisfactory; Blank=Not Evaluated \*See Comments

S	1. Permit	S	6. Sampling	S	11. Effluent
	2. Compliance Schedule		7. Self-Monitoring Program		12. Groundwater
	3. Pretreatment	S*	8. Facility Site Review *System still being evaluated	S	13. Disposal Method
S	4. Records and Reports		9. Flow Measurement		14. Residuals Management
	5. Laboratory	S	10. Operation and Maintenance		15. Other

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, PAI, XSI, RI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
1 [N] 2 [5] 3 [FL0023604] 11 [9] 12 [6] 13 [0] 14 [7] 15 [3] 16 [0] 17 [C] 18 [S] 19 [S] 20 [2]					
Remarks					

21 65

Inspection Type (Field 18): A=PAI, B=CBI, S=CSI, X=XSI, R=RI  
 Inspection Code (Field 19): S=State, J=Joint; EPA/State-EPA Lead, T=Joint State/EPA State Lead  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3=Agricultural, 4=Federal  
 Every other field is self-explanatory

\* system still being evaluated.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
NORTHEAST DISTRICT  
7825 BAYMEADOWS WAY, SUITE B-200  
JACKSONVILLE, FL 32256-7577

SAMPLE ID NO.: 960280 DATE: 1996/07/30  
SAMPLE SOURCE: SAN PABLO TIME: 1225  
STATION NUMBER: SAMPLER: K.H.GERARD

STATION LOCATION: DECHLORINATION

Fixed monitoring: State: Special Project: Dredge & Fill:  
NPDES: Intensive Survey: Response Operation:  
Domestic Waste: X Other:

SAMPLE SUPPORTS Compliance: X Enforcement:

FIELD MEASUREMENTS

Total depth:	Sample depth :	Water temp. (oC):
pH :	Conductivity :	Dissolved Oxygen:
Secchi :	Stream Velocity:	Salinity :

WEATHER CONDITIONS : WARM, CLEAR

LABORATORY MEASUREMENTS

PARAMETER	PARAMETER	
Turbidity (NTU) :	Color (PtCo)	:
Conductivity (uMHO):	pH (standard units)	:

The following values are in ppm.

COD :	CBOD	: <2
Oil & Grease :	T.D.S @ 180 C.	:
Dissolved Oxygen :	BOD	:
TOT SS : 1	TOT SOLIDS	:
VOL SS :	VOL TOT.SOLIDS	:
FIX SS :	FIX TOT.SOLIDS	:

TOTAL HARDNESS as CaCO3:

TOTAL ALKALINITY:

SETTLABLE MATTER:

COMMENTS:

SAMPLE CUSTODY

SAMPLE RELEASED TO : BIPIN ADHYARU

DATE: 1996/07/30

TIME: 1600

PRESERVATION : ICE

REPORTED BY : BIPIN ADHYARU

DATE: 1996/08/06

PARAMETER RESULT TRENDS

0 Y

FOR 3116P01984 - SAN PABLO WWTP

SITE NAME - STP FINAL EFF ISLES OF PALMS SOUT

RPT DATE	RES	SUSP	NITROGEN(N) KJEL	FECAL COLI MF
	000530	MG/L	000625 MG/L	031616 #/100
05/00/96	2.	L	.090	11.0
04/00/96	3.	K	.320	11.0
03/00/96	5.	L	.330	53.0
02/00/96	2.	L	.400	52.0
01/00/96	2.	L	.430	6.0
12/00/95	2.	K	.180	3.0
11/00/95	1.	L	.980	3.0
10/00/95	3.	K	1.250	2.0
09/00/95	2.	K	1.170	5.0
08/00/95	3.	K	1.270	17.0
07/00/95	1.		NO RESULT	6.0
06/00/95	1.	L	NO RESULT	10.0
05/00/95	2.		NO RESULT	10.0
04/00/95	2.		NO RESULT	5.0
AVERAGE:	3.36585		0.64200	20.83721
STD DEV:	2.65289		0.46902	28.22522

XMIT HERE FOR NEXT PAGE

## Special Permit Request

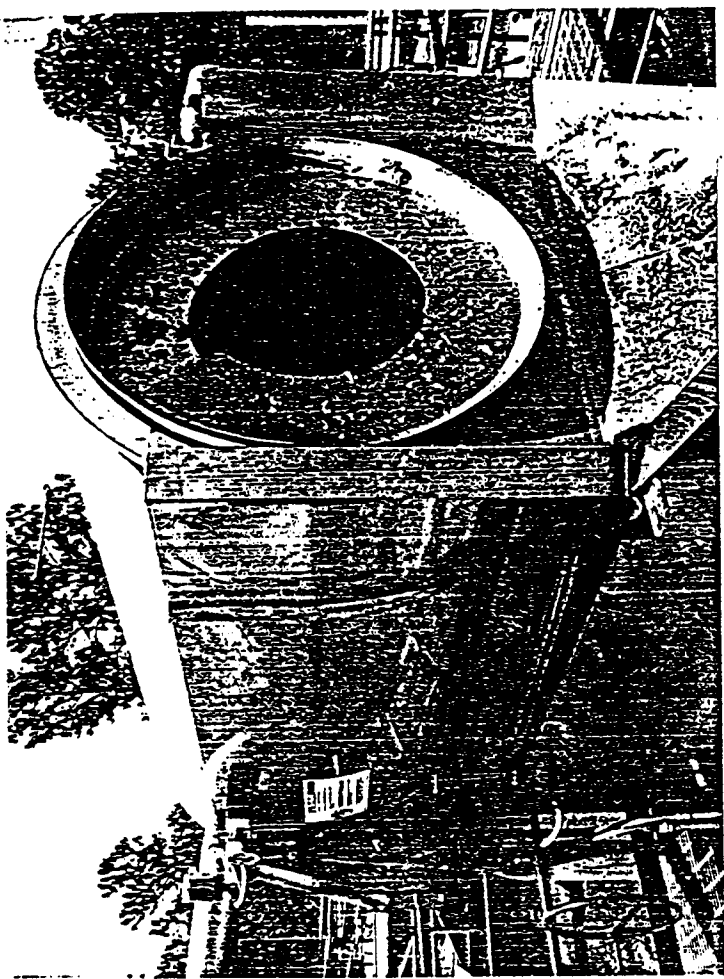
Applicant requests a temporary permit to conduct a demonstration of a trash and inerts removal system. The proposed demonstration will use a sidestream of the Return Activated Sludge (RAS) flow without modification of the existing piping or process. Applicant contemplates purchase and installation of the Micronair™ Residuals Management System and is seeking a demonstration of the effectiveness of the system because of the "novel" approaches used.

The RAS sidestream will be classified by passing through a 10/1000" static screen before return to the head of the aeration tank for the purposes of removing non-degradable matter from the RAS. For the purposes of this demonstration, a separate portion of the screened RAS will be pumped to a cyclone to remove inert materials, specifically "sugar sand", which is smaller than 10/1000". The overflow from the cyclone will also be returned to the head of the aeration tank. In actual practice, an RAS pump would feed the cyclone and the static screen as shown in Figure 1.

Static screens have historically been used to classify plant influent with a limitation of screen fouling due to the oil and grease content of the raw flow. Another limitation has been that the trash and other screenings removed contain considerable amounts of degradable and putrescible matter. The proposed process uses a 10/1000" screen to classify RAS instead of raw influent. The screenings contain only treated, non-degradable matter, improving the flow characteristics, lessening the amount for disposal, and avoiding accumulation of putrescible material. Very significant to the process is the fact that the screen opening can be reduced to be only slightly larger than the largest biosolids, thereby improving the trash removal efficiency and simultaneously removing large sand particles.

Cyclone separators have been used historically in many applications but not to a large degree in wastewater treatment. The proposed process takes advantage of a pumping RAS flow through a cyclone to remove sugar sand and other inorganic solids on the basis of their higher specific gravity, overcoming the fact that the small particle size and inclusion in biological floc normally prohibits their gravity separation. Further, because the RAS flow rather than the raw influent is being processed, the particles are not coated with oil and grease as they would be in typical influent; without the coating the specific gravity is higher (2.5-2.7), thereby enhancing the efficiency and efficacy of the separation. Additional benefits are gained by separation of the inerts from biological solids in that the inerts dewater to high solids contents, approaching 60-75%. Cyclone selection is such that biosolids, having a specific gravity of <1.05, are not concentrated into the underflow.

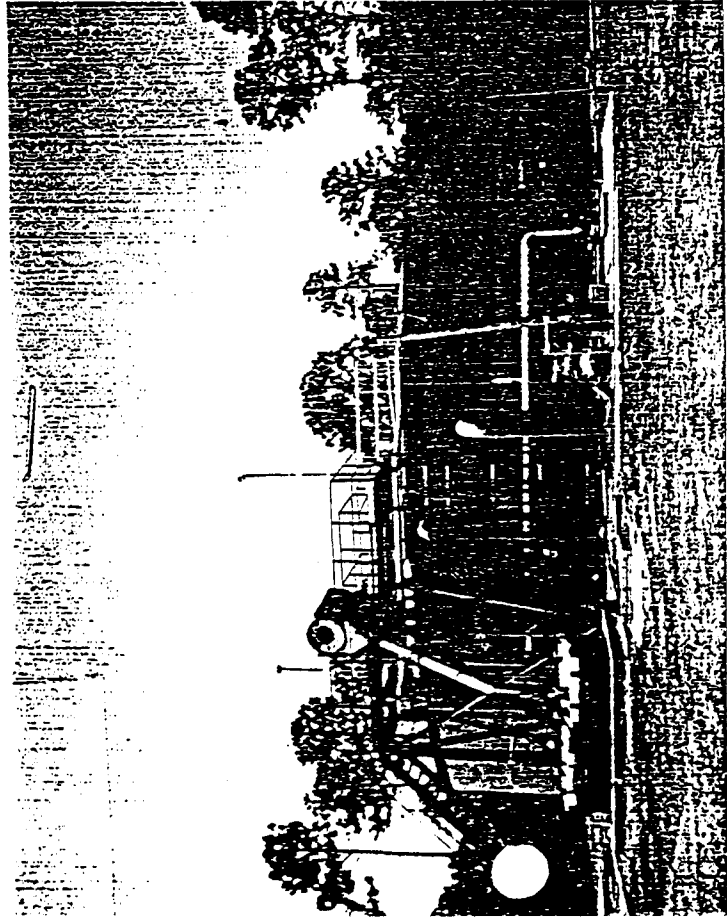
The combination of removing trash and sand on the basis of size and removing inerts on the basis of specific gravity achieves the net effect of returning "clean" biological solids (RAS) to the treatment process. The recirculating nature of the RAS avoids the



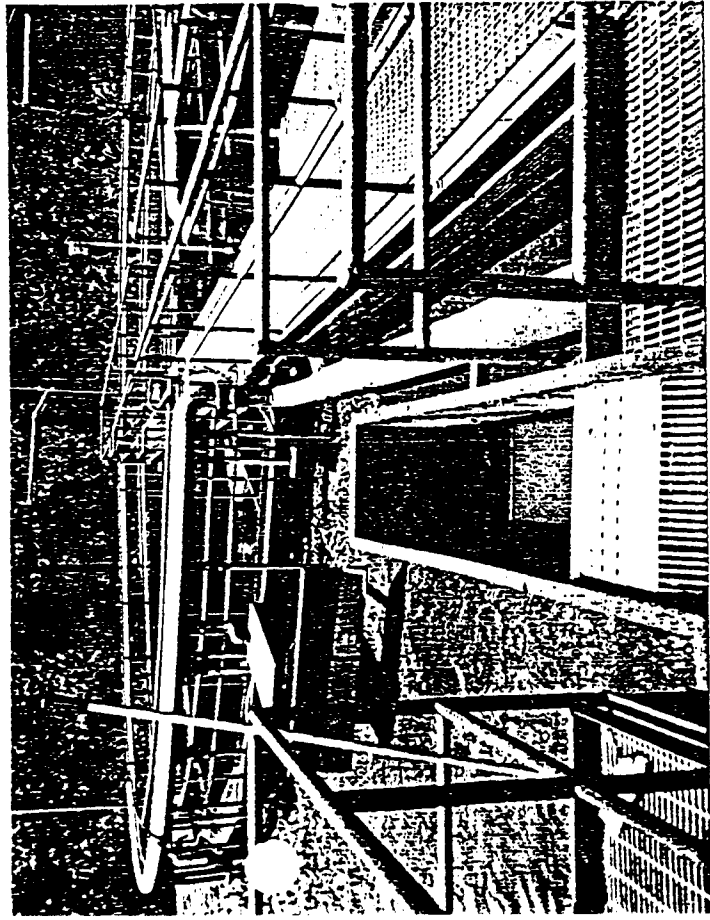
HYCOIL - REMOVES FINEST SOLIDS



REGENTION

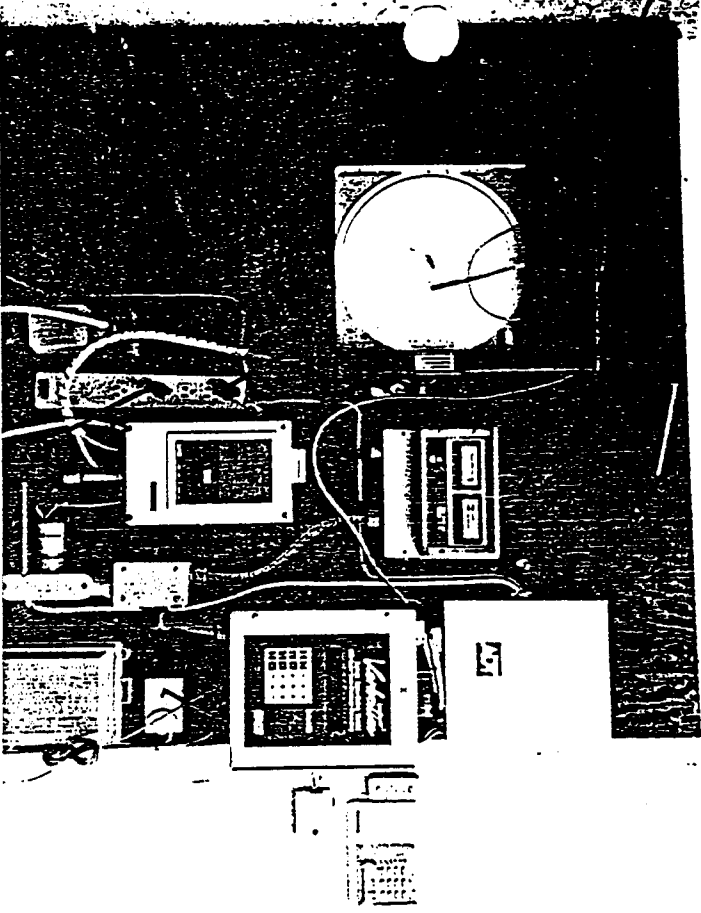


WWTP - NEW KAYGER HYCOIL SYSTEM

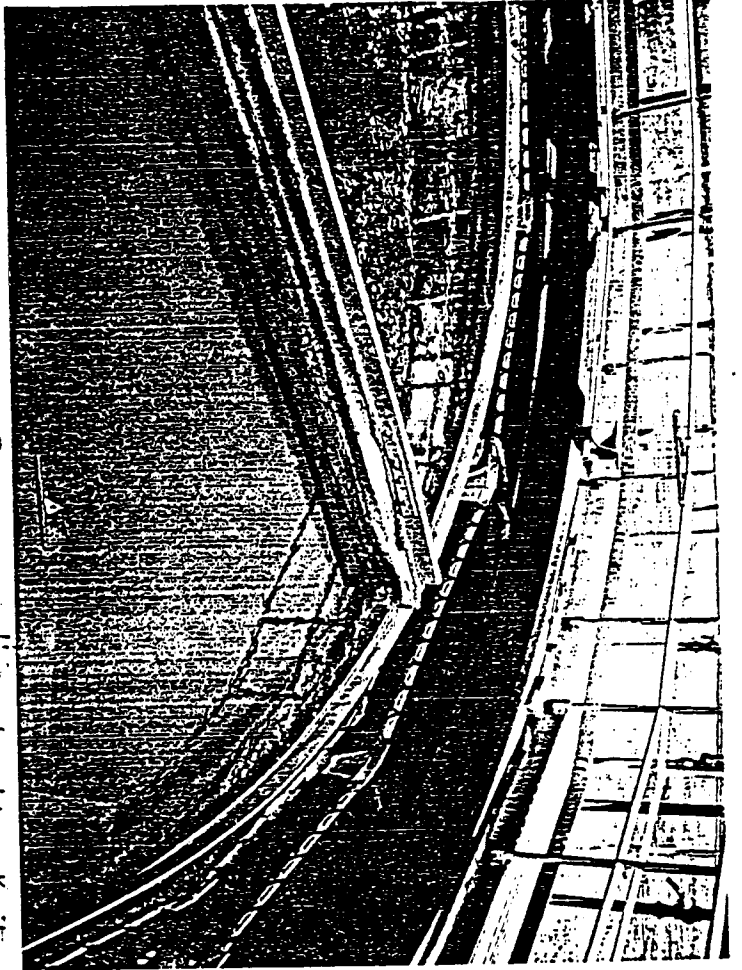


REGENTION

01. Power cables

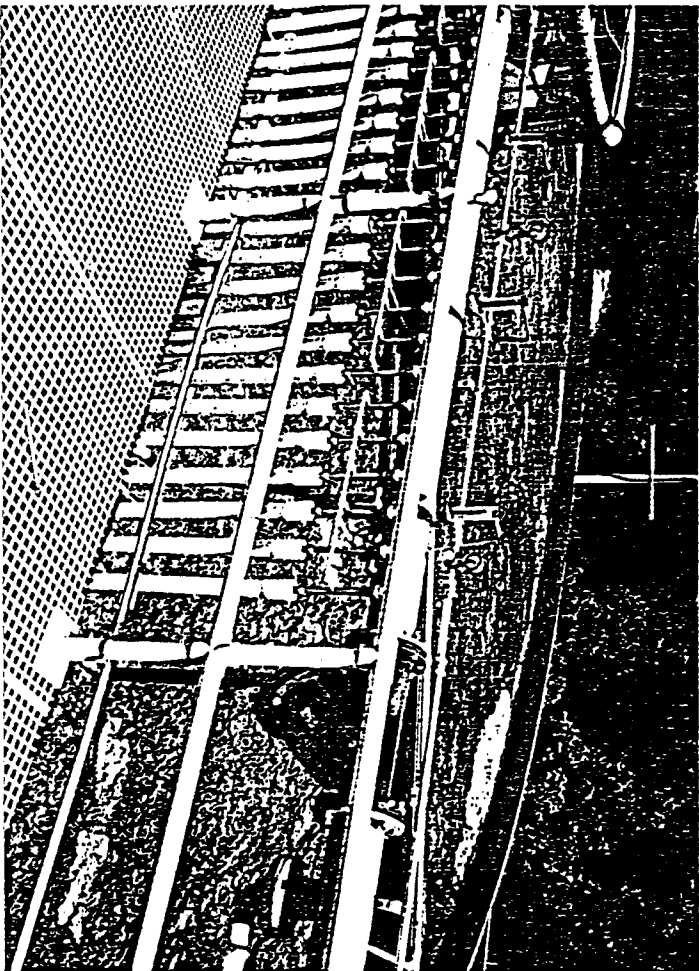


CLASSIFIED



CLASSIFIED - Fuel element - Gradually being reduced.

WIRE REPAIR DISSEMINATION



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ - OPTIONAL

Name and Physical Location of Facility <b>SAN PABLO WWTTP</b>	CMS ID: <b>3116PD1984</b>	County <b>DUVAL</b>	Entry Date/Time <b>7/18/95</b>
		Phone <b></b>	@ Exit Time/Date <b>7/18/95</b>

Name(s) of Field Representative(s) <b>MILTON DEVEREAUX</b>	Title <b>OPERATOR</b>	Phone <b></b>
---	--------------------------	------------------

Name and Address of Permittee or Designated Representative Certification #: <b>Philip Heil</b> <b>United Water Florida</b> <b>1400 Millcoe Road</b> <b>Jacksonville, FL 32225-4442</b>	Title <b>Vice President</b>	Phone <b></b>	@ Operator <b></b>
--	--------------------------------	------------------	-----------------------

Inspection Type:  **PAI**    Samples Taken (Y/N): **N**    @ Sample ID#: **N/A**    Sample Split (Y/N): **N**

**Domestic**     **Industrial**    Wre Photos Taken (Y/N): **N**    @ Log Book Volume: **II**    @ Page: **31**

In Compliance With Permit Conditions (Y/N): **Y**

Recommended Actions: **see cover letter**

Name (s) and Signature(s) of Inspector(s) <b>Ed M. Hernandez</b> <i>[Signature]</i>	District Office/Phone Number <b>NED 448-4330</b>	Date <b>7/25/95</b>
--	---	------------------------

@ Signature of Reviewer <b>Kristen Smeltzer</b> <i>[Signature]</i>	District Office/Phone Number <b>K341</b>	Date <b>7-27-95</b>
---	---	------------------------

**IF FACILITY COMPLIANCE AREAS EVALUATED**

S=Satisfactory, M=Marginal, U=Unsatisfactory, Blank=Not evaluated, See Comments

<b>S</b>	1. Permit	<b>S</b>	6. Sampling	<b>S</b>	11. Effluent
	2. Compliance Schedules		7. Self-Monitoring Program		12. Groundwater
	3. Pretreatment	<b>M</b>	8. Facility Site Review	<b>S</b>	13. Disposal Method
<b>S</b>	4. Records & Reports		9. Flow Measurement		14. Residuals Management
<b>S</b>	5. Laboratory	<b>S</b>	10. Operation & Maintenance		15. Other

Fill Out this Section For All Surface Water Discharger Inspections: (CE, CSI, CBI, PAI, XSI, RI)

Transaction Code	NPOES Number	YR/MO/DA	Inspection Type	Inspector	Fac Type
1 <input type="checkbox"/> 2 <b>5</b> 3 <b>FL0024767</b>	11 <input type="checkbox"/> 12 <input type="checkbox"/>	17 <input type="checkbox"/> 18 <input type="checkbox"/>	19 <input type="checkbox"/> 20 <input type="checkbox"/>	Remarks	

Inspection type (Field 18): A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI

Inspector Code (Field 19): S=State, J=Joint EPA/State, EPA Lead, T=Joint State/EPA, State Lead, L=Local

Facility type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic

3=Agricultural, 4=Federal

Every other field is self-explanatory

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
NORTHEAST DISTRICT  
7578 BAYMEADOWS WAY, B200  
JACKSONVILLE, FL 32256

JACKSONVILLE SUBURBAN UTILITIES, INC.

PERFORMANCE AUDIT INSPECTION

JANUARY 30, 1995

BY  
JIM WRIGHT  
ENVIRONMENTAL MANAGER

OBJECTIVE

The analytical laboratory provides both qualitative and quantitative information for determining the extent of permittee compliance. The data should accurately describe the characteristics and concentrations of constituents in the samples submitted to the laboratory. The objective of this survey was to determine if the analyses performed and the data reported by this laboratory meets these criterion.

Jacksonville Suburban Utilities, Inc. is a contract operator/laboratory for numerous wastewater plants in northeast Florida including the Ponce de Leon, Royal Lakes, and others.

CONCLUSIONS

I recommend analytical data from this laboratory be accepted.

LABORATORY PERSONNEL

Scott Turner

Laboratory Director, Analyst

ANALYSES REVIEWED

Fecal Coliform

BOD

TSS

DEFICIENCIES

None





# Department of Environmental Protection

Don  
Kelle ✓ (1)  
Fls - Compliance  
inspect - SSF

Lawton Chiles  
Governor

Northeast District  
7825 Baymeadows Way, Suite B200  
Jacksonville, Florida 32256-7590

Virginia B. Wetherell  
Secretary

August 6, 1997

Mr. Robert P. Todd  
Vice President  
Sunray Utilities - St. Johns, Inc.  
Post Office Box 1708  
Fernandina Beach, Florida 32034

Post-it <sup>®</sup> Fax Note	7671	Date	8-8-97	# of pages	20
To	Tom Griffiths	From	Charlene Nagle		
CO. / REPT.	UWF	Co.	Sunray		
Phone #	904-	Phone #	904-261-2918		
Fax #	904-721-4680	Fax #	904-277-4465		

Dear Mr. Todd:

St. Johns County - Domestic Waste  
Sunray Utilities (St. Johns Forest WWTP)  
Compliance Sampling Inspection

A Compliance Sampling Inspection was conducted at the Sunray Utilities (St. Johns Forest) Wastewater Treatment Plant on July 28, 1997. The following comments are for each area evaluated during the inspections:

### PERMIT

The facility is permitted as 0.070 MGD extended aeration wastewater treatment plant with high level disinfection and chlorinated reclaimed water discharged to two unsealed holding ponds and then to a 100 acre public access golf course spray irrigation system.

Operation Permit D055-245214 was issued April 25, 1994 and expires April 25, 1999.

### FACILITY SITE REVIEW

The facility is secured within a fence with a locked gate. The grounds were clean and well maintained.

**Aeration:** The contents of the aeration tanks had good mixing and aeration was evenly dispersed. The mixed liquor in the aeration chambers was a satisfactory brown color.

**Clarifier:** The clarifier was clean and had an adequate depth to the sludge blanket.

**Disinfection:** Chlorine gas provides disinfection of the effluent. The 150 pound cylinders were on-scale and a fan was provided. Effluent from the chlorine contact chamber was clear.

**Digester:** This unit was aerated and had approximately two feet of freeboard.

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility: ST. JOHNS FOREST WWTFF  
 GHS ID#: 3155 PO 241  
 County: ST. JOHNS  
 Entry Date/Time: July 28, 1997  
 2 miles W. of I.95 off of S.R. 210.  
 ST. JOHNS County, FLORIDA. (3155 X 1269)  
 Phone: @ Exit Time/Date

Name(s) of Field Representative(s): Michael Acres - Operator  
 Title: (S.S. Route 721-4646)  
 United Water Florida -  
 Phone:

Name and Address of Permittee or Designated Representative: Mr. Robert P. Todd, Vice President  
 Title:  
 Phone: @ Operator Certification #  
 Sunray Utilities - St. Johns, Inc.  
 Post Office Box 1708, Fort Meade Ranch, Ph. 32074.

Inspection Type:  C  S  I  
 Samples Taken (Y/N): Y @ Sample ID#: Samples Split (Y/N):  
 Domestic  Industrial Were Photos Taken (Y/N): Y @ Log book Volume: II @ Page: 39, 40

In Compliance With Permit Conditions (Y/N): N

Recommended Actions: Letter to Permittee - TSS violations - Feed-back

Name(s) and Signature(s) of Inspector(s): Kathleen J. Oberndorf  
 District Office/Phone Number: FL DEP - (904) 445-4330 x338  
 Date:

@ Signature of Reviewer: Kristen Smeltzer  
 District Office/Phone Number: x341  
 Date: 8-6-97

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory M=Marginal U=Unsatisfactory Blank=Not Evaluated See Comments

S	1. Permit D055-245214	6. Sampling	U	11. Effluent
	2. Compliance Schedule	7. Self-Monitoring Program		12. Groundwater
	3. Pretreatment	S	8. Facility Site Review	M
S	4. Records and Reports		9. Flow Measurement	13. Disposal Method 2 ponds
	5. Laboratory		10. Operation and Maintenance	14. Residuals Management
				15. Other

Fill Out This Section For All Surface Water Discharge Inspections (C, S, I, PA, X, SI, RI)

Transaction Code: 1 2 5 3  
 NPDES Number: 11 12  
 YR/MO/DA: 17 18 19 20  
 Inspector: 19  
 Fac Type: 20  
 Remarks:

21  
 Inspection Type (Field 18): A=PA, B=SI, S=CS, X=XS, R=RI, C=C  
 Inspection Code (Field 19): 25 State, 3=Joint EPA/State, EPA Lead, 4=Joint State/EPA, State Lead  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial, 3=Private, 4=Domestic  
 Eval Code (Field 21): 1=Self-Inspection

### PLANT CONDITION DURING INSPECTION

Plant Description: This facility is permitted as a 0.0070 mgd  
STP with secondary level of treatment and high level of disinfection  
 Chlorination of reclaimed water discharging to two unsewered holding ponds  
 Lift Stations: # master/lift stations 3 # pumps 2 hp Alarms Auditors Visible  
 Conditions No cracks overhead or excessive excess overflow at any location  
 Influent: Bar screen Static Screen Pretreatment  
 Aeration: Color (and) Brown Mixing adequate Condition Satisfactory 5  
7.5 and 10 HP  
 Blowers: # 2 hp, Timer yes Conditions satisfactory  
 Clarifiers # 1 Blanket Depth        feet Weir level yes  
 Appearance sludge blanket was 2' / 45 SWD units was clear: Good settling.  
 Chlorine Contact Chamber: baffled, Appearance clean, clean effluent.  
 Disinfection Method: chlorine gas.  
 Dechlorination Method: -  
 Filters: # -None- Backwash Freq.        Media Condition         
 Digester: freeboard 2' feet Appearance wastes 3x/week and 5000 gal hauled every 2nd  
 Sludge Beds # - Appearance         
 Effluent Pump: # 2 pumps, Conditions         
 Outfall Appearance: flow goes from 2 holding ponds to lake - lake was clean -  
effluent appeared clear.  
 Sampling Location:        Composited by Time Flow From pond to lake to  
 Land Application: Pond # 2 Freeboard        Drainfield #        Sprayfield # 100 acre golf course  
 Appearance ponds - one dug out & scheduled to be cleaned after dig.  
 Records: MORS Permit Chain-of-Custody Forms Lab Analyses  
 Comments very good records  
 On-Site Log: satisfactory, operators initials, in last 7 days, Q, pH, OR, PO  
 Lead Operator: Michael Acres # Staff 2 Hours Staffed 7x/week 1/2 hr to 1 hr per  
 Process Control: Target MLSS        mg/l, Last MLSS        mg/l Sludge Wasting Freq. 3x/week  
sporadic - 5000 gal hauled every 2 months  
 Flow Measurement: Type ultrasonic Calibrated        Inst. Flow        Condition       

Lab:         
 Plant: enced, locked, RPZ insp date 4/30/97 Condition Satisfactory  
 Other: \* need date that RPZ was inspected, need daily calibrat of chlorine meter.  
pH = 7.0 - ch > 200 ppm \* ponds need cleaning  
\* Hose hanger needed for safety - hose layin - walkway.  
\* Sections of handrail need replacement.

Flow to golf course lake during inspection - 5 ppm TSS - limit.

(6)

GMST36 3155X12695 050053 080082 000530 031616

07/30/97  
13:43:30

PARAMETER RESULT TRENDS

O Y

FOR 3155P02141 - ST. JOHNS FOREST

SITE NAME - S.T.P. FINAL EFFLUENT ST JOHNS FO

RPT DATE	FLOW, MONTH AVG 050053 MGD	BIOCHEM OXY DEM 080082 MG/L	RES SUSP 000530 MG/L	FECAL COLI MI 031616 #/100
06/00/97	.031	2.2	5.	3.0
05/00/97	.031	11.9	9.	2.0
04/00/97	.032	7.7	14.	1.0
03/00/97	.024	11.6	14.	2.0 1.2
02/00/97	.021	8.1	8.	2.0 1.4
01/00/97	.022	5.9	8.	2.0 1.2
12/00/96	.021	4.4	9.	4.0 1.9
11/00/96	.019	7.2	11.	12.0 2.0
10/00/96	.010	3.6	3.	1.0
09/00/96	.006	5.5	5. L	1.0
08/00/96	.007	6.5	5. L	8.0
07/00/96	.007	4.7 K	5. L	1.0 K
06/00/96	.003	6.5	4. L	7.0
05/00/96	.004	6.0	4. K	1.0 K
AVERAGE:	0.00751	4.90317	4.41270	1.85532
STD DEV:	0.00775	2.04025	3.00228	2.22465

XMIT HERE FOR NEXT PAGE

GMST36 3155X12695 000620 900243

07/30/97  
13:43:55

PARAMETER RESULT TRENDS

O Y

FOR 3155P02141 - ST. JOHNS FOREST

SITE NAME - S.T.P. FINAL EFFLUENT ST JOHNS FO

RPT DATE	NO3 N 000620 MG/L	CHLOR RES, MIN 900243 MG/L
06/00/97	.120	1.5
05/00/97	.160	2.0
04/00/97	.050 <	2.0
03/00/97	.220	1.5
02/00/97	.390	1.0
01/00/97	1.400	1.1
12/00/96	11.330	.9
11/00/96	.270	1.0
10/00/96	4.600	1.8
09/00/96	9.300	3.7
08/00/96	5.100	5.0
07/00/96	10.000	3.1
06/00/96	13.650	5.0
05/00/96	.550	1.8
AVERAGE:	2.21487	1.63968
STD DEV:	2.92473	0.78854

XMIT HERE FOR NEXT PAGE

7

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
NORTHEAST DISTRICT  
7825 BAYMEADOWS WAY, SUITE B-200  
JACKSONVILLE, FL 32256-7577

SAMPLE ID NO.: 970496 DATE: 1997/07/28  
SAMPLE SOURCE: ST. JOHNS FOREST WWTP TIME: 1155  
STATION NUMBER: SAMPLER: K.H.GERARD  
STATION LOCATION: EFFLUENT

Fixed monitoring: State: Special Project: Dredge & Fill:  
NPDES: Intensive Survey: Response Operation:  
Domestic Waste: X Other:

SAMPLE SUPPORTS Compliance: X Enforcement:

FIELD MEASUREMENTS

Total depth: Sample depth : Water temp. (oC):  
pH : Conductivity : Dissolved Oxygen:  
Secchi : Stream Velocity: Salinity :

WEATHER CONDITIONS : 90 o F SUNNY

LABORATORY MEASUREMENTS

PARAMETER PARAMETER  
Turbidity (NTU) : Color (PtCo) :  
Conductivity (uMHO): pH (standard units) :

The following values are in ppm.

COD : CBOD : <2  
Oil & Grease : T.D.S @ 180 C. :  
Dissolved Oxygen : BOD :  
TOT SS : 2 TOT SOLIDS :  
VOL SS : VOL TOT.SOLIDS :  
FIX SS : FIX TOT.SOLIDS :

TOTAL HARDNESS as CaCO3: TOTAL ALKALINITY:

SETTLABLE MATTER:

COMMENTS:

SAMPLE CUSTODY

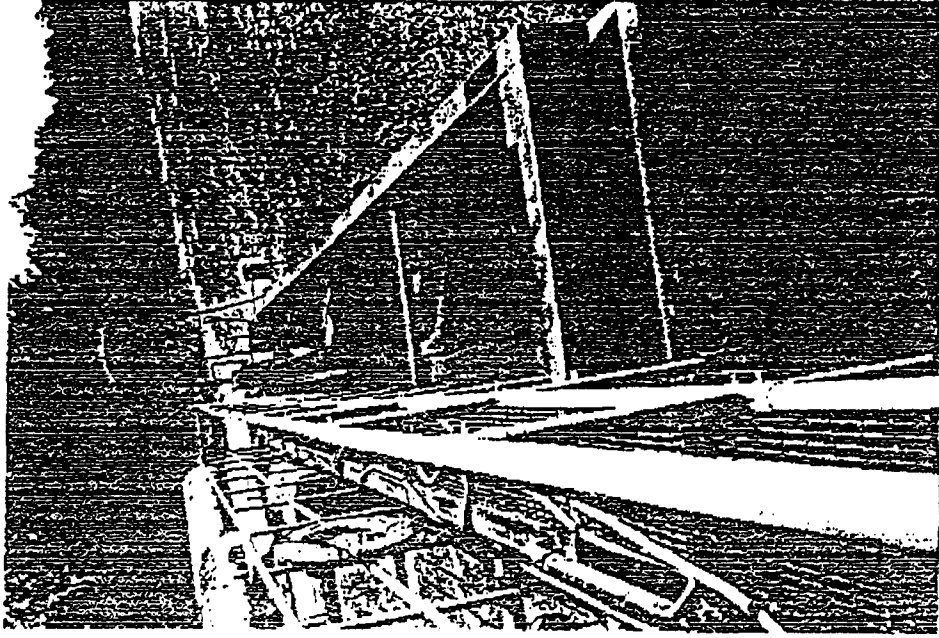
SAMPLE RELEASED TO : BIPIN ADHYARU

DATE: 1997/07/29 TIME: 0730

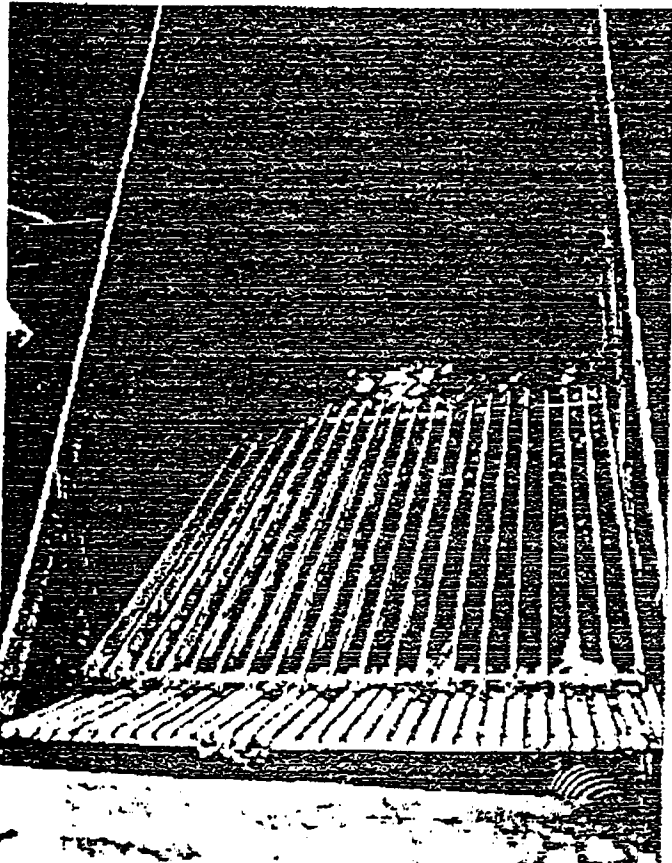
PRESERVATION : ICE

REPORTED BY : BIPIN ADHYARU DATE: 1997/08/04

July 20 1977



Aeration units



Bar screen



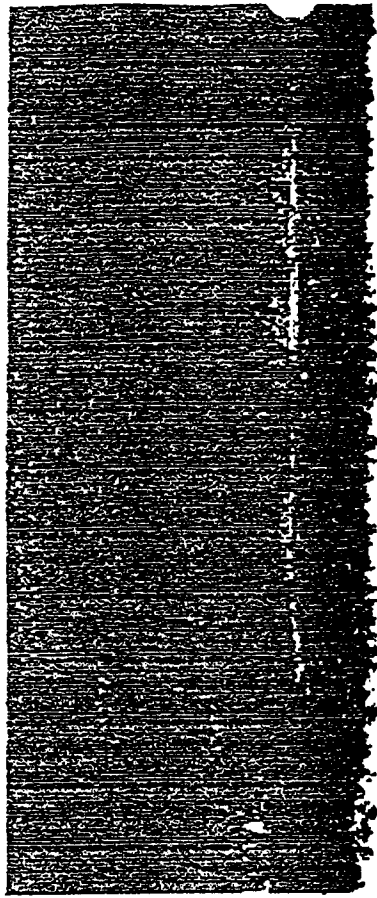
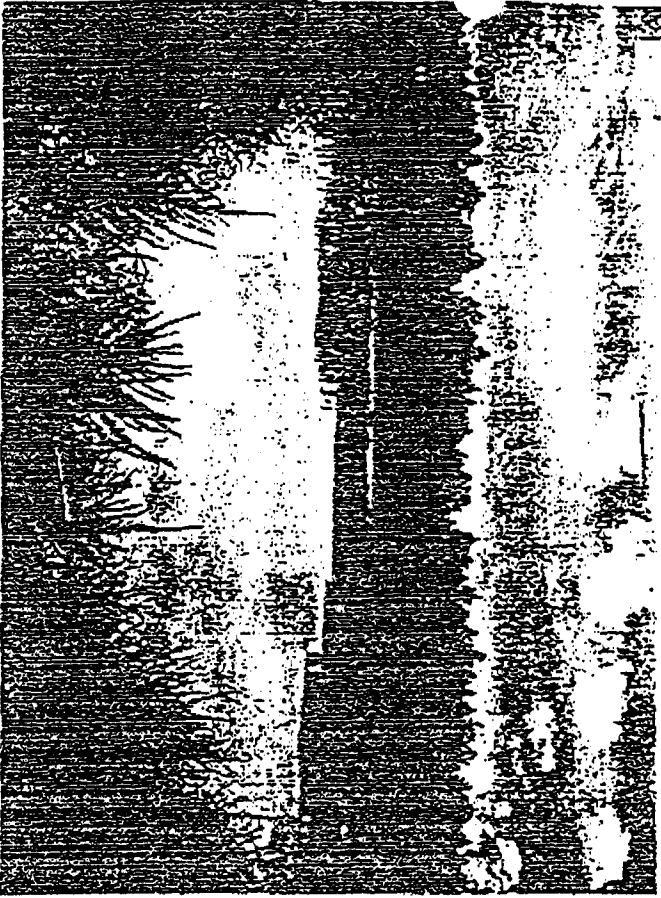
Ultrasonic motor 40 ccc

P.05

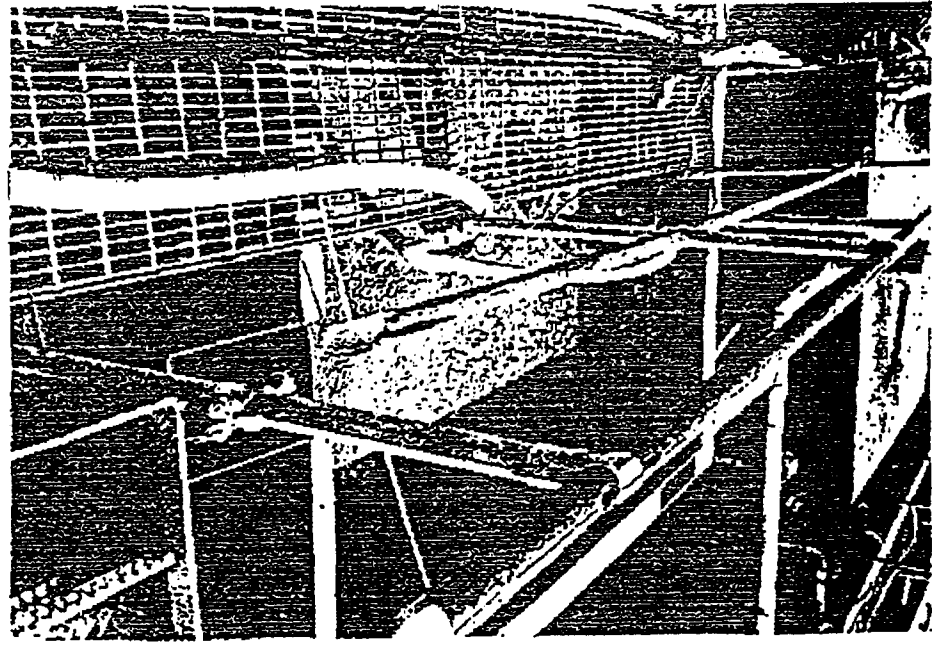
Aug-08-97 01:29P

9

1. Overhead Plane toward aft



ST. JOHNS FOREST WORTH

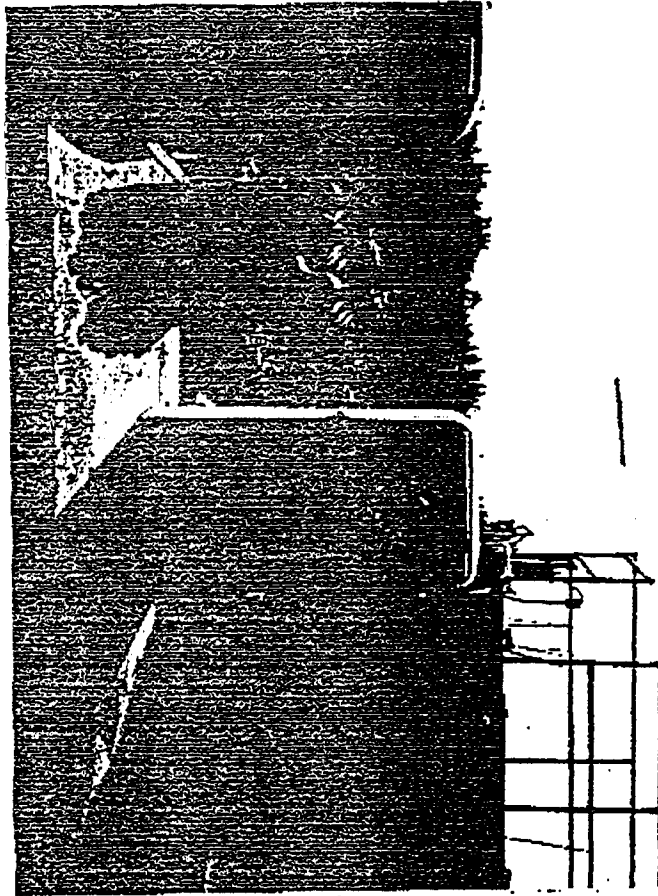


Sections of Hydraulics need replacement.

JULY 26 1992

(10)

Chlorine gas cylinders.





WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

© - OPTIONAL

Name and Physical Location of Facility: ST. JOHN'S NORTH WWTFF  
 CMS ID: ST-JOHNS  
 County: ST. JOHNS  
 Entry Date/Time: 9/5/11/13  
 Name(s) of Field Representative(s): ST. JOHN'S COMPANY, ET AL.  
 Phone: 951/113  
 Name and Address of Permittee or Designated Representative: LARRY WILEY - OPERATOR - UNITED WATER FLORIDA  
 Title: OPERATOR  
 Phone: 951/113  
 Certification #: ME PHILIP WELT, VICE PRESIDENT, UNITED WATER FLORIDA  
 1400 MILLCOE ROAD  
 JACKSONVILLE, FL. 32225

Inspection Type:  C/SI  Industrial  
 Samples Taken (N/N): 4 @ Sample ID#: 4  
 Samples Spk (N/N): 3 @ Page: 25/26  
 Were Photos Taken (N/N): 4 @ Log Book Volume: 3

In Compliance With Permit Conditions (N/N): 4  
 Recommended Actions:

Name(s) and Signature(s) of Inspector(s): *St. John's*  
 District Office/Phone Number: FL DEP (904) 448-4330  
 Date:   
 Signature of Reviewer: *Kristen Smother*  
 District Office/Phone Number: *2-26-96*  
 Date: *2-26-96*

FACILITY COMPLIANCE AREAS EVALUATED

S = Satisfactory; M = Marginal; U = Unsatisfactory; Blank = Not Evaluated; See Comments

1. Permit Doss - 236590	S	6. Sampling	S
2. Compliance Schedules		7. Self-Monitoring Program	
3. Pretreatment	S	8. Facility Site Review	S
4. Records & Reports	S	9. Flow Measurement	S
5. Laboratory	S	10. Operation & Maintenance	
		11. Effluent	S
		12. Groundwater	
		13. Disposal Method	S
		14. Residuals Management	
		15. Other	

Fill Out This Section For All Surface Water Discharge Inspections (CEI, CSI, CBI, PAI, XSI, RI)

Transaction Code:   
 NPDES Number:   
 YR/M/D:   
 Inspectors:   
 Fac Type:   
 Remarks:   
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Inspection Type (Field 18): A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI  
 Inspector Code (Field 19): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead, L=Local  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic  
 3=Agricultural, 4=Federal  
 Every other field is self explanatory.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
NORTHEAST DISTRICT  
7825 BAYMEADOWS WAY, SUITE B-200  
JACKSONVILLE, FL 32256-7577

SAMPLE ID NO.: 950457 DATE: 1995/11/13  
SAMPLE SOURCE: ST.JOHNS NORTH WWTP TIME: 1500  
STATION NUMBER: SAMPLER: BOUMAN/GERARD  
STATION LOCATION: FINAL EFFLUENT

Fixed monitoring: State: Special Project: Dredge & Fill:  
NPDES: Intensive Survey: Response Operation:  
Domestic Waste: X Other:

SAMPLE SUPPORTS Compliance: X Enforcement:

FIELD MEASUREMENTS

Total depth:	Sample depth	: 0.5	Water temp. (oC):	22.2
pH	:	6.44	Conductivity	: 1015
Secchi	:		Dissolved Oxygen:	6.55
			Stream Velocity:	
			Salinity	: 0.5

WEATHER CONDITIONS : PTLY CLOUDY, COOL, SLIGHT BREEZE

LABORATORY MEASUREMENTS

PARAMETER		PARAMETER	
Turbidity (NTU)	:	Color (PtCo)	:
Conductivity (uMHO):		pH (standard units)	:

The following values are in ppm.

COD	:	CBOD	:	<2
Oil & Grease	:	T.D.S @ 180 C.	:	
Dissolved Oxygen	:	BOD	:	
TOT SS	:	3	TOT SOLIDS	:
VOL SS	:		VOL TOT.SOLIDS	:
FIX SS	:		FIX TOT.SOLIDS	:

TOTAL HARDNESS as CaCO3:

T.D.S 180 o C:

TOTAL ALKALINITY:

SETTLABLE MATTER:

COMMENTS:

SAMPLE CUSTODY

SAMPLE RELEASED TO : BIPIN ADHYARU

DATE: 1995/11/14

TIME: 0730

PRESERVATION : ICE

REPORTED BY : BIPIN ADHYARU

DATE: 1995/11/20

Sample ID: 122461/95-NOV-14-17-05 Matrix: W-EFFLUENT  
 Location: ST.JOH NORTH STP  
 Field ID: 3155P00425  
 Collected: 13-NOV-1995 15:00 By: RUTH BOWMAN  
 Authorized: 22-NOV-1995 By: Kate Brackett  
 Type: Grab Sample  
 Lab Comments: DEP TEMP=4DC/PHK2  
 Field Comments: DO=6.55

122461/95-NOV-14-17-05 Continued on Page 5

Analysis ID: W-TP  
 Total Phosphorous in water samples by Method 365.1, 365.2 or 365.4  
 Prepared: 15-NOV-1995 09:20 By: Vijaya Reddy  
 Analyzed: 16-NOV-1995 14:00 By: Virginia Harmon  
 Authorized: 17-NOV-1995 By: Colin Wright

Storet#	Analyte	Value	Units
00665	Total-P	4.2	mg P/L

Analysis ID: W-NH3  
 Ammonia analysis of water by Method 350.1  
 Prepared: NA By:  
 Analyzed: 16-NOV-1995 13:30 By: Virginia Leavell  
 Authorized: 20-NOV-1995 By: Colin Wright

Storet#	Analyte	Value	Units
00610	Ammonia-N	5.3	mg N/L
Comment	None		

Analysis ID: W-NO2NO3  
 Nitrite + nitrate analysis of water by Method 353.2  
 Prepared: NA By:  
 Analyzed: 15-NOV-1995 14:05 By: Raul Ramirez  
 Authorized: 20-NOV-1995 By: Colin Wright

Storet#	Analyte	Value	Units
00630	NO2NO3-N	11	mg N/L
Comment	None		

Analysis ID: W-TKN  
 Total Kjeldahl Nitrogen in water samples by Method 351.2  
 Prepared: 15-NOV-1995 09:20 By: Vijaya Reddy  
 Analyzed: 16-NOV-1995 09:51 By: Virginia Harmon  
 Authorized: 17-NOV-1995 By: Colin Wright

Storet#	Analyte	Value	Units
00625	N_KJEL_TOT	6.3	mg N/L
Comment	None		

Sample ID: 12246/95-NOV-14-24-02 Matrix: W-EFFLUENT  
 Location: ST. JOHNS NORTH STP  
 Field ID: 3155P00425  
 Collected: 13-NOV-1995 15:00 By: RUTH BOWMAN  
 Authorized: 20-NOV-1995 By: Landon Ross  
 Type: Grab Sample  
 Lab Comments: DEP TEMP=4DC  
 Field Comments: DO=6.55

Analysis ID: FCOLI-MF  
 Fecal Coliforms-Membrane Filter  
 Prepared: NA By:  
 Analyzed: 14-NOV-1995 12:30 By: Melva Campos  
 Authorized: 20-NOV-1995 By: Landon Ross  
 Sample exceeded holding time prior to analysis.

Storet#	Analyte	Value	Units
31616	Fecal Coliforms-Membrane Filter	1 KQ	/100ML

Analysis ID: TCOLI-MF  
 Total Coliforms-Membrane Filter  
 Prepared: NA By:  
 Analyzed: 14-NOV-1995 12:30 By: Melva Campos  
 Authorized: 20-NOV-1995 By: Landon Ross  
 Sample exceeded holding time prior to analysis.

Storet#	Analyte	Value	Units
31501	Total Coliforms-Membrane Filter	10 Q	/100ML

Sample ID: 122458/95-NOV-14-17-02 Matrix: W-EFFLUENT  
 Location: ST. JOHNS NORTH STP  
 Field ID: 3155P00425  
 Collected: 13-NOV-1995 15:00 By: RUTH BOWMAN  
 Authorized: 22-NOV-1995 By: Kate Brackett  
 Type: Grab Sample  
 Lab Comments: DEP TEMP=4DC, COLLECTION TIME ON BOTTLE IS 13:00  
 Field Comments: DO=6.55

Analysis ID: W-PO4  
 Orthophosphate analysis of water samples by Method 365.1  
 Prepared: NA By:  
 Analyzed: 15-NOV-1995 11:45 By: Allison Bloodsworth  
 Authorized: 17-NOV-1995 By: Mehrzad Emad

Storet#	Analyte	Value	Units
70507	O-Phosphate-P	4.0	mg P/L
Comment	None		

Sample ID: 122462/95-NOV-14-17-06    Matrix: W-TRIP-BLK  
 Location: NE-JAX-WTM  
 Field ID: TRIP BLANK  
 Collected: 13-NOV-1995 09:30    By: RUTH BOWMAN  
 Authorized: 22-NOV-1995    By: Kate Brackett  
 Type: Grab Sample  
 Lab Comments: DEP TEMP=4DC/PH=2  
 Field Comments: DO=7.25

Analysis ID: W-NH3  
 Ammonia analysis of water by Method 350.1  
 Prepared: NA    By:  
 Analyzed: 16-NOV-1995 13:30    By: Virginia Leavell  
 Authorized: 20-NOV-1995    By: Colin Wright

Storet#	Analyte	Value	Units
00610	Ammonia-N	0.020 U	mg N/L
Comment	None		

Analysis ID: W-NO2NO3  
 Nitrite + nitrate analysis of water by Method 353.2  
 Prepared: NA    By:  
 Analyzed: 15-NOV-1995 14:05    By: Raul Ramirez  
 Authorized: 20-NOV-1995    By: Colin Wright

Storet#	Analyte	Value	Units
00630	NO2NO3-N	0.020 U	mg N/L
Comment	None		

Analysis ID: W-TKN  
 Total Kjeldahl Nitrogen in water samples by Method 351.2  
 Prepared: 15-NOV-1995 09:20    By: Vijaya Reddy  
 Analyzed: 16-NOV-1995 09:51    By: Virginia Harmon  
 Authorized: 17-NOV-1995    By: Colin Wright

Storet#	Analyte	Value	Units
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122462/95-NOV-14-17-06/W-TKN

Continued on Page 7

Storet#	Analyte	Value	Units
00625	N_KJEL_TOT	0.060 U	mg N/L
Comment	None		

Analysis ID: W-TP

Total Phosphorous in water samples by Method 365.1, 365.2 or 365.4

Prepared: 15-NOV-1995 09:20 By: Vijaya Reddy

Analyzed: 16-NOV-1995 14:00 By: Virginia Harmon

Authorized: 17-NOV-1995 By: Colin Wright

Storet#	Analyte	Value	Units
00665	Total-P	0.015 U	mg P/L
Comment	None		

Sample ID: 122463/95-NOV-14-17-07 Matrix: W-EFFLUENT

Location: ST.JOHNSON NORTH STP

Field ID: 3155P00425

Collected: 13-NOV-1995 15:00 By: RUTH BOWMAN

Authorized: 22-NOV-1995 By: Kate Brackett

Type: Grab Sample

Lab Comments: DEP TEMP=4DC

Field Comments: DO=6.55

Analysis ID: W-NO3-IC

Nitrate analysis in water samples by Method 300.0

Prepared: NA By:

Analyzed: 14-NOV-1995 17:45 By: Dawn Dolbee

Authorized: 15-NOV-1995 By: Mehrzad Emad

Storet#	Analyte	Value	Units
00620	Nitrate-N	11 A	mg N/L
Comment	None		

**WASTEWATER COMPLIANCE INSPECTION REPORT**

**FACILITY AND INSPECTION INFORMATION**

Ⓞ = Optional

Physical Location of Facility  
*oco Service Station*  
*to Road 200 @ I-95*  
*44, FL 32059*

CMS ID:

County  
*Nassau*  
 Phone

Entry Date/Time  
*11/12/96 1320*  
 Ⓞ Exit Time/Date  
*1350*

name(s) of Field Representative(s)

Title

Phone

*Ken Snyder* *Operator*

Name and Address of Permittee or Designated Representative

Title

Phone

Ⓞ Operator Certification #

*Philip Heil*  
*United Water Florida*  
*1400 Millco Rd.*  
*Jacksonville, FL 32225*  
*Vice President*

Inspection Type

R  I

Samples Taken (Y/N): *N*

Ⓞ Sample ID#:

Samples Split (Y/N):

Domestic

Industrial

Were Photos Taken (Y/N): *N*

Ⓞ Log book Volume: *II*

Ⓞ Page *71-72*

In Compliance With Permit Conditions (Y/N):

Recommended Actions *See Attached*

Name(s) and Signature(s) of Inspector(s)

District Office/Phone Number

Date

*HEATHER WELBY Heather Welby* *NAJ/ 904-448-4330 ext 343* *12/3/96*

Ⓞ Signature of Reviewer

District Office/Phone Number

Date

*Kristen Smeltzer Kristen Smeltzer* *x341* *12-3-96*

**FACILITY COMPLIANCE AREAS EVALUATED**

S=Satisfactory, M=Marginal, U=Unsatisfactory, Blank=Not Evaluated, See Comments

<i>S</i>	1. Permit		6. Sampling		11. Effluent
	2. Compliance Schedule		7. Self-Monitoring Program		12. Groundwater
	3. Pretreatment	<i>S</i>	8. Facility Site Review	<i>S</i>	13. Disposal Method
<i>S</i>	4. Records and Reports	<i>S</i>	9. Flow Measurement		14. Residuals Management
	5. Laboratory	<i>M</i>	10. Operation and Maintenance		15. Other

~~Fill Out This Section For All Surface Water Discharger Inspections (CBI, CSI, PAI, XSI, RI)~~

Transaction Code

NPOES Number

YR/MO/DA

Insp Type

Inspector

Fac Type

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Remarks

Inspection type (Field 18) A=PAI, B=GBI, S=CSI, X=XSI, R=RI  
 Inspection Code (Field 19) S=State, J=Joint EPA/State, EPA Lead, T=Joint State/EPA, State Lead  
 Facility Type (Field 20) 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic  
 3=Agricultural, 4=Federal  
 Every other field is self explanatory