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Rhema Business Services, Inc. 1344 Vickers Drive Tallahassee, FL 32303-3041

(850) 562-9886 (850) 562-9887 FAX ORIGINAL

January 8, 1999

Division of Records and Reporting Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

Re: Docket No. 981338-WS, Application of PLANTATION LANDINGS, LTD. for Grandfather Water and Wastewater Certificates in Polk County, Florida

Gentlemen:

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Enclosed are the original and five (5) copies of the Plantation Landings, Ltd. response to John D. Williams' letter of November 16, 1998, the original revised maps, and the original and two (2) copies of the modified tariff sheets. Each item in that letter is addressed in the order it appeared.

1. Rate Authority. The Board of Commissioners of Polk County considered this utility exempt from its regulation, due to it being subject to the requirements of Chapter 723, Florida Statutes. Polk County, accordingly, did not authorize the current rates.

Plantation Landings put the current rates into effect on July 28, 1987. A copy of the portion of the current prospectus pertaining to the water and wastewater rates, and a copy of the lease for the park are enclosed. The rates reflected in the prospectus are those after implementation of the regulatory assessment fee passthrough rate adjustment. Management purged all earlier versions to assure that any prospectus issued is the current version.

Legal Description and Territory Map. Tariff sheets reflecting the corrected legal description, and revised territory maps are enclosed. The percolation pond is shown on the Hidden Cove territory map. To waw

Permit Information.

a. Plantation Landings can not locate its water construction permit. The new wastewater permit application is enclosed DOCUMENT NUMBER-DATE **RECEIVED & FILED**

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FPSC-RECORDS/REPORTING

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to an any

- b. A copy of the current wastewater permit application is enclosed.
- c. Copies of the monthly operating reports are enclosed.
- d. The utility is in the Highland Ridge Water Use Caution Area.
- 4. Tariff Address and Phone Number. Plantation Landings, Ltd. is managed by the Managing General Partner, which is responsible for the day-to-day management of the utility. The General Partner has a pool of employees available, which is in common with General Partners of the other utilities, all of which are located at the same address. This office is approximately twenty-five miles from the mobile home park. The business and emergency telephone numbers are extended area calls for the utility's customers.
- 5. Tariff Rates. Plantation Landings is making application for grandfather certificates. The application for grandfather certificates is <u>not</u> the appropriate forum in which to modify its rate structure. The Commission can not fairly modify the rate structure without concurrently authorizing an increase in rates to offset the additional costs.

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Plantation Landings respectfully declines to provide the information requested in items a through c. Plantation Landings does not have the staffing to provide the detailed information that has been requested.

Changing the rate structure to separate usage and base facility charges would impose a financial hardship on the utility. The change would require Plantation Landings to reprogram its billing program. The change would also require Plantation Landings to change its prospectus pursuant to Chapter 723, Florida Statutes. Amendment of the prospectus entails engaging attorneys to prepare and file the prospectus with the Bureau of Mobile Homes. In addition to the legal costs, Plantation Landings would have to pay a filing fee equal to ten dollars (\$10.00) per lot. Preparation, filing and processing the prospectus would require approximately three months. Plantation Landings would then have to give its customers ninety (90) days notice.

The group which manages Plantation Landings would have to prepare a prospectus for each of ten (10) different mobile home parks. The expense of changing the prospectus for each of the ten mobile home parks would provide no benefit to the customers.

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> The Commission can not fairly impose a change of rate structure without concurrently authorizing an increase in rates to offset the additional costs. The application for grandfather certificates is, accordingly, not the proper forum in which to change the rate structure.

- 6. Combined Rates. The utility's rates are for water and wastewater service combined.
- 7. Cost of Service. Plantation Landings is making application for grandfather certificates. The application for grandfather certificates is <u>not</u> the appropriate forum in which to modify its rate structure. The Commission can not fairly require Plantation Landings to separate its water and wastewater charge without concurrently allowing it to recover the cost of separating the charge.

Separating the water and wastewater charge would require Plantation Landings to reprogram its customer billing program. It would also require Plantation Landings to change its prospectus pursuant to Chapter 723, Florida Statutes. Amendment of the prospectus entails engaging attorneys to prepare and file the prospectus with the Bureau of Mobile Homes. In addition to the legal costs, Plantation Landings would have to pay a filing fee equal to ten dollars (\$10.00) per lot. Preparation, filing and processing the prospectus would require approximately three months. Plantation Landings would then have to give its customers ninety (90) days notice.

The group which manages Plantation Landings would have to prepare a prospectus for each of ten (10) different mobile home parks. The expense of changing the prospectus for each of the ten mobile home parks would provide no benefit to the customers.

The Commission can not fairly require Plantation Landings to separate its water and wastewater charge without concurrently allowing it to recover the costs of separating the charge. This application for grandfather certificates is, accordingly, not the proper forum in which to separate the water and wastewater charge. Division of Records and Reporting January 8, 1999 Page 4

8. Miscellaneous Tariff Corrections. Please see the enclosed, modified tariff sheets. In Water Tariff Rule 7.0, we have added the phrase, "without the prior written consent of the Utility", rather than deleting the paragraph.

Please direct any additional questions to me at 562-9886.

Sincerely,

*

>

Norman Fineara

Norman F. Mears Senior Utility Consultant

Hand deliver Enclosures cc: Ray Moats

PROSPECTUS

PLANTATION LANDINGS MOBILE HOME PARK

- 1. THIS PROSPECTUS (OFFERING CIRCULAR) CONTAINS IMPORTANT MATTERS TO BE CONSIDERED IN LEASING A MOBILE HOME LOT.
- 2. THE STATEMENTS CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE LESSEE SHOULD REFER TO ALL REFERENCES, ALL EXHIBITS HERETO, THE CONTRACT DOCUMENTS, AND SALES MATERIALS.
- 3. ORAL REPRESENTATIONS SHOULD NOT BE RELIED UPON AS CORRECTLY STATING THE REPRESENTATIONS OF THE PARK OWNER OR OPERATOR. REFER TO THIS PROSPECTUS (OFFERING CIRCULAR) AND ITS EXHIBITS FOR CORRECT REPRESENTATIONS.
- 4. UPON DELIVERY OF THIS PROSPECTUS TO A PROSPECTIVE LESSEE, THE RENT AGREEMENT IS VOIDABLE BY THE LESSEE FOR A PERIOD OF FIFTEEN (15) DAYS.

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11.1

The Park Owner does not maintain a mobile home owner's lawn, trees and shrubs, or premises in any manner. The park will not be liable for damage to mobile home owner's mobile home or other property as a result of falling trees, limbs, or other debris. Mobile home owner will be subject to payment of the costs of lawn maintenance or tree and shrub trimming, and/or removal if necessary (which, in that event, would be included in the lot rental amount as an additional charge) and possible eviction if mobile home owner fails to maintain his premises within the standards set forth in the Park Rules and Regulations.

Υ.

At any time, regardless of whether a mobile home is being sold or not, in order to maintain the quality of the park, the Park Owner may require removal from the park of any mobile home that is not or can not be maintained to meet the park's established standards. The "established standards" require that the lot must be clean and well landscaped and the exterior of the home must appear neat, clean, and free of rust, chipping paint, and similar conditions indicating poor maintenance.

VIL UTILITIES AND OTHER SERVICES

Utilities, sewage and garbage disposal, cable television, water supply, storm drainage, and the person or entity furnishing each will be provided as follows:

Water and Sewer - Each mobile home is individually metered and will be paid by the mobile home owner. So long as water and sewage are provided by the Park Owner, the minimum fee will be per month. For every 1,000 gallons or portion thereof in excess of 3,000 gallons per \$ 12.57 month, the rate shall be an additional \$ 1.26 per month, and will be a part of the lot rental amount as long as it is provided by the Park Owner. In the event that water or sewage is provided directly to the mobile home owner by a municipality, other government or agency thereof, or franchised utility company, the fees for water and sewage will be established by those authorities and will be paid by the mobile home owner. The mobile home owner shall be responsible for and pay for monthly usage fees and other fees, including any connections, impact or tap fees, all as established by such municipality or utility company. Responsibility for water and sewage lines in the park up to the lot line only is the responsibility of the park owner. The in-ground connection and the lines for water and sewage to and including the mobile home owner's lot line are the mobile home owner's responsibility.

Garbage Disposal - Garbage disposal and pick up location is provided by AAA Sanitation, is billed directly to the mobile home owner, and is not included in the rental amount of the lot. The fee for such garbage disposal is a matter of contract between the mobile home owner and the garbage disposal company (any increase in waste disposal fee will be the result of that company raising its rates and will be the responsibility of the mobile home owner).

Cable Television - Cable TV may at some time in the future be available through a private company, and will be the responsibility of the individual mobile home owner. The fee for such service will be a matter of contract between the mobile home owner and the cable TV company (any increases in cable TV fees will be as a result of the cable TV company raising its rates and will be the responsibility of the mobile home owner). Exterior antennas are permitted, so long as they are of the uniform dish type identical to those provided by the Park Owner at the time of initial mobile home purchase. The antenna may not exceed three feet in height above the mobile home roof line. Any other type of antenna must be approved in writing by the Park Owner.

Storm Drainage - Storm drainage is provided and maintained by the mobile home park through a system of in-ground drainage systems, together with natural run-off. Presently, storm drainage is included in the base rent. However, should any assessment by a governmental agency be imposed, that assessment or fee will be the responsibility of the mobile home owner on a pro-rata basis.

Electricity - Electric power is provided by Tampa Electric Company. Electric usage is billed directly to the mobile home owner and is the mobile home owner's sole responsibility. Tampa Electric Company

PLANTATION LANDINGS MOBILE HOME PARK LEASE AGREEMENT

THIS LEASE made and entered in	nto this day of	, 19	, by and
between			,hereinafter
called the Community and			, hereinafter
called the Owner-tenant.			

WITNESSETH, that in consideration of the covenants herein contained, on the part of the said Owner-tenant to be kept and performed, the said Community does hereby lease to the said Owner-tenant the following described property: Street ______ Lot No. ______

TO HAVE AND TO HOLD the same from the ______ day of ______, 19 ____, until the 31st day of December 19 ______, the said Owner-tenant paying the initial monthly base rental of \$_______ from the beginning of this Lease until the 31st day of December, 19 ______. Annual monthly base rental increases for calendar years 19 ______ and subsequent years will be based on no less than \$ 5.00 or the increase in the Consumer Price Index (defined as the United States Department of Labor Consumer Price Index, U. S. City Average, All Urban Consumers, 1967 equals 100) ("CPI"), whichever is greater. Lease renewals and increases will become effective the first day of January of each year thereafter and will be a part of the Lease agreement for that year.

Base rent will also be increased in calendar years subsequent to the initial year by any increase in real estate or other taxes and assessments by a state or local government. Such increase in taxes and assessments will be based on a prorata computation among all lots in the mobile home park and will be charged to all residents to whom this Prospectus is applicable. The mobile home owner shall be notified of the increase in base rent at least ninety (90) days prior to the increase.

Rental payments are due on or before the 1st day of each month for that month, at the place designated by the Community.

The Owner-tenant covenants and agrees to the following:

1. To make no unlawful, improper, or offensive use of the property.

2. To comply with the Rules & Regulations of the park. A copy of said Rules & Regulations has been furnished to the Owner-tenant.

3. That the Lease is governed by Chapter 723, Florida Statutes (Florida Mobile Home Act) as currently in effect at the time of execution of this document, the provisions of which are incorporated herein by reference.

4. Actions by the Owner-tenant which constitute grounds for eviction under Section 723.061, Florida Statues, shall be a violation of this Lease. Failure of the Community to evict a tenant for violation of any one of the grounds set forth in Section 723.061, Florida Statutes, or for any grounds provided for in this Lease, shall not waive the right for the Community to consider any subsequent violation of the same grounds, or the violation of any other grounds, a breach of this Lease by Owner-tenant so long as permitted by Chapter 723, Florida Statutes.

5. As provided in the Rules & Regulations, rules and regulations may be modified, eliminated, or additional rules and regulations adopted by the Community upon giving the Owner-tenant notice thereof as required by law and said Rules & Regulations in accordance with Chapter 723, Florida Statutes.

6. This Lease and the privileges contained herein are not assignable, and said Lease is only valid as long as those executing this Lease reside upon the premises set forth in this Lease, and are in full conformance of all provisions of this Lease and the park Rules & Regulations, except that a new home owner may assume in writing the balance of the annual Lease through December 31 of the year of purchase in accordance with Chapter 723, Florida Statues.

7. Owner-tenant expressly understands and agrees that, upon execution of this Lease, all prior leases, rental agreements, negotiations, and other agreements between the parties regarding the lot leased are hereby terminated, void, and of no legal force and effect.

8. Other financial obligations of the Owner-tenant, not including any user fees, are as follows:

Fees or Charges

Water and Sewage (each	\$ 12.57 minimum per month \$ 1.26 excess per month 1,000 gallons in excess of 3,000 gallons)
Yard Maintenance (not charged unless Owner-t fails to maintain yard	
Tree Trimming/Removal, Debris Removal (not o unless Owner-tenant fails to provide services himself)	charged \$ billed amount
Late Check Charge	\$ <u>1.50</u> per day
Bad Check Charge	\$ 15.00
Extra Resident Fee	\$ 10.00
Debris Removal	charged in accordance with Section VIII(K) of the Prospectus
Governmental Assessments, Fees, Surcharges, and Charges	charged in accordance with Section VIII(J) of the Prospectus

Garbage disposal, cable television, and electricity <u>Paid direct</u> by home owner to company providing service

The fees will be charged and increased as set out in Sections VIII(F) through (K) of the Prospectus.

9. The Community reserves the right to pass on and pass through charges in accordance with the Prospectus and Chapter 723, Florida Statutes.

10. Owner-tenant(s) acknowledge that they have read the foregoing, the Rules & Regulations, and the Prospectus, and that Owner-tenant was offered the foregoing Lease prior to occupancy.

We have read and understand this agreement and agree to the terms set out herein.

WITNESS our hands and seals of the date set out above.

Owner-tenant

Community Representative

Owner-tenant

PLANTATION LANDINGS WASTEWATER TREATMENT PLANT Application for Renewal of Operating Permit No. DO53-243034 GMS ID No. 4053PO2226

Submitted to

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION 3804 Coconut Palm Drive Tampa, Florida 33619-8218

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Prepared for

PLANTATION LANDINGS, LTD. Post Office Box 5252 Lakeland, Florida 33807-5252

Prepared by

CHASTAIN-SKILLMAN, INC. 4705 Old Highway 37 Lakeland, Florida 33813 941/646-1402

> CSI File No. 6601.02 July 1998

> > Copyright © 1998 Chastain-Skillman, Inc.

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Attachment F - Location Map

Attachment G - Process Flow Diagram

Attachment H - RPZ Inspection Report

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Attachment J - Agricultural Use Plan Annual Report

CHASTAIN-SKILLMAN, INC. - engineers • scientists • surveyors

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PLANTATION LANDINGS Wastewater Treatment Plant Application for Renewal of Operating Permit

Wastewater Permit Application Form 1

Attachment A

WASTEWATER PERMIT APPLICATION FORM 1 GENERAL INFORMATION

IDENTIFICATION NUMBER:

Facility ID 4053P0226

II CHARACTERISTICS:

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INSTRUCTIONS: Complete the questions below to determine whether you need to submit any permit application forms to the Department of Environmental Protection. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the blank in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements. See Section B of the instructions. See also, Section C of the instructions for definitions of the terms used here.

[SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
	A. Is this facility a domestic wastewater facility which results in a discharge to surface or ground waters?		x	
	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters?		x	
	C. Does or will this facility (other than those describe in A. or B.) discharge process wastewater, or non-process wastewater regulated by effluent guidelines or new source performance standards, to surface waters?		x	
	D. Does or will this facility (other than those described in A. or B.) discharge process wastewater to ground waters?		x	
	E. Does or will this facility discharge non-process wastewater, not regulated by effluent guidelines or new source performance standards, to surface waters?		x	
	F. Does or will this facility discharge non-process wastewater to ground waters?		x	
	G. Does or will this facility discharge stormwater to surface waters?		х	
ŗ	H. Is this facility a non-discharging/closed loop recycle system?		х	

III NAME OF FACILITY: (40 characters and spaces)

Plantation Landings WWTP

IV FACILITY CONTACT: (A. 30 characters and spaces)

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A. Name and Title (Last, first, & title)	B. Phone (area code & no.)
Moats, Raymond, Vice-President of Plantation Landings, Ltd.	941-647-1581

V FACILITY MAILING ADDRESS: (A. 30 characters and spaces; B. 25 characters and spaces)

A. Street or P.O. Box: P.O. Box 5252		
B. City or Town: Lakeland	State: FL	Zip Code: 33807-5252

VI FACILITY LOCATION: (A. 30 characters and spaces; B. 24 characters and spaces; C. 3 spaces (if known); D. 25 characters and spaces; E. 2 spaces; F. 9 spaces)

A. Street, Route or Other Specific Identifier: US 17/92 West		
B. County Name: Polk	C. County Code (i	f known): PLK
D. City or Town: Haines City	E. State: FL	F. Zip Code: 33844

VII SIC CODES: (4-digit, in order of priority)

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1. Code #: 4952	(Specify) Domestic WWTP	2. Code #:	(Specify)
3. Code #:	(Specify)	4. Code #:	(Specify)

VIII OPERATOR INFORMATION: (A. 40 characters and spaces; B. 1 character; C. 1 character (if other, specify); D. 12 characters; E. 30 characters and spaces; F. 25 characters and spaces; G. 2 characters; H. 9 characters)

A. Name: Plantation Landings, Ltd.		B. Is the name in VII	I A. the owner? Yes: χ No:
C. Status of Operator: F = Federal; S = State; P = Private;	(code)	(specify)	D. Phone No.:
O = Other, M = Public (other than F or S)		Robert A. Byrd	941-647-1581
E. Street or P. O. Box: P.O. Box 5252			
F. City or Town: Lakeland		G. State: FL	H. Zip Code: 33807-5252

IX INDIAN LAND: Is the facility located on Indian lands? Yes:_____ No: X

EXISTING ENVIRONMENTAL PERMITS: X

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A. NPDES Permit No.	B. UIC Permit No.	C. Other (specify)	D. Other (specify)
None	None	FDEP D053-243034	FLA013033

XI MAP: Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures. each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII NATURE OF BUSINESS (provide a brief description)

Private golf club and adult residential community

XIII CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Raymond Moats

A. Name (type or print)

B. Signature

Vice-President, Plantation Landings, Ltd. Official Title (type or print)

CHASTAIN-SKILLMAN, INC. - engineers • scientists • surveyors

PLANTATION LANDINGS Wastewater Treatment Plant Application for Renewal of Operating Permit

Wastewater Permit Application Form 2A

Attachment B

WASTEWATER APPLICATION FORM 2A FOR A DOMESTIC WASTEWATER FACILITY PERMIT

Instructions for selected items are included in the "INSTRUCTIONS FOR FORM 2A". Refer to these instructions before filling out each item.

SECTION 1. APPLICANT AND FACILITY DESCRIPTION

1.	Ap	plication Type	 New Substantial Modification Permit Renewal
2.	Fa	cility Type	 Wastewater Treatment Reuse or Disposal Limited Wet Weather Discharge Residuals/Septage Management
3.	Tre	eatment Facility Information	
	a.	Name	Plantation Landings Wastewater Treatment Plant
	b.	Facility Identification Number	4053PO226
	c.	Location	Plantation Landings
		Number and Street	<u>US 17/92 West</u>
		City/State/Zip Code	Haines City, FL 33844
		Telephone	941-647-1581
		Latitude	<u>28 •06'22</u> "N
		Longitude	<u> </u>
		Dates Coordinates Determined	From previous application 12/93
		Method Used to Obtain Coordinates	USGS 7.5 minute map
	d.	Ownership Type	 Municipal County State Private

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e. Contact Raymond Moats Name 941-647-1581 Telephone f. Facility Mailing Address Plantation Landings, Ltd. P.O. Box 5252 Number and Street Lakeland, FL 33807-5252 City/State/Zip Code 1988 +/g. Year Facility Began Operation 1993 h. Year of Facility's Last Substantial Modification 4. Applicant or Authorized Representative Plantation Landings, Ltd. Legal Name P.O. Box 5252 Number and Street Lakeland, FL 33807-5252 City/State/Zip Code 941-647-1581 Telephone 5. Applicant's Authorized Agent فلنجو Raymond Moats, Vice-President Name and Title P.O. Box 5252 Number and Street Lakeland, FL 33807-5252 City/State/Zip Code 941-647-1581 Telephone

> Plantation Landings Wastewater Treatment Plant is a secondary activated sludge facility with treated effluent discharged to dual percolation/ evaporation ponds. The facility serves 400 adult rental lots.

Project Name and Description

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ę		Serial N	umber <u>4053PO226</u>
. Collection System Length	-	unknown miles	
. Industrial Wastewater Contrib	outions		
a. Average Daily Flow		0 mgd	
b. Does this facility have an a	oproved pretreatment program?	Yes 🗶 No	
Coordinator Name Number and Street City/State/Zip Code Telephone			
9. Municipalities or Areas Serve	d	- Deculation Second	
Name of Municipality or Area		Population Served	
Plantation Landings		400 units	with 2 persons per unit
Total Population Served			800
10. Reclaimed Water Reuse and I	Effluent Disposal		
Method of Reuse or Disposal	Number of Reuse or Disposal Points	Total Design Capacity (mgd)	Basis of Design Flow
Surface Waters - Excluding Ocean Outfalls and Wetlands (Rule 62-600.510, F.A.C.)			· · · · · · · · · · · · · · · · · · ·
Ocean Outfalls (Rule 62-600.520, F.A.C.)			
Wetlands (Rule 62-600.620. F.A.C.)			
Reuse of Reclaimed Water and Land Application (Rule 62-600.530. F.A.C.)	1- dual basins	0.080	Annual Average
Ground Water Disposal by Underground Injection (Rule 62-600.540. F.A.C.)			
Other (Describe)			
Total Item 10		0.080	Annual Average
		0.0001	Annual Average

12.	Flo	ws to Another Wastewater Facility	
	a.	Does part of the facility's flow go into a collection/transmission system or reclaimed water distribution system under another responsible organization?	Yes X No
	b.	If yes, which one?	Collection/Transmission System Reclaimed Water Distribution System
	С.	Responsible Organization Receiving the Flow	
		Name	Not Applicable
		Number and Street	
		City/State/Zip Code	·
•	d.	Name of Facility Which Receives the Flow	Not Applicable
	e.	Facility Identification Number of Facility Which Receives the Flow	Not Applicable
	f.	Average Daily Flow Discharge to the Receiving Facility	Not Applicable mgd
13.	Re	siduals Use or Disposal	
	a.	Amount of Residuals Generated by the Facility	5.7 dry tons/year
	b.	Does this facility receive residuals from another facility for further treatment and disposal?	Yes X No
	C.	Method of Residuals Use or Disposal	
_			

Method	Number of Sites or Number of Receiving Facilities	Dry Tons Used or Disposed per Year
Land Application (Chapter 62-640, F.A.C.)	1	5.7
Distribution and Marketing (Chapter 62-640, F.A.C.)		
Landfill Disposal (Chapter 62-701, F.A.C.)		
Incineration (Chapter 62-200 Series, F.A.C.)		
Transport to Another Treatment Facility		
Other (Describe)		· · · · · · · · · · · · · · · · · · ·
<u> </u>	Total	5.7

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d. If residuals are transported to another facility for landfill disposal, incineration, or treatment, provide the facility name, Facility identification number and address.

Name	Not Applicable		
Facility Identification Number			
Number and Street			
City/State/Zip Code			
County			
Telephone			
Treatment Codes for Receiving Facility			

Not Applicable

February 7, 1999

14. Permits and Applications

1

- a. Expiration Date of Current NPDES Permit
- b. Expiration Date of Current DEP Permit
- c. Existing, Pending, or Denied Permits and Permit Applications

 Issuing Agency	Permit Type	Permit Number	Date Filed	Date Issued	Date Denied	Date of Expiration
FDEP	Domestic WW	DO53-243034		3/29/94		2/7/99
 , [,]						

d. Orders and Notices

Type of Order or Notice	Issuing Agency	Date of Order or Notice
Notice or Violation		None
Consent Order		None
Administrative Order		None
Other (Describe):		

SECTION 2. TREATMENT FACILITY DESCRIPTION

1. Description

2. Treatment Codes

Extended aeration, clarification, chlorine contact,

sand filter, rapid infiltration basins, aerobic digester,

sludge is hauled wet to an agricultural use site

J, ASE, N, PH,FS, M, ID/ID, DD, DL, XA

3. Design Capacity of the Treatment Facility

Current Design Capacity Proposed Incremental Design Capacity Proposed Total Design Capacity

4. Basis of Design Flow

·	<u>0.080</u>	mgd
+	0	mgd
=	0.080	mgd

X Annual Average Daily Flow

Maximum Monthly Average Daily Flow

Three-Month Average Daily Flow

Other. If other, specify_____

5. Design Treatment Levels

Parameter	Effluent Concentration	Units	Basis	Percent Removal
рН	6.0-8.5	Standard Units		
CBOD₅	20	mg/L	annual ADF	
TSS	20	mg/L	annual ADF	
Nitrate (as N)	12	mg/L	monthly ADF	
Fecal Coliform	200	#/100 mL	monthly ADF	
Chlorine residual	0.5	mg/L	daily minimum	

6.	Disinfection Level Provided	 Low-level Basic Intermediate High-level High-level Alternative
(If the facility disinfects by chlorination and the discharge is to surface waters, is dechlorination provided?	Yes No Not Applicable
7.	Residuals Treatment	
	a. Class of Residuals	Class AA (Rule 62-640.850, F.A.C.)
		Class A (Rule 62-640.600, F.A.C.)
		<u>X</u> Class B (Rule 62-640.600, F.A.C.)
		Other
	If other, describe.	
l		
ſ		
l	b. Parameter Concentrations	
	Total Nitrogen	0.9 % dry weight
l	Total Phosphorus	1.5 % dry weight
(in	Total Potassium	0.9 % dry weight
	Cadmium	0.9 mg/kg dry weight
1	Copper	110. mg/kg dry weight
	Lead	3.3 mg/kg dry weight
[Nickel	4.7 mg/kg dry weight
	Zinc	290. mg/kg dry weight
ſ	pH	6.3 standard units
	Total Solids	0.5 %
	Other Parameters (Describe.)	As=4.7 mg/kg, Se=10.2 mg/kg, Hg=27. mg/kg,
		Mo=4.7 mg/kg, Cr=4.2 mg/kg
		·
	Date of Sample	2/11/98
		2711/00
8.	Reliability Class	
·		Class I
		Class II
ъ.		X Class III
4 1		Other Equivalent Reliability

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SECTION 3. A. DISCHARGES TO SURFACE WATERS (including wetlands)

1.	Discharge Serial Number and Name	Not Applicable
	Discharge Serial Number	
	Discharge Name	
	Previous Discharge Serial Number	
2.	Discharge Location	
	County	
	City or Town (if applicable)	
	Street or Description	
	Latitude	°, "N
	Longitude	· · · · · · · · · · · · · · · · · · ·
	Dates Coordinates Determined	V
	Method Used to Obtain Coordinates	
3.	Discharge Operating Dates	
	Discharge Start Date	
	Discharge End Date	
	Reason for Discontinuing the Discharge	
4.	Design Capacity of the Outfall	
	Current Design Capacity	mgd
	Proposed Incremental Design Capacity	+ mgd
	Proposed Total Design Capacity	= mgd
5.	Basis of Design Flow	Annual Average Daily Flow
		Maximum Monthly Average Daily Flow
		Three-Month Average Daily Flow Other
	If other, specify.	

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1. Serial Number 4053PO226 **Not Applicable** 6. **Basis for Effluent Limitations** TBEL Level | WQBEL Level II WQBEL Other If other, specify. Date Effluent Limitations Established 7. Discharge Point Description Ocean Stream Estuary Lake Wetland Other If other, specify. 8. Receiving Waterbody Name Type of Receiving Waterbody Fresh 9. Brackish or Marine **10.** Classification of Receiving Waterbody Class I 114 Class II Class III Class IV Class V Is the receiving waterbody contiguous to, or identified as, an Outstanding Florida Water (OFW) or an Outstanding National Resource Water? Yes 🗌 No If yes, name and locate on a USGS map. 11. Outfall Information Description of Outfall and Diffuser **Construction Materials** Length From Shore feet Diameter inches **Discharge Depth Below Water Surface** feet Receiving Water Bottom Depth Below Water Surface ___ feet

Not Applicable

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12. Surface Water Improvement and Management (SWIM)

а.	Will the discharge affect any SWIM plan waterbodies?	Yes	🗌 No
b.	If yes, name the waterbody.	<u></u>	
c.	Has the SWIM plan been approved by a water management district and the Department?	Yes	🗌 No

d. If yes, attach documentation that the proposed discharge is consistent with the SWIM plan.

13. Additional Information Required for Seasonal or Periodic Discharges

Frequency	Times	PerYear	
Duration	Days		
Volume	Thous	and Gallons Per Inci	ident
Occurrence	Jan	Мау	Sep
	Feb	Jun	Oct

Mar

Apr

4.	Additional Information Required for Limited Wet
	Weather Discharges Permitted in Accordance with
	Rule 62-610,860, F.A.C.

a. Downstream Waterbody

Name of nearest downstream lake, estuary,	,
reservoir, OFW, or Class I water. Show	
location on a USGS map.	

Downstream Waterbody Description

Ocean	
Stream	
Estuary	
Lake	
Wetland	
Other	

Jul

Aug

Nov

Dec

If other, specify.

,			Serial Number 4053PO226
	Not Applicable		
	Classification of Downstream Waterbody		
		Class II	
		Class V	
	Distance Downstream		miles
	Average Flow Velocity During Anticipated Periods of Discharge		feet per second
	Travel Time During Anticipated		h
	Periods of Discharge		hours
b.	Rainfall Information		
	Period of Record Analyzed:		
	Beginning Year		
	Ending Year		
	Number of Years		
	Average Annual Rainfall		inches per year
C.	Simulation of Operation of the Reuse, Storage, and Limited Wet Weather Discharge for an Average Rainfall Year		
	Year Simulated		
	Annual Rainfall During Average Year		inches
	Number of Days Limited Wet Weather Discharge is Used During Average Rainfall Year (N)		days
	Percent of the Days of the Year that the Limited Wet Weather Discharge will Occur During Average Rainfall Year (P)		%
	Note:		
	$\overline{P = [(N)/(365)]} \times 100\%.$		• • • •
	P cannot exceed 25% or be less than 1%.		
d.	Reclaimed Water Quality (maximum monthly average)		
	CBOD₅	•	mg/L
	TKN (as Nitrogen)		mg/L

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Not Applicable

e.	Minimum Acceptable Stream Dilution Factor	(SDF))
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Note:

 $SDF = P(0.085 \times CBOD_5 + 0.272 \times TKN - 0.484)$ The values for $CBOD_5$ and TKN should be in terms of maximum monthly average limitations as provided in 14.d. above. The value of P should be as calculated in 14.c. above.

f. Adjusted Stream Dilution Factor

<u>Note</u>:

If the travel time shown in 14.a., above, is less than 24 hours, provide the adjusted minimum acceptable stream dilution factor. Adjusted SDF = SDF \times (24 hours)/(travel time in hours)

15. Additional Information Required for Wetland Discharges

a.	Is the wetland a jurisdictional wetland (i.e. within the landward extent of waters as defined in Rule 62-301.400. F.A.C., or isolated and not owned entirely by one person, or owned entirely by the State)?	Yes	🗌 No
b.	Will the wetland be used as a treatment wetland or receiving wetland?	Treatment Receiving	
	If the wetland is to be used as a treatment wetland, attach documentation showing ownership or the applicant's legal interest in the treatment wetland.		
c.	If the wetland is to be used for treatment, identify the type.	Man-made Hydrologica Unaltered	ally Altered
d.	is the wetland herbaceous or woody?	Herbaceous Woody	5
e.	Identify the classification of surface waters within the wetland.	Class I Class II Class III Class IV Class V	
f.	Are the waters within the wetland part of an OFW?	Yes	No No

16. Operational Data Not Applicable

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a. Description of Influent and Effluent

	Influent			Efflue	nt		
Parameter	Annual Average	Annual Average	Lowest Monthly Average	Highest Monthly Average	Frequency of Analysis	Number of Analyses	Sample Type
Flow mgd							
pH Units							
Fecal Coliform Bacteria [•] Number/100 mL							
CBOD 5-day mg/L							
Chlorine Total Residual mg/L						-	
Total Suspended Solids mg/L							
Ammonia (an N) mg/L							
Kjeldahl Nitrogen mg/L							
Nitrate (as N) mg/L							
Total Phosphorus (as P) mg/L							
Dissolved Oxygen mg/L							
		- 					

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Not Applicable

b. Additional Wastewater Characteristics

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Parameter	Present	Parameter	Present	Parameter	Present
Bromide		Cobalt		Thallium	
Chloride		Chromium		Titanium	
Cyanide		Copper		Tin	
Fluoride		Iron		Zinc	
Sulfide		Lead		Algicides*	
Aluminum		Manganese		Chlorinated Organic Compounds*	
Antimony		Mercury		Oil and Grease	
Arsenic		Molybdenum		Pesticides*	
Beryllium		Nickel		Phenols	
Barium		Selenium		Surfactants	
Boron		Silver		Radioactivity*	
Cadmium					

• Provide specific compound or element as "Additional Information", if known.

Serial Number R001

SECTION 3. B. REUSE AND	D LAND APPLICATION SYSTEMS	ŝ
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1.	Reuse or Land Application System Serial Number and N Reuse or Land Application System Serial Number Reuse or Land Application System Name	R001		
	Reuse or Land Application System Name		ation Dondo	
		Dual Percolation/Evapor	ation Ponds	
r	Previous Reuse or Land Application System Serial Number	NA		
2.	Reuse or Land Application System Location			
	County	Polk		
ſ	City or Town (if applicable)	West of Haines City	·	
l	Street or Description	Dyson Road		
	Latitude	28 •	05 '	52 "N
•	Longitude	<u> </u>	39 '	22 "w
ſ	Dates Coordinates Determined	Last permit application		
L.	Method Used to Obtain Coordinates	USGS 7.5 min. quad		
3.	Reuse or Land Application System Operating Dates			
(System Operation Start Date	1993		
(System Operation End Date	<u>NA</u>	·······	
I				
C].	Reason for Discontinuing System Operation	NA		
				
. 4.	Design Capacity of the Reuse or Land Application Syste	m ·		
	Current Design Capacity	0.080 mgd		
	Proposed Incremental Design Capacity	+0 mgd		
1	Proposed Total Design Capacity	=0.080 mgd		
5.	Basis of Design Flow			
		X Annual Average Daily Flow	v	
1 1 -		Maximum Monthly Average		
(Three-Month Average Dail	•	
1		Other	•	
	If other, specify.			
Į		**************************************		
6.	Underdrains and Perimeter Ditches			
(a. Is the reuse or land application system			
t	underdrained?	Yes X No		

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	5ª			Serial Number R001
	b. A	re perimeter ditches used?	🗌 Yes	X No
7.	w w a	f yes, will they be excavated to a depth which will intersect the seasonal high ground water table or the ground water mound during any portion of the year? e of Reuse or Land Application System	🗌 Yes	No .
	<u> </u>	Slow-rate land application system/restricted public acc	ess (Chapter 62-6	610, F.A.C., Part II)
		Slow-rate land application system/public access areas, Chapter 62-610, F.A.C., Part III)	residential irriga	tion, and edible crop irrigation
	X F	Rapid-rate land application system (Chapter 62-610, F	A.C., Part IV)	
	A	Absorption field system (Chapter 62-610, F.A.C., Part V	う	
		Overland flow system (Chapter 62-610, F.A.C., Part VI)	

Other land application system with additional levels of preapplication treatment (Rule 62-610,660, F.A.C.)

Other land application system with lower levels of preapplication treatment (Rule 62-610.670, F.A.C.)

8. Application Areas and Rates

· · · · · · · · · · · · · · · · · · ·	Site/Use Type/Major User	Area (acres)	Rate (inches/week)	Capacity (mgd)
(Dual Percolation/Evaporation Ponds/WWTP	2.94	7.02	0.080
	Total	2.94	7.02	0.080

9. Additional Information Required for Reuse Systems Permitted Under Part III of Chapter 62-610, F.A.C.

a. Areas Irrigated Not Applicable

- Residential lawns
- Golf courses
- Cemeteries
- Parks, playgrounds
- Landscape areas
- Highway medians, rights-of-way
- Edible crops
- Others

If other, specify.

Not Applicable	Serial Number R001
Other Uses of Reclaimed Water	 Toilet flushing Fire protection Construction dust control Aesthetic purposes (decorative ponds, fountains, etc.) Others
If other, specify.	
How many hours per day, seven days per week, is or will an operator be on-site at the wastewater treatment facility? If the treatment facility is or will be staffed by an operator less than 24 hrs/day, describe the additional levels of reliability included within the treatment or reuse systems. (See Rule 62-610.462, F.A.C.)	hours per day
	Other Uses of Reclaimed Water If other, specify. How many hours per day, seven days per week, is or will an operator be on-site at the wastewater treatment facility? If the treatment facility is or will be staffed by an operator less than 24 hrs/day, describe the additional levels of reliability included within the treatment or reuse systems.

d. For permit renewals, list the dates on which the operating protocols (as described in Rule 62-610.463, F.A.C.) were submitted to the Department and the date of the Department's approvals during the last five years.

Date Submitted	Date Approved

e. For each site where edible crops are or will be irrigated with reclaimed water, describe the crops grown; the type of application system used; provisions for crop washing and for processing, if any; and provisions for control of public access, if any. (See Rule 62-610.475, F.A.C.)

ii.

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	SECTION 3. C. GROUND WATER DISPO	SAL BY UNDERGROUND INJECT	TION
1.	Underground Injection Well Facility Serial Number and I	Not Applicable	•
	Underground Injection Well Facility Serial Number		
	Underground Injection Well Facility Name		
	Previous Underground Injection Well Facility Serial Number		
2.	Underground Injection Well Facility Location		
	County		······
	City or Town (if applicable)		
ſ	Street or Description	.	
•	l atituda	٠٥	
-			N"^ ' ' ' ' ' ' ' ' ''''''
(Longitude Dates Coordinates Determined		W
ſ	Method Used to Obtain Coordinates		
	Method Osed to Obtain Coordinates		
3.	Underground Injection Well Facility DEP Identification Number or Permit Application Number		
4.	Discharge Operating Dates		
μų.	Discharge Start Date		
ſ	Discharge End Date	· · · · · · · · · · · · · · · · · · ·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Reason for Discontinuing the Discharge		
5.	Design Capacity of the Underground Injection Well Facility		
ł	Current Design Capacity	mgd	
	Proposed Incremental Design Capacity	+ mgd	
	Proposed Total Design Capacity	= mgd	
6.	Basis of Design Flow	 Annual Average Daily Flow Maximum Monthly Average Dail Three-Month Average Daily Flo Other 	-
1	If other, specify.		

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SECTION 4.

SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION

1.	Improvements Required	Not Applicable	
	 a. Discharge Serial Numbers, Reclain Reuse or Land Application System Numbers, and Underground Injecti Facility Serial Numbers Affected 	n Serial	
	b. Authority Imposing Requirement	 Local State Federal Developed by Applic Other 	ant
:	If other, specify.		
	 c. Improvement Description: 3-character General Action Description 3-character Specific Action Description 		
2.	Implementation Schedule and Actua	al Completion Dates	
Γ	Implementation Stanc	Sabadula	Actual Completion

c I	Implementation Steps	Schedule	Actual Completion
<u>80</u>	a. Preliminary Plans Complete		
	b. Final Plans and Specifications Complete		
	c. Financing Complete		
	d. Site Acquired		
	e. Begin Construction		
, . 	f. End Construction		
	g. Begin Reuse or Disposal		
	h. Operational Level Attained		

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SECTION 5. INDUSTRIAL WASTEWATER CONTRIBUTIONS

. Significant Industrial User	Not Applicable
Name	
Number and Street	
City/State/Zip Code	
County	

2. Primary Standard Industrial Classification Code

3. Principal Product or Raw Material

	Description	Quantity per Day	Units (See Table 3)
Product			
Raw Material			

4. Flow

i.

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	Volume	Gallons Per Day		
	Frequency	Intern	nittent _	Continuous
5.	Pretreatment Provided	Yes	🗌 No	

6. Characteristics of Wastewater

Value	Units
	Value

SECTION 6. ADDITIONAL INFORMATION REQUIRED FOR PERMIT RENEWALS

1.	Have there been any modifications to the treatment facilities or reuse or disposal system, since the issuance of the current permit? If yes, describe on a separate sheet and attach.	🗶 Yes	X No	
2.	For limited wet weather discharges, have any modifications been made to the operation, frequency of discharge, or stream hydrology since the original	Added seco	nd set of sand	filters
	limited wet weather discharge permit or the most recent permit? If yes, describe on a separate sheet and attach.	Yes	🗌 No	X NA
3.	Have there been any violations during the last six months? If yes, describe on a separate sheet and attach.	Yes	X No	
4.	Have there been any treatment facility interferences due to the discharge of industrial wastewater to the treatment facility during the last six months? If yes, describe on a separate sheet and attach.	Yes	X No	
5.	Is there any enforcement action pending against these treatment, reuse, or disposal facilities? If yes, describe on a separate sheet and attach.	🗌 Yes	🗶 No	
6.	Have all previous permit conditions, including pretreatment requirements, monitoring requirements, and operator attendance been complied with? If no, describe on a separate sheet and attach.	X Yes	🗌 No	

 For permit renewals involving a limited wet weather discharge permitted under Rule 62-610.860, F.A.C., list the number of days during each of the last five years that the limited wet weather discharge was used. Also, list the total annual rainfall for each year. Not Applicable

Year	Number of Days Used	P (%)	Annual Rainfall (inches)	
1.				
2.	·			
3.			······································	
4.			:	
5.				
Total/Average				

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8. For permit renewals involving a limited wet weather discharge permitted under Rule 62-610.860, F.A.C., provide the number of days during each of the last five years that the actual dilution ratio, as defined in Rule 62-610.860, F.A.C., was less than the minimum SDF and the number of months in which the monthly average CBOD₅ or TKN in the limited wet weather discharge exceeded the permit limitations. Not Applicable

	Number of Days the Dilution	Number of Months the Li	mits Were Exceeded
Year	Ratio Was Less Than SDF	CBOD	TKN
1.			
2.			
3.			
4.			
·5.			

SECTION 7. ADDITIONAL INFORMATION REQUIRED FOR RESIDUALS/SEPTAGE MANAGEMENT FACILITIES Not Applicable

1.	Location of Residuals Treatment Processes	
	(Describe in relation to the wastewater treatment processes.)	

2. Type and Amount of Waste Treated at this Facility

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Туре	Amount (dry tons/day)	Amount (gallons/day)
Residuals	or	
Septage		
Food Establishment Sludge		
Portable Toilet Waste		
Holding Tank Waste		
Boat or Marina Waste		
Other (Describe.)	or	
Total	or	
Is the total amount estimated or actual?		
3. Information on Treatment Facilities Transporting Residuals		

a DEP Dermit Number

а.		•.	······································
b.	Facility Name		
	Number and Street		
	City/State/Zip Code		· · · · · · · · · · · · · · · · · · ·
	County		
	Telephone		

	¢.	Facility Type	Not Applicable	Type I Type II Type III
	d.	Amount of Residu	als Received From This Facility	dry tons/day or gpd
		Is this amount est	imate or actual?	Estimated Actual
	e.	Describe the treat before transport.	ment provided by this facility	
Second and a second second				
	f.	Parameter Conce	ntratione	
	1.			N
		Total Nitrogen		% dry weight
ţ		Total Phosphorus Total Potassium		% dry weight
ſ		Cadmium		% dry weight
				mg/kg dry weight
		Copper Lead		mg/kg dry weight mg/kg dry weight
		Nickel		mg/kg dry weight
899 1		Zinc		mg/kg dry weight
ſ		рН		standard units
		Total Solids		%
		Other Parameters	(Describe.)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ĺ				
/ 4		Date of Sample		
4.			st system used for tracking nsport from the facilities.	
		-		
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SECTION 8. DOCUMENTATION SUBMITTED

			Atta	ched
1.	Ge	neral Application Requirements	Yes	No
	а.	Process Flow Diagram Attachment G	X	
	b.	Site Plan Attachment E - USGS Map	X	
	c.	Location Map Attachment F	X	
	d.	Agricultural Use Plan or Dedicated Site Plan Attachment J - Annual Report	X	
	e.	Capacity Analysis Report Attachment C- Update	X	
	f.	Results of Whole Effluent Biological Toxicity Testing		X
	g.	Reuse Feasibility Study		X
•	h.	Binding Agreements and Documentation of Controls on Individual Users of Reclaimed Water		X

2.	Ad	ditional Application Requirements for New Facilities and Modifications to Existing Facilities	Yes	No
	а.	Preliminary Design Report		x
	b.	Documentation of Compliance with Antidegradation Requirements		X
[]] []]	с.	Public Service Commission Certification Number and Copy of Certificate or Order Number and Copy of Order		x
	d.	Letter from the Management and Storage of Surface Waters Permitting Agency		X
L	e.	Request for Approval of Monitoring Plans for Discharge of Domestic Wastewater to Wetlands		X
	f.	Concurrent Application for Ground Water Disposal by Underground Injection		X
	g.	Application for Monitoring Plan Approval		X

	3. Additional Application Requirements for Permit Renewals				
,		<u>a.</u>	Operation and Maintenance Performance Report Submitted under separate cover	X.	
		b.	Reclaimed Water of Effluent Analysis Report		X
		C.	Technical Evaluation of Need to Revise Local Pretreatment Limits		X
1		d.	Results of Mechanical Integrity Testing		х

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1. Certifications for Construction of New Facilities or Modifications to Existing Facilities

a. Applicant or Authorized Representative

I certify that the statements made in this application for a permit and all attachments are true, correct, and complete to the best of my knowledge and belief. I agree to retain the design engineer, or another professional engineer registered in Florida, to conduct on-site observation of construction, to prepare a notification of completion of construction, and to review record drawings for adequacy as referenced in Rule 62-620.630, F.A.C. Further, I agree to provide an appropriate operation and maintenance manual for the facilities pursuant to Rule 62-620.630, F.A.C., and to retain a professional engineer registered in Florida to examine (or to prepare or revise, if necessary) the manual. For projects regulated by Chapter 62-610, F.A.C., I agree to provide the additional operation requirements of that Chapter.

Not Applicable

(Signature of Applicant or	Date
Authorized Representative)	
Name (please type)	Company Name
Title	Company Street Address or P O Box
Telephone No. (including area code)	City, State, Zip Code
Professional Engineer Registered in Florida certify that the engineering features of this domestic wastev	vater project have been (designed) (examined) by me a
rofessional Engineer Registered in Florida certify that the engineering features of this domestic waster bund to conform to engineering principles applicable to such roperly constructed, operated, and maintained, will comply f the Department.	n projects. In my professional judgment, this facility, wh
certify that the engineering features of this domestic wastev ound to conform to engineering principles applicable to such roperly constructed, operated, and maintained, will comply	n projects. In my professional judgment, this facility, wh
certify that the engineering features of this domestic waster ound to conform to engineering principles applicable to such roperly constructed, operated, and maintained, will comply f the Department.	n projects. In my professional judgment, this facility, whe with all applicable statutes of the State of Florida and rul
certify that the engineering features of this domestic waster ound to conform to engineering principles applicable to such roperly constructed, operated, and maintained, will comply f the Department. Name (please type)	n projects. In my professional judgment, this facility, wh with all applicable statutes of the State of Florida and rul

¹ If signed by the authorized representative, attach a letter of authorization.

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b.

c. Professional Engineer Registered in Florida

Not Applicable

I certify that this firm or individual has been retained by the applicant to prepare a notification of completion of construction, to prepare operation and maintenance manuals, and to review record drawings for adequacy as referenced in Rules 62-620.630, 62-600.717, and 62-600.720, F.A.C.

Name (please type):

Florida Registration Number:

Company Name:

Company Address:

City/State/Zip Code:

Phone Number:

(Seal, Signature, Date, Registration No.)

2. Certifications for Permit Renewals

a. Applicant or Authorized Representative

I certify that the statements made in this application for a permit and all attachments are true, correct and complete to the best of my knowledge and belief. I agree to operate and maintain these wastewater facilities in such a manner as to comply with the provisions of Chapter 403, F.S., Chapter 62-600, F.A.C., and all other applicable rules of the Department. Further, an appropriate operation and maintenance manual which has been examined by a professional engineer as certified below is available and located at <u>Century Realty's Corp. Office Bldg.</u> and can be submitted upon request as part of the permit procedure. A copy of the record drawings or other plans (as applicable) showing modifications to existing acilities, as referenced in Rule 62-600.717, F.A.C., is available at the same location. I also understand that a permit if granted by the Department, is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C., and I will notify the Department in accordance with this rule upon sale or legal transfer of the permitted facilities. In the event of abandonment or inactivation of the facilities, I will notify the Department and ensure that public health and safety are protected as regorded by Rule 62-620.610, F.A.C.

(Signature of Applicant or

Authorized Representative²)

Raymond Moats

Name (please type)

Vice-President

Title

(941)647-1581

Telephone No. (including area code)

Plantation Landings, Ltd. Company Name

P.O. Box 5252 Company Street Address or P O Box

Lakeland, FL 33807-5252 City, State, Zip Code

² If signed by the authorized representative, attach a letter of authorization.

b. Professional Engineer

I certify that the engineering features of these domestic wastewater facilities have been examined by me and found to conform to engineering principles applicable to such projects. I certify that the operation and maintenance manual for these wastewater facilities has been prepared or examined by me or by individual(s) under my direct supervision and that there is reasonable assurance, in my professional judgement, that the facilities, when properly operated and maintained in accordance with this manual, will comply with all applicable statutes of the State of Florida and rules of the Department.

Name (please type): Lisa Strine Lassi, P.E. Florida Registration Number: 44157 Company Name: Chastain-Skillman, Inc. Company Address: P.O. Box 5710 City/State/Zip Code: Lakeland, FL 33807-5710 Phone Number: (941)646-1402

(Seal, Signature, Date, Registration No.) $\mathcal{B}-\mathcal{J}-\mathcal{PB}$ $= \mathcal{H}\mathcal{H}\mathcal{H}\mathcal{H}\mathcal{F}\mathcal{T}$

PLANTATION LANDINGS Wastewater Treatment Plant Application for Renewal of Operating Permit

Wastewater Permit Application Capacity Analysis Report Update

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Attachment C

SECTION 8. DOCUMENTATION

1.e. <u>Capacity Analysis Report Update</u>

The Plantation Landings wastewater treatment facility services the Plantation Landings Development consisting of 400 rental adult mobile home sites, an office building, and clubhouse. Because the service area is built-out and there are no plans to expand the service area beyond its current boundaries, an abbreviated update is provided in this section. According to the *Guidelines for Preparation of Capacity Analysis Reports*, facilities serving areas that are built-out may submit abbreviated reports when operating history indicates that the facility is in compliance with its effluent limitations. A previous update to the Capacity Analysis Report was submitted with the permit application in 1993.

Plantation Landings wastewater treatment plant is a privately-owned facility serving the residents of the development since approximately 1988. The general location of the plant is indicated on the Location Map (Figure 1, included as Attachment F). The extended aeration treatment facility is a concrete and masonry package-type plant with a capacity of 80,000 gallons per day (gpd). It includes an influent flow splitter box, 2 aeration basins, 2 clarifiers, 2 chlorine contact chambers, 2 digesters, and 2 sand filters. In addition, effluent clearwells and effluent pumping are provided. Treated effluent is pumped to dual rapid infiltration basins located off-site. A process flow diagram indicating flow lines and tank volumes is included as Figure 2, Attachment G.

Flow data for the past three years was obtained from the FDEP monthly operating reports. Effluent flow from the plant is measured using an ultra-sonic type flow meter. The flow meter is calibrated on an annual basis.

Monthly average daily flows (ADF), 3-month ADFs, and annual ADFs for the past three years are presented in **Table 2**, Wastewater Flows, included as **Attachment D**.

PLANTATION LANDINGS Wastewater Treatment Plant Application for Renewal of Operating Permit

Wastewater Permit Application Wastewater Flows

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Attachment D

TABLE 2. Wastewater Flows (June 1995-June 1998)

	Monthly	% of Permit	3-Month	Annual
Month-Yr	ADF (mgd	Capacity	ADF (mgd)	ADF (mgd)
Jun-95	0.022	28		
Jul-95	0.024	30		
Aug-95	0.023	29	0.023	
Sep-95	0.019	24	0.022	
Oct-95	0.023	29	0.022	
Nov-95	0.038	48	0.027	
Dec-95	0.025	31	0.029	
Jan-96	0.028	35	0.030	· · ·
Feb-96			0.027	
Mar-96	0.037	46	0.033	
Apr-96	0.028	35	0.033	
May-96	0.022	28	0.029	
Jun-96	0.020	25	0.023	
Jul-96			0.021	
Aug-96	0.018	23	0.019	
Sep-96	0.017	21	0.018	
Oct-96	0.020	25	0.018	
Nov-96	0.015	19	0.017	
Dec-96	0.020	25	0.018	0.023
Jan-97	0.026	33	0.020	0.022
Feb-97	0.027	34	0.024	0.023
Mar-97	0.032	40	0.028	0.022
Apr-97	0.021	26	0.027	0.022
May-97	0.009	11	0.021	0.020
Jun-97	0.015	19	0.015	0.020
Jul-97	0.015	19	0.013	0.020
Aug-97	0.017	21	0.016	0.020
Sep-97	0.014	18	0.015	0.019
Oct-97	0.014	18	0.015	0.019
Nov-97	0.021	26	0.016	· 0.019
Dec-97	0.028	35	0.021	0.020
Jan-98	0.030	38	0.026	0.020
Feb-98	0.035	44	0.031	0.021
Mar-98	0.034	43	0.033	0.021
Apr-98	0.023	29	0.031	0.021
May-98	0.011	14	0.023	0.021
Jun-98	0.011	14	0.015	0.021

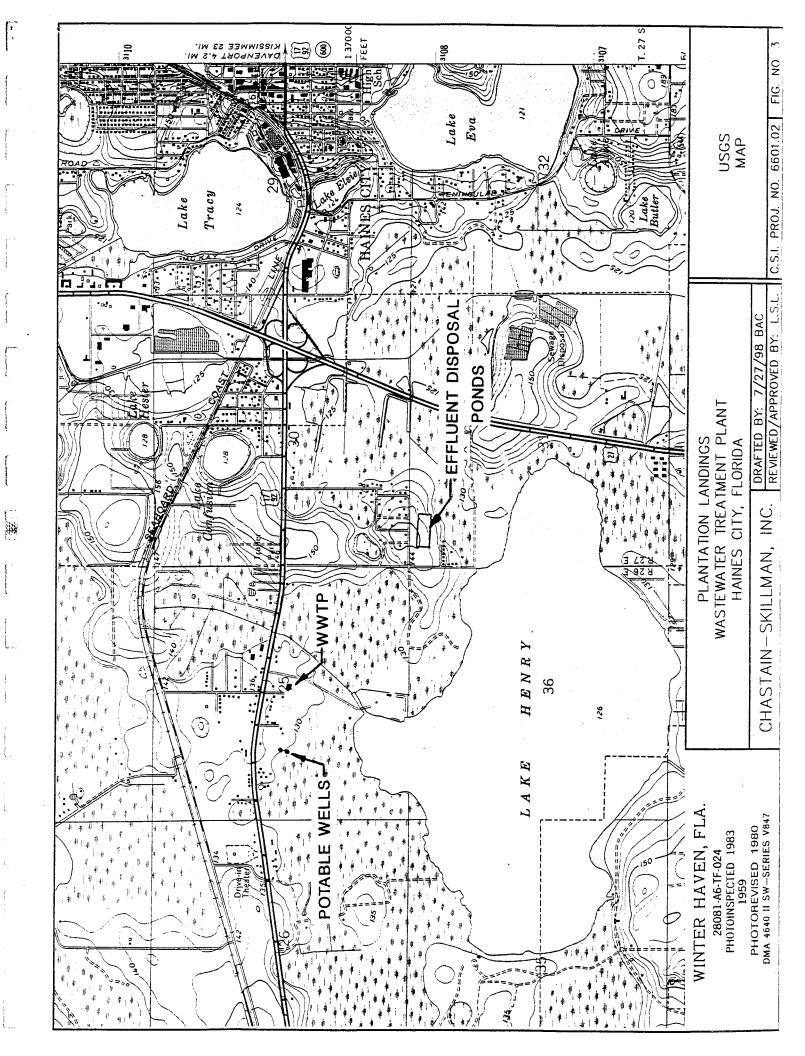
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PLANTATION LANDINGS Wastewater Treatment Plant Application for Renewal of Operating Permit

Wastewater Permit Application USGS Map

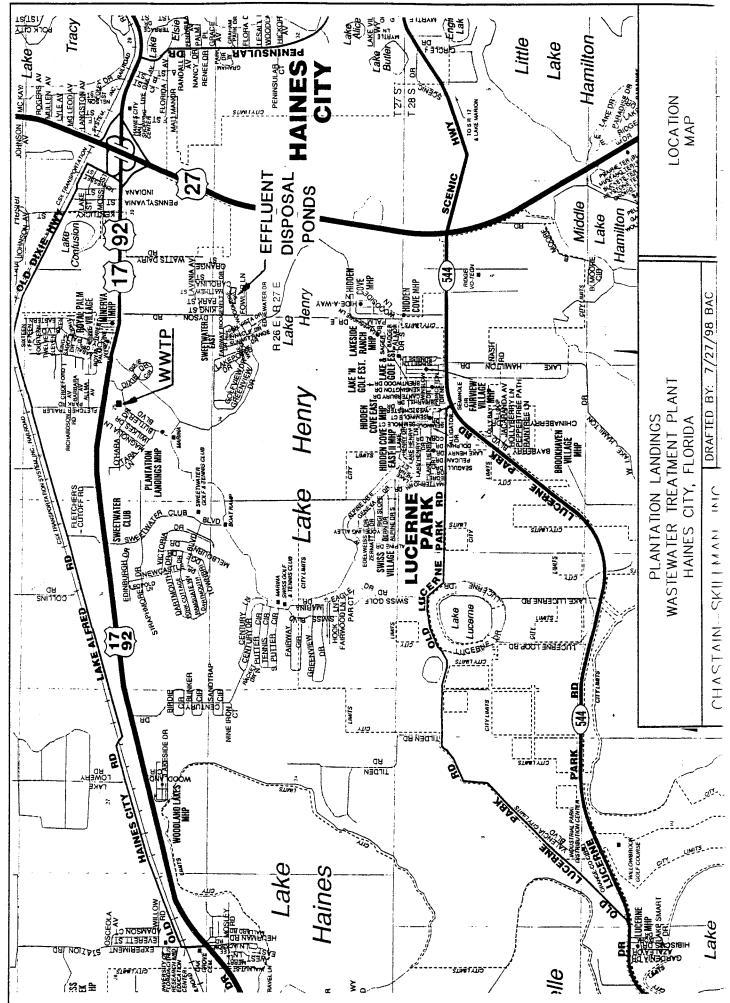
Attachment E



PLANTATION LANDINGS Wastewater Treatment Plant Application for Renewal of Operating Permit

Wastewater Permit Application Location Map

Attachment F



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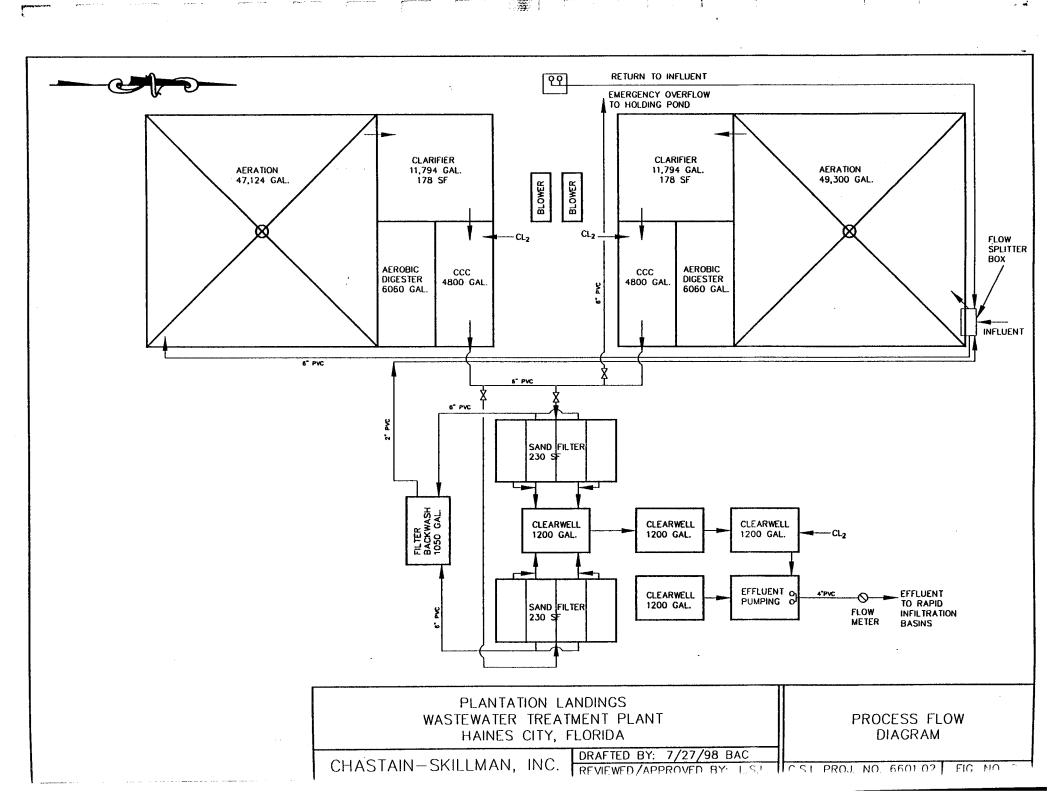
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PLANTATION LANDINGS Wastewater Treatment Plant Application for Renewal of Operating Permit

Wastewater Permit Application Process Flow Diagram

Attachment G



i.

PLANTATION LANDINGS Wastewater Treatment Plant Application for Renewal of Operating Permit

Wastewater Permit Application RPZ Inspection Report

Attachment H

1901 Re		Sai	fe Drinking W	'ate	ng Co., II er for America 00 • FAX 1407) 332-0	7C. 1402 · Ceil. (407) 256-6236
		•	CKFLOW ASSEMBL			4000 (1011 230 0230
STREET A	DDRESS		TON LIANDI			
	NOF DEVICE <u>515-11</u>	AGK	PLANT- ROLAD	<u>914</u>	OK	.NO. 136036
	DEVICE $/$	MAN	ERSER NO	10. <u>/</u>	UTIL ACCT NO	. NO. <u>1 90[: 50</u>
						FIRE LINE
PRESSUF	RE DROP ACROSS FIRS	ST CHECH	(VALVE7, 2	3		PSi
	CHECK VALVE #1		DIFFERENTIAL PRESSUF RELIEF VALVE	RE	CHECK VALVE #2	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED 2. CLOSED TIGHT	רי אַר	OPENED AT Z, B LB DID NOT OPEN	s D	1. LEAKED 2. CLOSED TIGHT	
R	CLEANED REPLAC RUBBER PARTS KI	DED:	REPLACE	0.0	CLEANED REPLACED: RUBBER PARTS KIT	PSI
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FINAL TEST	CLOSED TIGHT	a	OPEN ATL REDUCED PRESSURE			
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OWNER'S	S AUTHORIZED REP SI	IGNATURI	E . <u></u>			OATE

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PLANTATION LANDINGS Wastewater Treatment Plant Application for Renewal of Operating Permit

Wastewater Permit Application Flow Meter Calibration

Attachment I

CERTIFICATE OF CALIBRATION

MEMBER: AMERICAN WATER WORKS ASSOC INSTRUMENT SOCIETY OF AMERICA MEASUREMENTS & DATA SOCIETY USAL RURAL WATER ASSOC.

W.K. INDUSTRIES, INC.

P.O. BOX 607267 . ORLANDO, FLORIDA 32860 . PHONE (407) 293-1329 . FAX (407) 294-6244

THIS WILL CERTIFY THAT THE HERIN LISTED INSTRUMENTS WERE CALIBRATED IN ACCORDANCE WITH NORMALLY ACCEPTED PRACTICES AND MANUFACTURERS RECOMMENDED PROCEDURES.

REFERENCES: DEPT. OF AGRICULTURE, CIRCULAR 843 ISCO OPEN CHANNEL FLOW HANDBOOK FOURTH EDITION FLUID MECHANICS, DODGE & THOMPSON

DATE CALIBRATED 3/31/98

INSTRUMENT I.D. McCrometer MO304 S/N 95-5735-4

OWNER/ LOCATION Century Realty/

COMMENTS/ACTIONS Checked with Doppler Compu-Flo/Tesco C4.

Plantation

Checked within 2%.

PLANTATION LANDINGS Wastewater Treatment Plant Application for Renewal of Operating Permit

Wastewater Permit Application Agriculatural Use Plan Annual Report

Attachment J

	[]
	DER Form # 17-540,500(1)
Florida Department of Environmental Regulation	Form Too March 1, 1991
Twin Towers Office Bldg. • 2600 Blair Stone Road • Tailahassee, Florida 32399-2400	DEA Aconcason No.
TAT OF ROAD	(Filed in by CER)
Agricultural Use Plan	
Part 1 - Instructions	
This Agricultural Use Plan form should be submitted if residuals will be applied at rates appropriate If residuals will be applied at rates higher than the nitrogen needs of the crops, a Dedicated Disposa of this form.	for the nitrogen needs of the crops. I Site Plan must be submitted in lieu
(2) All applicable items must be completed in full to avoid delay in processing. If attached sheets (or othe in place of the blank space provided, refer to them in that space.	r technical documentation) are used
) All information is to be typed or printed in ink. (4) The Agricultural Use Plan form must be completed and submitted to the Department District Office w permit or operation permit for any domestic wastewater treatment facility which will dispose of its residuals will be land applied. If a application sites are used, a modified or new Agricultural Use Plan must be submitted by the date 	siduals by application to the land. A application sites are modified or new
 and may be disposed of in accordance with the provisions of Rule 17-640.850, Florida Administrative Code (F.A.C) 	:
Part II - Residuals Generator Information	•
() Residuals Generator:	
Facility Name PLANTATION LANDINGS	
	02226
Address U.S. HIGHWAY 17-92 E. HAINES CITY	
Contact Person and title RAYMOND MOATS PLESIDENT	of General Partie
Phone Number (941) 647-1581	
2) Estimated/actual quantity of residuals generated:	•
(a) New facilities: Proposed quantity on dry weight basistons/day or	lbs/day
Solids concentration% Estimated quantity gallens/d	av or los/cay
	tons/day
3) Residuals Characteristics (Annual Average): Nitrogen concentration - 0.9 % (dry weight)	
	Lead 3.3 marka (dry weight)
Nickel 4.7 mg/kg (dry weight) Zinc 290 mg/kg (dry weight)	
Last analysis date: 3-11-98 (Attach all analyses taken within the last year	:)
NOTE: For new facilities the residuals characteristics may be estimated by the design engineer, but a c to the Department prior to any land application.	omplete analysis shall be submitted
4) Stabilization Class Provided: A 3 X C	- ·
Process description:AEROBIC DIGESTION / LIME STABILIT	ZATION
Page 1 or 3	
Northwest Clained Honesas Claines Claines Claines Claines Claines Claines	District Sciumessi District Bay 37 1972 S. Congress Ave. Suint H

DER Form e 17-540,000(1)	
Form Tale Agricultural Use Plan	
Elective Case_March 1, 1991	
CER Addresson Ma	
(Filed in by DER)	

(A) The maximum allowable annual application rate is determined based on the nitrogen demand of the site vegetation.

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 (8) The maximum allowable ar a: Crop(s) or vegetation na 	5 × 11 -	Is determined based on the hitrogen demand of the site vegetation.
 a. Crop(s) or vegetation has b. Nitrogen demand: 		Ibs/acre/year
determined by:		
Nitrogen loading tab	le in Rule 17-640.700(3	(3)(d)1., F.A.C.
Recommendations of	of Soil Conservation Se	ervice or Institute of Food and Agricultural Sciences (attach documentation)
Other: identify (attac	h documentation)	
 Adjusted nitrogen applic following procedures (ct) 	cation rate: Allowances neck method used):	s for volatilization losses and mineralizzion rates may be made based on one of the
Rule 17-640.700(3)(d For residuals incorp)2.a., F.A.C For surface prated into the soil, the	ace-applied residuals, the allowable nitrogen loading rate in (b) above may be doubled. e allowable nitrogen loading rate in (b) acove may be increased by 33%.
Rule 17-640.700(3)(d for Land Application)2.b., F.A.C The analy of Municipal Sludge, r	lysis procedure in Chapter 6, Environmental Protection Agency, Process Design Manual may be used to justify higher application rates.
Rule 17-640.700(3)(d)2.c., F.A.C An equiv	valent procedure may be used if approved by the Department.
Maximum allowable nitro	ogen application rate:	320 lbs/acre/year
Show calculation here o		
		20 165/ac./yr.
(9) List the names of other trea	atment facilities that wil	ill cispose of residuals on this site: SWISS GOLF, SWISS VILLAGE
		Part IV - Certifications
	·	
shall allow his residuals to be a permit, or submitted to the Dep "residuals suitable for land ad plan. He also certifies that he s an annual summary of the tota	applied only on a site for partment with the annu- plication" in Rule 17-6- hail maintain a record of a quantity of residuals, if	iliar with and shall comply with the acctoacle requirements of Chapter 17-640. FA.C.: or which an Agricultural Use Plan has been approved with the operation or construction ual update: and that the residuals to be and applied shall meet the chemical criteria for 640.700(2), FA.C., and shall be stabilized to Class. Destandances as identified in this of the total quantity of residuals land applied on this site and will file with the Department heavy metals, and nitrogen land applied on this site, and that the residuals hould and aware of the provisions of the rule.

MES Ma Residuals Generator

5/18/98 Cate

Wastewater Treatment Plant PLANTATION LANDINGS Sludge Calculations A. Sludge Production ANUNOY - DECEMBER 1997 Annual Sludge Production: 274.000 qullyr 274,000 901/4r × 0.005 5d × 8.3416/901 = 11,425.80 dry16/4 = 11,425.8 15/4r / 365 day /4r = 31.30 15/day Average Daily Production B. Nitrogen Production 0,9°] o 11,425816/yr x 0.009 = 102.83 16-N/Yr Total Nitrogen C. Land Area Requirement - Nitrogen Limit 320 10/40/4r [IZULS 17-640.700 (3)(d)2.2] BAHIA GRASS Max. Allowable Nitrogen Application Rate 102.83 16/4r 320 16/ac/4r = 0.32 Geres [0.5 acres allotted] D. Land Area Requirement - Metals Limit (lb/Ac.) 1) Allowable Cumulative Application (lb./Ac.) 4.4 Cadmium 125 Copper 500 Lead 125 Nickel 250 Zinc Arsenic Selenium Mercury Molybdenum Chromium 2) Sludge Metals Concentrations mgkz mgkg 4.7 Arsenic 0.9 Cadmium 10.Z Seienium (10 Copper

Lead	3.3	Mercury	27
Nickel	4.7	Molybdenum	4.7
Zinc	29.0	Chromium	4.2

Site Life

3) Sludge Loading (Metals) Available Application Area = 0.5 acres 0.9 ma/kg x 1/1,000,000 x 31.3 lb/day x 365 day/yr x 1/0.5 cc. Cadmium = 0.02

Loading Site

Life

118

220 0.02 Arsenic Cadmium 49.8 2.51 Selenium Copper 6,250 0.08 Mercury Lead 1,136,36 Molybdenum 0.11 Nickel 6.63 37.71 Chromium Zinc

Loading

4) Cumulative Sludge Loading

Site Life 37.71 yrs. Acreage 0.5 cc. Sludge Volume 31.3 16/day 31.316/day × 365 dallyr × 1/0.5cc × 170N/2000 16 = 430.87 Tons (acre

Pembroke Laboratories, Inc.

HRS# E84088 HRS# 84172 DEP CQAP# 860208

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528 Gooch Road Ft. Meade, Florida 33841

(941) 285-8145 (941) 285-7030 FAX

Century Realty Funds P. O. Box 5252 Lakeland, FL 33807

ATTN: Jerry Coryell

Date Sampled: 02-11-98 Time Sampled: 12:40 Date Received: 02-11-98 Time Received: 08:37 Date Reported: 03-11-98

Lab Number		MC-12420 Plantation	Analysis	Analysis	
Sample I.D.		Landings	Method	Date	Analyst
CHAPTER 62-640 SLUD	GE/EPA 503 Met	als			
pH Total Solids	8	6.3 0.5	EPA 9045 EPA 160.3	02/18/98 02/13/98	JL JL
Dry Basis:					
Total Nitrogen Total Phosphorous Total Potassium Cadmium Copper Lead Nickel Zinc Arsenic Selenium Mercury	<pre>% N % P % K mg/kg Cd mg/kg Cu mg/kg Pb mg/kg Ni mg/kg Zn mg/kg As mg/kg Se mg/kg Se</pre>	0.9 1.5 0.9 0.9 110. 3.3 4.7 290. 4.7 U 10.2 27. 4.7	EPA 351.2 EPA 365.2 EPA 6010 EPA 6010 EPA 6010 EPA 6010 EPA 6010 EPA 6010 EPA 6010 EPA 6010 EPA 6010 EPA 7471	03/09/98 02/17/98 02/20/98 02/20/98 02/24/98 02/24/98 02/24/98 02/24/98 02/18/98 02/18/98 02/18/98	DS AF WC WC WC WC WC WC WC WC
Molybdenum Chromium	mg/kg Mo mg/kg Cr	4.7 U 4.2	EPA 6010 EPA 6010	02/20/98 02/20/98	WC WC

		Stan	dard Domestic Wa			
			Record Keep	ling ron	11	
F	Residuals Appl	ication Sile Locate	1 1 Sveet West	- Wahne	to Fe 3380	2
-	Sile Number _				~~~~	57.40.2
	Sile Owner/Mai		Main Septic Tank Plantation Rand		Phone Numcer	<u> 2492</u>
	Date of analysi Residuals Cond	s <u>centration</u> of (mg/k	gt. Nitrogen (C. S. Copper	240,	Nickel <u>32</u> . Cadmi	um <u>6</u>
			Lead The Zinc La	D.	0.5_96 Solids	
	15+ (inter .				
	Date Residuals Applied	Amount of Residuals Applied (gal or lb)	Specific Location and Acr of the Area of Site Where Residuals Were Ap		Method of Incorporation of Residuals (if any)	Water Ta Level (It)
	116 197	18,000 apl.	Zime I			Below
	1 45 197	14,000 ql.	Zne·1			Betw 3
	109.97	16,000 gel.	Zme I			Belie
	216 97	المار معا	Zme I			Balus
	2.19 97	المو، كلك حما.	Zone 2			Celini
	311 197	Koto al.	Zne 2.	•		Belin
	3118197	16,000 cl.	Zne 2			Belini
	३ मई ला	16,000-2.	Zone: 3			Bela.
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	Stan		mestic Wastev cord Keeping		iduals	
Residuals Appl	ication Site Location) Kelly Par	en. Uchnete	- FZ 338	<u>ری</u>
Sile Number Sile Owner/Mai Date of analysi		ff man Plante	Septic Tank S teo Landing		1umber 099	-5492
	centration of (mg/k	g). Nitrogen 6. Lead 7.		<u>. Nicke 32</u> 0.5		um <u>()</u>
Date Residuals Applied	Amount of Residuals Applied (gal or lb)		cilic Location and Acreage of the Area of Site re Residuals Were Applied	of A	f Incorporation lesicuals f any)	Water Table Level (It)
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	Standard Domestic Wastewater Residuals Record Keeping Form							
	Residuals Appl	ication Site Location		Walnote FC	33810			
	Sile Number	nager John	Man Sectie Tark Source	2 Phone Number 299	2-5492			
	Date of analysi	s 2-26-2	Plantation	·····				
	Residuals Cond	centration of (mg/k	g). Nitrogen 6.8 Copper 240. Lezd 170 Zinc 4500	Nickel <u>32.</u> Cadmi _ <u>0.5</u> % Solids	um <u>92</u>			
	310	aur.			<u></u> ,			
	Date Residuals Applied	Amount of Residuals Applied (gal or lb)	Specific Location and Acreage of the Area of Sile Where Residuals Were Applied	Method of Incorporation of Residuals (if any)	Water Table Level (it)			
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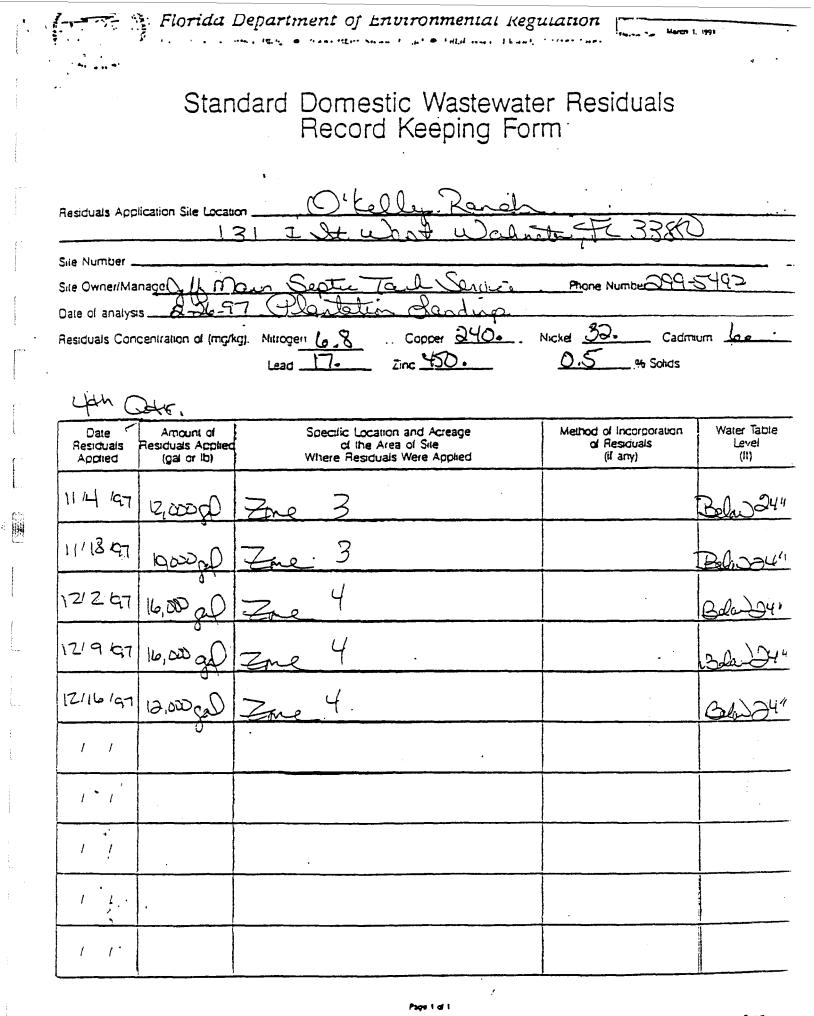
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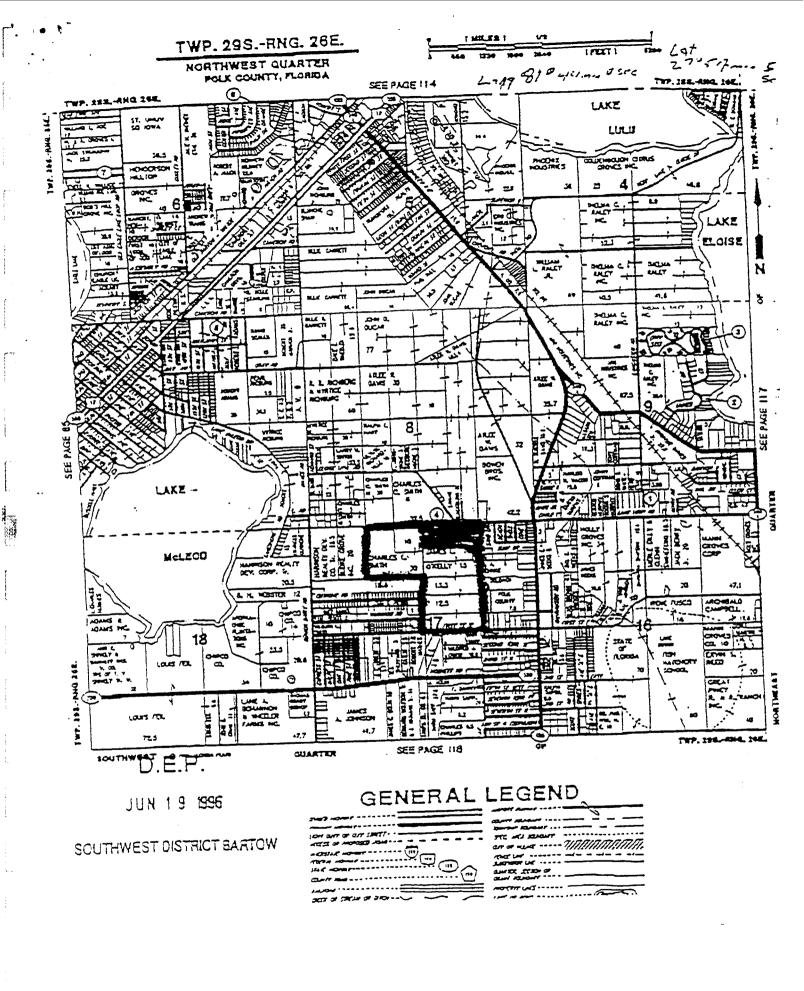
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Department of						
Environmental	Protection					

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

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NSTRUCTIONS:	See	Page	4.

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I GENERAL WATER SYSTEW AND WA	TER TREATMENT	PLANTINFORMATI	ON FOR THE MONTH/YEAR OF
OCTOBER 1997			
Nater System Information * System Name:	on Landing	<u>rs</u>	PWS Identification No.: 6531000
System Owner CRF, Inc. Name: P.O. Box Address: P.O. Box City: Lakcland	<u> </u>		Telephone No.: 647-1581
Address: P.O. Do X			State: FI Zip Code: 3380/
City:	ient non-community	a non-community: C	I consecutive
•No. of Service Connections at End of Mo	onth: 410	Total Population	Served at End of Month: 803
Water Treatment Plant Information			
• <u>Treatment Plant</u> • <u>Treatment Plant</u> Name: <u>Plantotion</u> Address: <u>Hwy 17/9</u> City: <u>Haires</u> Ci	Landings		Telephone No.: 647-1581
Address: Hwy 17/9:	2 West		· · · · · · · · · · · · · · · · · · ·
City: Haines Ci	ty, T		State: F1 Zip Code:
 Permitted Maximum Day Capacity of Pla 	nc	gpd	
Plant Category and Class per Rule 62-69	9.310(4), r.A.C.:		······
Lead/Chief Plant Operator.			
Namo		Class (A, B, C, or D).	Day(s)/Shift(s).Worked
Kobert A. Byrd		<u> </u>	14
•Other Certified Plant Operators (attach a			
Name	Cartificate Number	Class (a, B; C, or D)	Day(s)/Shift(s):Worked
			· · · · · · · · · · · · · · · · · · ·
LASTATEMENT BY LEADICHIEF WAT	ER TREATMENT P	ANTOPERATOR	OR THE MONTHNEAR OF

OCTOBER 1997

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my incwiedge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional ourations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

records of amounts of chemicals used and chemical feed rates; and

·if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them

available for review upon request.

Signature and Date

210, C7493

Name and Certificzte Number (please type or print)

Monthly Operation Report for Publi	ic Water Systems the	at Use Ground Wate	er and for Consecutive Publi	ic Wate	r	• .
Systems that Treat Their Water System PWS Identification Number.	6531000					
Treatment Plant Name:	PLANtotion					

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In Summary of Daily water treatment data for the monthinear of OCTO SCR. 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: Kiree chlorine; □ combined chlorine (chloramine); □ chlorine dioxide Summary of Daily Water Treatment Data for Month:

			Lowest Residual	Residual Disinfectant in Cistribution System			
Oay of. the Month	Plant in.	Quantity of Finished Water	Disinfectant Concentration at Entry to Distribution System (mg/L)	Concentration at: Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency o Abnormal Operating Conditions
1		159,000	3.0	1.5		<u> </u>	<u> </u>
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10		127,000	3.0	1.5	1	1	1
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25				1			
26		105-00		1	ļ		1
27	1	295,000	3.0	1.5			
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29 30	} 	143,000	10.0	1.5	<u> </u>	1	
31	<u> </u>	138,000	3.0	1.5		1	1
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Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

GENERALWATER SYSTEWAND NOVEMBER 19	WATER TREATMENT	PLANTINFORMATIO	ON FOR THE MONTHYEAR OF
,	ation Landi	ng-s	PWS Identification No.: 6531000
• <u>Svstem Owner</u> Name: <u>CRF</u> Address: <u>P.0.3c</u>	NC 5252		Telephone No.: (941)647-1581
City: Lakeh • System Type: Community: a non-tr • No. of Service Connections at End o	A ansient non-community:	a non-community; a	State: <u>F1</u> Zip Code: <u>33867-525</u> consecutive Served at End of Month: <u>87</u>]
Water Treatment Plant Information • <u>Treatment Plant</u> Name: <u>Plant</u> Address: <u>1.5 MILES Wee</u>			Telephone No.: (941) 647-1581
City: <u>Haines City</u> •Permitted Maximum Day Capacity of •Plant Category and Class per Rule 6	Plant: 132,800	gpd	State: <u>F</u> Zip Code: <u>33844</u>
Lead/Chief Plant Operator. Name	* Certificate Number**	Class (A, B, C, or D)	··· Day(s)/Shift(s).Worked
• Other Certified Plant Operators (atta		С	12
			Day(s)/Shiil(s):Worked:
NOVEMBER 199		LANT OPERATOR F	OR THE MONTH/YEAR OF

- I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my included and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:
 - •records of amounts of chemicals used and chemical feed rates; and
 - if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

12/2/97

Signature and Date

Robert A Byrd, DW 007483C Name and Certificate Number (please type or print)

inthly Operation Report for Public W	iter Systems that Use Ground Water and for Consecutive	Public Water
Systems that Treat Their Water	1 5 3 1 0 0 0	, arei

stem PWS Identification Number: atment Plant Name: ____

6531000 lantation andings

SUMMARY OF DAIL/WATER TREATMENT DATA FOR THE MONTHIVEAR O NOVEMBER 1997

ype of Residual Disinfectant Maintained in Distribution System Served by Plant: G free chlorine; combined chlorine (chloramine); a chlorine dioxide ummary of Daily Water Treatment Data for Month:

				Residual	Disinfectant in Oistnoutic	in System	
Day of. the Month	Plant in	Quantity of Finished Water	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Re3idual: Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Cisinfectant Measurements Taken at Total Coliform Samoling Points	Lowest Residual Disinlectant Concentration at Total Coliform Sampling Points (mg/L)	Reported - Emergency or Abnormal Operating - Conditions
1			· · · · · · · · · · · · · · · · · · ·		Į		
2]			
3		177,000	3.0	1.5	 		
4			·		l		
5		153,000	3.0	1.5		L	
6							
7		134,000	3.0	1.5			
.3							
9					<u> </u>		1
10	}	214,000	3.0	1.5			
11					<u> </u>		
12		174,000	3.0	1.5			
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14		108,000	3.0	Ćr)	}		
15							}
18				1	1		
17		197,000	3.0	1.5			}
18	1						
19		149,000	3.0	1.5	·		
20		1					
21	<u> </u>	145,000	3.0	1.5	l		
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23	ļ	0/0.00			<u> </u>	<u> </u>	<u> </u>
24		260,000	3.0	1.5	2	15	
25	1	189 000			1	1	
26	1	189,000	3.0	1.5		<u> </u>	1
27		122 000	2.0]		<u> </u>
28	+	132,000	3.0	1.5			
29	1	1	I · · · · · · · · · · · · · · · · · · ·	1	1	1	
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Max.	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	94,500	<u> </u>	<u>£////////////////////////////////////</u>	\$//////////////////////////////////////	X/////////////////////////////////////	<i>`////////////////////////////////////</i>



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

			ATER TREATMENT	PLANTINEORMATI	ON FOR THE MONTHIVEAR OF
{)ECEMBE	12 1997			
ater System I lystem Name		Planta	tion Londi	ngs	PWS Identification No.: 653100
vstem Owne Name:		CRF, I	nc X 5252		Telephone No.: <u>(941)647-158</u>
Address: Tity:					State: F1_ Zip Code: 33807-52
ystem Type: lo. of Service	Connections	/; □ non-tran s at End of M	sient non-community lonth: <u>410</u>	; a non-community; c Total Population	consecutive Served at End of Month: 871
teatmont Ol-	nt Plant Infor ant		tion Landina	5	Telephone No.: (941) 647-1581
Address:	- [;	5 Miles	tion Landing West Hwy 6	00	
- ih/-		Hairoc	C:+ '		State: T Zip Code: 33849
Permitted Mar	ximum Day C	apacity of PI	ant 132,800	gpd	•
Plant Categor	ry and Class p	per Rule 62-6	599.310(4), F.A.C.:	50	
.ead/Chief Pl	lant Operator.	and the second	······································		
			Certificate Number	Class (A, B, C, or D):	- Day(s)/Shift(s).Worked
Rober	+ A. By	rel	007483	C	14
	The second se				
			additional sheets if n		· · · · · · · · · · · · · · · · · · ·
				ecessary): // Class (a, 8; C, or D);	S weine Day(s)/Shifl(s):Worked:
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					⊡aγ(s)/Shifl(s):Worxed:
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					Day(s)/Shiîl(s):Worxed∴

DECEMBUR 1997 I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my

snowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

•records of amounts of chemicals used and chemical feed rates; and

•if applicable, appropriate treatment process performance records.

Furthermore, Lagree to retain these additional operations records at the plant site for at least five years and to make them.

available for review upon request. 198 187

, DW007483C Byrd

Signature and Cate

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ystem	is that Tri	eat Their Water	1					•
tem P	WS Identi	nication Number.						<u>-</u>
attriett	C FIGHLING		Je Charly e	ation Lan	crings			
			•					
GUM	10111201		1111=111111111		MENTIO	Emgel 19	87 18	a • •
						the state of the second se		ŀ,
to sq	Residual I	Disinfectant Maintainec ine (chloramine); a chlo	I in Distribution Sys	stern Served by	Plant: A free chlorin	ne;		
mmar	v of Daily	Water Treatment Data	for Month				1.1 1.1 1.1	
1				_	·····			1
	.*	S	Lowest Residuat	Residual	Disinfectant in Distributio	on System		Section 10
ay of.	· Hours	Quantity of Finished Water	Disinfectant	Lowest Residual.	Number of Instances	Lowest Residual	Reported	
the ·	Plant in		Concentration at	Disinfectant	Where Residual Disinfectant	Disinfectant	Abnormal -	i dince
ionur	Operation	e (gallons)	Entry to Oistribution System (mg/L)	Concentration at	Measurements Taken	Concentration at Total Coliform	Operating · · Conditions	9.65
			· · · · · · · · · · · · · · · · · · ·	Remote Paint (mg/L)	al Total Coliform	Sampling Points	-	14.556
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17		101,000	<u>).</u> ט	0.2	2	0.2		· · ·
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21						/		
22		178,000	6.8	0.2				•
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Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

A		NEWRIE NWEWR	T. MIANE SIMITI	on for the month year of	дà.
JON UMM	1998				2
nter System Information ystem Name:7	Plantation	n Landings		PWS Identification No.: 653100	D
vstem Owner lame:(ddress:	P.P. FNC	2		Telephone No.: <u>(941)647, 58</u> ,	/
City:	AKata			State: FL Zip Code: 38807-	52
System Type: Community to. of Service Connections	r; non-transi s at End of Mo	ient non-community; onth: <u>410</u>	onon-community; C Total Population	consecutive Served at End of Month: <u>871</u>	
Address: /.5 City:k		m (andings	200	Telephone No.: (941)647-158	
City:	tilnes C	174		State: TZ Zip Code: 33849	
			وعويدي والمترب بتعنيك فالمستعلم فتسوي وجروي بتعبيري ورج		
Permitted Maximum Day C	apacity of Pla	nc 132,800	gpd		
Permitted Maximum Day C Plant Category and Class p	apacity of Pla	nc 132,800	gpd	•	
Plant Category and Class p	apacity of Pla per Rule 62-69	99.310(4), F.A.C.: _	gpd		
Plant Category and Class p	apacity of Pla per Rule 62-69	nc 132,800	gpd	Day(s)/Shin(s).Worked	
Plant Category and Class p Lead/Chief Plant Operator Nama	apacity of Pla per Rule 62-69	99.310(4), F.A.C.: _	5C gpd	Day(s)/Shin(s).Wested 13	
······	apacity of Pla per Rule 62-69	nt:	gpd 5 Class (A, B, C, or D).		
Plant Category and Class p _ead/Chief Plant Operator Nama ?C.het A Other Certified Plant Opera	apacity of Pla per Rule 62-69 August Alle ators (attach a	nt: <u>732,800</u> 39.310(4), F.A.C.: _ Certificate Number <u>067483</u> dditional sheets if nu	gpd 5 Class (A, B, C, or D).	13	
Plant Category and Class p _ead/Chief Plant Operator Nama ?C.het A Other Certified Plant Opera	apacity of Pla per Rule 62-69 August Alle ators (attach a	nt: <u>732,800</u> 39.310(4), F.A.C.: _ Certificate Number <u>067483</u> dditional sheets if nu	Gpd Class (A. B. C. or. D). Cass (A. B. C. or. D). Cass (A. B. C. or. D).	13	
Plant Category and Class p _ead/Chief Plant Operator Nama ?C.het A Other Certified Plant Opera	apacity of Pla per Rule 62-69 August Alle ators (attach a	nt: <u>732,800</u> 39.310(4), F.A.C.: _ Certificate Number <u>067483</u> dditional sheets if nu	Gpd Class (A. B. C. or. D). Cass (A. B. C. or. D). Cass (A. B. C. or. D).	13	
Plant Category and Class p Lead/Chief Plant Operator Nama Planted Plant Operator Other Certified Plant Opera Name:	apacity of Pla per Rule 62-69 August Alle ators (attach a	nt: <u>732,800</u> 39.310(4), F.A.C.: _ Certificate Number <u>067483</u> dditional sheets if nu	Gpd Class (A. B. C. or. D). Cass (A. B. C. or. D). Cass (A. B. C. or. D).	13	•
Plant Category and Class p _ead/Chief Plant Operator Nama ICALA A Other Certified Plant Opera Name:	apacity of Pla per Rule 62-69 August Alle ators (attach a	nt: <u>732,800</u> 39.310(4), F.A.C.: _ Certificate Number <u>067483</u> dditional sheets if nu	Gpd Class (A. B. C. or. D). Cass (A. B. C. or. D). Cass (A. B. C. or. D).	13	
Plant Category and Class p _ead/Chief Plant Operator Nama Plant A Other Certified Plant Opera Nama	apacity of Pla per Rule 62-69 August Alle ators (attach a	nt: <u>732,800</u> 39.310(4), F.A.C.: _ Certificate Number <u>067483</u> dditional sheets if nu	Gpd Class (A. B. C. or. D). Cass (A. B. C. or. D). Cass (A. B. C. or. D).	13	
Plant Category and Class p Lead/Chief Plant Operator Nama Plant A Other Certified Plant Opera Nama	apacity of Pla per Rule 62-69 August Alle ators (attach a	nt: <u>732,800</u> 39.310(4), F.A.C.: _ Certificate Number <u>067483</u> dditional sheets if nu	Gpd Class (A. B. C. or. D). Cass (A. B. C. or. D). Cass (A. B. C. or. D).	13	
Plant Category and Class p Lead/Chief Plant Operator Nama Plant A Other Certified Plant Opera Nama	apacity of Pla per Rule 62-69 August Alle ators (attach a	nt: <u>732,800</u> 39.310(4), F.A.C.: _ Certificate Number <u>067483</u> dditional sheets if nu	Gpd Class (A. B. C. or. D). Cass (A. B. C. or. D). Cass (A. B. C. or. D).	13	
Plant Category and Class p Lead/Chief Plant Operator Nama Plant Operator Nama Other Cartified Plant Opera Nama	apacity of Pla per Rule 62-69 August Alle ators (attach a	nt: <u>732,800</u> 39.310(4), F.A.C.: _ Certificate Number <u>067483</u> dditional sheets if nu	Gpd Class (A. B. C. or. D). Cass (A. B. C. or. D). Cass (A. B. C. or. D).	13	

- Annas 1998

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•records of amounts of chemicals used and chemical feed rates; and

• if applicable, appropriate treatment process performance records.

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13/98 Signature and Date

Rebut A. Argel DW002 483C Name and Certificate Number (please type of print)

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thly stem	Operation is that Tri	n Report for Public W. eat Their Water	ater Systems that	Use Ground Y	later and for Cons	ecutive Public	Water	
em P	WS Ident	ification Number:	65310	DD Now Consince			·	
mer	it Plant Na	ime:	Putt	now Consince	\$ `		• a	• •
	an a		•				•	
	MARIA		IMENEVATAR	RTHEMONT	MELECT JAN	LAM 1998		[•
a of	Residual	Disinfectant Maintained	Lin Distribution Svi		-			• •
omb	ined chlor	'ine (chloramine); ⊂ chlo Water Treatment Data	orine dioxide					
	17 OF Daily]
			Lowest Residual	Residual	Disinfectant in Distributio	n System	Reported	
yof. No	Hours.	Quantity of Finished Water	Disinfectant - Concentration at	Lowest Residual:		Lowest Residual Disinfectant	Emergency or	the constant of the second
ոնո	Operation:	<pre>// .(gallons)</pre>	Entry to Obtribution	Disinfectant Concentration at	Disinfectant	Concentration at	Abnormal Operating	
다. 1944년 같은 11년	 		System (mg/L)	Remote Point (mg/L)	Measurements Taken at Total Coliform	Total Coliform Sampling Points	Conditions	
	na ar the th		<u></u>		Sampling Points	(mg/L)		1.
2		112,000	2.5	1.2				
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		175 000	2.2	1.0				5 1
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7 - 8 -	anton Antonio di Antonio di A		·		1			-
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FLORIDA		Department of mental Pro		
Monthly Operation Repo for Consecutiv		-	nat Use Ground Freat Their Water	
INSTRUCTIONS: See Page 4.				1997) 1997)
GENERAL-WATER SYSTEMAND FEDRUARY 199		PLANTINFORMATI	ON FOR THE MONTHLY	EAROF
Water System Information PLanto • System Name: • System Owner	tion Landings		PWS Identification No.: <u>(941)</u> Telephone No.: <u>(941)</u>	6531000
Name: CLF L Address: P.J. 60	K 5252			
• System Type: Community; a non-tr • No. of Service Connections at End o	ansient non-community	; □ non-community; □ Total Population	State: <u>FC</u> Zip Code: consecutive Served at End of Month:	
Water Treatment Plant Information • Treatment Plant Name:	ion Landing	s Jy 600	Telephone No.: (941)	647-1581
City: <u>Hornes</u> • Permitted Maximum Day Capacity of • Plant Category and Class per Rule 6 • Lead/Chief Plant Operator.	City Plant 132,80	o gpd	State: F1_ Zip Code:	33844
Namo	··· Certificato Number···	Class (A, B, C, or D).	- Day(s)/Shift(s).V	Vorked
Robert An Byrd	007483	C	12	· · · · · ·
•Other Certified Plant Operators (attac				····
Namawitti da eventione	Certificate Number	" Class (a. 8: C, of U); "	≲ <u>∝⊰</u> Day(s)/Shiîl(s)∖V	Vorxed
				· ·
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	<u> </u>			
		·		
III STATEMENTEY LEADICHIEF	VATER TREATMENT P	LANT OPERATOR F	OR THE MONTH/YEAR	OF

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my snowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

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•if applicable, appropriate treatment process performance records.

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10/98 Signature and Date

DW007483C

Name and Certificate' Number (please type or print)

Monthly Operation Report for Public	Water Systems that Use Ground Water and for Consecutive Pu	L
Systems that Teast Their Walse	entry of the second and the consecutive put	olic Water
Systems that Treat Their Water		

Systems that I reat incir wate	٢
System PWS Identification Numbe	:.
Treatment Plant Name:	

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6531000

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LATTATION LANDINGS

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III SUMWARY OF DAILY WATER TREATMENT DATA FOR THE MONTHREAR OF FUBRIAM 1498

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: Combined chlorine (chloramine); C chlorine dioxide • Summary of Daily Water Treatment Data for Month:

⊇ com Summa	bined chioi arv of Dailv	rine (chloramine);	lorine dioxide		, -			
				Residual	Disinfectant in Distributi		N	strandaria. Normana dari
Day of. the · Month	Plant in.	Quantity of Finished Water Produced by Plant	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Residual: Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Oisinfectant Measurements Taken at Total Coliform Samoling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	
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2	 	191,000	2,5	1.5		1	1 20	B. Carl Sec.
4		/22,000	10	1.6		<u> </u>		n Shinan Shinan Shinan
5		122,000	2.8	1.0				II. The state of
5 5		94,000	2.5	1.2				· · · · ·
7			810	1.0	**** <u>***</u> ********	l	<u>-</u> -	- Ginta India Galeria
8							- type ty	
9		211,000	25	1,0				Sent Company
10							· · · · · ·	
11		128,000	1.8	0,5				
12								• •
13	· · · · · · · · · · · · · · · · · · ·	113,000	2.0	0,8		· ·	- 197 - 1 A	and in the second s
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:6		216,000	2.2	1.0				
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19	1	111,000	1.5	0.8	·			
20		103,000	1.8	1.0	. 1			
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22								
23		186,000	1.5	0,8				
24		121 01 1					15.0 1000	and a first state of the state
25		131,000	1.5	0.0	2	0.8	• •	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -
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27		11,000	1.8	1.2			241. 4.	
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30								
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Total		1,731,000						1.
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Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

	MENT PLANT INFORMATION FOR THE MONTH/YEAR OF
MAROA 1998	
Water System Information Plantation Lan	bings PWS Identification No.: 6531000
• <u>Svstem Owner</u> Name: <u>C. R. F.</u>	Telephone No.: (941)647-1581
Address: P.O., Box 5252 City: LAKE(APD)	State: 7 Zip Code: 33807
•System Type: & community;	munity; a non-community; a consecutive
Water Treatment Plant Information	
• <u>Treatment Plant</u> Name: <u>Plantation Landi</u> Address: <u>1,5 Miles West F</u> City: <u>Haines City</u>	AGJ Telephone No.: (941)647-1581 Hug 600 State: 12 Zip Code: 33844
Address: <u>1.5 Miles West F</u> City: Haiges City	State: Pl Zin Code: 33844
•Permitted Maximum Day Capacity of Plant _132, c	300gpd
• Plant Category and Class per Rule 62-699.310(4), FJ	
Lead/Chief Plant Operator.	
Name	mber Class (A, B, C, or D). Day(s)/Shift(s).Worked
Robert A. Byrd 00748	¹³ C 13
Other Certified Plant Operators (attach additional she	ets if necessary):
Name:	mbec: Class (a, Br.C, or D): Day(s)/Shift(s):Worked:

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF MARCH 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

•records of amounts of chemicals used and chemical feed rates; and

• if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them

available (or review upon request. 1198

Signature and Date

Robert A Byrd, DW007483C Name and Certificate Number (please type or print) Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: ______ Treatment Plant Name: ______

6531000 antotion condings

. .. .

1998

TESUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTHY FAR OF MARCH

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: Tree chlorine;

Summary of Daily Water Treatment Data for Month:

				Residual	Disinfectant in Distributio	on System	
Day of. lhe Month	Hours	Quantity of Finished Water	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Samoling Points	Lowest Residual Disin(ectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions
1							
2		187,000	1,8	1.0			
3							
4		129,000	1.5	0.8			
5				<u> </u>			
ô		143,000	1.4	0.8	<u> </u>]	I
7			<u> </u>				
8				1	<u> </u>]	
9	<u> </u>	234,000	1.5	0.8	 	ļ	!
10				<u> </u>		1	
11	ļ	119,000	1.8	1.0	<u> </u>		
12							
13		143,000	.1.5	0,8		1	
14		1	<u> </u>				
15	1		<u> </u>		}		
16		258,000	1.5	0,8	}		
17						1	
18		158,000	1.5	0.8			
19	1	· · ·	<u> </u>		l		1
20	<u> </u>	121,000	1,5	0.8	<u> </u>	<u>}</u>	
21				ļ	ļ	1	ļ
22	ļ	183.000		ļ	<u> </u>		
23		183,000	1.5	1.0		1	
24		135 202		0,8			
25		135,000	1,5	0.0	<u> </u>	1	
26		144,000	1.5	0.8	<u> </u>		1.
27		177,000	·>	0.0		<u> </u>	<u> </u>
		<u> </u>	1	1		<u> </u>	
29	1	283,000	1,5	1,0	2	1,0	
30	- <u> </u> .	200,000	<u> </u>	1 110	<u></u>	<u> </u>	<u> </u>
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Max.	<u> VIIIIIII</u>	94,333	<u> </u>	<u> </u>	<u> </u>	8//////////////////////////////////////	×/////////////////////////////////////

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DER form + 17-501 SCC(1) Opmessic Wasternuer freatment Plant Form fax Monthlin Operating Report	-
Electro June July 1. 1991	_
Elected Gala	_
CER LOOCSOON NO	

Part II - General Information

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(3)	Month JUNE Year 1998
	Flant's DER Identification Number 4053 P02276
(2)	Flant Name Plantotion Usudings
(J)	Flant NameFIGNIONI VCCC
(4)	Plant Address US 17/92 West
ر حا	civ Haines City
	Pilt
•	County (941) 647-1581
	De 53-743034
(8)	
• •	Plant TypeTTT-C
(10)	Test Sile Identification Number NA
	Fecal Coliform Sample Method
	Membrane Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed, Water Reuse
•	Eusporction Pond
(17)	Limited Wet Weather Discharge Activated
(13)	
(14)	Cumulative Days of Wet Weather Discharge <u>NA</u>
(15)	Fiant Staffing
	Day Shiit Operator Class Care No 608544
	Evening Shirt Operator Class Carc. No
	Night Shift Operator Gass Cart No:
	Lead Operator Kint for Cort. No.
	· · ·

Pzrameter	Units	STORET Code	Value
(16) Monthly average daily flow	nçd	050053	,011
(17) Permitted capacity	ngd	<u> </u>	,080,
(18) Trree-month average daily flow	mgd		,01.5
(19) Percent of permittee capacity	%		19%
(20) C300s Effluent	mç/L	080082	
(21) CEODs Effluent	lbsday		0.35
(22): TSS Effluent	mçil	900201	6.0
(23) TSS Efluent	Its/day		0.55
(24) Minimum pH		-	7.1
(25) Maximum pH			7.2
(25) Total N	mg/L	000500	NA
(27) TKN	mç/L	000625	NA
(28) Ammonia (NH ₃ · N)	mg/L	000510	NA
(29) Nitrate	mg/L	071850	1.65
(30) Total Phasphorus	mç/L	000665	NA
(31) Minimum Chlonne Residual	mg/L	-	6.8
(32) Maximum Chlonne Rescual	mgrL	-	4.0
(23). Ciner Effluert Parameters			NA
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CER from	17-5012000
	Comesis Wastewater Reatment Plant Momany Operating Report
	July 1, 1291
067 2000	Loot No
	Hims a oy CERI

		Year 1998
Day & Itte Muritt Flow (mgd) Chlorine Residual alter Contact alter Contact Chlorine Residual alter Contact Chlorine Residual alter Dechlońnátion CBODs frituent (mg/L) TSS frituent (mg/L) TSS Etituent (mg/L) PH Etituent (mg/L) PH Etituent (mg/L) NH3 - N Etituent (mg/L) NH3 - N Etituent (mg/L) NH3 - N Etituent (mg/L) Fecat Cotitorm (11/100mj)		
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16,010 4.01 1 1 17.2 1 1 1 1		! <u>; ;</u> ;
171 1007 14.01 1 1 1 7.2 1 1 1 1		
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311 1 1 1 1 1 1 1 1 1 1 1 1	i i :	

Laad Operation. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief. This information is true, complete, and accurate.

Siched: Rda Name (Please Type) _

Date: 7/15/98

(941)647-1581

• ·	
067 form + 17-01.00(1) Oomestic Watterneer Heatment Plant	
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Electre Das July 1, 1991	_
063 400-cabon Ma	
ALSE TO US DOLL	

Part II - General Information

(i) Month JULY Year 1998
(2) Plant's DER Identification Number 4053P02226
(J) Plant Name <u>Plantation Landings</u>
(4) Plant Address US 17/92 West
15 Civ Haines City
(6) County Polk
(7) Phone Number (941) 647-1581
(8) Permit Number <u>Do - 53 - 243034</u>
(5) Plant Type
0) Test Sile Identification Number <u>NA</u>
1) Focal Coliform Sample Method Membrane Filter Most Probable Number
2) Type of Effluent Disposed or Receimed Water Reuse
3) Limited Wet Weather Discharge Activated Yes XINO Not Applicable 4) Cumulative Days of Wet Weather Discharge NA
S) Flant Starling
Day Shift Operator Class <u>C</u> Cart No. 008544
Evening Shuit Operator Class Care. No
Night Shift Operator Stass
Lead Operator <u>Fourts</u> have WW008544C

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mçd	050053	,021
(17) Permitted capacity	mçd	-	,080,
(18) Three-month average daily flow	mgd		,014
(19) Percent cr permitted capacity	9⁄3	-	18%
(20) C3OOs Efiluent	mg/L	080082	2.5
(21) CEODs Efluent	licsiday	<u> </u>	.44
(22) TSS Eilluent	mg/L	90201	1.8
(23) TSS Efluent	Ibs/day	<u> </u>	,32
(24) [,] Minimum pH		-	7.0
(25) Maximum pH		-	7.Z
(25) Tetal N	mg/L	000500	NA
	1 1	:	
(27) TKN	mç/L	000625	NA
(27) TKN (28) Ammonia (NH3 · N)	· · · · · ·	000625	NA
· · ·	· · · ·		NA
(28) Ammonia (NH3 · N)	mç/L mç/L	000510	NA
(28) Ammonia (NH3 · N) (29) Nitrate	mç/L mç/L	0000510	NA 2.37
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus 	mg/L mg/L mg/L	0000510	NA 2.37 NA
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual 	mg/L	0000510	NA 2.37 NA 1.0
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual (32) Maximum Chlonne Residual 	mg/L	0000510	NA 2.37 NA 1.0 4.0
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual (32) Maximum Chlonne Residual 	mg/L	0000510	NA 2.37 NA 1.0 4.0
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual (32) Maximum Chlonne Residual 	mg/L	0000510	NA 2.37 NA 1.0 4.0
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual (32) Maximum Chlonne Residual 	mg/L	0000510	NA 2.37 NA 1.0 4.0
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual (32) Maximum Chlonne Residual 	mg/L	0000510	NA 2.37 NA 1.0 4.0
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual (32) Maximum Chlonne Residual 	mg/L	0000510	NA 2.37 NA 1.0 4.0

	17-301.000(1)	
	Domestic Wastewater Veatment Plant Monthly Coerating Accord	
	July 1, 1201	
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	(rind in by JEA)	

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34)				1	1													1			
Day of lite Month	Flow (mgd)	Chitorine Residual alter Contact	Chlorine Residual alter Dechlorination	CBODs Inluent (mg/L)	TSS Inliuent (mg/L)	CBODs Ellivent (mg/L)	TSS Etituent (mg/L)	pH Elluent	TKN Ellivent (mg/L)	NI-I3 · N Ellivent (mg/L)	Nitrate Ettlucht (mg/L)	Total P Eilluent (mg/L)	Fecal Colilorm (#/100ml)								
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	32	3.8		<u> </u>	<u> </u>			7.1		l				<u> </u>	i	<u> </u>			1		1
		2.8		<u> </u>	i			7.1		!			1						1		1
	18_	3.5		[l		7.1		1	1		1	<u> </u>			1		1	1	1
		2.4			<u> </u>			7.1					1 	, , ; ;		+		:	1		
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31:10	34	1.6	1	i	<u>:</u>	!		1.6		·				·/							

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and beiler. This information is rule complete, and accurate

Signed: Name (Please Type)

8/12/98 Oate: ____ (941)647-158.1

17-501 200(1)	
CER Form + 17-101 COCII Domestic Wasterster (reatment 21am Form Tas Monthly Goersting Report	
Eterne One_ July 1, 1791	
1027 200-2001 1-0 0-1 001 0-1 0-1 0-1 0-1 0-1 0-1 0-1 0-1	

Part II - General Information

il Month AUGUST Year 1998
(1) Month <u>AUGUST</u> Year <u>1998</u> 110.53 P02226
(2) Flant's DER Identification Number 4053 P02226
(5) Flant Name PLANTATTON LANDINGS
(4) Plant Address US 17/92 WEST
(5) City HAINES CITY
(6) County POLK
(7) Phone Number (941) 647-1581
(3) Permit Number D0-53-243034
(5) Flant Type TH - C
(10) Test Sile Identification Number NA
(11) Fecal Coliform Sample Method
Membrane Filter Most Protable Number
(12) Type of Eifluent Disposal or Reclaimed Water Souse
EVAPOPATION PORDS
(13) Limited Wet Weather Discharge Activated
(14) Cumulative Days of Wat Weather Discharge NA
(15) Plant Stalling
Day Shift Operator Class Care No 008544
Evening Shift Operator Class Cert, No
Night Shift Operator Class Cert No
Lead Operator Cor. No.

			مسمسم
Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mçd	050053	,014
(17) Permitted capacity	ന്നൂർ		,080
(18) Trree-month average daily ilow	mçd	-	,015
(19) Percent of permitted capacity	%	-	19%
(20) C3OCs Effluent .	المحراك	080082	3.7
(21) CEODs Eilluent	lbs'day		.43
(22) TSS Eilluont	mg/L	SC0201	4
(23) TSS Efluent	155/Cay		4,15
(24) Minimum pH		-	7.2
(25) Maximum pH			7.4
(25) Total N	mg/L	000500	NA
		000005	NA
(27) T.K.N	mç/Ľ	000625	NI
(27) TKN (28) Ammonia (NH3 · N)	mç/L	000625	
			NA 0.45
(28) Ammenia (NH3 · N)	mç/L	000610	NA 0.45
(28) Ammenia (NH3 · N) (29) Nitrate	mç/L mç/L	000610 071850	NA 0.45
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus 	mg/L mg/L mg/L	000610 071850	NA 0.45 NA
 (28) Ammonia (NH₃ - N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual 	mg/L mg/L mg/L mg/L	000610 071850	NA 0.45 NA 1.7
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual (32) Maximum Chlonne Residual 	mg/L mg/L mg/L mg/L	000610 071850	NA 0.45 NA 1.7 4.0
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual (32) Maximum Chlonne Residual 	mg/L mg/L mg/L mg/L	000610 071850	NA 0.45 NA 1.7 4.0
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual (32) Maximum Chlonne Residual 	mg/L mg/L mg/L mg/L	000610 071850	NA 0.45 NA 1.7 4.0
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual (32) Maximum Chlonne Residual 	mg/L mg/L mg/L mg/L	000610 071850	NA 0.45 NA 1.7 4.0
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual (32) Maximum Chlonne Residual 	mg/L mg/L mg/L mg/L	000610 071850	NA 0.45 NA 1.7 4.0
 (28) Ammonia (NH₃ · N) (29) Nitrate (30) Total Phosphorus (31) Minimum Chlonne Residual (32) Maximum Chlonne Residual 	mg/L mg/L mg/L mg/L	000610 071850	NA 0.45 NA 1.7 4.0

17-30:200011 CEA ותניל המתודעה האבשר האדות אונישום לאדור היוסט היו אונישום איני אונישו אונישון א

July 1, 1991 Date

CER ADDICATION NO. ----

Domestic Wastewater Treatment Plant Monthly Operating Report

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	311.61	9 4.1	21	1		;		7.2	!	1	I	i	!	i	ii	:	:	:	: :	

Lead Operator. This is to confy that I am familiar with the information contained in this report and that to the best of my knowledge and belief. This information is true, complete, and accurate.

Signed: Name (Flease Type) ameany Name

9/6/98 Oate:

647-1581

Telechane Na. (Please Type)

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64 1000000 F3	
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Part II - General Information

(1) Month SEPTEMBER Year 1998
(2) Flant's DER Identification Number 4053 Po 2226
(3) Flant Name PCANSATION LANDINGS
(4) Plant Address US 17/92 WEST
(5) City HAINES CITY
(5) County POLIC
(7) Phone Number (941) 647-1581
(8) Permit Number <u>D0-53-243034</u>
(S) Plant Type
(10) Test Sile Identification Number NA
(11) Fecal Caliform Sample Method
Membrane Filter Most Probable Number
(12) Type of Eilluent Disposal or Reclaimed Water Reuse
(13) Limited Wet Weather Discharge Activated
(14) Cumulative Days of Wet Weather Discharge NA
(15) Plant Slaifing
Day Shift Operator Class Cart. No. 008544
Evening Shift Operator Class Care No
Night Shift Operator Glass Cart. No.
Lead Ocerator Robert And WW008544C
Scrattro Cer. Na

(1	10000	1
Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	тçd	050053	,020
(17) Permitted capacity	mgd	<u> </u>	,080
(18) Three-month average daily flow	mgd	<u> </u>	,01.8
(19) Percent of permitted capacity	%		23%
(20) C3OOs Efiluent -	mç/L	080082	2.2
(21) CEOOs Eilluent	lbs'day		,37
(22) TSS Eilluent	mçıL	900201	1,6
(23) TSS Efluent	les/day		,27.
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000500	NA
(27) T.K.N	mç/L	000625	NA
(28) Ammonia (NH1 - N)	mg/L	000610	NA
(29) Nitrate	mg/L	071850	2.70
(30) Torel Phasphorus	πς/L	000665	NA
(31) Minimum Chlenne Residual	mg/L		1,1
(32) Maximum Chlonne Residual	mç/L	-	4.0
(JJ) Ciher Eilluert Parameters	1		NA
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1998

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SEDTIMBUL

Domestic Wastewater Treatment Plant Monthly Operating Report

24														Month	Serimon	. Year	1990	<u> </u>
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ngd)	online Donline	28	5	Ine	ш s	Elluent (mg/L)	Ine	TKN Elluent (mg/r)	N Ellivent (mg/L)	μ	P Elluent (mg/L)	Coliform (II/100ml)				i		
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51,019	221		i	<u> </u>			7.2		<u> </u>	, . I I		 	; <u>;</u>	i			ĺ	
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101,011	2.8	¦	i				7.1		į .			1	: :	;	: : :			
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131,011	3.61		1				7.2		<u> </u>			 		1			i	<u>.</u>
141,016	3.11		1		i		7.2			!		<u> </u>	I			. <u></u> !		·
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171,009	4.0						7.2		<u> </u>			l •	 	<u>i</u>	i I		<u> </u>	<u> </u>
131.004	4.0	!		1			7.2		!	<u> </u>		<u>}</u>	<u> </u>					
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Lead Operation. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief. This retimation is true, complete, and accurate.

Signed: sher Name (Please Type) amcany Name .

10/11/98 Oate: _

Telechone Na. (Flezse Type) (941)647-1581



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

NSTRUCTIONS: See Page 4.	•			an an an an an an an an an an an an an a
GENERALWATER SYSTEM A PRIL 1998		T PLANT INFORMATIO	on for the monthiyear (0F
Aler System Information System Name:	antertion Landin	<i>q.</i> s	PWS Identification No.: 65	
Svstem Owner Name:C Address:P	R.F. U. 1804 5252		Telephone No.: (941)64	
City: System Type: A community; □ No. of Service Connections at	non-transient non-commun	ity; non-community; Total Population	State: <u>F1</u> Zip Code: <u>33</u> I consecutive Served at End of Month: <u>8</u>	
Vater Treatment Plant Informati	<u>on</u>			م مربقه بر بو بربد . و محمد در مربقه . محمد در مربقه
Name: Pla	antofion Landi Mikes West Hu aines City	195	Telephone No.: (941) 64 State: Fi Zip Code: 338	
Permitted Maximum Day Capa Plant Category and Class per	city of Plant 1.32.8	SC gpd	State. <u>11</u> 2p Code. <u>300</u>	
Lead/Chief Plant Operator. Name	· · · · · · Certificate Number	Class (A. B. C. or. D)	··· Day(s)/Shifl(s).Worked	
Robert A. Byr		C	/3	
Other Certified Plant Operator	ويستعدد والمستور والمتكر وينكر ومنك فتتباد والتكري فتترج والمتحد والمراجع المتحد المراجع		L	
Name:	Cartificate Number		: Day(s)/Shift(s):Worked:	
			1	
)	1
L				
IL STATEMENT BY LEADICE		TPLANT OPERATOR	FOR THE MONTH/YEAR OF	

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my snowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

•records of amounts of chemicals used and chemical feed rates; and

• if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for feview upon request.

19 8 Signature and Date

Name and Certificate Number (please type or print)

TIEP Form 62-355.900(0) Tective December 10, 1996

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		fication Number: me:	Pla	31000 Hotion Lev	dikes			ett för sock ander det sock av sock av H
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		DAILYAWATERTRE			- •		3	4 x
e of	Residual (Disinfectant Maintainec ine (chloramine);	in Distribution Sys	stem Served by	Plant: A free chlorin	ie;		ماند کر توجه در این ما تعنی مراجع می ماند می ماند کر
nmar	v of Daily	Water Treatment Data	for Month:				MARK	مر و میکی معدور رونه و ا
				Residual	Disin/ectant in Distributio	an System	·	
	• . Univer	Quantity of Finished Water	Lowest Residual Disinfectant		Number of Instances	Lowest Residual	Reported	
ic I	Plant in-	Produced by Plant	Concentration at	Lowest Residual: Disinfectant	· Where Residual	Disinfectant	Emergency or Abnormal	
ידטחו	Operation	s (gallons)	Entry to Distribution	Concentration at:	Disin/ectant Measurements Taken	Concentration at Total Coliform	Operating - Conditions	5.12
			System (mg/L)	Remote Point (mg/L)	at Total Coliform. Samoling Points	Sampling Points (mg/L)	Conditions	102-11-
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Monthly Operation Report for Public Water Systems that Use Ground Water and

for Consecutive	Public Water S	Systems that	Treat Their	Water		
INSTRUCTIONS: See Page 4.					a ang Ani dhi Ang Ani dh	n State State
MAY 1998	ATER TREATMENT	PLANTINFORMATI	on for the r	IONTHIYEA		
- Surtom Owner	ion Lending	<u>.</u>	PWS Identifica		531000	2003 1964 1952
City: Laterto	no 5252.		Telephone No.		1	
System Type: Community; non-tran No. of Service Connections at End of M Water Treatment Plant Information	ionth: <u>4/ D</u>	Total Population	Served at End		۲ سر و ر ۱۰ ۱۰ میر و بورو رو	
Address: 1.5 Mile	·ion londing	17/92	Telephone No.			
City: <u>Haines</u> • Permitted Maximum Day Capacity of Pl • Plant Category and Class per Rule 62- • Lead/Chief Plant Operator:	ant 1:32,800	gpd 5C	State: <u> -L</u>			
Namo	···Certificato Number···	Class (A. B. C. or D)	Day(s)/Shift(s).Work	ed	
•Other Certified Plant Operators (attach	additional sheets if a	C C	/	3		,
Name:			б м.ч Оау(s)/Shiil(s):Work	ed:	
		•	 } 		·····	ہ، 1

STATEMENT BY LEADICHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additionaloperations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

•records of amounts of chemicals used and chemical feed rates; and

if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

CIGA Signature and Date

Robert A Bund, DW 007483C Name and Certificate Number (please type or print)

DEP Form 62-555,900(3)

stem em PV	s inat i r NS Ideni	n Report for Public W eat Their Water ification Number:	65310	00				يغو .
lment	Plant Na	ime:	Planto	Hon Landi	ras			
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FILL	MARYO!		TMENT DATA FO	RTHEMONT	MESO MA	4 1998		• .• . •
		Disinfectant Maintainec				freedown de ser de ser ser ser ser ser ser ser ser ser se	109 1111 - 112 - 113	a Utra a a
ombir	ned chlor	rine (chloramine);	crine diaxide	stem served by	Plant: Ayiree chioni	ne;	م المستقد ، من المراجع . 1993 - المراجع ، المراجع ، المراجع : 1994 - المراجع ، المراجع ، المراجع : 1994 - المراجع ، المراجع ، المراجع :	
			. Lowest Residual	Residual	Disinlectant in Distributio	on System		
he · ·	Plant in-y	Quantity of Finished Water	Disinfectant Oisinfectant Concentration at Entry to Distribution System (mg/L)	Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Samoling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19
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Vater System Informa System Name:	Plantatio	n Condings	an an an an an an an an an an an an an a	PWS Identification No.: 6	53/009
Svstem Owner Name:	C.R.F.			PWS Identification No.: <u>6</u> Telephone No.: <u>(941)</u> 6	47-581
Address:	P.O. DOX	5252		State: FC Zip Code:	· · · · · · · · · · · · · · · · · · ·
City: System Type: Ocorr	munity: a non-tran	sient non-community	□ non-community;		5007
No. of Service Conn			Total Population	n Served at End of Month:	871
Vater Treatment Plan Treatment Plant Name: Address:		n Condings	17/92	Telephone No.: <u>(941)6</u> State: <u>Fr</u> Zip Code:	· · ·
City: Permitted Maximum Plant Category and Lead/Chief Plant Op	Day Capacity of P Class per Rule 62-	lant 132 200	gpd SC	_ State. <u>P(</u> 2p code	
· · · · · · · · · · · · · · · · · · ·		· ·· Certificate Number.··	Class (A, 8, C, or D):	- Day(s)/Shift(s).Work	(ed
	Byrd	007483	L C	13	
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1 4 4 Y X 1	(1=40/0+11==W/A 1998	TERTREATMENTP	LANTOPERATOR	FOR THE MONTHIYEAR O	
I, the undersigned le	ead/chief operator			l of this form, certify that, to t Also, I certify that the follow	
				y that a certified operator sta	

the plant during the month indicated above:

•records of amounts of chemicals used and chemical feed rates; and

•if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request. ار بار المیکند و المیکند. مراجع المیکند و المیک

7/13/98 Signature and Date

Robert A Byrel DW007483C Name and Certificate Number (please type or print)

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(IEP Form 62-555,900(3)

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almer	nt Plant Na	ime:	Plantot	ton Lordi.	153			•
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	MARYCI		THENTDATAT	DRTHEMONT	MERED 1/10	~21998		•••
		Disinfectant Maintained						NTC SV S
or S com≿	sined chlor	ine (chloramine); a chlo	nne dioxide	SIGHT SELVED DY	rianc Anee chioni	, ic,		
Summa	ry of Daily	Water Treatment Data	for Month:	,	•		A A Press	n ada-as di an di si
				Residual	Disinfectant in Distributio	on System		ал на 1943. П
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Monitr.	Operation	allons)	Entry to Distribution System (mg/L)	Concentration at	Disinfectant Measurements Taken	Concentration at Total Coliform	Operating · · Conditions	
	:		· · ·	Remote Point (mg/L)	at Total Coliform	Sampling Points		all the
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Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

	KANDAWATER TREATMENT	PLANTINEORMATION	For The Month/Vearop
• <u>Svstem Owner</u> Name: Address: <i>P</i> , <i>C</i>	R.F. R.F. Kelon	Tele	S Identification No.: <u>6531000</u> ephone No.: <u>(941)647-1581</u>
City: • System Type: & community; • No. of Service Connections at	non-transient non-community;	□ non-community; □ co	Ite: <u>FC</u> Zip Code: <u>33807</u> nsecutive ved at End of Month: <u>87</u> /
Water Treatment Plant Informat • Treatment Plant Name: Plant Address: 1.5 City: Haster • Permitted Maximum Day Capa • Plant Category and Class per	Miles West Hulp incs City acity of Plant 132,800	Sta	ephone No.: (941)647-1581 Ne: FL Zip Code: <u>33844</u>
Lead/Chief Plant Operator: Nama	······································	Class (A. B. C. or.D).	- Day(s)/Shifl(s).Worked
•Other Certified Plant Overator		<u>C</u>	14

於熱 1414 1998

I, the undersigned lead/chief operator of the water treament plant listed in Part I of this form, certify that, to the best of my snowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

•records of amounts of chemicals used and chemical feed rates; and

•if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

12/98 Signature and Date

Robert A Byrd, DW007483C Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water

Systems that i real incir Water
System PWS Identification Number
Treatment Plant Name:

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• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: I free chlorine; = combined chlorine (chloramine); = chlorine dioxide • Summary of Daily Water Treatment Data for Month:

		ж.		Residual	Oisinfectant in Oistnouti	on System		
Day of. the Month	Plant in	Quantity of Finished Water	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Residual. Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliforn Samoling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	
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Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

$\frac{1}{4} \frac{1}{9} \frac{1}$	ONFOR THE MONTHIYEAR OF
• System Owner C, R, F. Name:	PWS Identification No.: <u>6531000</u> Telephone No.: <u>(941) 647-1581</u> State: <u>12</u> Zip Code: <u>33807</u>
System Type: Community; a non-transient non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-community; a non-communit	consecutive Served at End of Month: <u>871</u>
Water Treatment Plant Information • Treatment Plant PLANTATION LANDINGS Name: PLANTATION LANDINGS Address: 1.5 M:123 WEST 17/92 City: HATNES CITY 17/92	Telephone No.: (94))647-7581 State: 72 Zip Code: 33844
Permitted Maximum Day Capacity of Plant: <u>/32,800</u> gpd Plant Category and Class per Rule 62-699.310(4), F.A.C.: <u>5C</u> Lead/Chief Plant Operator: Name Certificate Number: Class (A, B, C, or D).	··· Oay(s)/Shifl(s).Worked
• Other Certified Plant Operators (attach additional sheets if necessary):	13
Names de l'élement de Certificate Number: de Class (a. 8: C. oc 0);	Caγ(s)/Shiil(s):Worked≎
III STATIEMENTIE A LEADIGHIE WATER TREATMENT PLANT OPERATOR F	OR THE MONTH/YEAR OF

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my snowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

•records of amounts of chemicals used and chemical feed rates; and

•if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request

Signature and Date

Robert A. Berd DW007483C Name and Cartificate Number (please type or print)

monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water

Systems that Treat Their Water System PWS Identification Number: ______ Treatment Plant Name: ______

6531000 1AMINOS PLANTATION

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WESSEMMARTIN FOR AUGUST 1998

Type of Residual Disinfectant Maintained in Distribution System Served by Plant:

 free chlorine;
 combined chlorine (chloramine);
 a chlorine dioxide
 Summary of Daily Water Treatment Data for Month;

		а. Х.		Residual	Disinfectant in Distributio	on System		
Day of, the Month	Plant in.	Quantity of Finished Water Quantity of Finished Water Produced by Plant ↑ (gallons) ₹1	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Residual. Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliforn Samoling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1
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Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

STATING 1998	MATION FOR THE MONTHINEAR OF
Water System Information • System Name: • System Owner • Swstem Owner Name: C, R, F. Address: I.O. For x SLS2 City: UATURDO • System Type: & community; □ non-community; □ non-comm	PWS Identification No.: $673/000$ Telephone No.: $(941)647-1581$ State: FL Zip Code: 33807 nity; \Box consecutive lation Served at End of Month: 871
Water Treatment Plant Information • Treatment Plant Name: PLONTATIVE LAVINGS Address: /15 M/LC3 WUST //WY 17/92 City: HAMAS CITY • Permitted Maximum Day Capacity of Plant: /32,800 gpd • Plant Category and Class per Rule 62-699.310(4), FAC: SC	Telephone No.: (941) 647-1581 State: <u>A</u> Zip Code: <u>33149</u>
Lead/Chief Plant Operator. Name Class (A, B, C, C) Robert A Byrel 007483 C Other Certified Plant Oberators (attach additional sheets if necessary):	13
Name: Karatine Number:	Day(s)/Shiil(s)!Worked:
INSTATEMENTEYALEATICHERWATERATINEATTELANTOPERAT UCATUMIN 1998	TOR FOR THE MONTH/YEAR OF

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my snowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

•records of amounts of chemicals used and chemical feed rates; and

•if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available review unon request

198 121 1D Signature and Date

Kobert A Byrd, DW 807483 C Name and Cartificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water

1	Systems that Treat Their Water
6.	System PWS Identification Number:
P	Treatment Plant Name:

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SITE TIME THE ATTENT STATE WONTEN STOR JUNE 1998

• Type of Residual Disinfectant Maintained in Distribution System Served by Plankfree chlorine;
combined chlorine (chloramine);
chlorine dioxide
Summary of Daily Water Treatment Data for Month;

				Residual	Disinfectant in Distributio	an System		
Day of. the Month	Plant in.	Duantity of Finished Water	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Lowest Residual: Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliforn Samoling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	Reported Emergency or Abnormal Operating Conditions	
١	1 .1			1	2	1.5		
2]	197,000	3.0	1.8				• .
3				<u> </u> _	[<u> </u>		
4		118,000	2.5	1.0				
5						l		
5						[
7	1 1	261,000	3.0	1.5)		
8		·····				}		
9		150,000	3-0	1.1.5	<u> </u>	L		••
10				l		<u> </u>	المهيلة ول	
11		123,000	o √£.	1.5		<u> </u>		
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13						}		· ·
14		271,000	30	1.5]	·· •
15								
:6		168,000	3.0	1.5				
17]							
15	1	114,000	3.0	1.5				
19	1]	
20]		1		
21		191,000	3.0	1.5	<u> </u>			· · ·
22	}			1				
23		143,000	2.4	12		1	<u> </u>	
24				<u> </u>		<u> </u>	<u> </u>	
25		85,000	3.0	1.5		<u> </u>	<u> </u>	
26					<u> </u>	ļ	ļ	.
27					<u> </u>			i
25		176,000	3.0	1.5				
29		,	1	1		<u> </u>	l	
30		139,000	3.0	1.5		1	2 a 1 a	
31]		1	
Total	111/1/1/	2,136,000	\$11111111111111111111111111111111111111	<u> </u>	2	\$1111111111111	X/////////////////////////////////////	
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mok F3C	00mestic Wasternater Treatment Plant
form Take_	Domestic Wastewater Trautient Plant Momining Coercing Report
Electre ()a	July 1, 1991
0ER 200-C	2001 Ng
	(Field in by CER)

Part II - General Information

(1)	Month October Year 1997
	Flant's DER Identification Number 4053 P02226
	Plant Name Plantation Landings
(4)	Plant Address US 17 & 92 West
(5)	civ <u>Haimes City</u>
(6)	CountyPOIK
(7)	Phone Number (941)64 (-158)
(8)	Permit Number D0-53-243034
(S)	Plant Type
(10)	Test Sile Identification NumberNA
	Fecal Coliform Sample Method
	Membrane Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse Evaporation Pond
(15)	Limited Wet Weather Discharge Activated
, ,	
(14)	Cumulative Cays of Wet Weather Discharge NA
(15)	Flant Staffing
	Day Shift Operator Class Cart. No. 008544
	Evening Shift Operator Class Cart, No
	Night Shift Operator Class Cart. No
	Lead Operator Kalust Breek (8344

Parameter	Units	STORET	Value
	 	Code	<u> </u>
(16) Monthly average daily flow	mçd	050053	.014
(17) Permitted capacity	mçd	-	.080
(18) Three-month average daily flow	mgd		.015
(19) Percent of permitted capacity	96		19%
(20) C2005 Efluent	mç/L	080082	<
(21) CBODs Eifluent	lbs'day		NA
(22) TSS Eifluent	ாடி/ட	900201	3,3
(23) TSS Effuent	lbs/cay		INA I
(24) Minimum pH	.		7.1
(25) Maximum cH		-	7.2
(25) Total N	mç/L	000500	NA
(27) TKN	mç/L	000625	NA
(28) Ammonia (NH3 · N)	mg/L	000610	NA
(29) Nitrate	mg/L	071850	3.5
(30) Total Phosphorus	mç/L	000665	NA
(31) Minimum Chlonne Residual	mg/L		1.5
(32) Maximum Chlonne Residual	mg/L	-	4.0
(33). Other Effluert Parameters	1		NA
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111 ×	Gm)	Sol	Dec	ñ	nllu.	ď.		III	E	·z	e E	4	Ŭ									[
Day of the Month	(hgm) woli	Chlorine Residual alter Contact	Chlorine Residual after Dechlorination	CBODs Inlluent (mg/L)	ISS Inluent (mg/L)	CBOD's Ellivent (mg/L)	TSS	pt-I Elluent	[IKN Elluent (mg/L)	· [] IN	Nitrale Elluent (mg/L)	Tolal P	Fecal Cotitorm (#/100ml)								i i	
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3	017	3.5			<u> </u>	<u>.</u>	<u>'</u>	17.2			1			1		1	1	1	:		!	<u>i</u>
÷ S	.014	1	1	1	1		Ì			!	1		!	<u> </u>		<u>i</u>	<u> </u>	!	<u> </u>			1
6	,014	12.0	}	1	1			17.2		<u> </u>	1	1	<u> </u>	<u>! </u>		<u> </u>	<u> </u>	!	1	· ·		<u>.</u>
7	,011	3.0		<u> </u>	<u> </u>	<u> </u>	<u> </u>	7.2	l		1	i 1	!	: 1		i	<u></u>	1	1			!.
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12	1013	14.0		<u> </u>	1		<u> </u>	7.2		1	1	(1			i	<u> </u>	1	<u> </u>			1
13	008	4,0			1	<u> </u>	<u> </u>	7.2		<u>, </u>	1	1	1	1			1	1	1		1	
15	015			1		1	1	7.2]	1	1	1			i	1		1			<u> </u>
16	,015	12,0	1]		I	1	17.1		1	3,5		1	<u> </u>		!	1	1				:
17	.018	2.5	ļ		<u> </u>	1	<u> </u>	7.1		<u>}</u>	<u> </u>	i	!			i	i	i i	:			;
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25	013	35	l I	I	!	 	1.	7.2						, : i			<u>.</u>	1	_			i
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.31	1018	3.0	ł.		;	1	;	7.1					1	<u> </u>		·						

Lead Operation. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief. The normation is true, complete, and accurate

Signed: Dyrd

7/9 Oate:

1-1.1-1- 1521

OER from 4	SOO(1) Wastewater freatment Plane
Comestic Form TiceContrary C	Wastewater Treatment Plant
Eterne Date July 1.	1991
067 - 200-C2007 Mg	
	Fired in by CERD

Part II - General Information

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)	Month NOVEMBER Year 1997
ß	Plant's DER Identification Number 4053P09226
5	Plant Name Plantation Londings
-1	
4)	Plant Address US 17 8,92 WEST
5)	cityHaines City
5)	County Polk
73	Phone Number (941) 647-1581
	Permit Number D0 - 53 - 243034
	Plant TypeTII-C
	Test Site Identification Number NA
	Fecal Coliform Sample Method
2)	Type of Situent Disposel or Reclaimed Water Reuse EVAPORATION Pond
3)	Limited Wet Weather Oischarge Activated
(4)	Cumulative Days of Wet Weather Discharge <u>NA</u>
	Plant Staifing
	Day Shift Operator Class Cart. No. 0.08549
	Evening Shift Operator Class Cert. Na
	Night Shift Operator Gass Cart, No
	Lead Operator Kunsterne CFS44
	Signature Cart. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mçd	050053	,021
(17) Permitted capacity	ringd	-	,080
(18) Three-month average daily flow	mgd	-	,016
(19) Percent of permitted capacity	%⊤	-	20%
(20) C200s Efluent -	mg/L	080082	4,95
(21) CBOO ₅ Eifluent	lbs/day		NA
(22) TSS Eilluent	mg/L	900201	2.65
(23) TSS Effluent	lbs/cay	-	NA
(24) Minimum pH		-	21
(25) Maximum cH			7.3
(25) Total :N	mg/L	000500	NA
(27) TKN	mg/L	000625	NA
(28) Ammonia (NH3 - N)	mg/L	000610	NA
(29) Nitrate	mg/L	071850	,55
(CO) Total Phosphorus	mg/L	000665	NA
(31) Minimum Chlonne Residual	mg/L		1.5
(32) Maximum Chlonne Residual	mg/L	·	4.0
(33) Other Effluent Parameters			NA
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CEA Form	17-001500(1) Domesoc Wastewater Treatment Plant
Form Tide	Domesoc Wastewater Treatment Plant Momnin Coeraang Report
	Juny 1, 1991
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CER 700-	(ואס אי באילו)

34)														Ņ	vionin	Nou	Icm	but	_ Year	199	7
Play of the Month	Chlorine Residual .	Chlorine Residual alter Dechlorination	CBODs Inlluent (mg/L)	TSS Inlluent (mg/L)	CBODs Ellivent (mg/L)	TSS Elluent (mg/L)	pH Elluent	TKN Ettluent (mg/L)	NI-1, - N Elluent (mg/L)	Nitrale Elfluent (mg/L)	Total P Etiluent (mg/L)	Fecal Coliform (#/100ml)									
1,026	3.0						7.1							ļ				1	1	<u> </u>	<u> </u>
21,020	11.5	i		1		 	17.11											<u> </u>	ļ	<u> </u>	1
31,011	3.5			1	1	1	17.1		1										<u> </u>	<u> </u>	<u>!</u>
41.021	2.5	<u>j</u>				1	17.11		1				1					!	<u> </u>	1	1
51.017	3.5	1		1	1		17.1		1	1						<u> </u>		1			
61,032	14.0	1	1	1			17.2			<u> </u>		<u> </u>	<u> </u>					1		<u>.</u>	1 .
71,021	13.0	1	i		1		17.2		1			<u>i</u>	<u> </u>			<u> </u>		<u> </u>	}	<u> </u>	;
81.026	1		i		1	[!		1	<u> </u>		<u> </u>	<u>; </u>			<u> </u>		;		1 .	<u>. </u>
91,025	3.0		1	1	!		12.2		1	<u> </u>	!								<u> </u>	<u>:</u>	<u></u>
101,009	13.0	<u>i</u>	<u> </u>	1	1	!	17.2		<u> .</u>	<u> </u>	I	1	; ; ; ;			:		, ,	÷	1	i
11,030	13.5			<u> </u>	1	<u> </u>	17.3			<u> </u>	1	1				· · · · · · · · · · · · · · · · · · ·		<u> </u>	1	1	!
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14 ,042	4.0	<u> </u>	1		1	<u> </u>	7.2		;	! }	<u> </u>		<u> </u>			. <u></u> 1 1		1	1	19-10-0	1
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161 ,026 271 ,018 751 ,018 251 ,019 301 ,079 311	4.0	1	1	1	1	1	17.1	1	1	Ì	1	i					_				1
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																•					

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief. The information is true, complete, and accurate.

Signed: Name (Please Type) Robert A. Byrd

12/2/97 Oate: ,

Inollaun-ASBI

Domestic Wasternet Realment P	
Comesia Wasternater Francisco Montonia 7.	201
1+CT- CHA JUN 1, 1091	
E7 200-C2001 No	
(FESS YO IN DATE)	_

Part II - General Information

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(i) Month DECEMBER Year 1997
(2) Plant's DER Identification Number <u>4053P02226</u>
(3) Flank Name Plantation Landings
(4) Plane Address US 17 : 92 West
15) CityHaines City
(5) County Polk
(7) Phone Number (941) 647-1581
(8) Permit Number <u>D0-53-243034</u>
(5) Plant Type
(10) Test Sile Identification Number NA
(11) Fecal Caliform Sample Method
Membrane Filter Most Probable Number
(12) Type of Eifluent Disposal or Reclaimed Water Reuse
Evoporation Fond
(15) United Wet Weather Discharge Activated
Yes X No C Not Applicable
(14) Cumulative Days of Wet Weather Discharge NA
(15) Plant Staifing
Day Shift Operator Class Cert. Na 008544
Evening Shirt Operator Class Cert. Na
Night Shift Operator Flass
Lead Operator Reby And C8544
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(31) Minimum Chlonne Residual mg/L - 6,8 (32) Maximum Chlonne Residual i mg/L - 4,0				
(17)Permitted capacity $rrgd$ -, 08 o(13)Three-month average daily flow $rrgd$ -, 02 l(19)Percent cr permitted capacity $9r$ -35%(20)CEOO ₅ Effluent rrg/L C800821.7(21)CEOO ₅ EffluentIbs/day-NA(22)TSS Effluent rrg/L 9002011.8(23)TSS EffluentIbs/day-NA(24)Minimum pH-7.0(25)Maximum pH-7.2(26)Total N rrg/L 000625NA(27)TKN rrg/L 000625NA(28)Ammonia (NH ₃ · M) rrg/L 000655NA(29)Nitrate rrg/L 000665NA(31)Minimum Chlonne Residual rrg/L -0.8(32)Maximum Chlonne Residual rrg/L -4.0	Parameter	Units	STORET Code	Value
(13) Trree-month average daily flow mgd $.021$ (19) Percent c' permittec capacity $9'r$ $.35\%$ (20) CEOC ₃ Effluent mg/L $C8C082$ 1.7 (21) CEOC ₃ EffluentIbs'day $ NA$ (22) TSS Effluent mg/L $9c0201$ 1.8 (23) TSS EffluentIbs/day $ NA$ (24) Minimum pH $ 7.0$ (25) Maximum pH $ 7.2$ (26) Total N mg/L $00c625$ (27) TKN mg/L $00c625$ (28) Ammonia (NH ₂ · M) mg/L $00c625$ (29) Nitrate mg/L $00c655$ (30) Total Phosphorus mg/L $00c665$ (31) Minimum Chlonne Residual mg/L $-$ (32) Maximum Chlonne Residual mg/L $-$ (32) Maximum Chlonne Residual mg/L $-$	(16) Monthly average daily flow	mçd	050053	.028
(19) Percent c' permittec capacity $9'r$ $ 35\%$ (20) CEOC ₃ Effluent mg/L 080082 1.7 (21) CEOC ₃ Effluent Ibs/day $-$ NA (22) TSS Effluent mg/L 900201 1.8 (23) TSS Effluent Ibs/day $-$ NA (24) Minimum pH $ 7.0$ (25) Maximum pH $ 7.2$ (26) Total N mg/L 000625 (27) TKN mg/L 000625 (28) Ammonia (NH ₃ · M) mg/L 0006525 (29) Nitrate mg/L 071850 1.6 (30) Total Phosphorus mg/L 0006655 NA (31) Minimum Chlonne Residual mg/L $ 6.8$ (32) Maximum Chlonne Residual mg/L $ 6.8$	(17) Permitted capacity	mçd		.080
(20) $C \equiv OO_3 \equiv filuent$ mg/L $C \otimes C \otimes 2$ 1.7 (21) $C \equiv OO_3 \equiv filuent$ Ibs/day $ NA$ (22) $TSS \equiv filuent$ mg/L $SCO2OI$ 1.8 (23) $TSS \equiv filuent$ Ibs/day $ NA$ (24) Minimum pH $ 7.0$ (25) Maximum pH $ 7.2$ (26) Total N mg/L $0CC50O$ NA (27) TKN mg/L $0CC51O$ NA (28) Ammonia (NH ₃ · N) mg/L $0CC665$ NA (29) Nitrate mg/L $0T1850$ 1.6 (30) Total Phosphorus mg/L $CCC665$ NA (31) Minimum Chlonne Residual mg/L $ 6.8$ (32) Maximum Chlonne Residual mg/L $ 4.0$	(18) Trree-month average daily flow	mgd	-	.021
(21) $CEOO_3$ EifluentIbs/day-NA(22) TSS Eifluentmg/LSC02011.8(23) TSS EifluentIbs/day-NA(24) Minimum pH-7.0(25) Maximum pH-7.2(26) Total Nmg/L000625NA(27) TKNmg/L000625NA(28) Ammonia (NH3 - N)mg/L000625NA(29) Nitratemg/L0718501.6(30) Total Phosphorusmg/L000665NA(31) Minimum Chlonne Residualmg/L-6.8(32) Maximum Chlonne Residualmg/L-4.0	(19) Percent of permitted capacity	%	-	35%
(22) TSS Eifluent mg/L 900201 1.8 (23) TSS Eifluent lbs/day $-$ NA (24) Minimum pH $ 7.0$ (25) Maximum pH $ 7.2$ (25) Total N mg/L 000625 NA (27) TKN mg/L 000625 NA (28) Ammonia (NH ₂ · M) mg/L 000650 NA (29) Nitrate mg/L 0006655 NA (30) Total Phosphorus mg/L 0006655 NA (31) Minimum Chlonne Residual mg/L $ 6.8$ (32) Maximum Chlonne Residual mg/L $ 4.0$	(20) CBOOs Enluent	mg/L	080082	1.7
(23) TSS EffuentIbs/day $-$ NA(24) Minimum pH $ 7.0$ (25) Maximum pH $ 7.2$ (25) Total Nmg/L000600 NA(27) TKNmg/L000625 NA(28) Ammonia (NH3 · N)mg/L000625 NA(29) Nitratemg/L071850 I.6(30) Total Phosphorusmg/L000665 NA(31) Minimum Chlonne Residualmg/L $-$ (32) Maximum Chlonne Residualmg/L $-$	(21) CEOO5 Eifluent	lbs'day		NA.
(24) Minimum pH – 7.0 (25) Maximum pH – 7.2 (26) Total N mg/L 0000500 NA (27) TKN mg/L 0000625 NA (28) Ammonia (NH ₃ - N) mg/L 0000625 NA (29) Nitrate mg/L 0000650 I.6 (30) Total Phosphorus mg/L 0000665 NA (31) Minimum Chlonne Residual mg/L – 0.8 (32) Maximum Chlonne Residual mg/L – 4.0	(22) TSS Eifluent	mç/L	900201	1.8
(25) Maximum ρ H - 7.2 (25) Total N mg/L 000625 NA (27) TKN mg/L 000625 NA (28) Ammonia (NH ₃ - N) mg/L 000650 NA (29) Nitrate mg/L 071850 1.6 (30) Total Phosphorus mg/L 0006655 NA (31) Minimum Chlonne Residual mg/L - 6.8 (32) Maximum Chlonne Residual mg/L - 4.0	(23) TSS Efluent	lbs/day	-	INA I
(25) Total N mg/L 0000500 NA (27) T.KN mg/L 0000525 NA (28) Ammonia (NH3 - N) mg/L 0000510 NA (29) Nitrate mg/L 0000550 I.6 (30) Total Phosphorus mg/L 0000555 NA (31) Minimum Chlonne Residual mg/L - 6.8 (32) Maximum Chlonne Residual mg/L - 4.0	(24) Minimum pH	.	-	7.0
(27) TKN mg/L 0000625 NA (28) Ammonia (NH ₃ · N) mg/L 0000610 NA (29) Nitrate mg/L 077850 1.6 (30) Total Phosphorus mg/L 0000655 NA (31) Minimum Chlonne Residual mg/L - 0.8 (32) Maximum Chlonne Residual mg/L - 4.0	(25) Maximum pH			7.2
(28) Ammonia (NH3 · N) mg/L 0000510 NA (29) Nitrate mg/L 071850 1.6 (30) Total Phosphorus mg/L 0000655 NA (31) Minimum Chlonne Residual mg/L - 0.8 (32) Maximum Chlonne Residual mg/L - 4.0	(26) Total N	mg/L	000500	NA
(29) Nitrate mg/L 071850 1.6 (30) Total Phosphorus mg/L 000665 NA (31) Minimum Chlonne Residual mg/L - 6.8 (32) Maximum Chlonne Residual mg/L - 4.0	(27) TKN	mg/L	000625	NA
(30) Total Phosphorus mg/L CCC665 NA (31) Minimum Chlonne Residual mg/L - 6,8 (32) Maximum Chlonne Residual mg/L - 4,0	(28) Ammonia (NH3 · N)	mç/L	000610	AN
(31) Minimum Chlonne Residual mg/L - 6,8 (32) Maximum Chlonne Residual i mg/L - 4,0	(29) Nitrate	mg/L	071850	1.6
(32) Maximum Chlonne Residual i mg/L - 4,0	(30) Total Phosphorus	mg/L	000665	NA
7,0	(31) Minimum Chlonne Residual	mg/L	-	0.8
(33) Cither Eifluent Parameters NA	(32) Maximum Chlonne Residual	mg/L	-	4,0
	(33) Other Eilluert Parameters	· 1 1		NA
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	July 1, 1391
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	(inter a noy JER)

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										L)			(ju					1			
			c c	CBODs Inlluent (mg/L)		CBODs Ellluent (mg/L)			ſ,	N Elluent (mg/L)	Nilrate Etfluent (mg/L)	Elluent (mg/L)	Fecal Coliform (#/100ml)								
1 III N		lual	Chlorine Residual alter Dechlorination	u) tr	ISS Inluent (mg/L)	ut (c	ISS Elluent (mg/L)		TKN Elluent (mg/L)	ent	(J. 1	ט) ו נ	<i>II</i>) u								
Day of the Month	(1	Chlorine Residual alter Contact	Resid	Ilue	5	Illue	sut (5	enl	Ellin	lluer	llue	llor							5	
E.C.	უნლ	Sont	Decl F	lo lo	, Mue), E	Illué	Ine		· z	Ell	ΡĒI	Co							1 1 1	[.
ר ג	Flow (mgd)	ilori er C	lori er E	DOE	S Ir	BOL	SS E	pH Elluent	z,	NII.	ilrate	Total I	ecal								
ñ		1	0.9	Ö	1 <u>12</u>	Ū	1 1 1		F	z	Z	2	<u> </u>					1	1		
\Box	,014	13.0		<u> </u>		1		17.1					1	<u> </u>				1	1	1	! ;
21	1622	12.5			1	<u> </u>	1	17.(<u> </u>	1		1					+	<u> </u>	;	1
3	1004	3.5	1	 	1		<u>i</u>	7.1		1	1		1	 			1		; 	1	<u>.</u>
	,030	3.0	1	<u> </u>	1	<u> </u>	1	7.1		1	1		1	! 1			1		1	1	1
5	,033	2.0	1	 	1	1	1	7.1		! 	1			; i	i	1	1	1	1	 .i	
<u><u></u></u>	1617	3.0	1	<u>!</u>	!	! 	<u>.</u>	17.2		<u>i</u>			· {					1	_	1	1
6	,016	12.5	1	:	1	1	1	17.2			1		<u></u>	!!!	i	1	1	1	!	1	1.
0	01	12.0	<u> </u>	1	1	1		17.2	<u>,</u>	1	1		1	1		1	:	1	:		;
10		13.0	1	1	1	<u>.</u>	1	17.2		<u>i</u> .	1		1	: [:	;	1	;	ļ	!	:
11	10,017	13.5	 I	1300	1266.7	11.7	11.8	17.1	1	1	1.6		121			i	į	!	!	!	i
12	,046	12.0	1	1			İ	17.0		1	1		1		!	!	!	1		1	!
13		11.5	1	1	1			17.2						i	i		1	1	;	1	i
14	,073	1.0	1	}			1	17.1			!		·		!			1		<u>i</u>	1
15	,046	11.0			1	1	1	7.		<u> </u>	i		<u> </u>	<u> </u>			<u> </u>	·	1	<u> </u>	
16		11.5						7.(!	1			i	<u> </u>	_!	<u>i</u>	<u> </u>		<u>.</u>	
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18	,016	16.8	<u> </u>	!	1	į .		7.2					}			!		:	<u>.</u>		<u>.</u>
19	,024	3.0	<u> </u>	<u> </u>	1	l	<u> </u>	7.1		ļ			1				<u>+</u>				:
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25		3.0	1	1	<u>}</u>	1	1	7.1								1	<u>.</u>				
		1.5		!		!		7.1							•		;			 !	
27!		112	1	1	I	1	1								1		1	•	·		:
251		2.0		1	<u>.</u>		1	7.1							1	1	!				
301	,022	13.5		·		 I	1	7.1						1	;	1	;	;	i		1
.31		14.0		i	1	<u>.</u> !	i	7.1					·	i	i	i	;	:	:		:

Lead Operation. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief. The remained is true, complete, and accurate.

Signed: Name (Please Type)

Oate: 01/10/98

TURARA NO (Flanca TURA) /941)647-1581

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Part II - General Information

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(1) Month JANUARY Year 1998
(2) Plant's DER Identification Number 4053P0222L
(3) Plant Name PLANTATION LANDINGS
(4) Piant Address US 17 \$92 WEST
(4) Mail Addition
5 city Haines City
(6) County PolK
(7) Phone Number (941) 647 - 1581
(8) Permit Number Do-63-243034
(5) Plant Type TTT - C
(10) Test Sile Identification Number NA
(11) Fecal Coliform Sample Method
Merribrane Filter Most Probable Number
(12) Type of Effluent Oisposal or Rocigimed, Water Reuse
Eusporation Pond
(13) Limited Wet Weather Discharge Activated
Yes X No Not Applicable
(14) Cumulative Days of Wet Weather Discharge
· · · · · · · · · · · · · · · · · · ·
(15) Flant Staifing
Day Shiit Operator Class Care No. 008544
Evening Shirt Operator Class Cert. No
Night Shift Operator Class Cart Na
Lead Operator Loby Apal CES44
Car Na.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mçd	050053	,030
(17) Permitted capacity	тçd	<u> </u>	,080
(18) Three-month average daily flow	mgd	-	,024
(19) Percent of permitted capacity	%	-	33%
(20) C300, Effluent	mg/L	080082	4.7
(21) CEODs Eilluent	lbs'day	-	NA.
(22) TSS Eifluent	ا سح/ل	900201	3.0
(23) TSS Efluent	lts/day	_	NA
(24) Minimum pH	<u> </u>		7.2
(25) Maximum pH			7.2
(26) Total N	j mg/L	000500	NA
(27) TKN	mç/L	000625	NA
(28) Ammonia (NH3 · N)	mg/L	000510	NA
(29) Nitrate	mg/L	071850	1.5
(30) Toral Phasphorus	ாடிட்	000663	NA
(31) Minimum Chlenne Residual	mg/L		2.0
(32) Maximum Chlonne Residual	mg/L		4.0
(33). Other Eilluert Parameters			NA
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	Domesic Wastewater Treatment Plant Moniply Company Report	
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bay G lite months	(มอน) "อเร	Chlorine Residual alter Contact	Chlorine Residual alter Dechlorination	CBODs Intiuent (mg/L)	TSS Inluent (mg/L)	CBODs Ellicent (mg/L)	TSS Ellineri (mg/L)	pH Elluen	TKN Elliu≞n! (mg/L)	(1,Gw) WEILINGW (MG/L)	Nitrate Etlivent (mg/L)	Total P Elituent (mg/L)	Fecal Collorm (#1100ml)					· · ·					
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41	1028	3.5			{		!	7.2			!	l		ł	1	<u>}</u>	<u>}</u>	<u> </u>	!	<u> </u>	!	1	<u> </u>
51	,017	3.0				1		17.21						<u> </u>	<u> </u>	1	<u> </u>	<u>!</u>	1	<u> </u>	<u>.</u>	<u> </u>	-
4 <u>.</u> !	1037	13.0		1	l		<u> </u>	7.2		 	<u> </u>				1	<u>!</u>	<u> </u>	!	; 		<u></u>	· · ·	<u>.</u>
7 1	,031	12.5		<u> </u>		!		17.2			<u> </u>			<u> </u>	1	<u>i</u>) 	:	; ;	;	<u>.</u>	<u>.</u> i.	
3	,028	12.5	l	1220	1300	4.7	3.0	1.2			11.5	<u>!</u>		<u>.</u>	<u> </u>	<u> </u>	<u> </u>	+ ,		<u>.</u>	<u> </u>	<u>}.</u>	
<u>;</u> !	:050	12.0			<u>i</u>	<u> </u>	<u> </u>	1.2	•		l	1	·	<u> </u>	i ,	;	<u>i</u>	;	<u>. </u>				-
101	,033	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>.</u>	•			· .		<u> </u>	<u> </u>	;	<u>!</u>	: 	<u>;</u>	<u>}</u>	<u>.</u>		<u></u> -	<u>.</u>	-
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121	,026	12.0	i		 			1.2						, i	<u> </u>		! }	<u>;</u>	<u> </u>	1	<u>.</u>	·	-
131	,022	13.0					<u> </u>	7.2	; i					1	1		<u>.</u>		<u> </u> 		<u>.</u>	 i	-
4-	,016	14.0						7.2	<u> </u>					/ :	1		: !		:	<u> </u>	·	<u> </u>	-
151	.026	14.0					<u> </u>	7.2		i				1 1 1	<u> </u>		<u> </u>	, 		<u>.</u>	1	<u>.</u>	-
16!	1053	4.0	<u> </u>	!	 			1.6						 	}				<u>;</u> ;		<u>.</u>	;	-
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131	.033	13.01						7.2	;	·····									·····		<u> </u>	<u>:</u>	-
141	,009	4.0	· ! i					7.21			<mark>'ا</mark>				!			·				;	•
1.0	,040	4.0						7.2	;	 	·							;		<u> </u>			• `
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24-1	025 041	4.0					·'	<u></u> i	- <u> </u>			·							;		:		•
751	,041	3.01		' i			<u> </u>	7.2 !	;														•
161		12-0	······ <u>/</u> i		<u>′</u>	i		7.21					i						1				•
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ead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief. This formation is true, complete, and accurate

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052	17-601.200(1)	
com üte	17-001-000(1) Damestic Wastewater Heatmens 21ans Maxing Decising Actors	
	July 1, 1991	
	1001 Mg	

Part II - General Information

(i) Month FEBRUARY Year 1998	
(2) Flant's DER Identification Number 4053P02226	
(3) Flant Name PLANTATION LANDINGS	
(4) Plant Address US 17 \$ 92 WEST	
5 City HAINES City	
(6) County Po 1K	
(7) Phone Number (941) 647-1581	
(8) Permit Number D0-53-243034	
(5) Flant Type TH -C	
(10) Test Sile Identification Number NA	
(11) Fecal Caliform Sample Method	
Membrane Filer Most Protable Number	
(12) Type of Effluent Disposal or Reclaimed Water Reuse EVATOR PORT	
(13) Limited Wet Weather Discharge Activated	
Yes No Not Applicable	
(14) Cumulative Days of Wet Weather Discharge NA	
(15) Flant Stailing	
Day Shiit Operator Class <u>C</u> Cart. Na. <u>U085749</u>	
Evening Shift Operator Class Care No	
Night Shift Operator Clage	
Lead Ocerator Routh And C8544	
Sçarra Car. Na	

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	, mgd	050053	,035
(17) Permitted capacity	mgd		,080,
(18) Three-month average daily flow	тçd		,031
(19) Percent of permitted capacity	%	<u> </u>	39%
(20) C3OO5 Eiluent • .	ന്നട്ട/L	080082	1,8
(21) C3005 Eilluent	lbs/day		.53
(22): TSS Effluent	mg/L	900201	3.9
(23) TSS Effuent	lts/day	!	1,14
(24) Minimum pH		-	7.2
(25) Maximum pH			7.3
(25) Total N	mg/L	000500	ANA
(27) TKN	നറു/Լ	000625	NA
(28) Ammonia (NH3 - N)	ന്ദ്വ്	000010	NA
(29) Nitrate	mg/L	071850	5,5
(30) Torzi Phasphorus	mg/Ľ	000665	NA
(31) Minimum Chlonne Residual	mg/L		1.0
(32) Maximum Chlonne Residual	mg/L	-	4.0
(33). Other Eifluert Parameters			NA
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				(r))'L)				N Ellivent (mg/L)	Ē	(Fecal Coliform (#/100ml)						
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Day of the Month		Chlorine Residual alter Contact	Chlorine Residual alter Dechlorination	3	TSS Influent (mg/L)	ন্থ	TSS Elluent (mg/L)		E	บลา).ic	syl (ε						
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and Operation. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief. This information is rule, complete, and accurate

Signed: Bund Name (Please Type) _ C Tanan Name

3/10/98 Oate:

Telechone Na. (Plezze Type) (941) 647-1581

OGR form a 17-H01 SOC(1) Oomessic Wasternier Freatment Plant form Fac Manny Operating Report
ETOCH Due July 1, 1991
DER LOOPCHON Na

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information ٠,

(i) Month MAROH Year 1998			•		
(2) Plant's DER Identification Number 4053P02226		Parameter	Units	STORET Code	Value
(3) Flank Name <u>Plantation Landings</u>		(16) Monthly average daily flow	тçd	050053	,034
		(17) Permitted capacity	rigd	-	,080
(4) Plant Address US 17992 (Hwy 600) West		(18) Three-month average daily flow	mgd	-	,033
		(19) Percent of permitted capacity	%	-	41%
(5) City Haines City		(20) C2ODs Effluent .	mg/L	080082	1.7
(5) County Polk	•	(21) CEODs Eilluent	lbs'day		,48
(7) Phone Number (941) 647-1581		(22): TSS Eilluent	ا المح	90201	2.2
(8) Permit Number D0 - 53 - 243034		(23) TSS Efluent	les/day	-	1,62
(9) Plant Type		(24) Minimum pH		-	7.0
(10) Test Sile Identification Number <u>NA</u>		(25) Maximum pH			7.2
(11) Fecal Californ Sample Merica	•	(25) Total N	mg/L	000500	NA
Membrane Filler Most Probable Number		(27) TKN	mç/L	000625	NA
(12) Type of Effluent Disposal or Reclaimed Water Reuse		(28) Ammonia (NH1 · N)	ாடு/∟	000610	NA
Evoporation Pond	ļ	(29) Nitrate	mg/L	071850	0,3
(15) Limited Wet Weather Discharge Activated		(30) Totel Phasphorus	mg/L	CCC665	NA
Yes X No Not Applicable		(21) Minimum Chlonne Residual	mg/L	-	1.5
(14) Cumulative Days of Wet Weather Discharge NA	Ĩ	(32) Maximum Chlonne Residual	mç/L	- !	4,0
	Ī	(JJ) Ciller Elluert Parameters	·]		NA
(15) Flant Stailing	Ĭ			.	
Day Shift Operator Class Carc Na 008 544	ſ		1		
Evening Shirt Operator Class Cert. No	Ī		1	į	
Night Shift Operator Class Cart. Not	Ì	• • •			
Lead Operator Roberts And WW008544C			i 	1	· .
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	Domest M	ic Wast Ionthly	ewater Operat	Treatment ing Report			· · ·
34)					Month	MAROH	Year 1998
Day & Illie Mariti Flow (mgd) Chlorine Residual after Contact Chlorine Residual after Dechlorination	CBODs Influent (mg/L) TSS Influent (mg/L) CBODs Elitrient (mg/L)	pH Elltuent (mg/L)	Nirla - N Eliluent (nig/L) Nitrate Etituent (nig/L)	Total P Etiluent (ng/L) Fecal Cottorm (#/100ml)			
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31: ,016 4.01		17.0	<u> </u>			·	

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief. This information is rule, complete, and accurate

Eigned: which A. 10 Name (Please Type) Teener Name

1 9 8 Oate: .

Telecnone Na. (Plezse Type) (941)647-1581

ER Form 4 17-00	1.200(1)
Oomestic Mortinity (Watemeer insument Plant Deersing Aroon
Jacon One July	1, 1991
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Part II - General Information

APRIL 1098
(i) Month <u>APRIL</u> Year <u>1998</u>
(2) Plant's DER Identification Number 4053 Po2226
(5) Plant Name <u>Plantotion Landings</u>
(4) Plane Address US 17 \$ 92 (HWY 600) West
5 City Hoines City
(5) County Polk
(7) Phone Number (941) 647-1581
(8) Permit Number 00 - 53 - 243034
(5) Flant Type TIL-C
10) Test Sile Identification Number NA
11) Focal Coliform Sample Method
🔀 Membrane Filter 🗌 Most Probable Number
12) Type of Eifluent Disposal or Reclaimed Water Reuse
Europoration fond
13) Limited Wet Weather Cischarge Activated
14) Cumulative Days of Wet Weather Discharge <u>NA</u>
· · · · · · · · · · · · · · · · · · ·
15) Plant Slaifing
Day Shiit Operator Class Cert. No 008544
Evening Shirt Operator Class Cert. No
Night Shift Operator Class Cart. No
Lead Operator County Mark WW 0000 47 C

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	,623
(17) Permitted capacity	mgd	-	,080
(18) Three-month average daily flow	mgd	-	,031
(19) Percent of permitted capacity	%		39%
(20) C3005 Effluent	mg/L	080082	3.1
(21) CEOD ₅ Effluent	lbs'day		. 59
(22): TSS Eifluent	mg/L	900201	3.8
(23) TSS Effluent	lbs/day	_	,73
(24) Minimum pH		-	7.0
(25) Maximum pH			7.2
(25) Total N	mg/L	000500	NA
(27) TKN	mg/L	000625	NA
(28) Ammonia (NH3 · N)	.mg/L	000610	NA
(29) Nitrate	ուշ/Լ	071850	0,5
(30) Totel Phasphorus	тс/L	000665	NA
(31) Minimum Chlonne Residual	mg/L	-	2.0
(32) Maximum Chlonne Residual	mç/L	-	4,0 -
(33) Other Efluert Parameters	. 1		NA
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CEA LODICIDON NO.	
Ur#ed	n oy JEA)

Domestic Wastewater Treatment Plant Monthly Operating Report

34)) ·														Молі	n Ar	PRIL		. Year	199	8
Day of the Month	Flow (mgd)	Chlorine Residual	Chlorine Residual alter Dechlorination	CBODs Inlivent (mg/L)	ISS Influent (mg/L)	CBODs Ellivent (mg/L)	TSS Elluent (mg/L)	pH Elltuent	TKN Elluent (mg/L)	NH1 - N Ellivent (mg/L)	Nilrale Elluent (mg/L)	Total P Etiluent (mg/L)	Fecal Coliform (#/100ml)								
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Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief. This recommand is true, complete, and accurate.

Signed: Name (Flease Type) ·-----

15/98 Oate:

Telechane Na. (Plezse Type) (94)647-1581

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	July 1, 1991
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	prives in or cert

Part II - General Information

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	· ·
(1)	Month MAY Year 1998
(2)	Flant's DER Identification Number 4053 P02226
(5)	Flant Name Plantation Lendings
(4)	Plant Address US 17/92 West
(5)	civ Hoines City
	CountyPolK
(7)	Phone Number (941) 647-1581
(8)	Permit Number D0-53-243034
	Plant Type TIL - C
(10)	Test Silo Identification Number <u>NA</u>
(11)	Focal Coliform Sample Method
	Membrane Filter Most Probable Number
(12)	Type of Eifluent Disposal or Reclaimed Water Reuse
	Eucporction Nond
	Limited Wet Weather Discharge Activated
(14)	Cumulative Days of Wer Weather Discharge NA
•	Flant Slatting
	Day Shift Operator Class Cart. No. DO 8544
	Evening Shift Operator Gass Cert. No
	Night Shiit Operator Class Cart No.
	Lead Operator Reber And WW005WC

Units	STORET Code	Value
mçd	050053	.011
mgd		,080
mçd	-	,023
%	-	29%
mg/L	080082	1.6
ibs'day		.15
ாடூ/ட	90201	1.3
ibs/day		1.12
•	-	7.0
		7.2
mg/L	000500	NA
mç/Ĺ	000625	NA
mg/L	000310	NA
mg/L	071850	3.88
mg/L	000665	NA
mg/L		15
mg/L		4.0
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	mçd mçd mçd % mç/L ibs/day mç/L ibs/day mç/L mç/L mç/L mç/L	Ornis Code mrgd 050053 mrgd mgd %r %r %r %r %r mg/L 080082 lbs/day mg/L \$C0201 lbs/day mg/L \$C0203 mg/L \$C0201 mg/L \$C0201 mg/L \$C0201 mg/L \$C0201 mg/L \$C02655 mg/L \$000625 mg/L \$000625 mg/L \$000625 mg/L \$0006655 mg/L \$0006655 mg/L \$0006655

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31:,008 4.01 1 1 1 7.21 1 1 1 1 1 1 1 1 1

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief. This information is true, complete, and accurate.

Signed: Kah	to And	
Name (Flease Type)	obert O Byrd	
******	C.R.F.	

6/9/98 Oate:

Telecrione Na. (Plezse Type) (941)647-1581

ORIGINAL SHEET NO. 2.0

WATER TARIFF

ORIGINAL

Table of Contents

She	et Number
Communities Served Listing	4.0
Index of	
Rates and Charges Schedules	16.0
Rules and Regulations	6.0-6.1
Service Availability Policy	31.0
Standard Forms	25.0
Technical Terms and Abbreviations	5.0-5.1
Territory Served	3.0-3.2

WATER TARIFF

(Continued from Sheet No. 3.0)

DESCRIPTION OF TERRITORY SERVED

Section 25, Township 27 South, Range 26 East, Polk County, Florida

Description of Total Tract

Commence at the Southwest corner of the SE 1/4 of the SW 1/4 of the NE 1/4 of Section 25, Township 27 South, Range 26 East, Polk County, Florida and thence run N89°50'54"E a distance of 366.37 feet to the Point of Beginning; thence run N00°07'52"W a distance of 70.32 feet; thence run S79°37'37"E along the southerly boundary line of U.S. 17-92 (State Road 600) to the intersection of said line with the North boundary line of said South 1/2 of Section 25; thence run S89°50'54"W to the point of Beginning; and

That part of the East 3/4 of the South 1/2 of Section 25, Township 27 South, Range 26 East which lies south of U.S. 17-92 (State Road 600) LESS AND EXCEPT the following tracts of land:

- A. The North 208.71 feet of the easterly 869.6 feet of the NE 1/4 of the SW 1/4 of Section 25.
- B. That certain parcel of land described as follows: commence at the center of Section 25, Township 27 South, Range 26 East; thence run S00⁰12'09"E along the quarter line a distance of 138.44 feet; thence run S79⁰38'00"E a distance of 674.55 feet; thence run N00⁰10'00"W a distance of 261.60 feet; thence run westerly along the North boundary line of the S 1/2 of said Section 25 to the Point of Beginning.
- C. The East 1/4 of the NE 1/4 of the SE 1/4 and West 1/2 of NE 1/4 of NE 1/4 of SE 1/4 of said Section 25.
- D. The South 600. feet of the North 612.93 feet of the West 200. feet of the East 240. feet of the SE 1/4 of the SE 1/4 of said Section 25.

(Continued to Sheet No. 3.2)

WATER TARIFF

(Continued from Sheet No. 3.1)

Section 31, Township 27 South, Range 27 East Plantation Landings (percolation pond)

Commence at the Northwest corner of Section 31, Township 27 South, Range 27 East, Polk County, Florida run $S00^{\circ}0.'54"W$, along the West boundary of said Section 31, a distance of 30.0 feet to the Point of Beginning; thence run $N89^{\circ}38'18"E$ a distance of 558.0 feet; thence run $S00^{\circ}16'22"W$, a distance of 37.81 feet; thence run $S86^{\circ}35'00"E$, a distance of 688.0 feet; thence run $S03^{\circ}00'00"E$, a distance of 295.0 feet; thence run $N83^{\circ}07'00"W$, a distance of 925.0 feet; thence run $N 04^{\circ}25'00"E$, a distance of 237.0 feet; thence run $S89^{\circ}38'18"W$, a distance of 360.0 feet to a point in the West boundary of said Section 31; thence run $N00^{\circ}03'54"E$, a distance of 25.0 feet to the Point of Beginning. LESS AND EXCEPT the West 25.0 feet, thereof, for road Right-of-Way of Dyson Road.

WATER TARIFF

(Continued from Sheet No. 6.0)

(Continued from Sneet No. 6.0)	Sheet <u>Number</u>	Rule <u>Number</u>
Protection of Company's Property	10.0	12.0
Right of Way or Easement	11.0	14.0
Signed Application Necessary	7.0	3.0
Tax Clause	12.0	18.0
Temporary Discontinuance of Service	14.0	27.0
Type and Maintenance	9.0	9.0
Unauthorized Connections - Water	12.0	20.0
Withholding Service	8.0	5.0

WATER TARIFF

(Continued from Sheet No. 7.0)

- 4.0 <u>APPLICATIONS BY AGENTS</u> Applications for water service requested by firms, partnerships, associations, corporations, and others shall be rendered only by duly authorized parties. When water service is rendered under agreement or agreements entered into between the Company and an agent of the principal, the use of such water service by the principal shall constitute full and complete ratification by the principal of the agreement or agreements entered into between the agent and the Company and under which such water service is rendered.
- 5.0 <u>WITHHOLDING SERVICE</u> The Company may withhold or discontinue water service rendered under application made by any member or agent of a household, organization, or business unless all prior indebtedness to the Company of such household, organization, or business for water service has been settled in full in accordance with Rule 25-30.320, Florida Administrative Code.
- 6.0 <u>EXTENSIONS</u> Extensions will be made to the Company's facilities in compliance with Commission Rules and Orders and the Company's tariff.
- 7.0 <u>LIMITATION OF USE</u> Water service purchased from the Company shall be used by the customer only for the purposes specified in the application for water service and the customer shall not sell or otherwise dispose of such water service supplied by the Company.

Water service furnished to the customer shall be rendered directly to the customer through Company's individual meter and may not be remetered by the customer for the purpose of selling or otherwise disposing of water service to lessees, tenants, or others and under no circumstances shall the customer or customer's agent or any other individual, association or corporation install meters for the purpose of so remetering said water service without the prior written consent of the Utility.

In no case shall a customer, except with the written consent of the Company, extend his lines across a street, alley, lane, court, property line, avenue, or other way

(Continued to Sheet No. 9.0)

WATER TARIFF

(Continued from Sheet No. 8.0)

in order to furnish water service to the adjacent property through one meter even though such adjacent property may be owned by him. In case of such unauthorized extension, remetering, sale or disposition of service, the customer's water service will be subject to discontinuance until such unauthorized extension, remetering, sale or disposition of service is discontinued and full payment is made to the Company for water service rendered by the Company (calculated on proper classification and rate schedules) and until reimbursement in full is made to the Company for all extra expenses incurred for clerical work, testing, and inspections. (This shall not be construed as prohibiting a Customer from remetering.)

8.0 <u>CONTINUITY OF SERVICE</u> - The Company will at all times use reasonable diligence to provide continuous water service, and having used reasonable diligence, shall not be liable to the customer for failure or interruption of continuous water service. The Company shall not be liable for any act or omission caused directly or indirectly by strikes, labor troubles, accidents, litigations, breakdowns, shutdowns for emergency repairs, or adjustments, acts of sabotage, enemies of the United States, Wars, United States, State, Municipal or other governmental interference, acts of God or other causes beyond its control.

> If at any time the Company shall interrupt or discontinue its service, all customers affected by said interruption or discontinuance shall be given not less than 24 hours written notice.

9.0 <u>TYPE AND MAINTENANCE</u> - The customer's pipes, apparatus and equipment shall be selected, installed, used and maintained in accordance with standard practice, and shall conform with the Rules and Regulations of the Company, and shall comply with all Laws and Governmental Regulations applicable to same. The Company shall not be responsible for the maintenance and operation of the customer's pipes and facilities. The customer expressly agrees not to utilize any appliance or device which is not properly constructed, controlled and protected or which may adversely affect the water service; and the Company reserves the right to discontinue or withhold water to such apparatus or device.

(Continued to Sheet No. 10.0)

ORIGINAL SHEET NO. 16.0

WATER TARIFF

INDEX OF RATE AND CHARGES SCHEDULES

Sheet No.

Customers Deposits	21.0-21.1
Fire Protection Service	20.0
General Service, GS	17.0
Meter Test Deposits	22.0
Miscellaneous Service Charges	23.0
Multi-Residential Service, MS	19.0
Residential Service, RS	18.0
Service Availability Fees and Charges	24.0

WATER TARIFF

FIRE PROTECTION SERVICE

<u>WATER</u>

AVAILABILITY -

APPLICABILITY -

LIMITATIONS - Subject to all of the Rules and Regulations of this Tariff and General Rules and Regulations of the Commission.

BILLING PERIOD- N/A

RATE - Public Fire Protection - per hydrant

Private Fire Protection -

N/A

BASE FACILITY CHARGE -

TERMS OF PAYMENT -

EFFECTIVE DATE -

<u>TYPE OF FILING</u> - Grandfather Certificate

WATER TARIFF

CUSTOMER DEPOSITS

ESTABLISHMENT OF CREDIT - Before rendering water service, the Company may require an applicant for service to satisfactory establish credit, but such establishment of credit shall not relieve the customer from complying with the Company's Rules for prompt payment. Credit will be deemed so established, in accordance with Rule 25-30.311, Florida Administrative Code, if:

- (A) The applicant for service furnishes a satisfactory guarantor to secure payment of bills for the service requested,
- (B) The applicant pays a cash deposit,
- (C) The applicant for service furnishes an irrevocable letter of credit from a bank or surety bond.

<u>AMOUNT OF DEPOSIT</u> - The amount of initial deposit shall be the following according to meter size:

	<u>Residential</u>	<u>General Service</u>
5/8 x 3/4"	N/A	N/A
1"	N/A	N/A
1 1/2"	N/A	N/A
Over 2"	N/A	N/A

ADDITIONAL DEPOSIT - Under Rule 25-30.311(7), Florida Administrative Code, the Company may require a new deposit, where previously waived or returned, or an additional deposit in order to secure payment of current bills. The Company shall provide the customer with reasonable written notice of not less than thirty (30) days where such request or notice is separate and apart from any bill for service. The total amount of the required deposit shall not exceed an amount equal to the average actual charge for water service for two (2) monthly billing periods for the twelvemonth period immediately prior to the date of notice. In the event the customer has had service less than 12 months, the Company shall base its new or additional deposit upon the average actual monthly billing available.

(Continued to Sheet No. 21.1)

WATER TARIFF

METER TEST DEPOSITS

METER BENCH TEST REQUEST - If any customer requests a bench test of his or her water meter, the Company will require a deposit to defray the cost of testing; such deposit shall not exceed the following schedule of fees and shall be in accordance with Rule 25-30.266, Florida Administrative Code:

METER SIZE FEE

5/8 x 3/4"	\$20.00
1" and 1 1/2"	\$25.00
2" and over	Actual Cost

<u>REFUND OF METER BENCH TEST DEPOSIT</u> - If the meter is found to register in excess of prescribed accuracy limits pursuant to Rule 25-30.262, Florida Administrative Code, the deposit shall be refunded. If the meter is found to register accurately or below such prescribed accuracy limits, the deposit shall be retained by the Company as a service charge for conducting the meter test.

<u>METER FIELD TEST REQUEST</u> - Upon written request of any customer, the Company shall, without charge, make a field test of the accuracy of the water meter in use at the customer's premises provided that the meter has not been tested within one-half the maximum interval allowed under Rule 25-30.265, Florida Administrative Code.

EFFECTIVE DATE -

<u>TYPE OF FILING</u> - Grandfather Certificate

WATER TARIFF

SERVICE AVAILABILITY FEES AND CHARGES

SERVICE AVAILABILITY FEES AND CHARG	<u>L2</u>	
		<u>SHEET</u>
DESCRIPTION	AMOUNT	NUMBER
Back-Flow Preventer Installation Fee		
5/8 x 3/4"	\$	
1"	\$	
1 1/2"	\$	
2"	\$	
Over 2"	Actual Co	st [1]
Customer Connection (Tap-in) Charge		
5/8 x 3/4" metered service	\$	
1" metered service	\$	
1 1/2" metered service	\$	
2" metered service	Ś	
Over 2" metered service		st [1]
Guaranteed Revenue Charge		
With Prepayment of Service Availability Charges	s :	
Residential-per ERC/month ()GPD		
All others-per gallon/month	Ś	
Without Prepayment of Service Availability Char	des:	
Residential-per ERC/month ()GPD	Ś	
All others-per gallon/month		
Inspection Fee	Actual Co	st [1]
Main Extension Charge		[-]
Residential-per ERC ()GPD	\$	
All others-per gallon	Ś	
or	Ŧ	
Residential-per lot (foot frontage)	\$	
All others-per front foot	\$	
Meter Installation Fee		
$\frac{100001}{5/8 \times 3/4"} \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots \dots$	\$	
1"	\$	
1 1/2"	Ś	
2"	Ś	
Over 2"	\$	
Plan Review Charge		nst [1]
	Moduli o	
Plant Capacity Charge	Ċ	
Residential-per ERC ()GPD	ч с	
All others-per gallon	Ŷ	
System Capacity Charge	\$	
Residential-per ERC ()GPD	ч ¢	
All others-per gallon	Ŷ	

[1] Actual Cost is equal to the total cost incurred for services rendered by a customer.

EFFECTIVE DATE -

<u>TYPE OF FILING</u> - Grandfather Certificate

Ray Moats

President of General Partner

WATER TARIFF

APPLICATION FOR WATER SERVICE

PLANTATION LANDINGS MOBILE HOME PARK LEASE AGREEMENT

	THIS LEASE made and entered into this	day of	, 19	, by and
betwee	n			_,hereinafter
called th	ne Community and			_, hereinafter
called t	he Owner-tenant.			

WITNESSETH, that in consideration of the covenants herein contained, on the part of the said Owner-tenant to be kept and performed, the said Community does hereby lease to the said Owner-tenant the following described property: Street ______ Lot No. ______

TO HAVE AND TO HOLD the same from the ______ day of ______, 19____, until the 31st day of December 19 ______, the said Owner-tenant paying the initial monthly base rental of \$_______ from the beginning of this Lease until the 31st day of December, 19 ______. Annual monthly base rental increases for calendar years 19 ______ and subsequent years will be based on no less than \$ 5.00 or the increase in the Consumer Price Index (defined as the United States Department of Labor Consumer Price Index, U. S. City Average, All Urban Consumers, 1967 equals 100) ("CPI"), whichever is greater. Lease renewals and increases will become effective the first day of January of each year thereafter and will be a part of the Lease agreement for that year.

Base rent will also be increased in calendar years subsequent to the initial year by any increase in real estate or other taxes and assessments by a state or local government. Such increase in taxes and assessments will be based on a prorata computation among all lots in the mobile home park and will be charged to all residents to whom this Prospectus is applicable. The mobile home owner shall be notified of the increase in base rent at least ninety (90) days prior to the increase.

Rental payments are due on or before the 1st day of each month for that month, at the place designated by the Community.

The Owner-tenant covenants and agrees to the following:

1. To make no unlawful, improper, or offensive use of the property.

2. To comply with the Rules & Regulations of the park. A copy of said Rules & Regulations has been furnished to the Owner-tenant.

3. That the Lease is governed by Chapter 723, Florida Statutes (Florida Mobile Home Act) as currently in effect at the time of execution of this document, the provisions of which are incorporated herein by reference.

(Continued to Sheet No. 27.1)

WATER TARIFF

(Continued from Sheet No. 27.0)

4. Actions by the Owner-tenant which constitute grounds for eviction under Section 723.061, Florida Statues, shall be a violation of this Lease. Failure of the Community to evict a tenant for violation of any one of the grounds set forth in Section 723.061, Florida Statutes, or for any grounds provided for in this Lease, shall not waive the right for the Community to consider any subsequent violation of the same grounds, or the violation of any other grounds, a breach of this Lease by Owner-tenant so long as permitted by Chapter 723, Florida Statutes.

5. As provided in the Rules & Regulations, rules and regulations may be modified, eliminated, or additional rules and regulations adopted by the Community upon giving the Owner-tenant notice thereof as required by law and said Rules & Regulations in accordance with Chapter 723, Florida Statutes.

6. This Lease and the privileges contained herein are not assignable, and said Lease is only valid as long as those executing this Lease reside upon the premises set forth in this Lease, and are in full conformance of all provisions of this Lease and the park Rules & Regulations, except that a new home owner may assume in writing the balance of the annual Lease through December 31 of the year of purchase in accordance with Chapter 723, Florida Statues.

7. Owner-tenant expressly understands and agrees that, upon execution of this Lease, all prior leases, rental agreements, negotiations, and other agreements between the parties regarding the lot leased are hereby terminated, void, and of no legal force and effect.

8. Other financial obligations of the Owner-tenant, not including any user fees, are as follows:

Fees or Charges

Water and Sewage	$\begin{array}{c} \begin{array}{c} \begin{array}{c} 12.57 \\ \hline \\ \hline \\ \hline \\ \end{array} \begin{array}{c} 12.57 \\ \hline \\ \hline \\ \hline \\ \end{array} \begin{array}{c} \text{minimum per month} \\ \hline \\ \hline \\ \hline \\ \hline \\ \end{array} \end{array}$
Yard Maintenance (not charged unless Ov fails to maintain	
Tree Trimming/Removal, Debris Removal unless Owner-tenant fa provide services himself	ils to
Late Check Charge	\$ <u>1.50</u> per day
Bad Check Charge	\$ _ 15.00
Extra Besident Fee	\$ <u>10.00</u>
Debris Removal	charged in accordance with Section VIII(K) of the Prospectus

(Continued to Sheet No. 27.2)

ORIGINAL SHEET NO. 27.2

WATER TARIFF

(Continued from Sheet No. 27.1)

Governmental Assessments, Fees, Surcharges, and Charges charged in accordance with Section VIII(J) of the Prospectus

Garbage disposal, cable television, and electricity

<u>Paid direct</u> by home owner to company providing service

The fees will be charged and increased as set out in Sections VIII(F) through (K) of the Prospectus.

9. The Community reserves the right to pass on and pass through charges in accordance with the Prospectus and Chapter 723, Florida Statutes.

10. Owner-tenant(s) acknowledge that they have read the foregoing, the Rules & Regulations, and the Prospectus, and that Owner-tenant was offered the foregoing Lease prior to occupancy.

We have read and understand this agreement and agree to the terms set out herein.

WITNESS our hands and seals of the date set out above.

Owner-tenant

Community Representative

Owner-tenant

PLANTATION LANDINGS, LTD. ORIGINAL SHEET NO. 29.0

WATER TARIFF

COPY OF CUSTOMER'S BILL

PLANTATION LANDR DO DOX 5252 • LAKELAM DICTES INDURIES CALLS	D. FL 33807-5252	CORREC	DING & ADDRESS TION REQUESTED	j	. an naar mar aan ar nar ah gad oo oo
	PARVIOUS	USED	CHARGES	I I I I I I I I PLEASE BRING THIS EI	
				OR MAIL THIS STUB W	ITH YOUR PAYMENT. PLEASE REMIT BY THIS DATE
	AMOUNT TO BE PAID		AMOUNT TO BE PAID	AMOUNT TO BE PAID	AMOUNT TO BE PAID

WASTEWATER TARIFF

Table	of	Cont	ents
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Rules and Regulations	6.0-6.1
Service Availability Policy	27.0
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Technical Terms and Abbreviations	5.0-5.1
Territory Served	3.0-3.2

ORIGINAL SHEET NO. 3.1

WASTEWATER TARIFF

(Continued from Sheet No. 3.0)

DESCRIPTION OF TERRITORY SERVED

Section 25, Township 27 South, Range 26 East, Polk County, Florida

Description of Total Tract

Commence at the Southwest corner of the SE 1/4 of the SW 1/4 of the NE 1/4 of Section 25, Township 27 South, Range 26 East, Polk County, Florida and thence run $N89^{\circ}50'54"E$ a distance of 366.37 feet to the Point of Beginning; thence run $N00^{\circ}07'52"W$ a distance of 70.32 feet; thence run $S79^{\circ}37'37"E$ along the southerly boundary line of U.S. 17-92 (State Road 600) to the intersection of said line with the North boundary line of said South 1/2 of Section 25; thence run $S89^{\circ}50'54"W$ to the point of Beginning; and

That part of the East 3/4 of the South 1/2 of Section 25, Township 27 South, Range 26 East which lies south of U.S. 17-92 (State Road 600) LESS AND EXCEPT the following tracts of land:

- A. The North 208.71 feet of the easterly 869.6 feet of the NE 1/4 of the SW 1/4 of Section 25.
- B. That certain parcel of land described as follows: commence at the center of Section 25, Township 27 South, Range 26 East; thence run S00⁰12'09"E along the quarter line a distance of 138.44 feet; thence run S79⁰38'00"E a distance of 674.55 feet; thence run N00⁰10'00"W a distance of 261.60 feet; thence run westerly along the North boundary line of the S 1/2 of said Section 25 to the Point of Beginning.
- C. The East 1/4 of the NE 1/4 of the SE 1/4 and West 1/2 of NE 1/4 of NE 1/4 of SE 1/4 of said Section 25.
- D. The South 600. feet of the North 612.93 feet of the West 200. feet of the East 240. feet of the SE 1/4 of the SE 1/4 of said Section 25.

(Continued to Sheet No. 3.2)

WASTEWATER TARIFF

(Continued from Sheet No. 3.1)

Section 31, Township 27 South, Range 27 East Plantation Landings (percolation pond)

Commence at the Northwest corner of Section 31, Township 27 South, Range 27 East, Polk County, Florida run $S00^{\circ}0.'54"W$, along the West boundary of said Section 31, a distance of 30.0 feet to the Point of Beginning; thence run $N89^{\circ}38'18"E$ a distance of 558.0 feet; thence run $S00^{\circ}16'22"W$, a distance of 37.81 feet; thence run $S86^{\circ}35'00"E$, a distance of 688.0 feet; thence run $S03^{\circ}00'00"E$, a distance of 295.0 feet; thence run $N83^{\circ}07'00"W$, a distance of 925.0 feet; thence run $N 04^{\circ}25'00"E$, a distance of 237.0 feet; thence run $S89^{\circ}38'18"W$, a distance of 360.0 feet to a point in the West boundary of said Section 31; thence run $N00^{\circ}03'54"E$, a distance of 25.0 feet to the Point of Beginning. LESS AND EXCEPT the West 25.0 feet, thereof, for road Right-of-Way of Dyson Road.

ORIGINAL SHEET NO. 5.1

WASTEWATER TARIFF

(Continued from Sheet No. 5.0)

- 10.0 <u>"POINT OF COLLECTION"</u> For wastewater systems, "Point of Collection" shall mean the point at which the Company's piping, fittings, and valves connect with the customer's piping, fittings, and valves.
- 11.0 <u>"RATE SCHEDULE"</u> The rate(s) or charge(s) for a particular classification of service plus the several provisions necessary for billing, including all special terms and conditions under which service shall be furnished at such rate or charge.
- 12.0 <u>"SERVICE"</u> Service, as mentioned in this tariff and in agreement with customers, shall be construed to include, in addition to all wastewater service required by the customer the readiness and ability on the part of the Company to furnish wastewater service to the customer. Service shall conform to the standards set for in Section 367.111 of the Florida Statutes.
- 13.0 <u>"SERVICES LINES"</u> The pipe between the Company's mains and the point of collection which includes all the pipe, fittings and valves necessary to make the connection to the customer's premises.
- 14.0 <u>"TERRITORY"</u> The geographical area described by metes and bounds with township, range and section in a certificate, which may be within or without the boundaries of an incorporated municipality, and may include areas in more than one county.

ORIGINAL SHEET NO. 6.0

WASTEWATER TARIFF

INDEX OF RULES AND REGULATIONS

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Billing Periods	11.0	15.0
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(Continued to Sheet No. 6.1)		

ORIGINAL SHEET NO. 6.1

WASTEWATER TARIFF

(Continued for Sheet No. 6.0)

	Sheet <u>Number</u>	
Tax Clause	12.0	18.0
Temporary Discontinuance of Service	13.0	23.1
Type and Maintenance	9.0	9.0
Unauthorized Connections - Wastewater	12.0	20.0
Withholding Service	8.0	5.0

WASTEWATER TARIFF

RULES AND REGULATIONS

- 1.0 <u>POLICY DISPUTE</u> Any dispute between the Company and the customer or prospective customer regarding the meaning or application of any provision this tariff shall upon writ ten request by either party be resolved by the Florida Public Service Commission.
- 2.0 <u>GENERAL INFORMATION</u> The Company's Rules and Regulations insofar as they are inconsistent with any Statute, Law, Rule or Commission Order shall be null and void. These Rules and Regulations are a part of the rate schedules and applications and contracts of the Company, and in the absence of specific written agreement to the contrary, apply without modification or change to each and every customer to whom the Company renders wastewater service.

In the event that a portion of these Rules and Regulations are declared unconstitutional or void for any reason by any court of competent jurisdiction, such decision shall in no way affect the validity of the remaining portions of the Rules and Regulations for wastewater service unless such court order or decision shall so direct.

The Company shall provide to all customers requiring such service within the territory described in its certificate upon such terms as are set forth in this tariff pursuant to Chapter 25-9 and 25-30, Florida Administrative Code, and Chapter 367, Florida Statutes.

3.0 <u>SIGNED APPLICATION NECESSARY</u> - Wastewater service is furnished only after a signed application or agreement and payment of the initial connection fee are accepted by the Company. The conditions of such application or agreement are binding upon the customer as well upon the Company. A copy of the application or agreement for wastewater service accepted by the Company will be furnished to the applicant on request.

The applicant shall furnish to the Company the correct name and street address or lot and block number at which wastewater service is to be rendered.

4.0 <u>APPLICATIONS BY AGENTS</u> - Applications for wastewater service requested by firms, partnerships, associations, corporations, and others shall be rendered only by duly

(Continued to Sheet No. 8.0)

WASTEWATER TARIFF

(Continued from Sheet No. 7.0)

authorized parties. When wastewater service is rendered under agreement or agreements entered into between the Company and an agent of the principal, the use of such wastewater service by the principal or agent shall constitute full and complete ratification by the principal of the agreement or agreements entered into between agent and the Company and under which such wastewater service is rendered.

- 5.0 <u>WITHHOLDING SERVICE</u> The Company may withhold or discontinue wastewater service rendered under application made by any member or agent of a household, organization, or business unless all prior indebtedness to the Company of such household, organization, or business for wastewater service has been settled in full in accordance with Rule 25-30.320, Florida Administrative Code.
- 6.0 <u>EXTENSIONS</u> Extensions will be made to the Company's facilities in compliance with Commission Rules and Orders and the Company's tariff.
- 7.0 <u>LIMITATION OF USE</u> Wastewater service purchased from the Company shall be used by the consumer only for the purposes specified in the application for wastewater service. Wastewater service rendered to the customer for the consumer's own use and shall be collected directly into the Company's main wastewater lines.

In no case shall a customer, except with the written consent of the Company, extend his lines across a street, alley, lane, court, property line, avenue, or other way in order to furnish wastewater service to the adjacent property even though such adjacent property may be owned by him. In case of such unauthorized extension, remetering, sale, or disposition of service, the consumer's wastewater service will be is subject to discontinuance until such unauthorized extension, remetering, sale, or disposition of service discontinued and full payment is made to the Company for wastewater service rendered by the Company (calculated on proper classifications and rate schedules)

(Continued to Sheet No. 9.0)

ORIGINAL SHEET NO. 9.0

WASTEWATER TARIFF

(Continued from Sheet No. 8.0)

and until reimbursement in full made to the Company for all extra expenses incurred for clerical work, testing, and inspections. (This shall not be construed as prohibiting a Customer from remetering.)

8.0 <u>CONTINUITY OF SERVICE</u> - The Company will at all times use reasonable diligence to provide continuous wastewater service, and having used reasonable diligence, shall not be liable to the customer for failure or interruption of continuous wastewater service. The Company shall not be liable for any act or omission caused directly or indirectly by strikes, labor troubles, accidents, litigations, breakdowns, shutdowns for emergency repairs, or adjustments, acts of sabotage, enemies of the United States, Wars, United States, State, Municipal or other governmental interference, acts of God or other causes beyond its control.

If at any time the Company shall interrupt or discontinue its service, all customers affected by said interruption or discontinuance shall be given not less than twenty-four (24) hours written notice.

- 9.0 <u>TYPE AND MAINTENANCE</u> The customer's pipes, apparatus and equipment shall be selected, installed, used and maintained in accordance with standard practice and shall conform with the Rules and Regulations of the Company and shall comply with all Laws and Governmental Regulations applicable to same. The Company shall not be responsible for the maintenance and operation of the customer's pipes and facilities. The customer expressly agrees not to utilize any appliance or device which is not properly constructed, controlled and protected, or which may adversely affect the wastewater service; the Company reserves the right to discontinue or withhold wastewater service to such apparatus or device.
- 10.0 <u>CHANGE OF CUSTOMER'S INSTALLATION</u> No changes or increases in customer's installation, which will materially affect the proper operation of the pipes, mains, or stations of the Company, shall be made without written consent of the Company. The customer shall be liable for any change resulting from a violation of this Rule.

(Continued to Sheet No. 10.0)

WASTEWATER TARIFF

(Continued from Sheet No. 9.0)

11.0 <u>INSPECTION OF CUSTOMER'S INSTALLATION</u> - All Customer's wastewater service installations or changes shall be inspected upon completion by a competent authority to ensure that customer's piping, equipment, and devices have been installed in accordance with accepted standard practice and local Laws and Governmental Regulations. Where Municipal or other Governmental inspection is required by local Rules and Ordinances, the Company cannot render wastewater service until such inspection has been made and a formal notice of approval from the inspecting authority has been received by the Company.

> Notwithstanding the above, the Company reserves the right to inspect the customer's installation prior to rendering wastewater service, and from time to time thereafter, but assumes no responsibility whatsoever for any portion thereof.

12.0 <u>PROTECTION OF COMPANY'S PROPERTY</u> - The customer shall exercise reasonable diligence to protect the Company's property on the customer's premises and shall knowingly permit no one, but the Company's agents or persons authorized by law, to have access to the Company's pipes and apparatus.

> In the event of any loss or damage to property of the Company caused by or arising out of carelessness, neglect, or misuse by the customer, the cost of making good such loss or repairing such damage shall be paid by the customer.

- 13.0 <u>ACCESS TO PREMISES</u> The duly authorized agents of the Company shall have access at all reasonable hours to the premises of the customer for the purpose of installing, maintaining, inspecting, or removing the Company's property or for performance under or termination of the Company's agreement with the customer and under such performance shall not be liable for trespass.
- 14.0 <u>RIGHT OF WAY OR EASEMENTS</u> The customer shall grant or cause to be granted to the Company, and without cost to the Company, all rights, easements, permits, and privileges which are necessary for the rendering of wastewater service.

(Continued to Sheet No. 11.0)

ORIGINAL SHEET NO. 11.0

WASTEWATER TARIFF

(Continued from Sheet No. 10.0)

- 15.0 <u>BILLING PERIODS</u> Bills for wastewater service will be rendered monthly as stated in the rate schedule and shall become due when rendered and be considered as received by the customer when delivered or mailed to the wastewater service address or some other place mutually agreed upon. Non-receipt of bills by the customer shall not release or diminish the obligation of the customer with respect to payment thereof.
- 16.0 <u>DELINQUENT BILLS</u> Bills are due when rendered. However, the Company shall not consider the customer delinquent in paying any bill until the twenty-first (21) day after the Company has mailed or presented the bill to the customer for payment. Wastewater service may then be discontinued only after the Company has mailed or presented within five (5) working days a written notice to the customer in accordance with Rule 25-30.320, Florida Administrative Code. Wastewater service shall be restored only after the Company has received payment for all past-due bills and reconnect charges from the customer.

There shall be no liability of any kind against the Company for the discontinuance of wastewater service to a customer for that customer's failure to pay the bills on time.

Partial payment of any bill for wastewater service rendered will not be accepted by the Company, except by the Company's agreement thereof or by direct order from the Commission.

17.0 PAYMENT OF WASTEWATER AND WATER SERVICE BILLS CONCURRENT-LY - When both wastewater and water service are provided by the Company, payment of any wastewater service bill rendered by the Company to a customer shall not be accepted by the Company without the simultaneous or concurrent payment of any water service bill rendered by the Company. The Company may discontinue both wastewater service and water service to the customer's premises for non-payment of the wastewater service bill or water service bill or if payment is not made concurrently. The Company shall not re-establish or reconnect wastewater service and/or water service until such time as all wastewater and water service bills and all charges are paid.

(Continued to Sheet No. 12.0)

ORIGINAL SHEET NO. 12.0

WASTEWATER TARIFF

(Continued from Sheet No. 11.0)

- 18.0 <u>TAX CLAUSE</u> A municipal or county franchise tax levied upon a wastewater or water public utility shall not be incorporated into the rate for wastewater or water service but shall be shown as a separate item on the utility's bills to its customers in such Municipality or County.
- 19.0 CHANGE OF OCCUPANCY - When a change of occupancy takes place on any premises supplied by the Company with wastewater service, written notice thereof shall be given at the office of the Company not less than three (3) days prior to the date of change by the outgoing Customer. The outgoing customer shall be held responsible for all wastewater service rendered on such premises until such written notice is so received by the Company and the Company has had reasonable time to discontinue the wastewater service. However, if such written notice has not been received, the application of a succeeding occupant for wastewater service will automatically terminate the prior account. The customer's deposit may be transferred from one service location to another, if both locations are supplied wastewater service by the Company; the customer's deposit may <u>not</u> be transferred from one name to another.

Notwithstanding the above, the Company will accept telephone orders, for the convenience of its customers, to discontinue or transfer wastewater service from one service address to another and will use all reasonable diligence in the execution thereof. However, oral orders or advice shall not be deemed binding or be considered formal notification to the Company.

20.0 <u>UNAUTHORIZED CONNECTIONS - WASTEWATER</u> - Connections to the Company's wastewater system for any purpose whatsoever are to be made only by employees of the Company. Any unauthorized connections to the customer's wastewater service shall be subject to immediate discontinuance without notice. Wastewater service shall not be restored until such unauthorized connections have been removed and until settlement is made in full to the Company for all wastewater service estimated by the Company to have been used by reason of such unauthorized connection.

(Continued to Sheet No. 13.0)

WASTEWATER TARIFF

(Continued from Sheet No. 12.0)

- 21.0 <u>ADJUSTMENT OF BILLS</u> When a customer has been overcharged or undercharged as a result of incorrect application of the rate schedule, incorrect reading of a water meter, or similar reasons, the amount may be credited or billed to the customer in accordance with Rule 25-30.340 and 25-30.350, Florida Administrative Code.
- 22.0 <u>FILING OF CONTRACTS</u> Whenever a Developer Agreement or Contract, Guaranteed Revenue Contract, or Special Contract or Agreement is entered into by the Company for the sale of its product or services in a manner not specifically covered by its Rules and Regulations or approved Rate Schedules, a copy of such contracts or agreements shall be filed with the Commission prior to its execution in accordance with Rules 25-9.034 and Rule 25-30.550, Florida Administrative Code. If such contracts or agreements are approved by the Commission, a conformed copy shall be placed on file with the Commission prior to its effective date.
- 23.0 <u>EVIDENCE OF CONSUMPTION</u> The initiation or continuation or resumption of water service to the customer's premises shall constitute the initiation or continuation or resumption of wastewater service to the customer's premises regardless of occupancy.
- 23.1 <u>TEMPORARY DISCONTINUANCE OF SERVICE</u> At any time a customer may request a temporary discontinuance of service in order to insure that customer is not billed for any wastewater usage during the period of time in which that premises is not occupied or otherwise utilized. The customer will, however, be liable for payment of the base facility charge during the entire period of time the temporary disconnect remains in effect, in order for the Company to be able to recover its fixed cost of having wastewater service available to those premises upon request by the customer.

WASTEWATER TARIFF

HELD FOR FUTURE USE

WASTEWATER TARIFF

HELD FOR FUTURE USE

ORIGINAL SHEET NO. 16.0

WASTEWATER TARIFF

INDEX OF RATES AND CHARGES SCHEDULES

Sheet No.

Customer Deposits	20.0-20.1
General Service, GS	17.0
Miscellaneous Service Charges	21.0
Multi-Residential Service, MS	19.0
Residential Service, RS	18.0
Service Availability Fees and Charges	22.0

WASTEWATER TARIFF

GENERAL SERVICE

RATE SCHEDULE GS

- <u>AVAILABILITY</u> Available throughout the area serviced by the Company.
- <u>APPLICABILITY</u> For water service to all customers for which no other schedule applies.
- <u>LIMITATIONS</u> Subject to all of the Rules and Regulations of this tariff and General Rules and Regulations of the Commission.

BILLING PERIOD- N/A

RATE - N/A

MINIMUM BILL - N/A

TERMS OF PAYMENT - Bills are due and payable when rendered and become delinquent if not paid within twenty (20) days. After five (5) working days' written notice is mailed to the customer separate and apart from any other bill, service may then be discontinued.

EFFECTIVE DATE

<u>TYPE OF FILING</u> - Grandfather Certificate

WASTEWATER TARIFF

RESIDENTIAL SERVICE

RATE SCHEDULE RS

- <u>AVAILABILITY</u> Available throughout the area served by the Company.
- <u>APPLICABILITY</u> For water and wastewater service for all purposes in private residences and individually metered apartment units
- <u>LIMITATIONS</u> Subject to all of the Rules and Regulations of this tariff and General Rules and Regulations of the Commission.

BILLING PERIOD - Monthly

<u>RATE</u> - Water and Wastewater for 5/8x3/4" Meters:

Up to 3,000 gallons	\$12.00
per 1,000 gal. over 3,000	\$ 1.20

<u>MINIMUM BILL</u> - \$12.00

TERMS OF PAYMENT - Bills are due and payable when rendered and become delinquent if not paid within twenty (20) days. After five (5) working days' written notice is mailed to the customer separate and apart from any other bill, service may then be discontinued.

EFFECTIVE DATE

<u>TYPE OF FILING</u> - Grandfather Certificate

WASTEWATER TARIFF

MULTI-RESIDENTIAL SERVICE

RATE SCHEDULE MS

- <u>AVAILABILITY</u> Available throughout the Sumter County systems.
- <u>APPLICABILITY</u> For wastewater service to all master-metered residential customers including, but not limited to, Condominiums, Apartments, and Mobile Home Parks.
- LIMITATIONS Subject to all of the Rules and Regulations of this tariff and General Rules and Regulations of the Commission.
- BILLING PERIOD Monthly
- <u>RATE</u> Per Unit

Base Facilities Charge

All meter sizes

N/A

Gallonage Charge per 1,000 gallons N/A

BASE FACILITY CHARGE - N/A

TERMS OF PAYMENT - Bills are due and payable when rendered and become delinquent if not paid within twenty (20) days. After five (5) working days' written notice is mailed to the customer separate and apart from any other bill, service may then be discontinued.

EFFECTIVE DATE -

TYPE OF FILING -

WASTEWATER TARIFF

CUSTOMER DEPOSITS

ESTABLISHMENT OF CREDIT - Before rendering wastewater service, the Company may require an applicant for service to satisfactory establish credit, but such establishment of credit shall not relieve the customer from complying with the Company's Rules for prompt payment. Credit will be deemed so established, in accordance with Rule 25-30.311, Florida Administrative Code, if:

- (A) The applicant for service furnishes a satisfactory guarantor to secure payment of bills for the service requested,
- (B) The applicant pays a cash deposit,
- (C) The applicant for service furnishes an irrevocable letter of credit from a bank or surety bond.

<u>AMOUNT OF DEPOSIT</u> - The amount of initial deposit shall be the following according to meter size:

	<u>Residential</u>	<u>General Service</u>
5/8 x 3/4"	N/A	N/A
1"	N/A	N/A
1 1/2"	N/A	N/A
Over 2"	N/A	N/A

<u>ADDITIONAL DEPOSIT</u> - Under Rule 25-30.311(7), Florida Administrative Code, the Company may require a new deposit, where previously waived or returned, or an additional deposit in order to secure payment of current bills. The Company shall provide the customer with reasonable written notice of not less than thirty (30) days where such request or notice is separate and apart from any bill for service. The total amount of the required deposit shall not exceed an amount equal to the average actual charge for wastewater service for two (2) monthly billing periods for the twelve-month period immediately prior to the date of notice. In the event the customer has had service less than 12 months, the Company shall base its new or additional deposit upon the average actual monthly billing available.

(Continued to Sheet No. 20.1)

ORIGINAL SHEET NO. 20.1

WASTEWATER TARIFF

(Continued from Sheet No. 20.0)

<u>INTEREST ON DEPOSIT</u> - The Company shall pay interest on customer deposits pursuant to Rule 25-30.311(4)(a). The rate of interest is six percent (6%) per annum. The payment of interest shall be made once each year as a credit on regular bills or when service is discontinued as a credit on final bills. No customer depositor will receive interest on his or her deposit until a customer relationship and the deposit have been in existence for at least six (6) months. At such time, the customer depositor shall be entitled to receive interest from the day of the commencement of the customer relationship and placement of the deposit. The Company will pay or credit accrued interest to the customer's account during the month of <u>N/A</u> each year.

<u>REFUND OF DEPOSIT</u> - After a residential customer has established a satisfactory payment record and has had continuous service for a period of twenty-three (23) months, the Company shall refund the customer's deposit provided the customer has <u>not</u>, in the preceding twelve (12) months:

- (a) made more than one late payment of the bill (after the expiration of twenty (20) days form the date of mailing or delivery by the Company),
- (b) paid with a check refused by a bank,
- (c) been disconnected or non-payment, or
- (d) at any time tampered with the meter or used service in a fraudulent or unauthorized manner.

Notwithstanding the above, the Company may hold the deposit of a non-residential customer after a continuous service period of twenty-three (23) months and shall pay interest on the non-residential customer's deposit at the rate of seven percent (7%) per annum upon retainment of such deposit.

Nothing in this rule shall prohibit the Company from refunding a customer's deposit in less than twenty-three (23) months.

EFFECTIVE DATE -

<u>TYPE OF FILING</u> - Grandfather Certificate

ORIGINAL SHEET NO. 21.0

WASTEWATER TARIFF

MISCELLANEOUS SERVICE CHARGES

The company may charge the following miscellaneous service charges in accordance with the terms stated herein. If both water and wastewater services are provided, only a single charge is appropriate unless circumstances beyond the control of the Company require multiple actions.

> <u>INITIAL CONNECTION</u> - This charge would be levied for service initiation at a location where service did not exist previously.

<u>NORMAL RECONNECTION</u> - This charge would be levied for transfer of service to a new customer account at a previously served location or reconnection of service subsequent to a customer requested disconnection.

<u>VIOLATION RECONNECTION</u> - This charge would be levied prior to reconnection of an existing customer after disconnection of service for cause according to Rule 25-30.320(2), Florida Administrative Code, including a delinquency in bill payment.

<u>PREMISES VISIT CHARGE (IN LIEU OF DISCONNECTION)</u> - This charge would be levied when a service representative visits a premises for the purpose of discontinuing service for nonpayment of a due and collectible bill and does not discontinue service because the customer pays the service representative or otherwise makes satisfactory arrangements to pay the bill.

Schedule of Miscellaneous Service Charges

Initial Connection	N/A
Normal Reconnection	N/A
Violation Reconnection	N/A
Premises Visit (in lieu of disconnection)	N/A

[1] Actual cost is equal to the total cost incurred for services.

EFFECTIVE DATE -

<u>TYPE OF FILING</u> - Grandfather Certificate

ORIGINAL SHEET NO. 22.0

WASTEWATER TARIFF

SERVICE AVAILABILITY FEES AND CHARGES

DESCRIPTION	AMOUNT	<u>SHEET</u> <u>NUMBER</u>
Customer Connection (Tap-in) Charge5/8 x 3/4" metered service1" metered service1 1/2" metered service2" metered service0ver 2" metered service	5	st [1]
Guaranteed Revenue Charge With Prepayment of Service Availability Charges: Residential-per ERC/month ()GPD	; ; ; ;	
Inspection Fee A	ctual Co	st [1]
Main Extension Charge Residential-per ERC ()GPD \$ All others-per gallon \$ or Residential-per lot (foot frontage) \$		
All others-per front foot\$		
Plan Review Charge A	ctual Co	st [1]
Plant Capacity Charge Residential-per ERC ()GPD\$ All others-per gallon\$		
System Capacity Charge Residential-per ERC ()GPD\$ All others-per gallon\$		
[1] Actual Cost is equal to the total cost incurr rendered by a customer.	ed for s	ervices

EFFECTIVE DATE -

TYPE OF FILING -

PLANTATION LANDINGS, LTD. ORIGINAL SHEET NO. 23.0

WASTEWATER TARIFF

INDEX OF STANDARD FORMS

Sheet No.

APPLICATION FOR WASTEWATER SERVICE	25.0
COPY OF CUSTOMER'S BILL	26.0
CUSTOMER'S GUARANTEE DEPOSIT RECEIPT	24.0

WASTEWATER TARIFF

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CUSTOMER'S GUARANTEE DEPOSIT RECEIPT

N/A

WASTEWATER TARIFF

APPLICATION FOR WASTEWATER SERVICE

PLANTATION LANDINGS MOBILE HOME PARK LEASE AGREEMENT

THIS LEASE made and entered into this	s day of,	19	, by and
between			,hereinafter
called the Community and			, hereinafter
called the Owner-tenant.			

WITNESSETH, that in consideration of the covenants herein contained, on the part of the said Owner-tenant to be kept and performed, the said Community does hereby lease to the said Owner-tenant the following described property: Street ______ Lot No. ______

TO HAVE AND TO HOLD the same from the ______ day of ______, 19 _____, until the 31st day of December 19 ______, the said Owner-tenant paying the initial monthly base rental of \$______ from the beginning of this Lease until the 31st day of December, 19 ______. Annual monthly base rental increases for calendar years 19 ______ and subsequent years will be based on no less than \$ 5.00 or the increase in the Consumer Price Index (defined as the United States Department of Labor Consumer Price Index, U. S. City Average, All Urban Consumers, 1967 equals 100) ("CPI"), whichever is greater. Lease renewals and increases will become effective the first day of January of each year thereafter and will be a part of the Lease agreement for that year.

Base rent will also be increased in calendar years subsequent to the initial year by any increase in real estate or other taxes and assessments by a state or local government. Such increase in taxes and assessments will be based on a prorata computation among all lots in the mobile home park and will be charged to all residents to whom this Prospectus is applicable. The mobile home owner shall be notified of the increase in base rent at least ninety (90) days prior to the increase.

Rental payments are due on or before the 1st day of each month for that month, at the place designated by the Community.

The Owner-tenant covenants and agrees to the following:

1. To make no unlawful, improper, or offensive use of the property.

2. To comply with the Rules & Regulations of the park. A copy of said Rules & Regulations has been furnished to the Owner-tenant.

3. That the Lease is governed by Chapter 723, Florida Statutes (Florida Mobile Home Act) as currently in effect at the time of execution of this document, the provisions of which are incorporated herein by reference.

(Continued on Sheet No. 25.1)

ORIGINAL SHEET NO. 25.1

WASTEWATER TARIFF

(Continued from Sheet No. 25.0)

4. Actions by the Owner-tenant which constitute grounds for eviction under Section 723.061, Florida Statues, shall be a violation of this Lease. Failure of the Community to evict a tenant for violation of any one of the grounds set forth in Section 723.061. Florida Statutes, or for any grounds provided for in this Lease, shall not waive the right for the Community to consider any subsequent violation of the same grounds, or the violation of any other grounds, a breach of this Lease by Owner-tenant so long as permitted by Chapter 723, Florida Statutes.

5. As provided in the Rules & Regulations, rules and regulations may be modified, eliminated, or additional rules and regulations adopted by the Community upon giving the Owner-tenant notice thereof as required by law and said Rules & Regulations in accordance with Chapter 723, Florida Statutes.

6. This Lease and the privileges contained herein are not assignable, and said Lease is only valid as long as those executing this Lease reside upon the premises set forth in this Lease, and are in full conformance of all provisions of this Lease and the park Rules & Regulations, except that a new home owner may assume in writing the balance of the annual Lease through December 31 of the year of purchase in accordance with Chapter 723, Florida Statues.

7. Owner-tenant expressly understands and agrees that, upon execution of this Lease, all prior leases, rental agreements, negotiations, and other agreements between the parties regarding the lot leased are hereby terminated, void, and of no legal force and effect.

8. Other financial obligations of the Owner-tenant, not including any user fees, are as follows:

Fees or Charges

Water and Sewage	$\begin{array}{c} \begin{array}{c} \begin{array}{c} 12.57 \\ \hline \\ \begin{array}{c} 1.26 \end{array} \end{array} \\ \begin{array}{c} \text{minimum per month} \\ \begin{array}{c} \text{excess per month} \\ \end{array} \\ \begin{array}{c} \text{(each 1,000 gallons in excess of 3,000 gallons)} \end{array}$
Yard Maintenance (not charged unless Ov fails to maintain	
Tree Trimming/Removal, Debris Removal unless Owner-tenant fai provide services himself	lls to
Late Check Charge	\$ <u>1.50</u> per day
Bad Check Charge	\$ 15.00
Extra Resident Fee	\$ _10.00
Debris Removal	charged in accordance with Section VIII(K) of the Prospectus
red on Sheet No. 25 2)	

(Continued on Sheet No. 25.2)

ORIGINAL SHEET NO. 25.2

WASTEWATER TARIFF

(Continued from Sheet No. 25.1)

Governmental Assessments, Fees, Surcharges, and Charges charged in accordance with Section VIII(J) of the Prospectus

Garbage disposal, cable television, and electricity <u>Paid direct</u> by home owner to company providing service

÷ .,

. The fees will be charged and increased as set out in Sections VIII(F) through (K) of the Prospectus.

9. The Community reserves the right to pass on and pass through charges in accordance with the Prospectus and Chapter 723, Florida Statutes.

10. Owner-tenant(s) acknowledge that they have read the foregoing, the Rules & Regulations, and the Prospectus, and that Owner-tenant was offered the foregoing Lease prior to occupancy.

We have read and understand this agreement and agree to the terms set out herein.

WITNESS our hands and seals of the date set out above.

Owner-tenant

Community Representative

Owner-tenant

ORIGINAL SHEET NO. 26.0

WASTEWATER TARIFF

COPY OF CUSTOMER'S BILL

PLANTATION LARDIN NO LOCOPER & LARDARD PHERO MODINES CALLS	7. FL 33807 5252	CORREC	DING & ADDRESS TION REQUESTED ITY BILLING DEPT.	1	
AUTOR FILENTIA	ADNO PRESIDUS	USED	CHARGES	PLEASE BRING THIS EN	TIRE BILL TO OFFICE
				OR MAIL THIS STUB WI	PLEASE REMIT BY THIS DATE
MOULT DAY	AMOUNT TO BE PAID		AMOUNT TO BE PAID	AMOUNT TO BE PAID	AMOUNT TO BE PAID

ORIGINAL SHEET NO. 27.0

WASTEWATER TARIFF

INDEX OF SERVICE AVAILABILITY

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Schedule of Fees and Charges	22.0
Service Availability Policy	28.0
Table of Daily Flows	N/A

WASTEWATER TARIFF

SERVICE AVAILABILITY POLICY

N/A

WASTEWATER TARIFF

HELD FOR FUTURE USE