ORIGINAL

CLASS B
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

Company: Indiantown Company, Inc.

Exact Legal Name of Utility

VOLUME IIIa

FOR THE

Test Year Ended: June 30, 1999

FORM PSC/WAW 20 (/)

Indiantown Company, Inc.
Additional Engineering Information
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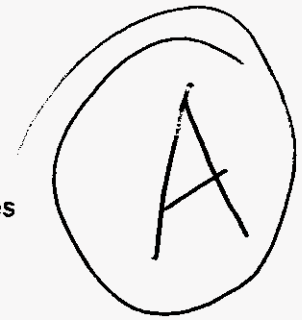
ORIGINAL

Volume IIIa Schedule	
A	Chemicals used for water and sewer treatment by type, dollar amounts, quantities purchased, unit prices, and dosage rates
B	Copy of the most recent Chemical Analysis
C	Copies of Water and Wastewater Operating Reports for the test year and the preceding year
Volume IIIb Schedule	
D	Copy of the most recent Water Plant Sanitary Survey & Wastewater Inspection Report
E	Copy of Health Department & DER Construction/Operating Permits for Water & Wastewater
F	Copies of Violation Notices, Consent Orders, Letters of Notice or Warning Notices for the previous five years, including Utility response
G	List of all field employees, responsibilities and duties, certificates held, and an explanation of each employee's salary allocation method to expense accounts
H	Serial Numbers and description of all vehicles owned by the Utility, original cost, person vehicle is assigned to, and the method of allocation to the Utility
I	List of customer complaints during the test year and Utility response
J	Information required for investment in public interest



Indiantown Company, Inc.
List of Chemicals Used, Unit Cost, and Dosage Rates

Water Department

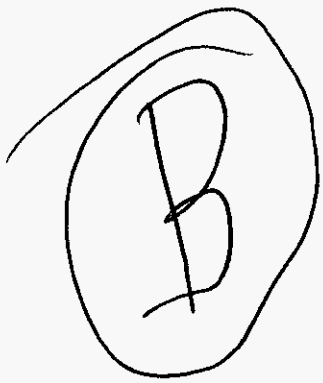
Date	Cost	Lbs. Chlorine	Chlorine Tabs	Unit Cost
July, 1998	$1,143.73	4,000	pk of 1000	$ .29/tab
August, 1998	450.00	2,000		.22/lb.
September, 1998	954.48	4,000	pk of tabs	.24/tab
November, 1998	900.00	4,000		.23/lb.
December, 1998	900.00	4,000		.23/lb.
January, 1999	450.00	2,000		.23/lb.
February, 1999	494.45	2,000		.25/lb.
March, 1999	900.00	4,000		.23/lb.
April, 1999	900.00	4,000		.23/lb.
May, 1999	485.89	2,000		.24/lb.
June, 1999	900.00	4,000		.23/lb.
Total	$8,478.55	36,000		

Normal dosage rate - 100 lbs./day

Sewer Department

Date	Cost	Lbs. Chlorine	Flowmate Degreaser	Unit Cost
July, 1998	$ 900.00	1,500		$ .60/lb.
August, 1998	270.00	450		.60/lb.
August, 1998	275.44		5 gal.	55/gal.
September, 1998	720.00	1,200		.60/lb.
November, 1998	540.00	900		.60/lb.
December, 1998	720.00	1,200		.60/lb.
January, 1999	270.00	450		.60/lb.
February, 1999	990.00	1,650		.60/lb.
March, 1999	450.00	750		.60/lb.
April, 1999	540.00	900		.60/lb.
May, 1999	270.00	450		.60/lb.
June, 1999	450.00	750		.60/lb.
Total	$6,395.44	10,200		

Normal dosage rate - 40 lbs./day



Most Recent Water Chemical Analysis

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285

FDEP QAP 870174

October 27, 1999

Jim Hewitt
Indiantown Company, Inc.
15851 S.W. Farms Rd.
Indiantown, FL 34956

Client : Indiantown Company, Inc.
Project [Reference] : 3 Year Compliace [9006660]
Date Received : October 05, 1999

Analytical results presented in this report have been reviewed for compliance with the laboratory quality assurance plan and applicable quality control criteria. The quality control parameters evaluated have met all method and compliance criteria unless otherwise noted on a Quality Control Summary Page immediately following this cover sheet.

FDOH (HRS) Drinking Water Certification Number: 96230, 83486, 82500, 85512, 84526

FDOH (HRS) Environmental Certification Number: E96080, E83509, E82417, E85370, E84418

FDEP CompQAP Approval Number: 870174

If you have any questions regarding this report, or if we can be of further assistance, please feel free to call (561) 465-2400 ext. 285 and ask to speak with a Client Services Representative.

Don Hash
Project Manager

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285

FDEP QAP 870174

PESTICIDE & PCB CHEMICAL ANALYSIS
62-550.310(2)(c)
(PWS029)

Project	Indiantown Company, Inc.
Sample Location	Point of Entry
Sample Number	9006660001
Sampling Date	10/05/99 07:50
Preservative	Sodium Thiosulfate
Date Received	10/05/99 11:45

Workorder 3 Year Compliace

ID	Parameter [MCL]	Result		Method	MDL	Date	Lab ID
2005	Endrin[2]	ND	ug/L	EPA 508	0.0061	10/07/99	96230
2010	Lindane[.2]	ND	ug/L	EPA 508	0.0041	10/07/99	96230
2015	Methoxychlor[40]	ND	ug/L	EPA 508	0.0041	10/07/99	96230
2020	Toxaphene[3]	ND	ug/L	EPA 508	1.2	10/07/99	96230
2031	Dalapon[200]	ND	ug/L	EPA 515.1	2.6	10/07/99	96230
2032	Diquat[20]	ND	ug/L	EPA 549.1	2.6	10/11/99	96230
2033	Endothall[100]	ND	ug/L	EPA 548.1	2.8	10/11/99	96230
2034	Glyphosate[700]	ND	ug/L	EPA 547	3.3	10/18/99	96230
2035	Di(2-ethylhexyl)adipate[400]	ND	ug/L	EPA 525	0.82	10/11/99	96230
2036	Oxamyl (Vydate)[200]	ND	ug/L	EPA 531.1	0.25	10/25/99	96230
2037	Simazine[4]	ND	ug/L	EPA 507	0.19	10/07/99	96230
2039	Di(2-ethylhexyl)phthalate[6]	ND	ug/L	EPA 525	1.4	10/11/99	96230
2040	Picloram[500]	ND	ug/L	EPA 515.1	0.26	10/07/99	96230
2041	Dinoseb[7]	ND	ug/L	EPA 515.1	0.58	10/07/99	96230
2042	Hexachlorocyclopentadiene[50]	ND	ug/L	EPA 508	0.071	10/07/99	96230
2046	Carbofuran[40]	ND	ug/L	EPA 531.1	0.31	10/25/99	96230
2050	Atrazine[3]	ND	ug/L	EPA 507	0.18	10/07/99	96230
2051	Alachlor[2]	ND	ug/L	EPA 507	0.37	10/07/99	96230
2065	Heptachlor[.4]	ND	ug/L	EPA 508	0.0051	10/07/99	96230
2067	Heptachlor epoxide[.2]	ND	ug/L	EPA 508	0.0041	10/07/99	96230
2105	2,4-D[70]	ND	ug/L	EPA 515.1	0.53	10/07/99	96230
2110	2,4,5-TP (Silvex)[50]	ND	ug/L	EPA 515.1	0.41	10/07/99	96230
2274	Hexachlorobenzene[1]	ND	ug/L	EPA 508	0.019	10/07/99	96230
2306	Benzo(a)pyrene[.2]	ND	ug/L	EPA 525	0.072	10/11/99	96230
2326	Pentachlorophenol[1]	ND	ug/L	EPA 515.1	0.34	10/07/99	96230
2383	PCB[.5]	ND	ug/L	EPA 508	0.22	10/07/99	96230
2931	Dibromochloropropane[.2]	ND	ug/L	EPA 504.1	0.0022	10/11/99	96230
2946	Ethylene dibromide[.02]	ND	ug/L	EPA 504.1	0.0024	10/11/99	96230
2959	Chlordane[2]	ND	ug/L	EPA 508	0.012	10/07/99	96230

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285

FDEP QAP 870174

November 01, 1999

Jim Hewitt
Indiantown Company, Inc.
15851 S.W. Farms Rd.
Indiantown, FL 34956

Client : Indiantown Company, Inc.
Project [Reference] : Tri-Annual Compliance [9006796]
Date Received : October 13, 1999

Analytical results presented in this report have been reviewed for compliance with the laboratory quality assurance plan and applicable quality control criteria. The quality control parameters evaluated have met all method and compliance criteria unless otherwise noted on a Quality Control Summary Page immediately following this cover sheet.

FDOH (HRS) Drinking Water Certification Number: 96230, 83486, 82500, 85512, 84526

FDOH (HRS) Environmental Certification Number: E96080, E83509, E82417, E85370, E84418

FDEP CompQAP Approval Number: 870174

If you have any questions regarding this report, or if we can be of further assistance, please feel free to call (561) 465-2400 ext. 285 and ask to speak with a Client Services Representative.

Don Hash
Project Manager

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285

FDEP QAP 870174

SECONDARY CHEMICAL ANALYSIS
62-550.320
(PWS031)

Project	Indiantown Company, Inc.	**Workorder**	Tri-Annual Compliance
Sample Location	Point of Entry		
Sample Number	9006796001		
Sampling Date	10/13/99 08:00		
Preservative	Nitric Acid or None		
Date Received	10/13/99 12:15		

ID	Parameter [MCL]	Result		Method	MDL	Date	Lab ID
1002	Aluminum[.2]	ND	mg/L	EPA 200.7	0.0030	10/29/99	96230
1017	Chloride[250]	34	mg/L	EPA 300.0	5.0	10/20/99	96230
1022	Copper[1]	ND	mg/L	EPA 200.7	0.0014	10/29/99	96230
1025.	Fluoride.[2]	0.19	mg/L	EPA 300.0	0.011	10/14/99	96230
1028	Iron[.3]	ND	mg/L	EPA 200.7	0.025	10/29/99	96230
1032	Manganese[.05]	ND	mg/L	EPA 200.7	0.0038	10/29/99	96230
1050	Silver[.1]	ND	mg/L	EPA 200.7	0.0010	10/29/99	96230
1055	Sulfate[250]	4.7	mg/L	EPA 300.0	1.4	10/20/99	96230
1095	Zinc[5]	0.020	mg/L	EPA 200.7	0.010	10/29/99	96230
1905	Color[15]	ND	CU	SM2120 B	5.0	10/14/99	96230
1920	Odor[3]	5.1	T.O.N.	SM2150 B	1.0	10/13/99	96230
1925	pH [6-8.5] []	7.8	SU	EPA 150.1	0.20	10/19/99	96230
1930	Total Dissolved Solids[500]	410	mg/L	SM2540 C	10	10/15/99	96230
2905	Foaming Agents[.5]	0.036	mg/L	SM5540 C	0.019	10/14/99	96230

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285

FDEP QAP 870174

RADIOCHEMICAL ANALYSIS
62-550.310(5)
(PWS033)

Project	Indiantown Company, Inc.	**Workorder**	Tri-Annual Compliance
Sample Location	Point of Entry		
Sample Number	9006796001		
Sampling Date	10/13/99 08:00		
Preservative	Nitric Acid		
Date Received	10/13/99 12:15		

ID	Name	Result (pCi/L)		Method	Error	Date	Lab ID
4000	Gross Alpha	1.9	pCi/L	EPA 900.0	+- 0.9	10/29/99	84252

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285

FDEP QAP 870174

VOLATILE ORGANIC ANALYSIS
62-550.310(2)(b)
(PWS028)

Project	*Indiantown Company, Inc.*	**Workorder**	Tri-Annual Compliance
Sample Location	Point of Entry		
Sample Number	9006796001		
Sampling Date	10/13/99 08:00		
Preservative	1:1 Hydrochloric Acid		
Date Received	10/13/99 12:15		

ID	Parameter [MCL]	Result		Method	MDL	Date	Lab ID
2378	1,2,4-Trichlorobenzene[70]	ND	ug/L	EPA 524.2	0.37	10/16/99	96230
2380	cis-1,2-Dichloroethylene[70]	ND	ug/L	EPA 524.2	0.23	10/16/99	96230
2955	Total Xylenes[10000]	ND	ug/L	EPA 524.2	0.30	10/16/99	96230
2964	Dichloromethane[5]	ND	ug/L	EPA 524.2	0.49	10/16/99	96230
2968	o-Dichlorobenzene[600]	ND	ug/L	EPA 524.2	0.35	10/16/99	96230
2969	para-Dichlorobenzene[75]	ND	ug/L	EPA 524.2	0.28	10/16/99	96230
2976	Vinyl chloride[1]	ND	ug/L	EPA 524.2	0.33	10/16/99	96230
2977	1,1-Dichloroethylene[7]	ND	ug/L	EPA 524.2	0.21	10/16/99	96230
2979	trans-1,2-Dichloroethylene[100]	ND	ug/L	EPA 524.2	0.18	10/16/99	96230
2980	1,2-Dichloroethane[3]	ND	ug/L	EPA 524.2	0.45	10/16/99	96230
2981	1,1,1-Trichloroethane[200]	ND	ug/L	EPA 524.2	0.25	10/16/99	96230
2982	Carbon tetrachloride[3]	0.34	ug/L	EPA 524.2	0.28	10/16/99	96230
2983	1,2-Dichloropropane[5]	ND	ug/L	EPA 524.2	0.23	10/16/99	96230
2984	Trichloroethylene[3]	ND	ug/L	EPA 524.2	0.21	10/16/99	96230
2985	1,1,2-Trichloroethane[5]	ND	ug/L	EPA 524.2	0.23	10/16/99	96230
2987	Tetrachloroethylene[3]	ND	ug/L	EPA 524.2	0.26	10/16/99	96230
2989	Monochlorobenzene[100]	ND	ug/L	EPA 524.2	0.23	10/16/99	96230
2990	Benzene[1]	ND	ug/L	EPA 524.2	0.090	10/16/99	96230
2991	Toluene[1000]	ND	ug/L	EPA 524.2	0.18	10/16/99	96230
2992	Ethylbenzene[700]	ND	ug/L	EPA 524.2	0.19	10/16/99	96230
2996	Styrene[100]	ND	ug/L	EPA 524.2	0.24	10/16/99	96230

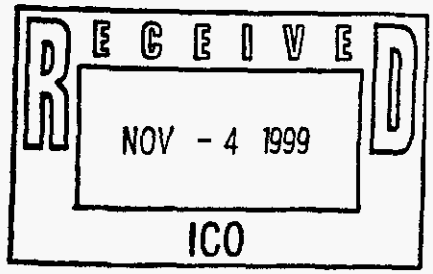
HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285

FDEP QAP 870174

INORGANICS ANALYSIS
62-550.310(1)
(PWS030)

Project	Indiantown Company, Inc.	**Workorder**	Tri-Annual Compliance
Sample Location	Point of Entry		
Sample Number	9006796001		
Sampling Date	10/13/99 08:00		
Preservative	Nitric Acid, Sodium Hydroxide or None		
Date Received	10/13/99 12:15		

ID	Parameter [MCL]	Result		Method	MDL	Date	Lab ID
1005	Arsenic[.05]	ND	mg/L	EPA 200.7	0.0032	10/29/99	96230
1010	Barium[2]	0.025	mg/L	EPA 200.7	0.0018	10/29/99	96230
1015	Cadmium[.005]	ND	mg/L	EPA 200.7	0.00070	10/29/99	96230
1020	Chromium[.1]	ND	mg/L	EPA 200.7	0.0018	10/29/99	96230
1024	Cyanide[.2]	ND	mg/L	SM4500CN E	0.0040	10/22/99	96230
1025	Fluoride[4]	0.19	mg/L	EPA 300.0	0.011	10/14/99	96230
1035	Mercury[.002]	ND	mg/L	EPA 245.1	0.000060	10/25/99	96230
1036	Nickel[.1]	ND	mg/L	EPA 200.7	0.0020	10/29/99	96230
1040	Nitrate as N[10]	0.058	mg/L	EPA 300.0	0.0030	10/14/99	96230
1041	Nitrite as N[1]	ND	mg/L	EPA 300.0	0.0022	10/14/99	96230
1045	Selenium[.05]	ND	mg/L	EPA 200.9	0.0022	10/27/99	96230
1052	Sodium[160]	12	mg/L	EPA 200.7	0.50	10/29/99	96230
1074	Antimony[.006]	ND	mg/L	EPA 200.9	0.0042	10/26/99	96230
1075	Beryllium[.004]	ND	mg/L	EPA 200.7	0.0010	10/29/99	96230
1085	Thallium[.002]	ND	mg/L	EPA 200.9	0.0010	10/25/99	96230



HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285

FDEP QAP 870174

November 10, 1999

Jim Hewitt
Indiantown Company, Inc.
15851 S.W. Farms Rd.
Indiantown, FL 34956

Client : Indiantown Company, Inc.
Project [Reference] : Odor Re-sample [9007245]
Date Received : November 09, 1999

Analytical results presented in this report have been reviewed for compliance with the laboratory quality assurance plan and applicable quality control criteria. The quality control parameters evaluated have met all method and compliance criteria unless otherwise noted on a Quality Control Summary Page immediately following this cover sheet.

FDOH (HRS) Drinking Water Certification Number: 96230, 83486, 82500, 85512, 84526

FDOH (HRS) Environmental Certification Number: E96080, E83509, E82417, E85370, E84418

FDEP CompQAP Approval Number: 870174

If you have any questions regarding this report, or if we can be of further assistance, please feel free to call (561) 465-2400 ext. 285 and ask to speak with a Client Services Representative.

Don Hash
Project Manager

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285

FDEP QAP 870174

SECONDARY CHEMICAL ANALYSIS
62-550.320
(PWS031)

Project	Indiantown Company, Inc.	**Workorder**	Odor Re-sample
Sample Location	Point of Entry		
Sample Number	9007245001		
Sampling Date	11/09/99 09:05		
Preservative	Nitric Acid or None		
Date Received	11/09/99 11:45		

ID	Parameter [MCL]	Result		Method	MDL	Date	Lab ID
1920	Odor [3]	1.6	T.O.N.	SM2150 B	1.0	11/09/99	96230

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HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285

FDEP QAP 870174

September 09, 1999

Dean Smiley
Indiantown Company, Inc.
P.O. Box 397
Indiantown, FL 34956

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ICO

Client : Indiantown Company, Inc.
Project [Reference] : Tri-Annual Pest/PCBs [9005312]
Date Received : July 26, 1999

Analytical results presented in this report have been reviewed for compliance with the laboratory quality assurance plan and applicable quality control criteria. The quality control parameters evaluated have met all method and compliance criteria unless otherwise noted on a Quality Control Summary Page immediately following this cover sheet.

FDOH (HRS) Drinking Water Certification Number: 96230, 83486, 82500, 85512, 84526

FDOH (HRS) Environmental Certification Number: E96080, E83509, E82417, E85370, E84418

FDEP CompQAP Approval Number: 870174

If you have any questions regarding this report, or if we can be of further assistance, please feel free to call (561) 465-2400 ext. 285 and ask to speak with a Client Services Representative.

Don Hash
Project Manager

PESTICIDE & PCB CHEMICAL ANALYSIS
62-550.310(2)(c)
(PWS029)

Project Indiantown Company, Inc. **Workorder** Tri-Annual Pest/PCBs
Sample Location Point of Entry
Sample Number 9005312001
Sampling Date 07/26/99 11:48
Preservative Sodium Thiosulfate
Date Received 07/26/99 14:30

ID	Parameter [MCL]	Result		Method	MDL	Date	Lab ID
2005	Endrin[2]	ND	ug/L	EPA 508	0.0062	07/30/99	96230
2010	Lindane[.2]	ND	ug/L	EPA 508	0.0041	07/30/99	96230
2015	Methoxychlor[40]	ND	ug/L	EPA 508	0.0041	07/30/99	96230
2020	Toxaphene[3]	ND	ug/L	EPA 508	1.2	07/30/99	96230
2031	Dalapon[200]	ND	ug/L	EPA 515.1	2.6	08/06/99	96230
2032	Diquat[20]	ND	ug/L	EPA 549.1	2.6	07/30/99	96230
2033	Endothall[100]	ND	ug/L	EPA 548.1	2.8	07/30/99	96230
2034	Glyphosate[700]	ND	ug/L	EPA 547	3.3	08/04/99	96230
2035	Di(2-ethylhexyl)adipate[400]	ND	ug/L	EPA 525	0.82	07/26/99	96230
2036	Oxamyl (Vydate)[200]	ND	ug/L	EPA 531.1	0.25	07/29/99	96230
2039	Di(2-ethylhexyl)phthalate[6]	ND	ug/L	EPA 525	1.4	07/26/99	96230
2040	Picloram[500]	ND	ug/L	EPA 515.1	0.26	08/06/99	96230
2041	Dinoseb[7]	ND	ug/L	EPA 515.1	0.58	08/06/99	96230
2042	Hexachlorocyclopentadiene[50]	ND	ug/L	EPA 508	0.072	07/30/99	96230
2046	Carbofuran[40]	ND	ug/L	EPA 531.1	0.31	07/29/99	96230
2065	Heptachlor[.4]	ND	ug/L	EPA 508	0.0051	07/30/99	96230
2067	Heptachlor epoxide[.2]	ND	ug/L	EPA 508	0.0041	07/30/99	96230
2105	2,4-D[70]	ND	ug/L	EPA 515.1	0.53	08/06/99	96230
2110	2,4,5-TP (Silvex)[50]	ND	ug/L	EPA 515.1	0.41	08/06/99	96230
2274	Hexachlorobenzene[1]	ND	ug/L	EPA 508	0.020	07/30/99	96230
2306	Benzo(a)pyrene[.2]	ND	ug/L	EPA 525	0.072	07/26/99	96230
2326	Pentachlorophenol[1]	ND	ug/L	EPA 515.1	0.34	08/06/99	96230
2383	PCB[.5]	ND	ug/L	EPA 508	0.22	07/30/99	96230
2931	Dibromochloropropane[.2]	ND	ug/L	EPA 504.1	0.0022	08/16/99	96230
2946	Ethylene dibromide[.02]	ND	ug/L	EPA 504.1	0.0024	08/16/99	96230
2959	Chlordane[2]	ND	ug/L	EPA 508	0.012	07/30/99	96230

Most Recent Wastewater Chemical Analysis

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33870
(800) 833-4022 HRS# 85344 & E85458, FDEP QAP# 880516 (941) 655-4022

For: Indiantown Company Inc.
P.O. Box 397
Indiantown, FL 33456-0397
Attn: Dean Smiley

10/13/1999

Laboratory Number: 111251

Project: ICI
Location: WWTP
Sample ID: Digestor
Sampled By: D Smiley on 09/28/1999 @ 1505
Received: 09/28/1999 @ 1645

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Total Solids	1.18	%	EPA 160.3	J. Cosgrave	10/01/1999 @ 1154	N/A
pH	6.59	S.U.	EPA 150.1	J. Cosgrave	09/28/1999 @ 1700	N/A
Total Nitrogen	5.86	%	Calc.	A. Mitchell	10/11/1999 @ 1707	
Total Kjeldahl Nitrogen (N)	5.86	%	EPA 351.2	J. Gwaltney	10/01/1999 @ 1453	
Nitrate Nitrogen (NOx-N)	0.02u	%	EPA 353.2	J. Gwaltney	10/05/1999 @ 1123	
Potassium (K)	0.67	%	EPA 7610	D. Morton	10/08/1999 @ 0906	
Total Phosphorus	2.42	%	EPA 365.2	D. Martin	10/05/1999 @ 1355	
Arsenic	3.4	mg/kg	EPA 7061	D. Morton	10/06/1999 @ 1600	
Cadmium	3.4u	mg/kg	EPA 7130	D. Morton	10/05/1999 @ 1510	
Copper	380.	mg/kg	EPA 7210	D. Morton	10/01/1999 @ 1759	
Lead	48.	mg/kg	EPA 7420	D. Morton	10/05/1999 @ 1338	
Mercury	1.0	mg/kg	EPA 7471	D. Morton	10/04/1999 @ 0905	
Molybdenum	6.4	mg/kg	EPA 7481	D. Morton	10/07/1999 @ 1558	
Nickel	24.	mg/kg	EPA 7520	D. Morton	10/05/1999 @ 1420	
Selenium	8.5u	mg/kg	EPA 7740	D. Murto	10/01/1999 @ 1315	
Zinc	302.	mg/kg	EPA 7950	D. Morton	10/05/1999 @ 1630	

Analysis on a dry basis

u = Parameter was analyzed for but not detected

Respectfully Submitted,

Angela F. Mitchell
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33870
(800) 833-4022 HRS# 85344 & E85458, FDEP QAP# 880516 (941) 655-4022

For: Indiantown Company Inc.
P.O. Box 397
Indiantown, FL 33456-0397
Attn: Dean Smiley

10/13/1999

Laboratory Number: 111251

Project: ICI
Location: WWTP
Sample ID: Digestor
Sampled By: D Smiley on 09/28/1999 @ 1505
Received: 09/28/1999 @ 1645

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Total Solids	1.18	%	EPA 160.3	J. Cosgrave	10/01/1999 @ 1154	N/A
pH	6.59	S.U.	EPA 150.1	J. Cosgrave	09/28/1999 @ 1700	N/A
Total Nitrogen	5.86	%	Calc.	A. Mitchell	10/11/1999 @ 1707	
Total Kjeldahl Nitrogen (N)	5.86	%	EPA 351.2	J. Gwaltney	10/01/1999 @ 1453	
Nitrate Nitrogen (NOx-N)	0.02u	%	EPA 353.2	J. Gwaltney	10/05/1999 @ 1123	
Potassium (K)	0.67	%	EPA 7610	D. Morton	10/08/1999 @ 0906	
Total Phosphorus	2.42	%	EPA 365.2	D. Martin	10/05/1999 @ 1355	
Arsenic	3.4	mg/kg	EPA 7061	D. Morton	10/06/1999 @ 1600	
Cadmium	3.4u	mg/kg	EPA 7130	D. Morton	10/05/1999 @ 1510	
Copper	380.	mg/kg	EPA 7210	D. Morton	10/01/1999 @ 1759	
Lead	48.	mg/kg	EPA 7420	D. Morton	10/05/1999 @ 1338	
Mercury	1.0	mg/kg	EPA 7471	D. Morton	10/04/1999 @ 0905	
Molybdenum	6.4	mg/kg	EPA 7481	D. Morton	10/07/1999 @ 1558	
Nickel	24.	mg/kg	EPA 7520	D. Morton	10/05/1999 @ 1420	
Selenium	8.5u	mg/kg	EPA 7740	D. Murto	10/01/1999 @ 1315	
Zinc	302.	mg/kg	EPA 7950	D. Morton	10/05/1999 @ 1630	

Analysis on a dry basis

u = Parameter was analyzed for but not detected

Respectfully Submitted,

Angela F. Mitchell
Project Manager

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33870
(800) 833-4022 HRS# 85344 & E85458, FDEP QAP# 880516 (941) 655-4022

For: Indiantown Company Inc.
P.O. Box 397
Indiantown, FL 33456-0397
Attn: Dean Smiley

06/22/1999

Laboratory Number: 103656

Project: ICI
Location: WWTP
Sample ID: Digestor
Sampled By: D Smiley on 05/18/1999 @ 1300
Received: 05/18/1999 @ 1700

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Total Solids	1.70	%	EPA 160.3	W. Smith	05/25/1999 @ 0900	
Total Non-Volatile Solids	0.53	%	EPA 160.4	W. Smith	05/25/1999 @ 0900	
Total Volatile Solids	1.17	%	Calc.	W. Smith	05/25/1999 @ 0900	
pH	7.72	S.U.	EPA 150.1	J. Gwaltney	05/19/1999 @ 1310	
Total Nitrogen	9.13	%	Calc.	B. Cummings	06/22/1999 @ 1258	
Total Kjeldahl Nitrogen (N)	9.13	%	EPA 351.2	J. Gwaltney	06/01/1999 @ 1005	
Nitrate Nitrogen (NOx-N)	0.01u	%	EPA 353.2	J. Gwaltney	05/28/1999 @ 1138	
Potassium (K)	0.36	%	EPA 7610	D. Morton	06/17/1999 @ 1810	
Total Phosphorus	2.61	%	EPA 365.2	D. Martin	05/20/1999 @ 0926	
Arsenic	1.9	mg/kg	EPA 7061	D. Morton	06/14/1999 @ 1656	
Cadmium	2.3u	mg/kg	EPA 7130	D. Morton	06/16/1999 @ 1300	
Copper	470.	mg/kg	EPA 7210	D. Morton	06/17/1999 @ 1400	
Lead	24.u	mg/kg	EPA 7420	D. Morton	06/16/1999 @ 1600	
Mercury	1.2	mg/kg	EPA 7471	D. Morton	05/19/1999 @ 1525	
Molybdenum	7.5	mg/kg	EPA 7481	D. Murto	06/16/1999 @ 1152	
Nickel	25.8	mg/kg	EPA 7520	D. Morton	06/15/1999 @ 1105	
Selenium	5.9u	mg/kg	EPA 7740	D. Murto	06/18/1999 @ 1106	
Zinc	648.	mg/kg	EPA 7950	D. Morton	06/15/1999 @ 1518	

Results on a dry basis.

u = Parameter was analyzed for but not detected

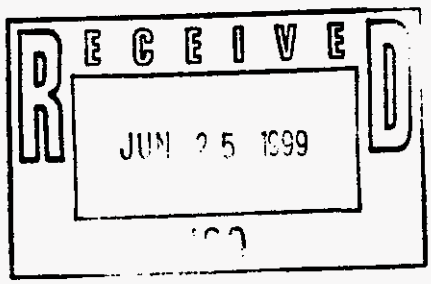
Respectfully Submitted,

Bruce Cummings
Laboratory Director

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33870
(800) 833-4022 HRS# 85344 & E85458, FDEP QAP# 880516 (941) 655-4022

For: Indiantown Company Inc.
P.O. Box 397
Indiantown, FL 33456-0397
Attn: Dean Smiley

06/22/1999



Laboratory Number: 103656

Project: ICI
Location: WWTP
Sample ID: Digestor
Sampled By: D Smiley on 05/18/1999 @ 1300
Received: 05/18/1999 @ 1700

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Total Solids	1.70	%	EPA 160.3	W. Smith	05/25/1999 @ 0900	
Total Non-Volatile Solids	0.53	%	EPA 160.4	W. Smith	05/25/1999 @ 0900	
Total Volatile Solids	1.17	%	Calc.	W. Smith	05/25/1999 @ 0900	
pH	7.72	S.U.	EPA 150.1	J. Gwaltney	05/19/1999 @ 1310	
Total Nitrogen	9.13	%	Calc.	B. Cummings	06/22/1999 @ 1258	
Total Kjeldahl Nitrogen (N)	9.13	%	EPA 351.2	J. Gwaltney	06/01/1999 @ 1005	
Nitrate Nitrogen (NOx-N)	0.01u	%	EPA 353.2	J. Gwaltney	05/28/1999 @ 1138	
Potassium (K)	0.36	%	EPA 7610	D. Morton	06/17/1999 @ 1810	
Total Phosphorus	2.61	%	EPA 365.2	D. Martin	05/20/1999 @ 0926	
Arsenic	1.9	mg/kg	EPA 7061	D. Morton	06/14/1999 @ 1656	
Cadmium	2.3u	mg/kg	EPA 7130	D. Morton	06/16/1999 @ 1300	
Copper	470.	mg/kg	EPA 7210	D. Morton	06/17/1999 @ 1400	
Lead	24.u	mg/kg	EPA 7420	D. Morton	06/16/1999 @ 1600	
Mercury	1.2	mg/kg	EPA 7471	D. Morton	05/19/1999 @ 1525	
Molybdenum	7.5	mg/kg	EPA 7481	D. Murto	06/16/1999 @ 1152	
Nickel	25.8	mg/kg	EPA 7520	D. Morton	06/15/1999 @ 1105	
Selenium	5.9u	mg/kg	EPA 7740	D. Murto	06/18/1999 @ 1106	
Zinc	648.	mg/kg	EPA 7950	D. Morton	06/15/1999 @ 1518	

Results on a dry basis.

u = Parameter was analyzed for but not detected

Respectfully Submitted,

Bruce Cummings
Laboratory Director

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33870
(800) 833-4022 HRS# 85344 & E85458, FDEP QAP# 880516 (941) 655-4022

For: Indiantown Company Inc.
P.O. Box 397
Indiantown, FL 33456-0397
Attn: Dean Smiley

Laboratory Number: 103657

Project: ICI
Location: WWTP
Sample ID: Digestor influent
Sampled By: D Smiley on 05/18/1999 @ 1300
Received: 05/18/1999 @ 1700

REPORT OF ANALYSIS

LABORATORY DATA

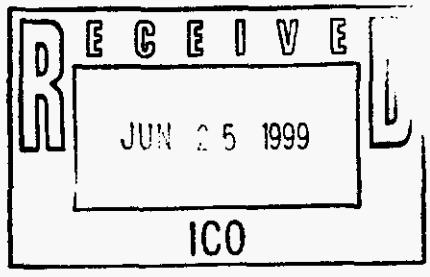
Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Total Solids	0.89	%	EPA 160.3	W. Smith	05/25/1999 @ 0900	
Total Non-Volatile Solids	0.29	%	EPA 160.4	W. Smith	05/25/1999 @ 0900	
Total Volatile Solids	0.60	%	Calc.	W. Smith	05/25/1999 @ 0900	

Respectfully Submitted,

Bruce Cummings
Laboratory Director

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33870
(800) 833-4022 HRS# 85344 & E85458, FDEP QAP# 880516 (941) 655-4022

For: Indiantown Company Inc.
P.O. Box 397
Indiantown, FL 33456-0397
Attn: Dean Smiley



Laboratory Number: 103657

Project: ICI
Location: WWTP
Sample ID: Digestor influent
Sampled By: D Smiley on 05/18/1999 @ 1300
Received: 05/18/1999 @ 1700

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Total Solids	0.89	%	EPA 160.3	W. Smith	05/25/1999 @ 0900	
Total Non-Volatile Solids	0.29	%	EPA 160.4	W. Smith	05/25/1999 @ 0900	
Total Volatile Solids	0.60	%	Calc.	W. Smith	05/25/1999 @ 0900	

Respectfully Submitted,

Bruce Cummings
Laboratory Director

SHORT ENVIRONMENTAL LABORATORIES
10405 US 27 S
SEBRING, FL 33870
(941) 655-4022 (800) 833-4022

RECEIVED
JUN 25 1999

CHAIN OF CUSTODY and TRANSMITTAL FORM ICO 94

SAMPLER'S NAME (PLEASE PRINT): DEAN SMITH
SAMPLERS SIGNATURE:
PROJECT NAME: INDIANTOWN COMPANY, INC #380
PROJECT LOCATION: WWTP

FIELD ID#	SAMPLE ID	DATE	TIME	SAMP TYPE	GRAB	LABORATORY ID#	# OF CONT	LABORATORY ANALYSES						
								As/S/H Cd/S Cu/S Pb/S Hg/S Mo/S/GF Ni/S	Se/S/GF Zn/S	%SOL %TKN %NO3 %K %P %N	%TVS %TVS % Solid (V) ~~Zn/S~~ TMVS			
D	DIGESTOR	5/18/99	1300	LSS	X	103656	1	X	X	X	X			
D.I.	DIGESTOR INFLUENT	5/18/99	1300	LSS	X	103657	1				X			
	~~DIGESTOR~~													

NUTRIENT CONTAINERS PRESERVED YES NO
SAMPLES ICED TO 4C YES NO

SAMPLE QTY:	RELINQUISHED BY:	ACCEPTED BY:	DATE:	TIME:
2			5-18-99	1530
2			5-18-99	1700

9120

RECLAIMED WATER OF EFFLUENT ANALYSIS REPORT

Part I - Instructions

1) All applicable items must be completed in full. Note that if parts of this application do not apply, those parts of the form need not be executed.

2) All information is to be typed or printed in ink.

3) This form shall be submitted to the appropriate District Office in accordance with the schedule in the permit.

4) Analyses shall be performed using appropriate methods and shall be capable of achieving minimum detection limits less than or equal to the maximum contaminant levels shown.

5) The following instruction apply to Parts III through VIII of this form.

6) Column (a) - List the parameters that are to be analyzed.

7) Column (b) - List the STORET Code for these parameters.

8) Column (c) - Record the results of the analysis. If the result was below the minimum detection limit, indicate by showing a less than sign preceding the detection limit for the analytical method used (i.e. <0.01).

9) Column (d) - List the primary or secondary drinking water standard from Chapter 62-550, F.A.C.

10) Column (e) - Indicate the analytical method used. Record the number from Figure 1 in Chapter 62-601, F.A.C., or from other sources.

11) Column (f) - Enter the date on which the analysis was run (MM/DD/YR).

12) (g) - If the result shown in Column (c) is greater than the standard shown in Column (d) - enter an asterisk (*) in Column (g).

Part II - General Information

1) Facility Name: Indiantown Company, Inc.

Address: P.O. Box 397

City: Indiantown, FL Zip: 33456-0397

Telephone Number(including area code): (561) 597-2121

2) Owner or Authorized Representative

Name: Dean Smiley

Title: Lead Operator

Address: P.O. Box 397

City: Indiantown, FL Zip: 33456-0397

Telephone Number: (561) 597-2121

3) Method of Discharge: Percolation Ponds

4) Report Period: 01/01/99 To: 12/31/99
(Begin Date) (End Date)

5) Name of Laboratory conducting the analysis: SHORT ENVIRONMENTAL LABORATORIES, INC.

Address: 10405 U.S. Highway 27 South

City: Sebring, Florida 33870

Telephone Number: 941-655-4022

6) The facilities DEP identification number (WAFR or GMS ID#): FL0029939

7) DEP test site identification number (for the sampling location) EFF-6

8) Description of the monitoring point Plant effluent

9) Date on which the sample was taken (MM/DD/YR) 03/16-17/99

Time of day at which the sample was taken: 24hr composite. VOC's & TTHM's collected on 03/17/99 @ 1430

10) Date of extraction for the organic chemical analysis performed in Part VI (MM/DD/YR)

Part III – Inorganic Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result(mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Arsenic	900208	0.005 u	0.05	EPA 206.3	04/23/99	
Barium	900209	0.02 u	2.0	EPA 208.1	03/31/99	
Cadmium	900210	0.002 u	0.005	EPA 213.2	05/03/99	
Chromium	900211	0.005 u	0.1	EPA 218.2	04/23/99	
Fluoride	000951	0.17	4.0	EPA 340.2	04/01/99	
Lead	900212	0.001 u	0.015	EPA 239.2	04/13/99	
Mercury	900213	0.001 u	0.002	EPA 245.2	04/05/99	
Nitrate (as N)	071850	9.55	10.	EPA 353.2	04/05/99	
Selenium	900214	0.005 u	0.05	EPA 270.2	04/08/99	
Silver	900215	0.001 u	0.1	EPA 272.2	04/28/99	
Sodium	000929	74.	160.	EPA 273.1	03/30/99	

Part IV – Volatile Organic Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result(ug/L)	(d) Standard (ug/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Ethylene dibromide	900222	0.01 u	0.02	EPA 504	04/07/99	
Para-dichlorobenzene	—	3.25	75.	EPA 502.2	03/24/99	
Vinyl chloride	039175	0.04 u	1.	EPA 502.2	03/24/99	
1,1-dichloroethene	034496	0.07 u	7.	EPA 502.2	03/24/99	
1,2-dichlorethane	034531	0.03 u	3.	EPA 502.2	03/24/99	
1,1,1-trichlorethane	034506	0.03 u	200.	EPA 502.2	03/24/99	
Carbon tetrachloride	032102	0.01 u	3.	EPA 502.2	03/24/99	
Trichloroethene	-	0.01 u	3.	EPA 502.2	03/24/99	
Tetrachloroethene	-	0.04 u	3.	EPA 502.2	03/24/99	
Benzene	034030	0.01 u	1.	EPA 502.2	03/24/99	

Part V – Trihalomethane Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result(mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Total THM	082080	0.0040	0.10	EPA 502.2	03/24/99	

u = Parameter was analyzed for but not detected.

Part VI - Organic Chemical Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result(ug/L)	(d) Standard (ug/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Endrin	039390	0.015 u	2.	EPA 508	04/14/99	
Lindane	039782	0.015 u	0.2	EPA 508	04/14/99	
Methoxychlor	039480	0.050 u	40.	EPA 508	04/14/99	
Toxaphene	039400	0.2 u	3.	EPA 508	04/14/99	
2,4-D	039730	0.2 u	70.	EPA 515.1	04/10/99	
2,4,5-TP (Silvex)	039760	0.1 u	50.	EPA 515.1	04/10/99	

Part VII - Radiological Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result(pCi/L)	(d) Standard (pCi/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Gross alpha excl. radon and uranium	001519	1.8+/-1.3	15.	SM7110B	04/01/99	
Radium-226 and Radium-228 combined	011503		5			

Part VIII - Secondary Chemical Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result(mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Chloride	000940	97.	250.	EPA 325.3	04/05/99	
Copper	900218	0.02	1.	EPA 220.1	04/02/99	
Iron	900219	0.05	0.3	EPA 236.1	03/31/99	
Manganese	900220	0.02	0.05	EPA 243.1	03/31/99	
Sulfate	000945	23.	250.	EPA 375.4	03/22/99	
Zinc	900221	0.039	5	EPA 289.1	04/09/99	
pH (units)	000403	7.38	6.5 - 8.5	EPA 150.1	03/17/99	
TDS	070300	557.	500	EPA 160.1	03/22/99	*
Foaming Agents	900217	0.21	0.5	EPA 425.1	03/17/99	

u = Parameter was analyzed for but not detected.

Part IX - Certification

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

Date: 5/26/99

Signature of Lead Operator

Phone: (561) 597-2121

Dean S. Smiley, Jr. A/6805

Name (please type) and Certification Number

Indiantown Company, Inc.

P.O. Box 397

Indiantown, FL 33456-0397

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33870
(800) 833-4022 HRS# 85344 & E85458, FDEP QAP# 880516 (941) 655-4022

For: Indiantown Company Inc.
P.O. Box 397
Indiantown, FL 33456-0397
Attn: Dean Smiley

05/03/1999

Laboratory Number: 100784

Project: Indiantown
Location: WWTP
Sample ID: Plant effluent
Sampled By: R. Greene on 03/16/1999 @ 1340
Received: 03/17/1999 @ 1700

REPORT OF ANALYSIS

FIELD DATA

Temperature	24.8	deg. C
pH	7.38	S.U.
Conductivity	983.	umho/cm
Dissolved Oxygen	6.2	mg/L

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Color	27.	Pt-Co unit	EPA 110.2	D. Morton	03/18/1999 @ 1715	1.
Odor	3.	T.O.N.	SM 2150	D. Morton	03/18/1999 @ 1715	N/A
Total Dissolved Solids	557.	mg/L	EPA 160.1	D. Morton	03/22/1999 @ 1310	10.
Foaming Agents (MBAS)	0.21	mg/L	EPA 425.1	D. Martin	03/17/1999 @ 1700	0.02
Chloride	97.	mg/L	EPA 325.3	W. Smith	04/05/1999 @ 1200	0.5
Cyanide	0.027	mg/L	EPA 335.3	J. Gwaltney	03/30/1999 @ 1200	0.005
Fluoride	0.17	mg/L	EPA 340.2	W. Smith	04/01/1999 @ 0914	0.05
Sulfate	23.	mg/L	EPA 375.4	D. Martin	03/22/1999 @ 1000	1.
Nitrite Nitrogen (NO2-N)	0.75	mg/L	EPA 354.1	J. Gwaltney	03/18/1999 @ 1330	0.01
Nitrate Nitrogen (NO3-N)	9.55	mg/L	Calc.	B. Cummings	05/03/1999 @ 1025	0.02
Nitrate + Nitrite N (NO2+NO3)	10.3	mg/L	EPA 353.2	J. Gwaltney	04/05/1999 @ 1026	0.02
Aluminum	0.06	mg/L	EPA 202.1	D. Morton	03/31/1999 @ 1054	0.05
Antimony	0.003u	mg/L	EPA 204.2	D. Morton	04/09/1999 @ 0939	0.003
Arsenic	0.005u	mg/L	EPA 206.3	D. Morton	04/23/1999 @ 1730	0.005

u = Parameter was analyzed for but not detected

Respectfully Submitted,

Bruce Cummings
Laboratory Director

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33870
(800) 833-4022 HRS# 85344 & E85458, FDEP QAP# 880516 (941) 655-4022

For: Indiantown Company Inc.
P.O. Box 397
Indiantown, FL 33456-0397
Attn: Dean Smiley

Laboratory Number: 100784

Project: Indiantown
Location: WWTP
Sample ID: Plant effluent
Sampled By: R. Greene on 03/16/1999 @ 1340
Received: 03/17/1999 @ 1700

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Barium	0.02u	mg/L	EPA 208.1	D. Morton	03/31/1999 @ 1300	0.02
Beryllium	0.001u	mg/L	EPA 210.2	D. Morton	04/29/1999 @ 1615	0.001
Cadmium	0.0002u	mg/L	EPA 213.2	D. Morton	05/03/1999 @ 0945	0.0002
Chromium	0.005u	mg/L	EPA 218.2	D. Morton	04/23/1999 @ 1040	0.005
Copper	0.02	mg/L	EPA 220.1	D. Morton	04/02/1999 @ 0926	0.01
Iron	0.05	mg/L	EPA 236.1	D. Morton	03/31/1999 @ 1425	0.02
Lead	0.001u	mg/L	EPA 239.2	D. Morton	04/13/1999 @ 1030	0.001
Manganese	0.02	mg/L	EPA 243.1	D. Morton	03/31/1999 @ 1720	0.01
Mercury	0.001u	mg/L	EPA 245.1	D. Morton	04/05/1999 @ 1436	0.001
Nickel	0.02	mg/L	EPA 249.1	D. Morton	04/09/1999 @ 1512	0.01
Selenium	0.005u	mg/L	EPA 270.2	D. Morton	04/08/1999 @ 1045	0.005
Silver	0.001u	mg/L	EPA 272.2	D. Morton	04/28/1999 @ 1047	0.001
Sodium	74.	mg/L	EPA 273.1	D. Morton	03/30/1999 @ 1510	1.0
Thallium	0.002u	mg/L	EPA 279.2	D. Morton	04/29/1999 @ 0957	0.002
Zinc	0.039	mg/L	EPA 289.1	D. Morton	04/09/1999 @ 1554	0.002
1,2,4-Trichlorobenzene	0.02u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.02
cis-1,2-Dichloroethylene	0.01u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.01
Xylenes (total)	0.02u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.02
Dichloromethane	0.02u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.02
o-Dichlorobenzene	0.05u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.05

u = Parameter was analyzed for but not detected

Respectfully Submitted,

Bruce Cummings
Laboratory Director

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33870
(800) 833-4022 HRS# 85344 & E85458, FDEP QAP# 880516 (941) 655-4022

For: Indiantown Company Inc.
P.O. Box 397
Indiantown, FL 33456-0397
Attn: Dean Smiley

Laboratory Number: 100784

Project: Indiantown
Location: WWTP
Sample ID: Plant effluent
Sampled By: R. Greene on 03/16/1999 @ 1340
Received: 03/17/1999 @ 1700

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
para-Dichlorobenzene	3.25	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.01
Vinyl Chloride	0.04u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.04
1,1-Dichloroethylene	0.07u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.07
trans-1,2-Dichloroethylene	0.06u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.06
1,2-Dichloroethane	0.03u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.03
1,1,1-Trichloroethane	0.03u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.03
Carbon Tetrachloride	0.01u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.01
1,2-Dichloropropane	0.01u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.01
Trichloroethylene	0.01u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.01
1,1,2-Trichloroethane	0.03u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.03
Tetrachloroethylene	0.04u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.04
Monochlorobenzene	0.01u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.01
Benzene	0.01u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.01
Toluene	2.21	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.01
Ethylbenzene	0.01u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.01
Styrene	0.01u	ug/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.01
Dibromochloropropane	0.01u	ug/L	EPA 504	E84098	04/07/1999 @ 0000	0.01
Ethylene Dibromide	0.01u	ug/L	EPA 504	E84098	04/07/1999 @ 0000	0.01
Simazine	0.10u	ug/L	EPA 507	E84098	04/13/1999 @ 0000	0.10
Atrazine	0.10u	ug/L	EPA 507	E84098	04/13/1999 @ 0000	0.10

u = Parameter was analyzed for but not detected

Respectfully Submitted,

Bruce Cummings
Laboratory Director

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33870
(800) 833-4022 HRS# 85344 & E85458, FDEP QAP# 880516 (941) 655-4022

For: Indiantown Company Inc.
P.O. Box 397
Indiantown, FL 33456-0397
Attn: Dean Smiley

Laboratory Number: 100784

Project: Indiantown
Location: WWTP
Sample ID: Plant effluent
Sampled By: R. Greene on 03/16/1999 @ 1340
Received: 03/17/1999 @ 1700

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Alachlor	0.40u	ug/L	EPA 507	E84098	04/13/1999 @ 0000	0.40
Endrin	0.015u	ug/L	EPA 508	E84098	04/14/1999 @ 0000	0.015
Lindane	0.015u	ug/L	EPA 508	E84098	04/14/1999 @ 0000	0.015
Methoxychlor	0.050u	ug/L	EPA 508	E84098	04/14/1999 @ 0000	0.050
Toxaphene	0.2u	ug/L	EPA 508	E84098	04/14/1999 @ 0000	0.2
Heptachlor	0.010u	ug/L	EPA 508	E84098	04/14/1999 @ 0000	0.010
Heptachlor Epoxide	0.020u	ug/L	EPA 508	E84098	04/14/1999 @ 0000	0.020
Hexachlorobenzene	0.010u	ug/L	EPA 508	E84098	04/14/1999 @ 0000	0.010
PCB	0.5u	ug/L	EPA 508	E84098	04/14/1999 @ 0000	0.5
Chlordane	0.02u	ug/L	EPA 508	E84098	04/14/1999 @ 0000	0.02
Dalapon	1.0u	ug/L	EPA 515.1	E84098	04/10/1999 @ 0000	1.0
Picloram	0.1u	ug/L	EPA 515.1	E84098	04/10/1999 @ 0000	0.1
Dinoseb	0.2u	ug/L	EPA 515.1	E84098	04/10/1999 @ 0000	0.2
2,4-D	0.2u	ug/L	EPA 515.1	E84098	04/10/1999 @ 0000	0.2
2,4,5-TP	0.1u	ug/L	EPA 515.1	E84098	04/10/1999 @ 0000	0.1
Pentachlorophenol	0.1u	ug/L	EPA 515.1	E84098	04/10/1999 @ 0000	0.1
Di(2-ethylhexyl)adipate	0.5u	ug/L	EPA 525.1	E84098	04/16/1999 @ 0000	0.5
Di(2-ethylhexyl)phthalate	1.0u	ug/L	EPA 525.1	E84098	04/16/1999 @ 0000	1.0
Hexachlorocyclopentadiene	0.1u	ug/L	EPA 525.1	E84098	04/16/1999 @ 0000	0.1
Benzo(A)pyrene	0.1u	ug/L	EPA 525.1	E84098	04/16/1999 @ 0000	0.1

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Respectfully Submitted,

Bruce Cummings
Laboratory Director

SHORT ENVIRONMENTAL LABORATORIES, INC.
10405 US 27 South
Sebring, Florida 33870
(800) 833-4022 HRS# 85344 & E85458, FDEP QAP# 880516 (941) 655-4022

For: Indiantown Company Inc.
P.O. Box 397
Indiantown, FL 33456-0397
Attn: Dean Smiley

05/03/1999

Laboratory Number: 100784

Project: Indiantown
Location: WWTP
Sample ID: Plant effluent
Sampled By: R. Greene on 03/16/1999 @ 1340
Received: 03/17/1999 @ 1700

REPORT OF ANALYSIS

LABORATORY DATA

Parameter	Result	Units	Method	Analyst	Date/Time of Analysis	MDL
Oxamyl (Vydate)	2.0u	ug/L	EPA 531	E84098	04/01/1999 @ 0000	2.0
Carbofuran	1.5u	ug/L	EPA 531	E84098	04/01/1999 @ 0000	1.5
Glyphosate	6.0u	ug/L	EPA 547	E84098	04/02/1999 @ 0000	6.0
Endothall	5.0u	ug/L	EPA 548	E84098	04/01/1990 @ 0000	5.0
Diquat	0.4u	ug/L	EPA 549	E84098	03/29/1999 @ 0000	0.4
Total THMs	0.0040	mg/L	EPA 502.2	E84098	03/24/1999 @ 0000	0.0001
Gross Alpha	1.8	pCi/L	SM 7110 B	84147	04/01/1999 @ 0000	+/-1.3

u = Parameter was analyzed for but not detected

Respectfully Submitted,

Bruce Cummings
Laboratory Director

[illegible]
0905 US 27 S
SEBRING, FL 33870
(941) 655-4022 (800) 833-4022
FAX: (941) 655-5820

CHAIN OF CUSTODY
and
TRANSMITTAL FORM

#380

PROJECT # DW

SAMPLER'S NAME (PLEASE PRINT)	PROJECT NAME Indiantown Company
SAMPLER'S SIGNATURE	PROJECT LOCATION WWTP
	SAMPLE TYPE: ~~DRINKING WATER~~

FACILITY ID#	SAMPLE ID	DATE	TIME	~~ENTRY~~ COMP	DIST	WELL	LAB ID	# OF CONT	INORGANIC -	SECONDARY	GROSS A	RAD. 226	RAD. 228	VOC	PEST PCB	UNREG GRI	UNREG GRII	UNREG GRIII	NOX NO2	TH M	OTHER
31701-13	Plant Effluent	3/17	1430	24hr			100784	13	X	X	X			X	X					X	

COMMENTS: sampler started at 1340 on 3/16/99

VOC
5 Vials - Sod Thio
Gal Glass
2 SO4
2 - ½ Gal
½ G HNO3
1L - N
1L
1L Zn Acetate

# OF SAMPLES	CONTAINERS RELINQUISHED BY:	ACCEPTED BY:	DATE	TIME
1	SAMPLES RELINQUISHED BY:	ACCEPTED BY: 2 Work	DATE 3/17/99	TIME 1700
	SAMPLES RELINQUISHED BY:	ACCEPTED BY:	DATE	TIME

8422

32

SHORT
ENVIRONMENTAL
LABORATORIES, INC.

(800) 833-4022
(941) 655-4022
FAX (941) 655-5820
HRS# 85344 & E85458
QAP# 880516
E-mail - shortlab@strato.net

February 25, 1999

Mr. Dean Smiley
Indiantown Company, Inc.
P.O. Box 397
Indiantown, Florida 34956

Dear Dean:

As per our phone conversation on February 24. 1999 listed below are the prices on the 62.550 annual wastewater analyses we discussed. We will use our composite sampler, do all the required field work, lab analyses, and report it in the format required by FDEP.

Primary Inorganics	$ 225.00
Secondary Inorganics	140.00
VOC	85.00
Pesticides/PCB	600.00
Gross Alpha *	50.00
	$ 1,100.00
Field Time	100.00
	$ 1,200.00
* If needed Ra 226 is -	$ 90.00
If needed Ra 228 is -	125.00

I look forward to supplying quotes for your additional wastewater, ground water and drinking water requirements. If you have any further questions please call Bruce Cummings and me at 1-800-833-4022.

Sincerely,

Richard E. Greene
Field Manager

REG/bac

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285

Client:	Indiantown Company, Inc.		
Workorder ID	Annual Compliance Well	**Sampled**	12/10/98 10:30
Laboratory ID	8009797001	**Received**	12/10/98 12:20
Sample ID	Compliance Well	**Reported**	01/06/99 18:12
Matrix	Environmental Water		

Herbicides EPA 515.1

Parameter	Prep Date	Analyzed	Result	DL	Units
2,4-D	12/21/98	12/28/98 MM	ND	0.53	ug/L
2,4,5-TP	12/21/98	12/28/98 MM	ND	0.41	ug/L
Dalapon	12/21/98	12/28/98 MM	ND	2.6	ug/L
Dinoseb	12/21/98	12/28/98 MM	ND	0.58	ug/L
Pentachlorophenol	12/21/98	12/28/98 MM	ND	0.34	ug/L
Picloram	12/21/98	12/28/98 MM	ND	0.26	ug/L

Surrogate	Result	% Recovery	Limits
2,4-Dichlorophenylacetic acid	16 ug/L	80 %	(70-130)

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285

FDEP QAP 870174

Client: Indiantown Company, Inc.
Workorder ID Annual Compliance Well
Laboratory ID 8009797001
Matrix Environmental Water

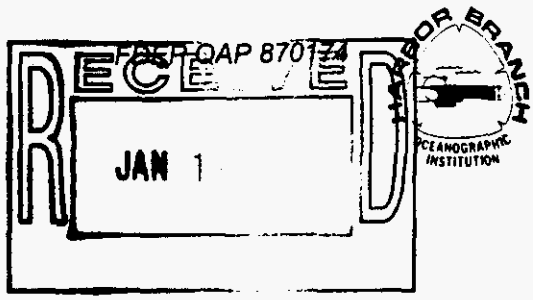
Sample ID Compliance Well

Pesticides Analysis EPA 608

Parameter	Prep Date	Analyzed	Result	DL	Units
Aldrin	12/11/98	12/19/98 SXS	ND	0.051	ug/L
alpha-BHC	12/11/98	12/19/98 SXS	ND	0.051	ug/L
beta-BHC	12/11/98	12/19/98 SXS	ND	0.051	ug/L
delta-BHC	12/11/98	12/19/98 SXS	ND	0.051	ug/L
gamma-BHC (Lindane)	12/11/98	12/19/98 SXS	ND	0.051	ug/L
Chlordane	12/11/98	12/19/98 SXS	ND	0.051	ug/L
4,4'-DDD	12/11/98	12/19/98 SXS	ND	0.051	ug/L
4,4'-DDE	12/11/98	12/19/98 SXS	ND	0.051	ug/L
4,4'-DDT	12/11/98	12/19/98 SXS	ND	0.051	ug/L
Dieldrin	12/11/98	12/19/98 SXS	ND	0.051	ug/L
Endosulfan I	12/11/98	12/19/98 SXS	ND	0.051	ug/L
Endosulfan II	12/11/98	12/19/98 SXS	ND	0.051	ug/L
Endosulfan sulfate	12/11/98	12/19/98 SXS	ND	0.051	ug/L
Endrin	12/11/98	12/19/98 SXS	ND	0.051	ug/L
Endrin aldehyde	12/11/98	12/19/98 SXS	ND	0.051	ug/L
Heptachlor	12/11/98	12/19/98 SXS	ND	0.051	ug/L
Heptachlor epoxide	12/11/98	12/19/98 SXS	ND	0.051	ug/L
Toxaphene	12/11/98	12/19/98 SXS	ND	1.0	ug/L
Aroclor-1016	12/11/98	12/19/98 SXS	ND	0.51	ug/L
Aroclor-1221	12/11/98	12/19/98 SXS	ND	0.51	ug/L
Aroclor-1232	12/11/98	12/19/98 SXS	ND	0.51	ug/L
Aroclor-1242	12/11/98	12/19/98 SXS	ND	0.51	ug/L
Aroclor-1248	12/11/98	12/19/98 SXS	ND	0.51	ug/L
Aroclor-1254	12/11/98	12/19/98 SXS	ND	0.51	ug/L
Aroclor-1260	12/11/98	12/19/98 SXS	ND	0.51	ug/L
Methoxychlor	12/11/98	12/19/98 SXS	ND	0.20	ug/L

Surrogate	Result	% Recovery	Limits
Decachlorobiphenyl	.065 ug/L	16 %	(20-136)
Tetrachlorometaxylene	.11 ug/L	28 %	(20-136)

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285



FAST QAP 870174

Client: Indiantown Company, Inc.
Workorder ID Annual Compliance Well
Laboratory ID 8009797001 **Sample ID** Compliance Well
Matrix Environmental Water

Semivolatile Analysis EPA 625

Parameter	Prep Date	Analyzed	Result	DL	Units
Phenol	12/17/98	12/22/98	ND	10	ug/L
2-Chlorophenol	12/17/98	12/22/98	ND	10	ug/L
2-Nitrophenol	12/17/98	12/22/98	ND	10	ug/L
2,4-Dimethylphenol	12/17/98	12/22/98	ND	10	ug/L
2,4-Dichlorophenol	12/17/98	12/22/98	ND	10	ug/L
4-Chloro-3-methylphenol	12/17/98	12/22/98	ND	10	ug/L
2,4,6-Trichlorophenol	12/17/98	12/22/98	ND	10	ug/L
2,4-Dinitrophenol	12/17/98	12/22/98	ND	25	ug/L
4-Nitrophenol	12/17/98	12/22/98	ND	25	ug/L
2-Methyl-4,6-dinitrophenol	12/17/98	12/22/98	ND	25	ug/L
Pentachlorophenol	12/17/98	12/22/98	ND	10	ug/L

Surrogate	Result	% Recovery	Limits
Terphenyl-d14	20 ug/L	40 %	(33-141)
2,4,6-Tribromophenol	31 ug/L	40 %	(10-123)
1,2-Dichlorobenzene-d4	26 ug/L	52 %	(16-110)
2-Fluorobiphenyl	30 ug/L	59 %	(43-116)
2-Fluorophenol	28 ug/L	37 %	(21-110)
Nitrobenzene-d5	29 ug/L	57 %	(35-114)
Phenol-d5	30 ug/L	40 %	(10-110)
2-Chlorophenol-d4	33 ug/L	43 %	(33-110)

HARBOR BRANCH ENVIRONMENTAL LABORATORY
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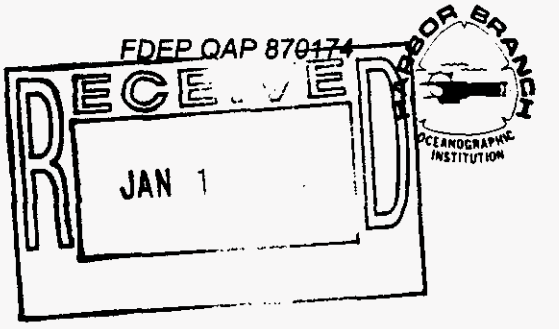
FDEP QAP 870174



Client: Indiantown Company, Inc.
Workorder ID Annual Compliance Well
Laboratory ID 8009797001 **Sample ID** Compliance Well
Matrix Environmental Water

Trace Metals

Parameter	Method	Prep Date	Analyzed		Result	DL	Units
Antimony	SW-846 6010	12/18/98	12/21/98	DM	ND	0.0050	mg/L
Arsenic	SW-846 6010	12/18/98	12/21/98	DM	ND	0.0050	mg/L
Barium	SW-846 6010	12/18/98	12/21/98	DM	0.015	0.010	mg/L
Beryllium	SW-846 6010	12/18/98	12/21/98	DM	ND	0.0010	mg/L
Cadmium	SW-846 6010	12/18/98	12/21/98	DM	ND	0.0010	mg/L
Chromium	SW-846 6010	12/18/98	12/21/98	DM	ND	0.0020	mg/L
Copper	SW-846 6010	12/18/98	12/21/98	DM	ND	0.0020	mg/L
Lead	SW-846 6010	12/18/98	12/21/98	DM	0.0040	0.0030	mg/L
Manganese	SW-846 6010	12/18/98	12/21/98	DM	ND	0.010	mg/L
Nickel	SW-846 6010	12/18/98	12/21/98	DM	ND	0.0050	mg/L
Selenium	SW-846 6010	12/18/98	12/21/98	DM	ND	0.0050	mg/L
Sodium	SW-846 6010	12/18/98	12/21/98	DM	25	1.0	mg/L
Thallium	SW-846 6010	12/18/98	12/21/98	DM	ND	0.017	mg/L
Zinc	SW-846 6010	12/18/98	12/21/98	DM	ND	0.10	mg/L
Mercury	SW-846 7470	12/21/98	12/22/98	DM	ND	0.00050	mg/L

HARBOR BRANCH ENVIRONMENTAL LABORATORY
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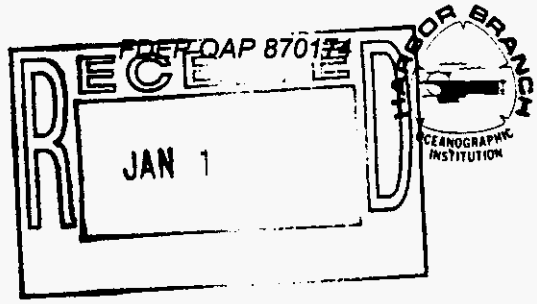

Client: Indiantown Company, Inc.
Workorder ID Annual Compliance Well
Laboratory ID 8009797001
Matrix Environmental Water

Sample ID Compliance Well

Volatiles Analysis EPA 624

Parameter	Prep Date	Analyzed	Result	DL	Units
Acrolein	N/A	12/22/98 WR	ND	15	ug/L
Acrylonitrile	N/A	12/22/98 WR	ND	5.0	ug/L
Benzene	N/A	12/22/98 WR	ND	1.0	ug/L
Bromodichloromethane	N/A	12/22/98 WR	ND	2.0	ug/L
Bromoform	N/A	12/22/98 WR	ND	2.0	ug/L
Bromomethane	N/A	12/22/98 WR	ND	1.0	ug/L
Carbon tetrachloride	N/A	12/22/98 WR	ND	1.0	ug/L
Chlorobenzene	N/A	12/22/98 WR	ND	1.0	ug/L
Chloroethane	N/A	12/22/98 WR	ND	1.0	ug/L
Chloroform	N/A	12/22/98 WR	ND	1.0	ug/L
Chloromethane	N/A	12/22/98 WR	ND	1.0	ug/L
Dibromochloromethane	N/A	12/22/98 WR	ND	2.0	ug/L
2-Chloroethylvinyl ether	N/A	12/22/98 WR	ND	1.0	ug/L
1,1-Dichloroethane	N/A	12/22/98 WR	ND	1.0	ug/L
1,2-Dichloroethane	N/A	12/22/98 WR	ND	1.0	ug/L
1,1-Dichloroethene	N/A	12/22/98 WR	ND	1.0	ug/L
trans-1,2-Dichloroethene	N/A	12/22/98 WR	ND	1.0	ug/L
Methylene chloride	N/A	12/22/98 WR	ND	5.0	ug/L
1,2-Dichloropropane	N/A	12/22/98 WR	ND	1.0	ug/L
cis-1,3-Dichloropropene	N/A	12/22/98 WR	ND	2.0	ug/L
trans-1,3-Dichloropropene	N/A	12/22/98 WR	ND	2.0	ug/L
Ethylbenzene	N/A	12/22/98 WR	ND	1.0	ug/L
Tetrachloroethene	N/A	12/22/98 WR	ND	1.0	ug/L
1,1,2,2-Tetrachloroethane	N/A	12/22/98 WR	ND	5.0	ug/L
Toluene	N/A	12/22/98 WR	ND	1.0	ug/L
1,1,1-Trichloroethane	N/A	12/22/98 WR	ND	2.0	ug/L
1,1,2-Trichloroethane	N/A	12/22/98 WR	ND	2.0	ug/L
Trichloroethene	N/A	12/22/98 WR	ND	2.0	ug/L
Vinyl chloride	N/A	12/22/98 WR	ND	1.0	ug/L

Surrogate	Result	% Recovery	Limits
1,2-Dichloroethane-d4	52 ug/L	105 %	(75-135)

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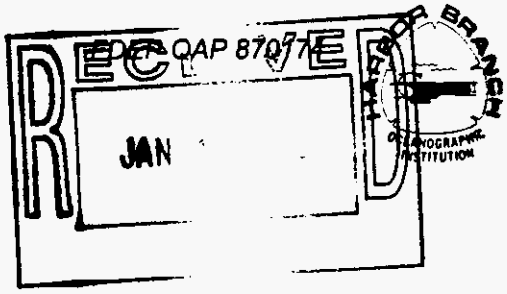
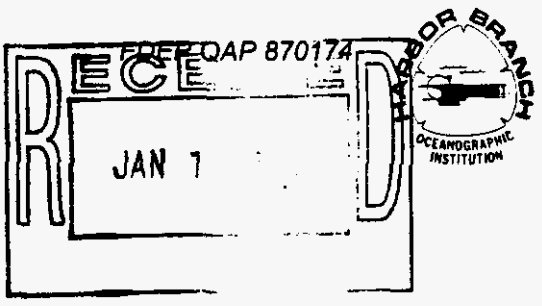


Client: Indiantown Company, Inc.
Workorder ID Annual Compliance Well
Laboratory ID 8009797001 **Sample ID** Compliance Well
Matrix Environmental Water

Surrogate	Result	% Recovery	Limits
Toluene-d8	46 ug/L	92 %	(64-142)
4-Bromofluorobenzene	49 ug/L	98 %	(79-112)

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 US 1 North, Fort Pierce, FL 34946
561-465-2400, Ext. 285



Client: Indiantown Company, Inc.
Workorder ID Annual Compliance Well
Laboratory ID 8009797001 **Sample ID** Compliance Well
Matrix Environmental Water

Wet Chemistry Analysis

Sulfate	EPA 300.0	N/A	12/15/98	KM	15	2.5	mg/L
Fluoride	EPA 300.0	N/A	12/10/98	16:26 RS	0.37	0.22	mg/L
Nitrite as N	EPA 300.0	N/A	12/10/98	16:26 RS	ND	0.044	mg/L
Nitrate as N	EPA 300.0	N/A	12/10/98	16:26 RS	0.24	0.060	mg/L
Cyanide	EPA 335.2	12/14/98	12/14/98	GE	0.013	0.010	mg/L
Surfactants as LAS, Mol.wt.340	EPA 425.1	12/10/98	12/15/98	CMM	0.17	0.040	mg/L

HARBOR BRANCH ENVIRONMENTAL LABORATORY

Chain-of-Custody

FDOH # 86230/E86080
5800 U.S. 1 North
Fort Pierce, FL 34946

FDOH # 82500/E82417
5380 First Coast Hwy., Suite 1
Fernandina Beach, FL 32034

FDOH # 83488/E83509
255 Enterprise Road, Suite 1
Deltona, FL 32725

FDOH # 85512/E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

FDOH # 84258/E84418
2514 Osprey Blvd.
Spring Hill, FL 34607

Phone: (561) 465-2400, Ext. 285 Fax: (561) 467-1584

Company: Indiantown Company
Address: PO Box 397, Indiantown, Fl 34956
Phone: 597-3496 Fax: 597-5027
Client Contact: D. Smith
Project Name: Annual Compliance Well
Sampled By: D. Smith
Purchase Order #:

Method of Shipment:
Cooler #'s
Date Time

USE BALL POINT PEN ONLY

☑ Standard Turn Around Time
☐ Rush in _____ Business Days

For Lab Use Only

Temperature Checked Y (N)
Custody Seals Intact (Y) N
pH Checked (Y) N
HPN # 8009797

PRESERVATIVE: HNO_3 | $NaOH$ | U | U | HCl | U

ANALYSES REQUESTED

Lab Use LAB ID	FIELD ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE LOCATION	Metals	Cyanide	Nitrate, Nitrite, Sulfate, Fluoride	608, 515, 604	624 VOCs	MBAS			COMMENTS
	ACW	12/10	1030	G	GW	1	Compliance Well	✓								
	ACW	12/10	1030	G	GW	1	"		✓							
001	ACW	12/10	1030	G	GW	1	"			✓						
	ACW	12/10	1030	G	GW	3	"				✓					
	ACW	12/10	1030	G	GW	3	"					✓				
	ACW	12/10	1030	G	GW		"						✓			

Preservation Key: H - Hydrochloric Acid; P - Phosphoric Acid; N - Nitric Acid; ST - Sodium Thiosulfate; S - Sulfuric Acid; U - Unpreserved; SH - Sodium Hydroxide

* Sample Type: G-Grab C-Composite O-Other

** Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater

RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY BN Watt
DATE/TIME	DATE/TIME	DATE/TIME 12-10-97 1220

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for RECEIVING; GREEN for SAMPLER

PAGE _____ of _____

Florida Department of Environmental Regulation
Twin Towers Office Bldg. ● 2600 Blair Stone Road ● Tallahassee, Florida 32399-2400

DER Form # 17-601.900(4)
Form Title Reclaimed Water or Effluent Analysis Report
Effective Date July 1, 1991
DER Application No. _____ (Filled in by DER)

Reclaimed Water or Effluent Analysis Report

Part I - Instructions

(1) All applicable items must be completed in full. Note that if parts of this application do not apply, those parts of the form need not be executed.

(2) All information is to be typed or printed in ink.

(3) This form shall be submitted to the appropriate District Office in accordance with the schedule in the permit.

(4) Analyses shall be performed using appropriate methods and shall be capable of achieving minimum detection limits less than or equal to the maximum contaminant levels shown.

(5) The following instructions apply to Parts III through VIII of this form.

(6) Column (a) - List the parameters that are to be analyzed.

(7) Column (b) - List the STORET Code for these parameters.

(8) Column (c) - Record the results of the analysis. If the result was below the minimum detection limit, indicate by showing a less than sign preceding the detection limit for the analytical method used (i.e. < 0.01).

(9) Column (d) - List the primary or secondary drinking water standard from Chapter 17-550, F.A.C.

(10) Column (e) - Indicate the analytical method used. Record the number from Figure 1 in Chapter 17-601, F.A.C., or from other sources.

(11) Column (f) - Enter the date on which the analysis was run (MM/DD/YR).

(12) Column (g) - If the result shown in Column (c) is greater than the standard shown in Column (d) - enter an asterisk (*) in Column (g).

Part II - General Information

(1) Facility Name INDIANTOWN WASTEWATER TREATMENT PLANT
Address P.O. BOX 397 / 14843 SW 168 TH AVE
City INDIANTOWN, FLA. Zip 34956
Telephone Number (561) 597 - 3496

(2) Owner or Authorized Representative
Name JAMES G. HEWITT / DEAN S. SMALLEY, JR.
Title SUPT. / ASST. SUPT.
Address P.O. BOX 397
City INDIANTOWN State FLA Zip 34956
Telephone (561) 597 - 3496

(3) Method of Discharge EVAP. / PERC. PONDS / IRRIGATION

(4) Report Period: 1 / 01 / 98 (Beginning Date) To 12 / 31 / 98 (End Date)

Northwest District | Northeast District | Central District | Southwest District | South District | Southeast District

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DER Form # 17-601.900(4)
Form Title Reclaimed Water or Effluent Analysis Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

(5) Name of Laboratory conducting the analysis: HARBOR BRANCH ENVIRONMENTAL LABORATORY

Address 5600 US 1 NORTH

City FT. PIERCE State FLA Zip 34956

Telephone Number (561) 465-2400

(6) The facilities DER identification number (also known as the GMS identification number) 514302291

(7) DER test site identification number (for the sampling location) N/A

(8) Description of the monitoring point COMPLIANCE WELL

(9) Date on which the sample was taken (MM/DD/YR) 12 / 10 / 98

Time of day at which the sample was taken 10:30 ☑ a.m. ☐ p.m.

10) Date of extraction for the organic chemical analysis performed in Part VI (MM/DD/YR) / /

Part III - Inorganic Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Arsenic	900208		0.05		/ /	
Barium	900209		1.0		/ /	
Cadmium	900210		0.010		/ /	
Chromium	900211		0.05		/ /	
Fluoride	000951		4.0		/ /	
Lead	900212		0.05		/ /	
Mercury	900213		0.002		/ /	
Nitrate (as N)	071850		10		/ /	
Selenium	900214		0.01		/ /	
Silver	900215		0.05		/ /	
Sodium	000929		160		/ /	

Part IV - Volatile Organic Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (ug/L)	(d) Standard (ug/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Ethylene dibromide	900222		0.02		/ /	
Para-dichlorobenzene	—		75		/ /	
Vinyl chloride	039175		1		/ /	
1,1,-dichloroethane	034496		7		/ /	
1,2-dichloroethane	034531		3		/ /	

Part IV - Volatile Organic Analysis (continued)

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (ug/L)	(d) Standard (ug/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
1,1,1-trichloroethane	034506		200		/ /	
Carbon tetrachloride	032102		3		/ /	
Trichloroethene	—		3		/ /	
Tetrachloroethene	—		3		/ /	
Benzene	034030		1		/ /	

Part V - Trihalomethane Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (ug/L)	(d) Standard (ug/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Total THM	082080		100		/ /	

Part VI - Organic Chemical Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (ug/L)	(d) Standard (ug/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Endrin	039390		0.02		/ /	
Lindane	039782		4		/ /	
Methoxychlor	039480		100		/ /	
Toxaphene	039400		5		/ /	
2,4-D	039730		100		/ /	
2,4,5-TP (Silvex)	039760		10		/ /	

Part VII - Radiological Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (pCi/L)	(d) Standard (pCi/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Gross alpha excl. radon and uranium	001519		15		/ /	
Radium-226 and Radium-228 combined	011503		5		/ /	

Part VIII - Secondary Chemical Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Chloride	000940		250		/ /	
Copper	900218		1		/ /	
Iron	900219		0.3		/ /	
Manganese	900220		0.05		/ /	

DER Form # 17-601.900(4)
Form Title Reclaimed Water or Effluent Analysis Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Part VIII - Secondary Chemical Analysis (continued)

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Sulfate	000945		250		/ /	
Zinc	900221		5		/ /	
pH (units)	000403		6.5 - 8.5		/ /	
TDS	070300		500		/ /	
Foaming Agents	900217		0.5		/ /	

Part IX - Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, 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.

Date: _____

Phone: (_____) _____

_____
Signature of Lead Operator

_____
Name (please type) Certification Number

_____
Address

_____

_____

Harbor Branch Oceanographic Institution, Inc.
Harbor Branch Environmental Laboratory
5600 U.S. 1, North
Fort Pierce, Florida 34946

HARBOR BRANCH
OCEANOGRAPHIC INSTITUTION
ENVIRONMENTAL LABORATORY

FACSIMILE

DATE: Feb 3, 1999

TO: DEAN SMILEY

FAX NO:561-597-5027 TELEPHONE:

Internet: hash@hbel.com
FROM: Don Hash

FACSIMILE: (561) 467-1584 | TELEPHONE: (561) 465-2400, ext. 265

FOLLOWS IS THE REUSE REPORTING FORM WITH DATA.

NOT REQUESTED ON THE CHAIN TO RUN ARE SILVER, IRON, PH, TDS, CHLORIDE, RADS, EDB, AND 1,4 (PARA)DICHLOROBENZENE. ALL THESE DATA SLOTS ARE EMPTY EXCEPT I COULD GATHER THE SILVER AND IRON DATA FROM THE METALS RUN. OTHERS WOULD NEED TO BE COLLECTED, IF THAT IS EVEN NECESSARY.

THOUGHT YOU SHOULD KNOW.

IF THIS FORM WITH DATA IS OK, LET US KNOW AND I WILL SEND ALONG HARD COPY.

5 PAGES INCLUDING COVER

Reclaimed Water or Effluent Analysis Report

Part I - Instructions

(1) All applicable items must be completed in full. Note that if parts of this application do not apply, those parts of the form need not be executed.

(2) All information is to be typed or printed in ink.

(3) This form shall be submitted to the appropriate District Office in accordance with the schedule in the permit.

(4) Analyses shall be performed using appropriate methods and shall be capable of achieving minimum detection limits less than or equal to the maximum contaminant levels shown.

(5) The following instructions apply to Parts III through VIII of this form.

(6) Column (a) - List the parameters that are to be analyzed.

(7) Column (b) - List the STORET Code for these parameters.

(8) Column (c) - Record the results of the analysis. If the result was below the minimum detection limit, indicate by showing a less than sign preceding the detection limit for the analytical method used (i.e. < 0.01).

(9) Column (d) - List the primary or secondary drinking water standard from Chapter 17-550, F.A.C.

(10) Column (e) - Indicate the analytical method used. Record the number from Figure 1 in Chapter 17-601, F.A.C., or from other sources.

(11) Column (f) - Enter the date on which the analysis was run (MM/DD/YR).

(12) Column (g) - If the result shown in Column (c) is greater than the standard shown in Column (d) - enter an asterisk (*) in Column (g).

Part II - General Information

(1) Facility Name: Indiantown Company, Inc.

Address: POB 397

City: Indiantown Zip: 34956

Telephone Number: 561-597-3496

(2) Owner or Authorized Representative

Name:

Title:

Address:

City: State: Zip:

Telephone Number:

(3) Method of Discharge:

(4) Report Period To:

(Begin Date) (End Date)

17-601(9)(94), Reclaimed Water or Effluent Analysis Report
Effective July 1, 1991

(5) Name of Laboratory conducting the analysis: Harbor Branch Environmental Laboratory

Address: 5600 U.S. 1 North

City: Ft. Pierce State: FL Zip: 34946

Telephone Number: 561-465-2400

(6) The facilities DER identification number (also known as the GMS identification number)

(7) DER test site identification number (for the sampling location)

(8) Description of the monitoring point

(9) Date on which the sample was taken (MM/DD/YR)

Time of day at which the sample was taken: 10:30 ☐ a.m. ☐ p.m.

(10) Date of extraction for the organic chemical analysis performed in Part VI (MM/DD/YR) 515.2 21 608:12 11

Part III - Inorganic Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Arsenic	900208	<0.005	0.05	SW846-6010	12/21/98	
Barium	900209	0.015	2.0	SW846-6010	12/21/98	
Cadmium	900210	<0.001	0.005	SW846-6010	12/21/98	
Chromium	900211	<0.002	0.1	SW846-6010	12/21/98	
Fluoride	000951	0.37	4.0	EPA 300.0	12/16/98	
Lead	900212	0.004	0.015	SW846-6010	12/21/98	
Mercury	900213	<0.0005	0.002	SW846-7470	12/22/98	
Nitrate (as N)	071850	0.24	10	EPA 300.0	12/16/98	
Selenium	900214	<0.005	0.05	SW846-6010	12/21/98	
Silver	900215	<0.001	0.1	SW846-6010	12/21/98	
Sodium	000929	25	160	SW846-6010	12/21/98	

Part IV - Volatile Organic Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Ethylene dibromide	900222		0.00002	SW846-8011		
Para-dichlorobenzene	---		0.075	EPA 624		
Vinyl chloride	039175	<0.001	0.001	EPA 624	12/22/98	
1,1-dichloroethane	034496	<0.001	Unregulated	EPA 624	12/22/98	
1,2-dichloroethane	034531	<0.001	0.003	EPA 624	12/22/98	

62-601.900(4), Reclaimed Water or Effluent Analysis Report
Effective July 1, 1991

Part IV- Volatile Organic Analysis (continued)

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
1,1,1-trichloroethane	034506	<0.002	0.2	EPA 624	12/22/98	
Carbon tetrachloride	032102	<0.001	0.003	EPA 624	12/22/98	
Trichloroethene	--	<0.002	0.003	EPA 624	12/22/98	
Tetrachloroethene	--	<0.001	0.003	EPA 624	12/22/98	
Benzene	034030	<0.001	0.001	EPA 624	12/22/98	

Part V- Trihalomethane Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Total THM	082080	<0.0001	0.1	EPA 624	12/22/98	

Part VI- Organic Chemical Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Endrin	039390	<0.000051	0.002	EPA 608	12/19/98	
Lindane	039782	<0.000051	0.0002	EPA 608	12/19/98	
Methoxychlor	039480	<0.00020	0.04	EPA 608	12/[illegible]/98	
Toxaphene	039400	<0.0010	0.003	EPA 608	12/[illegible]/98	
2,4-D	039730	<0.00053	0.07	EPA 515	12/21/98	
2,4,5-TP (Silvex)	039760	<0.00041	0.05	EPA 515	12/2[illegible]/98	

Part VII- Radiological Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (pCi/L)	(d) Standard (pCi/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Gross alpha excl. radon and uranium	001519		5	EPA 900.0		
Radium-226 and Radium-228 combined	011503		5	EPA 903.1/Ra-05		

Part VIII- Secondary Chemical Analysis

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) Above Standard
Chloride	000940		250	EPA 300.0		
Copper	900218	<0.002	1	SW846-6010	12/23/98	
Iron	900219	0.37	0.3	SW846-6010	12/2[illegible]/98	*
Manganese	900220	<0.010	0.05	SW846-6010	12/2[illegible]/98	

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Part VIII- Secondary Chemical Analysis (continued)

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Standard (mg/L)	(e) Analytical Method	(f) Analysis Date	(g) [illegible] Required
Sulfate	000945	35	250	EPA 300.0	[illegible]	
Zinc	900221	<0.10	5	SW846-6010	[illegible]	
pH (units)	000403		6.5 – 8.5	EPA 150.1		
TDS	070300		500	EPA 160.1		
Foaming Agents	900217	0.1*	0.5	EPA 425.1	[illegible]	

Part IX - Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, 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.

Date: _____

Phone: _____

_____
Signature of Lead Operator

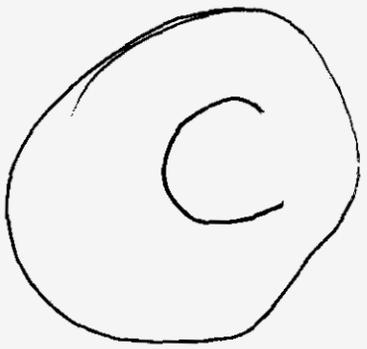
_____
Name (please type) and Certification Number

_____
Address

_____

_____

_____



Water Operating Reports

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month:
- Total Population Served by System at End of Reporting Month:

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
Higino Rodriguez	8378	C	5
Earl Maine	4644	D	5

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: July, 1997
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
1	17	642,000	2.4	0.8			
2	17	607,000	2.9	0.2			
3	17	671,000	2.5	0.8			
4	16	656,000	2.0	0.4			
5	16	640,000	2.0	0.5			
6	15	639,000	2.0	0.3			
7	16	640,000	2.2	0.5			
8	16	637,000	2.0	0.8			
9	16	667,000	1.9	0.7	6	0.6	
10	16	547,000	2.3	0.5			
11	14	571,000	2.0	1.0			
12	15	513,000	2.2	0.4			
13	16	550,000	1.0	1.0			
14	15	532,000	1.1	0.3			
15	15	511,000	1.9	1.1			
16	16	555,000	2.0	0.6			
17	14	562,000	2.2	0.8			
18	15	514,000	2.4	0.1			
19	15	499,000	2.9	0.3			
20	14	474,000	2.7	0.4			
21	15	543,000	2.0	0.5			
22	13	497,000	2.2	0.8			
23	15	503,000	2.0	0.6			
24	15	516,000	2.0	0.8			
25	15	558,000	2.5	0.6			
26	14	471,000	2.1	0.7			
27	16	511,000	2.3	0.8			
28	15	570,000	2.7	0.4			
29	14	527,000	2.0	0.3			

System PWS Identification Number: _____

Treatment Plant Name: _____

Reporting Month/Year: July, 1997

DEP Form No.: 62-555.910(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1996
DEP Application No.: _____ (Filled in by DEP)

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	16	512,000	2.6	0.3			
31	15	529,000	2.7	0.5			
Total	XXXXXXX	17,369,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	560,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	671,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

System PWS Identification Number: _____

Treatment Plant Name: _____

Reporting Month/Year: July, 1997

DEP Form No.: 62-555.910(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.: _____ (Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of Indiantown Water Co., 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 8/13/97
Signature and Date

James Hewitt B.O. 3821
Name and Certificate Number (please type or print)

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indaintown State: Fl. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1710
- Total Population Served by System at End of Reporting Month:

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indaintown Water Company Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,200,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
Higinio Rodriquez	8378	C	5
Earl Maine	4644	D	5

Treatment Plant Name:
Reporting Month/Year: August, 1997

Effective Date: Treat Their Water
DEP Application No.: December 19, 1995
(Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: August, 1997
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)'	
1	15	315,000	2.0	0.8			
2	14	347,000	2.0	0.8			
3	16	359,000	2.0	0.8			
4	15	429,000	1.6	1.0			
5	18	408,000	3.5	0.2			
6	18	414,000	2.5	1.2			
7	13	389,000	2.0	0.4			
8	14	388,000	2.0	0.3			
9	15	388,000	1.9	0.5			
10	14	379,000	1.5	0.4			
11	15	404,000	2.0	0.8	6	0.6	
12	16	401,000	1.5	0.8			
13	15	407,000	1.5	0.6			
14	16	420,000	2.0	0.8			
15	19	440,000	3.5	1.1			
16	16	431,000	3.0	1.0			
17	15	389,000	1.3	1.2			
18	16	439,000	0.9	1.0			
19	13	395,000	1.0	1.2			
20	14	450,000	1.1	1.0			
21	18	486,000	1.0	0.2			
22	13	417,000	0.5	0.6			
23	11	322,000	1.0	0.2			
24	16	421,000	1.1	0.5			
25	18	483,000	1.2	0.5			
26	13	391,000	1.0	0.4			
27	15	423,000	1.5	0.8			
28	13	440,000	2.0	0.3			
29	15	467,000	1.0	0.6			

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: _____

Reporting Month/Year: August, 1997

DEP Form No.: 62-555.910(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.: _____ (Filled in by DEP)

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	19	440,000	2.5	0.7			
31	16	468,000	2.0	0.6			
Total	XXXXXXX	12,773,000	XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	412,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	483,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

System PWS Identification Number: _____

Treatment Plant Name: _____

Reporting Month/Year: August 1997

DEP Form No.: 62-555.910(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.: _____ (Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of Fudim Town Water Co., 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 9/15/97
Signature and Date

James Hewitt B.O. 3821
Name and Certificate Number (please type or print)

The Company cannot find a copy of the September, 1997, Operating Report and believes the original may have been sent to DEP without a copy being made.

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Co

Reporting Month/Year: October, 1997

DEP Form No.: 62-555.900(3)

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

Effective Date: December 15, 1994

DEP Application No.: (Filled in by DEP)

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1690
- Total Population Served by System at End of Reporting Month: 5070

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
Rigino Rodriguez	8378	C	5
Earl Maine	4644	D	5

System PWS Identification Number: 4430667
Treatment Plant Name: Indian Town Water Co
Reporting Month/Year: October, 1997

	Consecutive Public Water Systems that Treat Their Water
Effective Date:	December 19, 1994
DEP Application No.:	(Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: October, 1997
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System: Lowest Residual Disinfectant Concentration at Remote Point (mg/L)[1]	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)[1]	Reported Emergency or Abnormal Operating Conditions
1	16	553,000	2.6	1.5			
2	15	542,000	3.0	1.3			
3	17	633,000	1.5	1.1			
4	15	562,000	1.1	0.3			
5	16	405,000	1.4	0.2			
6	18	686,000	1.7	1.0			
7	16	587,000	3.0	0.4			
8	20	625,000	2.5	1.1			
9	16	577,000	2.3	0.6			
10	14	550,000	2.5	1.0			
11	15	478,000	2.0	1.0			
12	17	576,000	3.0	0.9			
13	17	641,000	2.0	0.3			
14	19	611,000	3.5	0.4			
15	17	612,000	1.9	0.6			
16	16	631,000	1.8	0.3			
17	17	603,000	1.7	0.7			
18	17	655,000	1.2	0.4			
19	16	778,000	2.5	0.9			
20	19	677,000	2.7	0.6			
21	15	615,000	1.6	1.1			
22	17	658,000	1.9	0.5	6	0.8	
23	18	616,000	3.0	0.6			
24	15	632,000	2.0	0.4			
25	17	621,000	2.5	0.9			
26	17	679,000	2.0	0.6			
27	18	703,000	2.0	0.9			
28	16	596,000	2.0	0.4			
29	17	628,000	2.0	0.7			

Treatment Plant Name: Indian Town Water Co
Reporting Month/Year: October, 1997

Effective Date: December 19, 1996
DEP Application No.: _____ (Filled in by DEP)

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reportable Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	17	636,000	1.9	0.4			
31	17	635,000	2.3	0.8			
Total	XXXXXXX	19,001,000	XXXXXXXXXXX	XXXXXXXXXXX	6	XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	589,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	778,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

Treatment Plant Name: Indiantown Water Co
Reporting Month/Year: October 1997

Effective Date: December 19, 1994
DEP Application No.: _____ (Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.'

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

' *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of Indiantown Water Co., 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- *process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);*
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for *coagulation/flocculation, sedimentation, and filtration);*
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 11/12/97
Signature and Date

James Hewitt B.O. 3821
Name and Certificate Number (please type or print)

DEP Form No.: 62-555.900(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1996
DEP Application No.: (Filled in by DEP)

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1690
- Total Population Served by System at End of Reporting Month: 5070

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
Higino Rodriguez	8378	C	5
Earl Maine	4644	D	5

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: 4430667

Treatment Plant Name: Indiantown Water Co

Reporting Month/Year: November, 1997

DEP Form No.: [illegible]
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: November, 1997
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
1	15	535,000	1.6	0.4			
2	17	612,000	1.5	0.9			
3	15	559,000	1.5	0.4			
4	17	545,000	1.6	0.6			
5	13	555,000	1.4	0.2			
6	14	505,000	1.5	0.3			
7	17	556,000	1.4	0.3			
8	15	542,000	1.9	0.5			
9	15	557,000	2.4	0.2			
10	18	630,000	2.5	0.2			
11	16	563,000	1.1	0.2			
12	16	545,000	1.0	0.2			
13	17	574,000	1.6	0.2			
14	16	514,000	3.0	0.4			
15	14	481,000	1.5	0.4			
16	15	542,000	1.5	0.4			
17	15	574,000	1.5	0.4			
18	16	592,000	1.5	0.3			
19	16	592,000	1.7	0.6	6	0.6	
20	16	553,000	1.0	0.6			
21	17	643,000	1.4	0.6			
22	16	569,000	1.0	0.4			
23	15	558,000	1.5	0.3			
24	17	611,000	2.6	1.0			
25	16	527,000	1.6	0.4			
26	15	574,000	1.6	1.0			
27	17	589,000	1.3	0.3			
28	17	605,000	1.5	1.0			
29	18	778,000	2.1	0.5			

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: 4430667

Treatment Plant Name: Indian Lower Water Co.

Reporting Month/Year: November, 1997

DEP Form No.: 62-555.910(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.: _____ (Filled in by DEP)

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	14	763,000	1.3	0.9			
31							
Total	XXXXXXX	17,376,000	XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	579,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	778,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*:
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of Indian Town Water Co., 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 12/4/97
Signature and Date

James Hewitt B.O. 3821
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: 4430667

Treatment Plant Name: Indiantown Water Co.

Reporting Month/Year: December, 1997

DEP Form No.: 62-699.310(3)

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

Effective Date: December 19, 1996

DEP Application No.: (Filled in by DEP)

* Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1,701
- Total Population Served by System at End of Reporting Month: 5953

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
Rigino Rodriguez	8378	C	5
Earl Maine	4644	D	5

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: 4430667
Treatment Plant Name: Indiantown Water Co.
Reporting Month/Year: December, 1997

DEP Form No.: 62-555.910(8)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1996
DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: December, 1997
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
1	16	639,000	1.0	0.3			
2	14	530,000	1.1	0.4			
3	14	528,000	1.0	0.4			
4	16	535,000	1.5	0.4			
5	15	506,000	1.5	0.4			
6	11	482,000	1.3	0.6			
7	16	502,000	1.4	0.2			
8	15	596,000	1.9	0.3			
9	16	539,000	1.5	0.2			
10	19	566,000	3.0	0.5			
11	18	563,000	3.5	0.4			
12	15	529,000	3.0	1.0			
13	14	498,000	1.6	0.6			
14	13	471,000	1.5	0.6			
15	15	534,000	2.0	0.7			
16	14	493,000	2.6	2.0			
17	13	514,000	2.5	1.0	6	0.9	
18	13	517,000	1.8	1.0			
19	15	535,000	1.3	1.0			
20	13	507,000	1.0	1.0			
21	15	547,000	1.0	1.0			
22	15	596,000	1.4	1.0			
23	15	611,000	2.0	0.7			
24	14	660,000	1.0	1.1			
25	15	613,000	1.1	0.5			
26	15	552,000	1.5	1.0			
27	15	531,000	1.5	0.2			
28	12	491,000	1.1	0.3			
29	15	544,000	1.0	0.2			

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: 4430667
Treatment Plant Name: Indiantown Water Co.
Reporting Month/Year: December, 1997

DEP Form No.: 62-555.910(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.: (Filled in by DEP)

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	10	483,000	1.5	0.3			
31	15	524,000	1.0	0.2			
Total	XXXXXXX	16,741,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	540,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	660,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

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: 4430607
Treatment Plant Name: Indian Town Water Co.
Reporting Month/Year: December 1997

DEP Form No.:
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.:
(Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? yes 1/2 year If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):	polyphosphate
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*:	2 mg/L
If sodium silicate is used, the amount of added plus naturally occurring silicate =	mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of Indian Town Water Co., 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 1/13/98
Signature and Date

James Hewitt B.O. 3821
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: 4430667

Treatment Plant Name: ~~Indiantown Water Company~~

Reporting Month/Year: January 1998

DEP Form No.: 62-555.900(3)

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

Effective Date: December 18, 1995

DEP Application No.: _____ (Filled in by DEP)

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1705
- Total Population Served by System at End of Reporting Month: 5967

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
Higino Rodriguez	8378	C	5
Earl Maine	4644	D	5

...and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: January, 1998

DEP Form No.: 62-555.910(2)

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

Effective Date: December 18, 1994

DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: January, 1998
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)*	
1	14	515,000	1.9	1.0			
2	14	523,000	2.0	0.2			
3	16	550,000	1.8	0.3			
4	13	555,000	1.4	0.5			
5	16	625,000	1.5	0.6			
6	15	568,000	1.6	0.6			
7	15	542,000	1.6	0.2			
8	14	526,000	2.5	1.0			
9	13	484,000	3.0	0.7			
10	15	494,000	1.7	0.9			
11	14	478,000	1.9	0.3			
12	14	536,000	2.0	1.1			
13	15	523,000	2.0	1.0			
14	14	530,000	2.2	1.4			
15	15	511,000	1.8	1.0			
16	13	461,000	1.0	1.0	6	0.9	
17	13	459,000	1.0	1.0			
18	15	538,000	1.0	1.0			
19	16	584,000	1.0	1.1			
20	15	553,000	1.0	0.6			
21	15	574,000	1.0	1.0			
22	14	548,000	1.5	0.2			
23	13	517,000	2.0	1.0			
24	14	454,000	1.5	0.4			
25	13	522,000	1.9	0.6			
26	14	547,000	1.5	1.0			
27	14	478,000	1.8	0.2			
28	13	499,000	1.9	0.8			
29	13	502,000	1.8	0.3			

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: 4430667
Treatment Plant Name: Indiantown Water Company
Reporting Month/Year: January, 1998

DEP Form No.: 62-555.910(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.: (Filled in by DEP)

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	16	530,000	1.4	1.0			
31	12	521,000	1.9	2.2			
Total	XXXXXXX	16,320,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	526,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	625,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

tem PWS Identification Number: 4430667
reatment Plant Name: Indiantown Water Company
Reporting Month/Year: JANUARY, 1997

DEP Form No.: 62-555.910(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.: (Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*:
If sodium silicate is used, the amount of added plus naturally occurring silicate - _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of _____, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 2/13/98
Signature and Date

James Hewitt BO 3821
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: February, 1998

DEP Form No.: [illegible]

Form Title: [illegible]

Effective Date: [illegible]

DEP Application No.: [illegible]

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: _____
- Total Population Served by System at End of Reporting Month: _____

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
Higino Rodriguez	8378	C	5
Earl Maine	4644	D	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: February, 1998

DEP Form No.: 62-555.910(3)

Form Title: Monthly Operating Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Effective Date: September 18, 1995

DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: February, 1998
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)*	
1	17	605,000	2.1	0.7			
2	16	663,000	1.7	0.6			
3	17	519,000	2.0	1.0			
4	14	488,000	2.1	0.9			
5	12	503,000	2.0	1.3			
6	14	513,000	2.0	1.0			
7	12	448,000	1.5	0.6			
8	14	510,000	2.5	0.2			
9	18	610,000	1.6	0.7			
10	14	537,000	1.0	0.2			
11	15	574,000	1.5	1.0			
12	14	501,000	1.9	0.2			
13	15	567,000	2.0	0.3			
14	14	534,000	2.0	0.4			
15	16	570,000	2.0	0.6			
16	12	539,000	1.7	0.4			
17	16	572,000	1.5	0.6			
18	14	514,000	1.4	0.2			
19	14	543,000	1.2	0.3			
20	16	567,000	1.0	0.2			
21	14	503,000	1.1	0.2			
22	17	536,000	1.4	0.2			
23	16	598,000	1.5	0.6			
24	13	536,000	2.0	0.7			
25	14	514,000	1.5	0.6	6	0.7	
26	15	540,000	1.6	0.2			
27	14	561,000	1.9	0.7			
28	14	536,000	2.4	0.2			
29							

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: February, 1998

DEP Form No.: 62-555.910(3)

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

Effective Date: December 19, 1996

DEP Application No.: _____ (Filled in by DEP)

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30							
31							
Total	XXXXXXX	15,201,000	XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	543,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	663,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: February, 1998

Form No.: 62-555.910(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 18, 1994
DEP Application No.: _____
(Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.'

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

' *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of _____, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 3/12/98

Signature and Date

James Hewitt BO 3821

Name and Certificate Number (please type or print)

80

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: March, 1998

DEP Form No.:

Form Title:

Effective Date:

DEP Application No.:

* Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1719
- Total Population Served by System at End of Reporting Month:

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
Higino Rodriguez	8378	C	5
Earl Maine	4644	D	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: March, 1998

DEP Form No.: 62-555.900(2)

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

Effective Date: December 18, 1994

DEP Application No.:

(Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: March, 1998
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)*	
1	15	545,000	2.1	1.3			
2	14	518,000	2.0	0.8			
3	16	547,000	1.8	1.0			
4	13	557,000	1.4	0.8			
5	13	536,000	2.5	0.5			
6	16	571,000	2.5	0.3			
7	16	573,000	2.0	0.6			
8	15	577,000	2.0	0.3			
9	15	599,000	2.5	0.8			
10	13	523,000	1.9	0.8			
11	15	530,000	1.9	0.3			
12	13	510,000	2.0	0.3			
13	14	518,000	2.6	0.5			
14	14	532,000	2.5	0.4			
15	17	564,000	2.5	1.0			
16	17	645,000	2.7	0.8			
17	17	601,000	2.0	0.8			
18	14	542,000	2.5	0.7			
19	14	498,000	2.0	0.9			
20	13	498,000	1.5	0.8			
21	13	482,000	1.2	0.7			
22	14	526,000	1.6	0.6			
23	15	577,000	1.8	0.8			
24	14	564,000	3.0	0.7			
25	15	575,000	1.0	0.8	6	0.7	
26	16	583,000	1.0	0.8			
27	15	593,000	1.7	0.5			
28	18	606,000	2.8	0.4			
29	16	614,000	2.5	0.5			

...ns for Consecutive Public Water Systems that Treat Their Water

...stem PWS Identification Number: 4430667

...reatment Plant Name: Indiantown Water Company

Reporting Month/Year: MARCH, 1998

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	16	649,000	1.0	0.6			
31	15	553,000	2.0	0.6			
Total	XXXXXXX	17,368,000	XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	560,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	649,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*:
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.'

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

' *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of Indiantown Water Co., 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt

Signature and Date

James Hewitt BO 3821

Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: April 1998

DEP Form No.: [illegible]

Form Title: [illegible]

Effective Date: [illegible]

DEP Application No.: [illegible]

[illegible] by DEP.

* Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: _____
- Total Population Served by System at End of Reporting Month: _____

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
[illegible]	[illegible]	[illegible]	[illegible]
Earl Maine	4644	D	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: April, 1998

DEP Form No.: 62-555.910(3)

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

Effective Date: December 10, 1996

DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: April, 1998
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)*	
1	15	563,000	2.0	0.4			
2	16	565,000	2.0	0.6			
3	15	576,000	1.6	0.4			
4	17	640,000	1.8	0.4			
5	16	616,000	1.3	0.4			
6	16	654,000	1.0	0.6			
7	18	652,000	2.0	0.5			
8	17	652,000	1.0	0.4			
9	18	657,000	2.1	0.8			
10	16	602,000	2.0	0.5			
11	18	660,000	1.5	0.6			
12	16	636,000	1.5	0.6			
13	17	667,000	1.6	0.4			
14	18	663,000	1.0	0.4			
15	20	697,000	2.5	0.2			
16	19	680,000	2.5	0.6			
17	19	692,000	2.6	0.8			
18	18	687,000	2.4	0.8			
19	18	682,000	1.3	0.7			
20	22	725,000	2.0	0.6			
21	17	667,000	1.0	0.4			
22	15	563,000	1.0	0.6			
23	11	602,000	1.1	0.2			
24	16	614,000	2.0	0.4			
25	17	647,000	1.8	0.4			
26	17	663,000	1.3	0.6			
27	17	694,000	1.6	0.2			
28	22	686,000	2.5	0.4	6	0.7	
29	19	665,000	2.6	0.8			

...ns for Consecutive Public Water Systems that Treat their Water

...stem PWS Identification Number: 4430667

...reatment Plant Name: Indiantown Water Company

Reporting Month/Year: April, 1998

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	16	565,000	2.5	0.6			
31							
Total	XXXXXXX	19,337,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	644,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	725,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

System PWS Identification Number: 4430667
Treatment Plant Name: Indiantown Water Company
Reporting Month/Year: April, 1998

Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and/or Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.: _____ (Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of Indiantown Water Co., 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and voltage/amps).

James Hewitt 5/14/98
Signature and Date

James Hewitt BO 3821
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: ~~Indiantown Water Company~~

Reporting Month/Year: May 1998

DEP Form No.:	[illegible]
Form Title:	[illegible]
Effective Date:	[illegible]
DEP Application No.:	(Filled in by DEP)

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company — PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. — Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown — State: FL. — Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1,668
- Total Population Served by System at End of Reporting Month: 5,833

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company — Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown — State: FL. — Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
[redacted]	[redacted]	[redacted]	[redacted]
Earl Maine	4644	D	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: MAY, 1998

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

Effective Date: December 18, 1994

DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: MAY, 1998
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
1	13	503,000	1.5	0.4			
2	14	503,000	1.5	0.4			
3	16	631,000	1.0	0.2			
4	17	698,000	1.5	0.4			
5	18	530,000	2.6	0.5			
6	12	492,000	1.5	0.6			
7	15	554,000	2.5	1.2			
8	16	510,000	2.5	0.9			
9	18	625,000	2.4	1.1			
10	19	678,000	2.5	0.7			
11	10	703,000	2.5	1.0			
12	17	612,000	2.0	1.0			
13	20	672,000	2.0	1.2			
14	20	544,000	2.5	1.2			
15	18	634,000	3.0	1.1			
16	19	652,000	2.7	1.0			
17	20	695,000	2.1	1.0			
18	22	725,000	2.0	1.1			
19	21	693,000	3.3	0.8			
20	20	672,000	2.0	0.6			
21	21	675,000	1.1	0.6			
22	21	657,000	2.0	0.9			
23	21	670,000	2.5	1.0			
24	24	722,000	3.0	1.0			
25	24	757,000	3.5	0.8			
26	24	732,000	3.5	1.1	6	0.9	
27	23	634,000	2.6	1.0			
28	21	649,000	2.5	1.0			
29	15	561,000	1.5	0.8			

...and for consecutive public water systems that treat their water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: MAY, 1998

...Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat That Water

Effective Date: December 18, 1994

DEP Application No.: _____ (Filled in by DEP)

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)'	
30	17	609,000	1.8	0.8			
31	14	629,000	2.0	0.4			
Total	XXXXXXX	19,763,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	637,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	757,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

...and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: MAY, 1998

Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat That Water

Effective Date: December 19, 1994

DEP Application No.: _____ (Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.'

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

' *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of Indiantown Water, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 6/16/98

Signature and Date

James Hewitt BO 3821

Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: June 1998

DEP Form No.: [illegible]
Form Title: Monthly Operating Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: September 15, 1994
DEP Application No.: (Filled in by DEP)

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

COPY

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1,563
- Total Population Served by System at End of Reporting Month: 5,470

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
[redacted]			
Earl Maine	4644	D	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: June, 1998

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

Effective Date: December 19, 1994

DEP Application No.: (filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: June, 1998
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)*	
1	17	624,000	2.0	1.1			
2	17	605,000	1.5	0.8			
3	20	650,000	1.8	0.8			
4	21	652,000	2.0	0.6			
5	24	710,000	3.0	0.4			
6	21	705,000	1.7	0.4			
7	20	747,000	0.6	0.4			
8	23	710,000	2.5	0.5			
9	16	634,000	1.2	0.3			
10	21	643,000	1.5	0.4			
11	18	642,000	1.3	0.3			
12	21	670,000	2.5	0.6			
13	20	686,000	2.0	0.8			
14	18	693,000	2.0	0.4			
15	24	750,000	2.5	0.6			
16	16	740,000	2.5	0.5			
17	15	725,000	2.0	0.5			
18	18	704,000	1.1	0.6			
19	24	711,000	2.0	0.4			
20	24	705,000	3.3	0.2			
21	13	603,000	2.4	0.7			
22	8	635,000	1.0	0.4			
23	19	579,000	1.5	0.6			
24	18	680,000	1.5	0.2			
25	16	562,000	1.0	1.0			
26	16	598,000	1.4	0.2			
27	17	625,000	1.5	0.8			
28	30	658,000	0.7	0.5			
29	17	540,000	3.5	1.4			

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	19	624,000	2.5	0.4	6	1.1	
31							
Total	XXXXXXX	19,815,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	660,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	750,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: June, 1998

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

Effective Date: December 18, 1994

DEP Application No.: _____ (Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.'

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

' *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of _____, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 7/10/98

Signature and Date

James Hewitt BO 3821

Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: July 1998

DEP Form No.: [illegible]

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

Effective Date: December 15, 1994

DEP Application No.: _____ (Filled in by DEP)

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1717
- Total Population Served by System at End of Reporting Month: 5,151

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hevitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
[redacted]	[redacted]	[redacted]	[redacted]
Earl Maine	4644	D	5
Don Johnson	2816	B	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: July, 1998

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

Effective Date: December 18, 1994

DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: July, 1998
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)*	
1	20	696,000	≥ 3	1.0			
2	20	634,000	≥ 3	0.4			
3	19	647,000	≥ 0	1.0			
4	23	696,000	≥ 5	0.4			
5	24	728,000	≥ 5	0.9			
6	20	721,000	≥ 1	0.3			
7	21	652,000	≥ 6	0.5			
8	16	597,000	≥ 0	0.4			
9	20	638,000	≥ 3	0.6			
10	19	633,000	≥ 0	0.2			
11	18	516,000	≥ 3	0.4			
12	15	490,000	≥ 0	0.3			
13	17	576,000	≥ 0	0.5			
14	16	521,000	≥ 4	0.2			
15	15	517,000	≥ 0	0.6			
16	15	524,000	1.5	0.3			
17	17	555,000	3.0	0.7			
18	15	633,000	2.1	0.4			
19	20	704,000	1.4	0.6			
20	24	701,000	≥ 5	0.3			
21	17	546,000	≥ 0	0.6			
22	15	565,000	3.5	0.6			
23	19	534,000	3.0	0.7			
24	17	550,000	3.0	0.7	6	0.4	
25	19	574,000	3.0	0.8			
26	18	619,000	3.5	0.2			
27	15	606,000	1.5	1.0			
28	18	616,000	1.5	0.6			
29	20	634,000	2.0	0.8			

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	21	628,000	2.8	0.4			
31	19	591,000	2.0	0.6			
Total	XXXXXXX	15,912,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	607,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	728,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*:
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.'

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

' *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of Indiantown Water Co., 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 8/7/98
Signature and Date

James Hewitt BO 3821
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: August 1995

DEP Form No.: [illegible]

Form Title: Monthly Operating Report for Public Water Systems that Use Ground Water and/or Consecutive Public Water Systems that Treat Their Water

Effective Date: December 15, 1994

DEP Application No.: _____ (Filled in by DEP)

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  - Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  - Address: 15851 S.W. Farms Rd./P.O. Box 397
  - City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1,696
- Total Population Served by System at End of Reporting Month: 5,088

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  - Name: Indiantown Water Company Telephone No.: 561-597-2122
  - Address: 15851 S.W. Farms Rd./P.O. Box 397
  - City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
[redacted]	[redacted]	[redacted]	[redacted]
Earl Maine	4644	D	5
Don Schiesser	2816	B	5

...nd for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: Aug / 1998

DEP Form No.: 62-555.810(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 18, 1995
DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: Aug. 1998
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☑ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)*	
1	22	544,000	2.5	0.8			
2	18	570,000	2.0	0.6			
3	17	630,000	1.0	0.3			
4	15	515,000	1.5	0.2			
5	13	515,000	1.0	0.2			
6	16	601,000	1.0	0.3			
7	11	448,000	1.0	0.2			
8	13	437,000	1.0	0.3			
9	14	470,000	1.4	0.4			
10	14	557,000	1.5	0.5			
11	14	453,000	1.5	0.4			
12	13	506,000	1.4	0.2			
13	14	527,000	1.4	0.2			
14	17	585,000	1.7	0.2			
15	16	588,000	2.0	0.2			
16	14	598,000	1.5	0.3			
17	19	678,000	1.9	0.2			
18	18	629,000	1.9	0.2			
19	15	592,000	2.0	0.4			
20	17	621,000	1.8	0.4			
21	12	451,000	1.5	0.2			
22	13	404,000	1.1	0.6			
23	14	472,000	2.5	0.2			
24	13	539,000	1.6	0.4			
25	15	576,000	0.5	0.2			
26	16	566,000	1.5	0.2	6	0.8	
27	15	564,000	1.9	0.3			
28	16	565,000	3.5	0.4			
29	15	545,000	2.5	0.4			

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	17	615,000	2.3	0.8			
31	17	656,000	2.0	0.7			
Total	XXXXXXX	17,022,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	549,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	678,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

...nd for Consecutive Public Water Systems that Treat Their Water

...ystem PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: Aug. 1993

DEP Form No.: 62-555.910(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 18, 1994
DEP Application No.: _____ (Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of Indiantown Water Co., 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 9/9/93

Signature and Date

James Hewitt BO 3821

Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: September 1995

DEP Form No.: [illegible]

Form Title: [illegible]

Effective Date: [illegible]

DEP Application No.: [illegible]

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1,697
- Total Population Served by System at End of Reporting Month: 5,091

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~
Earl Maine	4644	D	5
Don Johnson	2816	B	5

...and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: Sept, 1998

DEP Form No.:

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

Effective Date: December 18, 1994

DEP Application No.:

Filled in by DEP

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: September 1998
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)*	
1	16	577,000	3.5	0.4			
2	14	506,000	≥ 3.5	0.4			
3	15	530,000	≥ 3.0	0.8			
4	16	583,000	≥ 3.5	0.6			
5	15	545,000	3.0	0.9			
6	14	491,000	≥ 3.5	0.5			
7	15	569,000	≥ 3.0	1.0			
8	15	550,000	≥ 3.5	0.2			
9	13	472,000	≥ 3.0	1.0			
10	14	439,000	≥ 3.0	0.6			
11	13	434,000	≥ 2.1	1.0			
12	11	348,000	≥ 3.5	0.4			
13	16	516,000	3.5	1.0			
14	15	602,000	1.5	0.3			
15	15	537,000	≥ 3.0	0.6			
16	16	477,000	3.5	0.6			
17	15	436,000	3.5	0.7			
18	14	433,000	3.5	0.6			
19	16	454,000	3.5	0.7			
20	16	507,000	3.5	0.2			
21	16	500,000	3.5	1.0			
22	16	515,000	3.0	1.6	6	0.4	
23	16	500,000	≥ 3.5	1.1			
24	15	439,000	3.5	1.7			
25	16	455,000	≥ 3.5	0.9			
26	15	457,000	≥ 3.5	0.4			
27	15	577,000	≥ 3.5	1.0			
28	16	630,000	≥ 3.5	0.6			
29	17	614,000	≥ 3.8	0.5			

for consecutive public water systems that treat their water

PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: September 1998

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	17	617,000	3.5	1.0			
31							
Total	XXXXXXX	15,995,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	533,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	630,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat That Water
Effective Date: December 18, 1994
DEP Application No.:
(Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of _____, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 10/9/98
Signature and Date

James Hewitt BO 3821
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: October, 1998

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

COPY

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1,698
- Total Population Served by System at End of Reporting Month: 5,094

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
[redacted]	[redacted]	[redacted]	[redacted]
Earl Maine	4644	D	5
Dan Johnson	2816	B	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: October 1998

Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Effective Date: December 18, 1994

DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: October 1998
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)*	
1	17	664,000	2.5	1.0			
2	19	644,000	3.5	0.2			
3	19	626,000	3.5	1.6			
4	24	703,000	3.5	0.2			
5	19	744,000	3.5	1.8			
6	23	667,000	3.0	0.2			
7	20	703,000	3.5	1.8			
8	21	721,000	3.0	0.2			
9	19	715,000	3.0	1.6			
10	24	759,000	3.0	0.2			
11	24	837,000	1.3	1.4			
12	24	336,000	1.5	0.2			
13	20	725,000	1.0	0.3			
14	21	805,000	1.5	0.2			
15	24	837,000	1.1	0.2			
16	21	858,000	1.0	0.3			
17	21	904,000	1.1	0.2			
18	23	894,000	3.5	0.6			
19	24	934,000	3.5	1.0	6	0.8	
20	21	836,000	3.4	0.7			
21	21	745,000	3.0	1.2			
22	15	609,000	1.0	0.2			
23	15	615,000	1.0	1.0			
24	15	619,000	1.0	0.2			
25	17	765,000	1.0	0.4			
26	16	721,000	1.0	0.2			
27	17	714,000	3.5	1.0			
28	18	763,000	2.5	0.5			
29	19	781,000	3.0	1.2			

and for consecutive public water systems that treat their water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: October, 1998

Effective Date: December 19, 1994

DEP Application No.: _____ (Filled in by DEP)

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	19	795,000	3.0	0.6			
31	20	840,000	3.5	1.4			
Total	XXXXXXX	23,503,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	755,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	934,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: October 1998

Systems that Use Wells Only or Consecutive Public Water Systems that Treat Their Water

Effective Date: December 18, 1994

DEP Application No.: _____

Filled in by DEP

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.'

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

' *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of _____, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 11/4/98

Signature and Date

James Hewitt BO 3821

Name and Certificate Number (please type or print)

. . . and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: ~~Indiantown Water Company~~

Reporting Month/Year: November, 1998

Form Title:	[illegible]
Effective Date:	[illegible]
DEP Application No.:	(Filled in by DEP)

• Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

• System
Name: Indiantown Water Company — PWS Identification No.: 4430667

• System Owner
Name: Indiantown Company, Inc. — Telephone No.: 561-597-2121
Address: 15851 S.W. Farms Rd./P.O. Box 397
City: Indiantown — State: FL. — Zip Code: 34956

• System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive

• Number of Service Connections at End of Reporting Month: 4,698

• Total Population Served by System at End of Reporting Month: 5,094

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

• Treatment Plant
Name: Indiantown Water Company — Telephone No.: 561-597-2122
Address: 15851 S.W. Farms Rd./P.O. Box 397
City: Indiantown — State: FL. — Zip Code: 34956

• Permitted Maximum Day Capacity of Plant: 1,296,000 gpd

• Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C

• Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

• Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~
Earl Maine	4644	D	5
Don Johnson	2816	B	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: November, 1998

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

Effective Date: December 19, 1994

DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: November, 1998
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ✓ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)*	
1	19	857,000	2.5	0.5			Hyd. and Elec. [illegible]
2	24	941,000	3.5	1.1			"
3	23	815,000	3.5	1.8			"
4	17	692,000	3.5	1.6			
5	14	551,000	2.5	1.7			
6	13	593,000	2.0	0.5			
7	16	706,000	2.4	1.7			
8	16	681,000	1.9	0.6			
9	19	736,000	3.5	1.0			
10	16	679,000	2.6	0.8			
11	16	656,000	3.2	1.0			
12	15	671,000	3.0	1.0			
13	16	696,000	1.0	0.4			
14	16	678,000	1.0	0.4			
15	17	797,000	1.5	0.4			
16	16	818,000	1.3	0.2			
17	17	741,000	1.8	0.3			
18	15	743,000	2.0	0.2			
19	16	706,000	1.7	0.2			
20	15	683,000	1.7	0.2			
21	16	674,000	1.5	0.3			
22	17	749,000	1.4	0.3			
23	16	795,000	1.8	0.4			
24	16	728,000	1.6	0.2	6	0.3	
25	15	644,000	1.0	0.2			
26	13	609,000	1.0	0.2			
27	16	714,000	1.6	0.2			
28	16	703,000	1.5	0.3			
29	18	712,000	2.4	0.2			

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: November, 1998

62-555.910(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 10, 1994
DEP Application No.: _____ (Filled in by DEP)

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	16	529,000	2.0	0.6			
31							
Total	XXXXXXX	21,299,000	XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	709,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	941,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

and for Consecutive Public Water Systems that ...

System PWS Identification Number: 4430667
Treatment Plant Name: Indiantown Water Company
Reporting Month/Year: November, 1998

Effective Date: December 13, 1992
DEP Application No.: _____ (Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of _____, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine makeup, pressures, and voltslamps).

James Hewitt 12/14/98
Signature and Date

James Hewitt BO 3821
Name and Certificate Number (please type or print)

ane for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: December 1998

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: _____
- Total Population Served by System at End of Reporting Month: _____

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
[redacted]	[redacted]	[redacted]	[redacted]
Earl Maine	4644	D	5
Don Johnson	2516	B	5

...and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: December, 1998

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

Effective Date: September 16, 1998

DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: December, 1998
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
1	16	629,000	2.0	0.4			
2	16	710,000	2.5	0.6			
3	16	682,000	2.5	0.2			
4	15	690,000	2.7	0.7			
5	15	668,000	2.8	0.4			
6	14	695,000	2.5	0.9			
7	20	812,000	2.5	0.6			
8	15	693,000	2.0	0.6			
9	15	693,000	1.4	0.6			
10	15	693,000	1.8	0.5			
11	16	703,000	2.0	0.4			
12	16	700,000	1.5	0.4			
13	13	646,000	1.4	0.2			
14	16	676,000	1.5	0.6			
15	13	648,000	1.5	0.2			
16	15	655,000	2.0	0.6			
17	13	653,000	2.1	0.4			
18	15	690,000	2.0	0.8			
19	15	658,000	2.0	0.4			
20	14	714,000	1.5	0.3			
21	18	779,000	2.0	0.6			
22	16	744,000	2.7	0.4			
23	17	733,000	2.5	0.6			
24	16	723,000	2.0	0.4			
25	16	757,000	2.5	0.4			
26	15	676,000	2.5	0.7			
27	17	689,000	3.0	0.6			
28	17	778,000	2.6	0.9			
29	17	755,000	2.5	0.5	6	0.5	

System PWS Identification Number: 4430667
Treatment Plant Name: Indiantown Water Company
Reporting Month/Year: December, 1998

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	13	682,000	2.4	0.7			
31	17	692,000	2.4	0.2			
Total	XXXXXXX	21,701,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	700,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	812,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? ND If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

System PWS Identification Number: 4430667
Treatment Plant Name: Indiantown Water Company
Reporting Month/Year: December 1998

Effective Date: December 15, 1994
DEP Application No.:
(Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? NO If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*:
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.'

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

' *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of Indiantown Water Co., 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up pressures, and voltage/amps).

James A. Hewitt 1-12-99
Signature and Date

James Hewitt BO 3821
Name and Certificate Number (please type or print)

DEP Form No.: 62-555.900(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 10, 1992
DEP Application No.: (Filled in by DEP)

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1,625
- Total Population Served by System at End of Reporting Month: 4,875

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
[redacted]	[redacted]	[redacted]	[redacted]
Earl Maine	4644	D	5
Don Johnson	2816	B	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: JANUARY, 1999

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

Effective Date: December 18, 1994

DEP Application No.: (filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: JANUARY, 1999
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)'	
1	17	730,000	2.4	0.4			
2	15	679,000	2.5	0.2			
3	16	700,000	2.4	0.4			
4	18	762,000	2.5	0.2			
5	14	650,000	2.6	0.3			
6	15	675,000	2.0	0.2			
7	15	705,000	2.0	0.6			
8	25	685,000	3.0	0.4			
9	16	683,000	2.5	1.2			
10	18	754,000	3.0	0.6			
11	16	700,000	2.5	1.0			
12	15	710,000	2.0	0.4			
13	16	712,000	1.6	0.9			
14	16	754,000	2.5	0.3			
15	15	703,000	2.0	0.4			
16	15	645,000	1.5	0.3			
17	16	753,000	2.0	0.6			
18	17	775,000	2.3	0.4			
19	17	789,000	2.4	0.5	6	0.5	
20	16	765,000	2.0	0.4			
21	17	766,000	2.2	0.7			
22	16	776,000	2.0	0.5			
23	17	740,000	2.5	0.6			
24	16	801,000	1.5	0.5			
25	16	752,000	2.0	0.2			
26	16	719,000	2.1	0.2			
27	15	725,000	2.5	0.3			
28	17	728,000	2.0	0.5			
29	16	739,000	2.1	0.3			

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	16	740,000	2.1	0.6			
31	19	777,000	2.5	0.4			
Total	XXXXXXX	22,589,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	728,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	801,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.'

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

' *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of _____, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 2/12/99
Signature and Date

James Hewitt BO 3821
Name and Certificate Number (please type or print)

DEP Form No.
Form Title
Effective Date
DEP Application No.: (Filled in by DEP)

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1,568
- Total Population Served by System at End of Reporting Month: 5,488

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
[redacted]	[redacted]	[redacted]	[redacted]
Earl Maine	4644	D	5
Don Johnson	3816	B	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: Feb. 1999

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

Effective Date: December 18, 1994

DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: February, 1999
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
1	17	783,000	2.5	0.4			
2	15	688,000	2.5	0.8			
3	16	697,000	2.3	0.2			
4	13	674,000	2.0	0.6			
5	17	709,000	2.5	0.3			
6	19	543,000	2.2	0.4			
7	18	785,000	2.1	0.3			
8	16	623,000	2.0	0.3			
9	18	782,000	2.0	0.2			
10	16	791,000	2.0	0.4			
11	17	803,000	2.1	0.4			
12	16	761,000	2.1	0.4			
13	16	676,000	2.0	0.5			
14	14	711,000	1.0	0.3			
15	18	772,000	2.0	1.6			
16	17	822,000	2.0	0.6			
17	19	868,000	2.5	2.0			
18	18	868,000	2.0	0.6			
19	19	891,000	2.0	1.0			
20	17	779,000	1.7	0.5			
21	18	867,000	2.5	0.7			
22	20	871,000	3.0	0.6			
23	19	898,000	3.0	0.9	6	0.4	
24	17	853,000	2.5	1.0			
25	21	953,000	2.0	1.0			
26	21	954,000	3.5	1.0			
27	18	876,000	2.0	0.7			
28	20	988,000	2.0	0.9			
29							

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reporte Emergenc or Abnorma Operatin Condition
				Lowest Residual Disinfectant 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)†	
30							
31							
Total	XXXXXXX	22,291,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXX
Avg.	XXXXXXX	796,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXX
Max.	XXXXXXX	988,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.: (Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of _____, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

James Hewitt BO 3821
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: March, 1999

DEP Form No.: [illegible]

Form Title: [illegible]

Effective Date: [illegible]

DEP Application No.: [illegible] (Filled in by DEP)

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1715
- Total Population Served by System at End of Reporting Month: 6,002

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hevitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
[redacted]	[redacted]	[redacted]	[redacted]
Earl Maine	4644	D	5
Don Johnson	2816	B	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: MARCH, 1999

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

Effective Date: December 19, 1994

DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: March, 1999
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
1	23	986,000	3.5	1.0			
2	22	959,000	3.5	1.4			
3	18	900,000	2.0	0.8			
4	19	818,000	2.5	1.0			
5	19	786,000	2.4	0.9			
6	19	611,000	2.2	1.0			
7	20	967,000	1.2	0.8			
8	16	946,000	1.0	0.5			
9	19	873,000	3.5	0.7			
10	20	911,000	2.5	1.7			
11	23	985,000	2.3	1.6			
12	22	900,000	2.5	0.4			
13	20	915,000	2.0	1.0			
14	17	920,000	1.6	0.5			
15	17	938,000	1.0	2.4	6	0.5	
16	18	770,000	2.5	0.4			
17	21	861,000	3.0	0.9			
18	21	905,000	2.8	0.9			
19	21	900,000	3.5	1.0			
20	21	915,000	3.5	0.7			
21	18	904,000	3.0	1.1			
22	18	858,000	2.5	0.6			
23	20	834,000	2.4	1.0			
24	20	822,000	3.0	0.4			
25	19	833,000	2.0	0.9			
26	20	872,000	2.5	0.6			
27	22	828,000	2.3	0.9			
28	20	858,000	2.2	0.4			
29	21	847,000	1.5	0.7			

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)'	
30	21	827,000	1.5	0.4			
31	22	810,000	2.8	0.8			
Total	XXXXXXX	27,059,000	XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	872,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	986,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

Rule 62-555.330(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.: (Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*:
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of _____, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

_____ James Hewitt BO 3821

Signature and Date — Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: April, 1999

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1792
- Total Population Served by System at End of Reporting Month: 5376

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
~~Higino Rodriguez~~	~~[illegible]~~	~~C~~	~~5~~
Earl Maine	4644	D	5
Don Johnson	2816	B	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: April, 1999

Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat That Water

Effective Date: December 18, 1994

DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: April, 1999
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
1	15	715,000	1.5	0.4			
2	19	900,000	3.5	1.4			
3	18	866,000	2.7	0.4			
4	18	792,000	2.2	1.0			
5	21	901,000	1.9	0.5			
6	21	923,000	2.0	0.5			
7	18	840,000	2.0	0.3			
8	21	878,000	2.8	0.6			
9	20	912,000	2.3	0.6			
10	23	958,000	2.0	1.0			
11	24	727,000	2.5	0.3			
12	24	900,000	3.5	1.3			
13	21	920,000	2.0	0.3			
14	22	967,000	2.5	1.0			
15	19	905,000	1.5	0.3			
16	18	901,000	1.4	0.9			
17	19	963,000	3.0	0.2			
18	17	948,000	2.0	0.7			
19	17	923,000	1.7	0.3			
20	13	882,000	1.5	0.5			
21	17	892,000	1.4	0.3			
22	18	903,000	2.0	0.6			
23	22	924,000	2.5	0.4			
24	21	883,000	3.0	0.5			
25	18	907,000	2.1	0.3			
26	20	991,000	1.5	0.4			
27	18	946,000	1.7	0.4			
28	18	851,000	1.2	0.6	6	0.5	
29	14	646,000	1.0	0.5			

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)'	
30	11	634,000	3.5	0.5			
31							
Total	XXXXXXX	26,538,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	795,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	991,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*:
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.'

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

' *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of _____, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up pressures, and volts/amps).

James A. Hewitt 5/6/99
Signature and Date

James Hewitt BO 3821
Name and Certificate Number (please type or print)

COPY

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: ~~Indiantown Water Company~~

Reporting Month/Year: May 1999

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

Effective Date: December 31, 1992

DEP Application No.: (Filled in by DEP)

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  - Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  - Address: 15851 S.W. Farms Rd./P.O. Box 397
  - City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1,728
- Total Population Served by System at End of Reporting Month: 5,184

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  - Name: Indiantown Water Company Telephone No.: 561-597-2122
  - Address: 15851 S.W. Farms Rd./P.O. Box 397
  - City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
~~[illegible]~~	~~[illegible]~~	~~C~~	~~[illegible]~~
Earl Maine	4644	D	5
Don Johnson	2816	B	5

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: MAY 1994

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

Effective Date: December 19, 1989

DEP Application No.: _____ (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: _____
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
1	17	711,000	3.5	1.1			
2	17	696,000	3.5	0.9			
3	17	757,000	3.5	1.0			
4	19	770,000	3.0	1.3			
5	19	875,000	2.0	0.8			
6	24	850,000	3.0	1.3			
7	21	836,000	3.5	1.0			
8	24	827,000	2.5	1.0			
9	20	830,000	3.0	1.0			
10	17	676,000	2.5	1.1			
11	17	716,000	2.5	0.6			
12	16	643,000	1.0	1.2			
13	15	658,000	2.5	0.7			
14	17	709,000	2.5	1.3			
15	17	670,000	2.2	0.6			
16	17	740,000	1.5	1.0			
17	19	802,000	2.1	0.4			
18	20	794,000	3.0	1.0			
19	22	872,000	3.5	0.6			
20	18	712,000	2.5	1.1			
21	24	864,000	3.0	0.9			
22	18	706,000	3.0	1.4			
23	18	677,000	3.0	1.0			
24	20	766,000	3.0	1.5			
25	21	816,000	3.0	1.2	6	0.7	
26	15	776,000	1.5	1.6			
27	24	846,000	2.6	1.0			
28	24	910,000	3.2	1.4			
29	24	906,000	3.5	1.1			

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: MAY, 1999

62-555.910(3)
Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1996
DEP Application No.: (Filled in by DEP)

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	19	797,000	2.6	1.2			
31	17	714,000	1.6	0.8			
Total	XXXXXXX	23,952,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	772,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	910,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.'

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

' *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of _____, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 6/10/99
Signature and Date

James Hewitt BO 3821
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: June, 1999

DEP Form No.: [illegible]

Form Title: [illegible]

Effective Date: [illegible]

DEP Application No.: [illegible]

- Refer to Chapter 62-699, F.A.C., for plant staffing requirements. Class A plants must be staffed by a certified operator 24 hours per day for seven days per week; Class B plants must be staffed by a certified operator seven days per week; Class C plants must be staffed/visited by a certified operator seven days per week or at least six days per week depending on the type and capacity of treatment at the plant; and Class D plants must be visited/checked by a certified operator and/or water system representative at least five days per week. The one day per week that a Class C plant may not be staffed/visited should, if possible, be a day when the plant is not in operation; and the two days per week that a Class D plant may not be visited/checked should, if possible, be days when the plant is not in operation and should be non-consecutive days if the plant is in operation six or seven days per week.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Name and PWS Identification Number, System Owner, System Type, Service Connections to System, and Population Served by System

- System
  Name: Indiantown Water Company PWS Identification No.: 4430667
- System Owner
  Name: Indiantown Company, Inc. Telephone No.: 561-597-2121
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- Number of Service Connections at End of Reporting Month: 1,733
- Total Population Served by System at End of Reporting Month: 5,199

Water Treatment Plant Name, Permitted Capacity of Plant, Plant Category and Class, and Plant Operators

- Treatment Plant
  Name: Indiantown Water Company Telephone No.: 561-597-2122
  Address: 15851 S.W. Farms Rd./P.O. Box 397
  City: Indiantown State: FL. Zip Code: 34956
- Permitted Maximum Day Capacity of Plant: 1,296,000 gpd
- Plant Category and Class per Rule 62-699.310(3), F.A.C.: 4-C
- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	B	5

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	B	2
[illegible]	[illegible]	[illegible]	[illegible]
Earl Maine	4644	D	5
Don Johnson	2816	B	5

'and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 4430667

Treatment Plant Name: Indiantown Water Company

Reporting Month/Year: June, 1999

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

Effective Date: December 19, 1994

DEP Application No.: (Filled in by DEP)

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

- Reporting Month/Year: June, 1999
- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)'	
1	19	746,000	1.5	0.8			
2	18	785,000	2.0	0.4			
3	17	625,000	2.2	0.7			
4	18	708,000	2.0	0.3			
5	17	675,000	1.5	0.6			
6	17	742,000	1.5	0.4			
7	19	700,000	1.6	0.4			
8	15	544,000	1.5	0.3			
9	16	580,000	1.4	0.6			
10	17	620,000	1.4	0.2			
11	14	627,000	1.3	0.4			
12	16	607,000	2.0	0.3			
13	15	630,000	2.5	0.3			
14	18	709,000	3.0	0.9			
15	16	651,000	3.0	0.4			
16	16	653,000	3.0	0.4			
17	10	552,000	2.5	0.6			
18	13	555,000	2.6	0.6			
19	13	551,000	2.3	0.5			
20	14	555,000	2.4	0.5			
21	15	595,000	2.5	0.5			
22	16	594,000	2.5	0.6			
23	13	555,000	2.5	0.5	6	0.4	
24	14	466,000	2.5	0.6			
25	15	674,000	2.0	0.4			
26	13	526,000	2.0	0.4			
27	13	544,000	2.1	0.5			
28	15	561,000	2.7	0.3			
29	15	556,000	2.0	0.6			

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant 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)†	
30	13	535,000	2.0	0.3			
31							
Total	XXXXXXX	13,427,000	XXXXXXXXXXX	XXXXXXXXXXX		XXXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	614,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	785,000	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

- Is any polymer containing the monomer acrylamide used at the treatment plant? _____ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm* Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? _____ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm* Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water
Effective Date: December 19, 1994
DEP Application No.: (Filled in by DEP)

- Is any iron and manganese sequestrant used at the treatment plant? _____ If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): _____
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: _____
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of _____, 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 applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

James Hewitt 7-13-99
Signature and Date

James Hewitt BO 3821
Name and Certificate Number (please type or print)

Wastewater Operating Reports

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month July Year 1997

(2) Plant's DER Identification Number 5143P03291

(3) Plant Name Indiantown Wastewater Treatment Plant

(4) Plant Address PO Box 397, 163rd Ave Booker Park

(5) City Indiantown

(6) County Martin

(7) Phone Number (561) 597-2121

(8) Permit Number D.O. 43-001886

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evap./Perc. Ponds/Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge ____

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No. ____

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B. #6805

Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.418
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.391
(19) Percent of permitted capacity	%	—	78%
(20) $CBOD_5$ Effluent	mg/L	080082	7.4
(21) $CBOD_5$ Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	2.1
(33) Other Effluent Parameters			*
* Gallons of			
Sludge Wasted			
to Digester!			
277,528 Gallons			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month July Year 1997

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered CBOD	Filtered TSS	Filtered Fecal					
1	.380	1.6		220	150	11	2.1	7.1													
2	.380	1.4						7.2					1.0								
3	.330	1.2						7.0													
4	.390	1.3						7.2													
5	.380	1.6						7.2													
6	.410	2.1						7.3													
7	.400	1.7						7.0													
8	.380	1.4		170	310	5.9	<1	7.1						6.5	<1						
9	.400	1.6						7.2					<1			<1					
10	.390	1.4						7.2													
11	.320	1.4						7.2													
12	.370	1.4						7.1													
13	.400	1.1						7.0													
14	.390	1.3						7.2													
15	.380	1.7		170	260	7.5	1.3	7.1						6.7	2.2						
16	.340	1.0						7.2					2.0			4.0					
17	.430	0.8						7.4													
18	.350	1.2						7.2													
19	.390	0.7						7.2													
20	.520	0.6						7.1													
21	.550	0.9						7.2													
22	.470	1.6		140	240	6.6	1.1	7.0						6.7	1.4						
23	.420	1.1						7.1					<1			1					
24	.410	0.8						7.0													
25	.470	0.7						7.1													
26	.470	0.9						7.0													
27	.470	1.3						7.1													
28	.420	0.9						7.2													
29	.390	1.3		170	140	6.2	1.8	7.0						4.1	1.9						
30	.410	1.4						6.9					<1			<1					
31	.420	0.8						6.9													

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: _____ Date: 8-15-97

Name (Please Type) DEAN S. SMITH, JR.

Company Name INDIANTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

DEP Form [illegible] Domestic Wastewater Treatment Plant
Form No. Monthly Operating Report
Effective Date July 1, 1991
DER Approval No. [illegible] Page # by DER

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month AUGUST Year 1997

(2) Plant's DER Identification Number 5143P03291

(3) Plant Name INDIANTOWN WASTEWATER TREATMENT PLANT

(4) Plant Address P.O. BOX 397, 168 SR AVE BOOKER PARK

(5) City INDIANTOWN

(6) County MARTIN

(7) Phone Number (561) 597-2121

(8) Permit Number D.O. 43-091836

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

EVAP / PERC. POND / IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NONE

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] B-6805
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.497
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.433
(19) Percent of permitted capacity	%	—	87%
(20) $CBOD_5$ Effluent	mg/L	080082	3.4
(21) $CBOD_5$ Effluent	lbs/day	—	N/R
(22) TSS Effluent	mg/L	900201	1.7
(23) TSS Effluent	lbs/day	—	N/R
(24) Minimum pH		—	6.7
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	N/R
(27) TKN	mg/L	000625	N/R
(28) Ammonia (NH_3 - N)	mg/L	000610	N/R
(29) Nitrate	mg/L	071850	N/R
(30) Total Phosphorus	mg/L	000665	N/R
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	1.7
(33) Other Effluent Parameters			*
* GALLONS OF SLUDGE WASTED TO DIGESTOR 200,164 GALLONS			

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DEP Form: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. _____ Facility ID No. _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month AUGUST Year 1997

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered CBOD	Filtered TSS	Filtered Fluoride					
1	.370	1.4						7.0													
2	.530	1.3						7.1													
3	.530	1.0						7.3													
4	.490	1.3						7.0													
5	.480	1.1		150	93	3.9	2.1	6.9						3.3	2.9						
6	.470	1.7						7.0					<1			<1					
7	.440	1.2						7.1													
8	.410	1.6						6.9													
9	.510	1.4						7.0													
10	.480	1.2						7.0													
11	.450	1.0						7.1													
12	.520	0.8		130	250	3.4	1.2	6.9						3.5	1.2						
13	.450	1.1						6.9					<1			<1					
14	.470	1.5						7.0													
15	.560	0.8						6.9													
16	.550	0.5						7.0													
17	.570	0.7						6.9													
18	.550	0.6						6.7													
19	.480	0.8		170	130	3.1	1.4	6.8													
20	.510	1.2						6.9					<1								
21	.530	1.0						7.1													
22	.520	0.8						7.0													
23	.560	0.6						7.0													
24	.520	0.6						7.0													
25	.570	0.8						6.9													
26	.520	0.7		140	86	3.3	1.9	7.2						3.7	1.7						
27	.560	0.9						7.1					1.0			32					
28	.430	1.1						7.0													
29	.430	1.2						7.2													
30	.470	1.0						7.0													
31	.470	1.0						7.1													

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: _____ Date: 9-11-97

Name (Please Type) DEAN S. SMILEY, JR.

Company Name INDIANTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

DER Form 1 — Domestic Wastewater Treatment Plant
Form Title — Monthly Operating Report
Effective Date — July 1, 1997
DER Application No. — (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1997

(2) Plant's DER Identification Number 5143003291

(3) Plant Name TARPON TOWN WASTEWATER TREATMENT PLANT

(4) Plant Address P.O. BOX 397, 169 TH AVE RAINBOW PARK

(5) City TARPON SPRINGS

(6) County PASCO

(7) Phone Number (561) 597-2121

(8) Permit Number FLO.43-091838

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

EVAP / PERC PONDS / IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NONE

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ (Signature) 13-6805 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.493
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.469
(19) Percent of permitted capacity	%	—	94%
(20) $CBOD_5$ Effluent	mg/L	080082	4.4
(21) $CBOD_5$ Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	2.1
(33) Other Effluent Parameters			*
* GALLONS OF SLUDGE			
WASTED TO DIGESTER			
346,296 GALLONS			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month SEPTEMBER Year 1997

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered CBOD	Filtered TSS	Filtered Fluoride						
1	.460	0.9						7.1														
2	.460	1.2		180	160	4.1	1.3	7.0														
3	.440	1.1						7.0					<1									
4	.530	1.5						7.1														
5	.560	1.1						7.0														
6	.540	0.9						7.0														
7	.500	1.3						7.1														
8	.500	1.0						7.2														
9	.380	0.6		210	180	3.8	2.2	7.2						<2	1.9							
10	.450	1.4						7.0					<1			<1						
11	.440	1.0						7.2														
12	.420	1.6						7.0														
13	.490	2.1						7.0														
14	.600	1.0						7.0														
15	.540	0.7						7.2														
16	.560	0.7		110	180	4.2	<1	6.9														
17	.520	0.9						7.1					<1									
18	.460	1.0						7.0														
19	.430	0.8						7.2														
20	.510	0.7						7.0														
21	.470	0.6						7.1														
22	.490	0.9						7.1														
23	.540	0.8		250	120	3.2	2.0	7.1						2.7	1.7							
24	.440	1.0						7.2					9			10						
25	.430	0.7						7.0														
26	.400	1.5						7.1														
27	.540	1.0						7.2														
28	.610	1.1						7.0														
29	.580	0.8						7.1														
30	.460	1.3		150	150	6.8	<1	7.0						4.9	1.6							
31																						

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: _____ Date: 10-13-97

Name (Please Type) DEAN S. SMILEY JR.

Company Name TURTLE POINT COMPANY INC. Telephone No. (Please Type) (561) 597-2121

DER Form [illegible] Domestic Wastewater Treatment Plant Monthly Operating Report
Form Title
Effective Date July 1, 1991
DER Application No. Filled in by DER

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month OCTOBER Year 1997

(2) Plant's DER Identification Number 5143F03291

(3) Plant Name INDIANWOOD WASTEWATER TREATMENT PLANT

(4) Plant Address P.O. BOX 397, 16.5 TH AVE FORMOSA PARK

(5) City INDIANTOWN

(6) County MARTIN

(7) Phone Number (561) 597-3496

(8) Permit Number D.O. FLA-011236

(9) Plant Type 3-A

(10) Test Site Identification Number 10002

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
EVAP. / PERC. PONDS / IRRIGATION

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NONE

(15) Plant Staffing
Day Shift Operator Class _____ Cert. No _____
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator [signature] Signature B-6885 Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.422
(17) Permitted capacity	mgd	—	.1500
(18) Three-month average daily flow	mgd	—	.471
(19) Percent of permitted capacity	%	—	94%
(20) $CBOD_5$ Effluent	mg/L	080082	3.8
(21) $CBOD_5$ Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.8
(32) Maximum Chlorine Residual	mg/L	—	1.7
(33) Other Effluent Parameters			*
* GALLONS OF SLUDGE			
WASTED TO DIGESTER			
200,164 GALLONS			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month OCTOBER Year 1997

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered COD	Filtered TSS	Filtered Fluoride						
1	.490	1.5						6.9					1.0			130						
2	.490	1.2						7.0														
3	.410	1.7						7.0														
4	.480	1.6						7.1														
5	.510	1.2						7.1														
6	.440	1.5						7.0														
7	.430	1.2		240	32	2.7	1.4	7.1						3.0	<1							
8	.440	1.6						7.0					<1			18						
9	.420	1.2						7.2														
10	.440	0.8						7.0														
11	.400	1.3						7.0														
12	.410	1.5						7.2														
13	.420	1.2						7.0														
14	.430	1.5		190	120	3.9	1.4	7.1														
15	.490	1.6						6.9					5.0									
16	.400	1.3						7.1														
17	.380	1.0						7.0														
18	.420	1.0						7.2														
19	.400	1.4						7.0														
20	.410	0.9						7.1														
21	.420	0.9		210	120	4.2	2.7	7.0														
22	.390	1.0						7.0					2.0									
23	.400	1.3						7.0														
24	.420	1.0						7.0														
25	.380	1.0						7.1														
26	.380	1.6						7.0														
27	.410	1.2						7.2														
28	.380	1.4		250	220	4.2	2.5	7.2						7.3	2.2							
29	.400	1.5						7.2					1.0			<1						
30	.390	1.1						7.1														
31	.400	1.6						7.2														

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: _____ Date: 11-17-97

Name (Please Type) DEAN S. SMILEY JR.

Company Name INDIANTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month NOVEMBER Year 1997

(2) Plant's DER Identification Number 5143P03291

(3) Plant Name INDIANTOWN WASTEWATER TREATMENT PLANT

(4) Plant Address P.O. BOX 397, 168 IH AVE BOOKER PARK

(5) City INDIANTOWN

(6) County MARTIN

(7) Phone Number (561) 597-3496

(8) Permit Number D.O. 43-091836

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

EVAP. / PERC. PONDS / IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NONE

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ Signature _____ Cert. No. _____

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.400
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.438
(19) Percent of permitted capacity	%	—	88%
(20) $CBOD_5$ Effluent	mg/L	080082	4.4
(21) $CBOD_5$ Effluent	lbs/day	—	N/K
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	—	N/K
(24) Minimum pH		—	6.8
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	N/K
(27) TKN	mg/L	000625	N/K
(28) Ammonia (NH_3 - N)	mg/L	000610	N/K
(29) Nitrate	mg/L	071850	N/K
(30) Total Phosphorus	mg/L	000665	N/K
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	2.2
(33) Other Effluent Parameters			*
* GALLONS OF SLUDGE			
WASTED TO DIGESTOR			
109,292 GALLONS			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month NOVEMBER Year 1992

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered CBOD	Filtered TSS	Filtered Fluoride						
1	.420	1.6						7.1														
2	.420	1.2						7.0														
3	.430	1.0						7.2														
4	.390	0.6		190	130	7.5	1.7	7.3						6.9	1.4							
5	.420	1.3						7.2					10			13						
6	.420	1.0						7.2														
7	.360	1.4						7.1														
8	.420	1.0						7.0														
9	.410	0.9						6.8														
10	.380	1.2						7.2														
11	.400	1.3						6.8														
12	.380	1.2		400	140	3.1	2.3	7.2						2.5	4.1							
13	.380	1.4						7.2					9			<1						
14	.450	0.8						7.1														
15	.400	0.7						7.2														
16	.380	0.9						7.3														
17	.420	0.9						7.3														
18	.350	0.8		260	130	2.8	2.2	7.2						2.1	2.3							
19	.400	1.1						7.4					<1			<1						
20	.320	0.7						7.2														
21	.390	0.7						7.3														
22	.370	1.0						7.1														
23	.350	0.9						7.2														
24	.420	1.4						7.1														
25	.380	1.5		260	160	4.3	3.6	7.0						8.3	3.1							
26	.430	1.3						7.0					<1			<1						
27	.420	1.4						7.1														
28	.390	2.2						7.1														
29	.420	2.0						7.2														
30	.460	1.7						7.3														
31																						

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: _____ Date: 12-15-97

Name (Please Type) DEAN S. SMILEY JR.

Company Name TURBINTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month December Year 1997

(2) Plant's DER Identification Number 5143P03291

(3) Plant Name Indiantown Wastewater Treatment Plant

(4) Plant Address P.O. Box 377, 162nd Ave, Booker Park

(5) City Indiantown

(6) County Martin

(7) Phone Number (561) [illegible]

(8) Permit Number DC 43 [illegible]

(9) Plant Type [illegible]

(10) Test Site Identification Number [illegible]

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evap/ Perc. Ponds/ Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge None

(15) Plant Staffing

Day Shift Operator Class ______ Cert. No. ______

Evening Shift Operator Class ______ Cert. No. ______

Night Shift Operator Class ______ Cert. No. ______

Lead Operator [signature] B-6805
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.429
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.417
(19) Percent of permitted capacity	%	—	83%
(20) $CBOD_5$ Effluent	mg/L	080082	3.7
(21) $CBOD_5$ Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	1.9
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	2.2
(33) Other Effluent Parameters			*
* Gallons of Sludge			
Wasted to Digester			
294,720 Gallons			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month DECEMBER Year 1997

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered CBOD	Filtered TSS	Filtered Fecal						
1	.430	1.0						7.2														
2	.380	1.3		260	140	3.7	2.2	7.0						3.2	1.2							
3	.370	1.5						7.1					<1			<1						
4	.430	2.2						7.0														
5	.390	1.7						7.1														
6	.420	0.8						6.9														
7	.450	0.6						7.3														
8	.390	0.9						7.2														
9	.390	2.1		380	250	3.5	<1	7.4						4.5	<1							
10	.410	1.7						7.3					<1			<1						
11	.370	1.4						7.2														
12	.380	1.0						7.1														
13	.440	1.5						7.2														
14	.490	1.5						7.3														
15	.500	1.1						7.3														
16	.450	1.3		330	310	4.2	1.6	7.2						3.7	7.7							
17	.370	1.6						7.2					<1			<1						
18	.440	1.8						7.2														
19	.410	1.1						7.3														
20	.460	1.2						7.1														
21	.450	1.0						7.3														
22	.470	1.2						7.3														
23	.400	1.1		200	120	4.8	2.0	7.1						5.0	2.3							
24	.440	1.0						6.9					<1			<1						
25	.460	1.2						7.2														
26	.460	1.2						7.1														
27	.480	1.1						7.3														
28	.480	1.0						7.2														
29	.430	1.3						7.1														
30	.430	1.8		<10	110	2.1	2.4	7.0						5.0	1.9							
31	.410	1.0						7.2					7.0			52						

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: _____ Date: 1-14-98

Name (Please Type) DEAN S. SMILEY JR.

Company Name TURNTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

Effective Date July 1, 1991
DER Application No. ________ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month [illegible] Year 1998

(2) Plant's DER Identification Number [illegible]

(3) Plant Name [illegible] Treatment Plant

(4) Plant Address P.O. Box [illegible]

[illegible]

(5) City [illegible]

(6) County [illegible]

(7) Phone Number [illegible]

(8) Permit Number [illegible]

(9) Plant Type [illegible]

(10) Test Site Identification Number [illegible]

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

[illegible]

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge [illegible]

(15) Plant Staffing

Day Shift Operator Class ________ Cert. No. ________

Evening Shift Operator Class ________ Cert. No. ________

Night Shift Operator Class ________ Cert. No. ________

Lead Operator [illegible] [illegible]
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.445
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.425
(19) Percent of permitted capacity	%	—	85%
(20) $CBOD_5$ Effluent	mg/L	080082	7.7
(21) $CBOD_5$ Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	2.4
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.8
(32) Maximum Chlorine Residual	mg/L	—	1.8
(33) Other Effluent Parameters		*-	
* [illegible]			
[illegible]			
198,936 [illegible]			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month January Year 1998

(34)

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filter CBOD	Filter TSS	Filter Fecal						
1	[illegible]	1.8						7.6														
2	.440	1.4						7.3														
3	.445	1.4						7.2														
4	.470	1.3						7.4														
5	.440	1.0						7.5														
6	[illegible]	1.5		310	200	5.6	1.5	7.2						5.9	1.0							
7	[illegible]	1.2						7.0					1.0			<1						
8	[illegible]	[illegible]						7.2														
9	.450	1.1						7.0														
10	[illegible]	1.4						7.1														
11	[illegible]	1.2						7.0														
12	[illegible]	1.2						7.2														
13	.430	1.6		260	170	8.3	1.7	7.2						6.5	1.5							
14	[illegible]	1.3						7.0					<1			<1						
15	[illegible]	1.5						[illegible]														
16	[illegible]	1.7						[illegible]														
17	.420	1.2						[illegible]														
18	.500	1.4						7.2														
19	[illegible]	1.1						7.4														
20	.470	1.3		190	120	9.8	2.7	7.2						12	2.3							
21	.440	1.5						7.1					2.0			4.0						
22	.510	1.7						7.1														
23	.420	1.3						7.0														
24	[illegible]	1.0						7.0														
25	.450	1.6						6.5														
26	.430	1.4						7.1														
27	.430	1.1		200	190	7.1	3.5	7.0						5.0	2.4							
28	.440	1.5						7.3					<1			11						
29	.420	1.3						7.2														
30	[illegible]	[illegible]						7.0														
31	[illegible]	1.5						7.0														

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: [signature] Date: 2-17-98

Name (Please Type) Dean S. Smiley Jr.

Company Name Indiantown Company Inc. Telephone No. (Please Type) (561) 597-2121

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month FEBRUARY Year 1998

(2) Plant's DER Identification Number FL0103291

(3) Plant Name INDIANTOWN WASTEWATER TREATMENT PLANT

(4) Plant Address P.O. BOX 397, 168 TH AVE BOOKER PARK

(5) City INDIANTOWN

(6) County MARTIN

(7) Phone Number (561) 597-3496

(8) Permit Number S.O. 43-091836

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

EVAP./PERC. PONDS/IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NONE

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] 13-6805
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.533
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.469
(19) Percent of permitted capacity	%	—	94%
(20) $CBOD_5$ Effluent	mg/L	080082	8.3
(21) $CBOD_5$ Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	1.6
(33) Other Effluent Parameters		*	
* GALLONS OF SLUDGE WASTED TO DIGESTER: 87,188 GALLONS			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month FEBRUARY Year 1998

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered CBOD	Filtered TSS	Filtered Fecal						
1	.480	1.1						7.0														
2	.490	1.3						7.1														
3	.470	1.1		200	120	6.4	2.8	7.2						5.6	2.3							
4	.490	1.4						7.1					<1			1.0						
5	.440	1.0						7.3														
6	.510	1.5						7.2														
7	.520	1.1						7.2														
8	.510	1.4						7.4														
9	.460	1.5						7.1														
10	.490	1.6		160	100	3.6	2.6	7.1						5.0	2.3							
11	.470	1.2						7.1					<1			<1						
12	.440	1.1						7.2														
13	.340	1.5						7.0														
14	.390	1.5						7.0														
15	.510	1.0						7.1														
16	.650	1.0						7.0														
17	.690	0.8		120	200	17	4.6	7.1						13	4.9							
18	.620	1.1						7.0					<1			2						
19	.650	0.8						7.0														
20	.690	0.7						7.1														
21	.650	0.6						7.1														
22	.640	0.7						7.0														
23	.630	0.9						7.1														
24	.560	1.2		200	120	6.2	3.8	7.3						6.0	2.9							
25	.520	1.5						7.1					<1			<1						
26	.540	1.3						7.2														
27	.490	1.3						7.1														
28	.570	1.3						6.9														
29																						
30																						
31																						

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: _____ Date: 3-16-98

Name (Please Type) DEAN S. SMILEY JR.

Company Name TIDEWATER COMPANY INC. Telephone No. (Please Type) (561) 597-2121

Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month March Year 1998

(2) Plant's DER Identification Number 5143P03291

(3) Plant Name Indiantown Wastewater Treatment Plant

(4) Plant Address P.O. Box 397, 16th Ave Rocky Park

(5) City Indiantown

(6) County Martin

(7) Phone Number (561) 597-3496

(8) Permit Number D.O. 43-211836

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evap. / Perc. Pond / Irrigation

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge None

(15) Plant Staffing
Day Shift Operator Class _____ Cert. No. _____
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator [signature] (Signature) B-6805 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.528
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.505
(19) Percent of permitted capacity	%	—	101%
(20) $CBOD_5$ Effluent	mg/L	080082	5.1
(21) $CBOD_5$ Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	5.8
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	1.7
(33) Other Effluent Parameters		*	
Gallons of Sludge			
Waste to Digester			
165,000 Gallons			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month MARCH Year 1998

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered COD	Filtered TSS	Filtered Fecal						
1	.630	0.9						7.0														
2	.550	1.2						7.1														
3	.570	1.5		150	160	3.8	2.5	7.1						3.1	2.2							
4	.500	1.7						7.1					<1			<1						
5	.460	1.4						7.0														
6	.470	1.6						7.1														
7	.510	1.2						7.1														
8	.550	1.5						6.9														
9	.610	1.0						7.1														
10	.630	1.0		190	120	4.1	6.0	7.1						4.0	5.8							
11	.550	1.2						7.1					1.0			<1						
12	.490	1.5						7.2														
13	.440	1.7						7.3														
14	.520	1.3						7.2														
15	.540	1.5						7.2														
16	.450	1.2						7.2														
17	.470	1.0		1100	190	4.1	7.5	7.2						3.3	2.1							
18	.490	1.3						7.0					<1			<1						
19	.630	1.0						7.2														
20	.670	1.1						7.0														
21	.630	1.2						7.1														
22	.550	1.0						7.0														
23	.580	0.8						7.2														
24	.550	1.0		190	120	7.4	3.0	7.0						5.2	3.4							
25	.510	1.3						7.3					<1			<1						
26	.510	0.6						7.3														
27	.420	1.1						7.0														
28	.510	1.2						7.1														
29	.520	1.3						7.2														
30	.590	1.1						7.1														
31	.440	1.5		220	170	6.1	4.9	7.0						7.1	4.1							

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: _____ Date: 4-14-98

Name (Please Type) DENIS S. SMILEY JR.

Company Name INDIANTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month APRIL Year 1998

(2) Plant's DER Identification Number 5143P03291

(3) Plant Name INDIANTOWN WASTEWATER TREATMENT PLANT

(4) Plant Address P.O. BOX 397, 168TH AVE BOOKER PARK

(5) City INDIANTOWN

(6) County MARTIN

(7) Phone Number (561) 597-3496

(8) Permit Number D.O. #43-091836

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse EVAP./PERC. PONDS/IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] Signature B-6205 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.413
(17) Permitted capacity	mgd	–	.500
(18) Three-month average daily flow	mgd	–	.491
(19) Percent of permitted capacity	%	–	98%
(20) $CbOD_5$ Effluent	mg/L	080082	9
(21) $CBOD_5$ Effluent	lbs/day	–	N/A
(22) TSS Effluent	mg/L	900201	5.8
(23) TSS Effluent	lbs/day	–	N/A
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	–	0.8
(32) Maximum Chlorine Residual	mg/L	–	2.2
(33) Other Effluent Parameters		*	
* GALLONS OF			
SLUDGE WASTED TO			
DIGESTOR:			
162,096 GALLONS			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month APRIL Year 1998

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered CBOD	Filtered TSS	Filtered Fecal					
1	.500	1.2						7.0					2.0			1.0					
2	.460	1.5						7.1													
3	.490	1.2						7.0													
4	.470	1.4						7.1													
5	.430	1.2						7.0													
6	.360	1.0		270	170	3.7	3.4	6.9						3.0	3.4						
7	.450	1.4						7.3					1.0			<1.0					
8	.430	1.1						7.1													
9	.410	1.5						7.3													
10	.420	1.5						7.2													
11	.440	1.3						7.0													
12	.420	1.5						7.2													
13	.410	2.2		250	140	11	6.4	7.1						8.2	4.4						
14	.390	1.6						7.3					<1.0			<1.0					
15	.410	1.2						7.2													
16	.380	1.5						7.4													
17	.390	1.1						7.2													
18	.430	1.0						7.0													
19	.420	0.9						7.0													
20	.370	1.5		240	190	14	6.7	7.3						9.9	5.8						
21	.390	1.5						7.1					< 1.0			<1.0					
22	.420	1.0						7.3													
23	.380	0.8						7.0													
24	.560	1.1						7.1													
25	.390	1.6						7.0													
26	.430	1.2						7.2													
27	.390	1.7		260	150	7.5	6.5	7.1						8.1	7.7						
28	.420	1.5						7.1					< 1			1.0					
29	.310	1.0						7.3													
30	.400	1.6						7.2													
31																					

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: _____ Date: 5-14-98

Name (Please Type) DEAN S. SMITH, P.E.

Company Name INDIANTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month May Year 1998

(2) Plant's DER Identification Number 5143P03291

(3) Plant Name INDIANTOWN WASTEWATER TREATMENT PLANT

(4) Plant Address P.O. Box 397, 168 TH AVE BOOKER PARK

(5) City INDIANTOWN

(6) County MARTIN

(7) Phone Number (561) 597-3496

(8) Permit Number D.O. 43-091836

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

EVAP. / PERC. PONDS / IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NONE

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ B-6805
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.375
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.439
(19) Percent of permitted capacity	%	—	88%
(20) $CBOD_5$ Effluent	mg/L	080082	9
(21) $CBOD_5$ Effluent	lbs/day	—	N/R
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	N/R
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	N/R
(27) TKN	mg/L	000625	N/R
(28) Ammonia (NH_3 - N)	mg/L	000610	N/R
(29) Nitrate	mg/L	071850	N/R
(30) Total Phosphorus	mg/L	000665	N/R
(31) Minimum Chlorine Residual	mg/L	—	0.9
(32) Maximum Chlorine Residual	mg/L	—	1.8
(33) Other Effluent Parameters			*
* GALLONS OF			
SLUDGE WASTED			
TO DIGESTER:			
305,772 GALLONS			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month May Year 1998

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered CBOD	Filtered TSS	Filtered Fecal						
1	.400	1.1						6.9															
2	.460	1.0						7.0															
3	.460	1.6						6.9															
4	.410	1.2		230	170	7.7	3.2	7.1						6.4	5.5								
5	.400	1.3						7.1					<1			<1							
6	.400	1.6						7.2															
7	.360	1.1						7.1															
8	.350	1.4						7.3															
9	.400	0.9						7.2															
10	.390	1.0						7.0															
11	.380	1.5		260	240	11	5.2	7.0						7.5	3.2								
12	.390	1.5						7.0					<1			<10							
13	.370	1.1						7.2															
14	.360	1.4						7.3															
15	.310	1.6						7.1															
16	.360	1.2						7.3															
17	.370	1.5						7.0															
18	.370	1.6		250	180	7.3	3.2	7.2															
19	.340	1.2						7.0					<1										
20	.390	1.5						7.2															
21	.320	1.7						7.0															
22	.350	1.8						7.1															
23	.370	1.7						7.0															
24	.370	1.5						7.2															
25	.410	1.2						7.1															
26	.370	1.6		260	220	11	4.1	7.0															
27	.340	1.4						7.0					<1										
28	.320	1.1						7.1															
29	.340	1.5						7.2															
30	.360	1.2						7.0															
31	.410	1.0						7.1															

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: _____ Date: 6-16-98

Name (Please Type) DEAN S. SMILEY, JR.

Company Name TURNTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month JUNE Year 1998

(2) Plant's DER Identification Number 5143P03291

(3) Plant Name INDIANTOWN WASTEWATER TREATMENT PLANT

(4) Plant Address P.O. BOX 397, 162 TH AVE ROCKER POWER

(5) City INDIANTOWN

(6) County MARTIN

(7) Phone Number (561) 597-3496

(8) Permit Number D.O. 43-09:836

(9) Plant Type 2 - C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

EVAP / PERC. PONDS / IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NONE

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ B-6805
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.367
(17) Permitted capacity	mgd	–	.500
(18) Three-month average daily flow	mgd	–	.385
(19) Percent of permitted capacity	%	–	77%
(20) $CBOD_5$ Effluent	mg/L	080082	8.3
(21) $CBOD_5$ Effluent	lbs/day	–	N/A
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	–	N/A
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	–	0.9
(32) Maximum Chlorine Residual	mg/L	–	1.6
(33) Other Effluent Parameters			*
* GALLONS OF SLUDGE WASTED TO DIGESTOR: 262,792 GALLONS			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month JUNE Year 1998

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Future COD	Future TSS	Future Fecal					
1	.380		0.9	260	120	6.8	3.6	6.9														
2	.360		1.4					7.0					<1									
3	.300		1.1					7.0														
4	.320		1.1					7.1														
5	.360		1.5					7.2														
6	.380		1.0					7.0														
7	.360		1.0					7.0														
8	.350		1.3	330	180	6.6	3.2	6.9														
9	.340		1.5					7.1					<1									
10	.320		1.1					7.2														
11	.330		1.6					7.0														
12	.320		1.3					7.2														
13	.370		1.2					7.1														
14	.400		1.3					7.2														
15	.350		1.6	280	180	7.4	2.2	7.3														
16	.360		1.2					7.2					<1									
17	.360		1.5					7.1														
18	.380		1.5					7.3														
19	.300		1.1					7.3														
20	.340		1.0					7.1														
21	.410		1.0					7.2														
22	.370		1.3	210	170	8.7	3.5	7.0														
23	.360		1.5					7.1					<1									
24	.440		1.5					6.9														
25	.350		1.5					7.4														
26	.430		1.2					6.9														
27	.490		1.3					7.1														
28	.410		1.5					7.0														
29	.420		1.1	270	120	12	2.4	7.1														
30	.350		1.0					7.2					<1									
31																						

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: _____ Date: 7-14-98

Name (Please Type) DEAN S. SMILEY JR.

Company Name INDIANTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1998

(2) Plant's DER Identification Number 5143P03291

(3) Plant Name Indiantown Wastewater Treatment Plant

(4) Plant Address P.O. Box 397, 168 SW Ave Pacific Park

(5) City Indiantown

(6) County Martin

(7) Phone Number (561) 597-3496

(8) Permit Number D.O. 43-091836

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evap./Perc. Ponds/Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] Signature R-1805 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.382
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.375
(19) Percent of permitted capacity	%	—	75%
(20) $CBOD_5$ Effluent	mg/L	080082	9
(21) $CBOD_5$ Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 · N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.7
(32) Maximum Chlorine Residual	mg/L	—	1.7
(33) Other Effluent Parameters			*
* Gallons of Sludge Wasted to Digester: 204,020 Gallons			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month July Year 1998

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered CBOD	Filtered TSS	Filtered Fecal						
1	.340	1.6						7.5														
2	.330	1.0						7.3														
3	.380	1.0						7.0														
4	.380	0.9						7.2														
5	.380	1.0						7.2														
6	.410	1.4		290	140	5.4	1.9	7.3														
7	.390	1.2						7.3					<1									
8	.380	1.6						7.1														
9	.360	0.9						7.3														
10	.310	1.0						7.4														
11	.320	1.3						7.5														
12	.390	1.2						7.5														
13	.410	1.6		270	160	3.9	1.7	7.3														
14	.540	0.9						7.2					<1									
15	.430	1.0						7.0														
16	.470	0.8						6.9														
17	.400	1.1						7.2														
18	.420	0.9						7.0														
19	.420	0.8						7.1														
20	.380	1.2		270	88	6.8	2.0	7.3														
21	.350	0.7						7.3					<1									
22	.390	1.0						7.4														
23	.390	1.3						7.1														
24	.320	0.9						7.2														
25	.380	1.3						7.2														
26	.360	1.0						7.2														
27	.390	1.2		170	110	18	2.1	7.3														
28	.350	1.4						7.3					1.0									
29	.340	1.7						7.2														
30	.310	1.1						7.0														
31	.360	0.8						7.2														

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: _____ Date: 8-14-98

Name (Please Type) Dean S. Smiley, Jr.

Company Name Indiantown Company Inc. Telephone No. (Please Type) (561) 597-2121

[illegible] July 1, 1991
[illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month August Year 1998

(2) Plant's DER Identification Number 5143P03291

(3) Plant Name Indiantown Wastewater Treatment Plant

(4) Plant Address P.O. Box 397, 149th Ave Booker Park

(5) City Indiantown

(6) County Martin

(7) Phone Number (561) 597-3476

(8) Permit Number D.O. 43-091836

(9) Plant Type 2-C

(10) Test Site Identification Number 0C002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evap./Perc. Ponds/Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge None

(15) Plant Staffing

Day Shift Operator Class ______ Cert. No. ______

Evening Shift Operator Class ______ Cert. No. ______

Night Shift Operator Class ______ Cert. No. ______

Lead Operator [signature] B-6805
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.384
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.378
(19) Percent of permitted capacity	%	—	76%
(20) $CBOD_5$ Effluent	mg/L	080082	7.6
(21) $CBOD_5$ Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	2.3
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	2.0
(33) Other Effluent Parameters			*
* Gallons of			
Sludge Wasted to			
Digester:			
230,864 Gallons:			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month AUGUST Year 1998

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered CBOD	Filtered TSS	Filtered Fecal						
1	.350	2.9						6.9														
2	.370	1.0						7.2														
3	.350	1.4		250	330	9.4	2.6	7.4														
4	.320	1.6						7.3					1.0									
5	.360	0.7						7.5														
6	.400	1.0						7.4														
7	.420	1.8						7.1														
8	.450	1.4						7.3														
9	.390	0.8						7.2														
10	.470	1.2		200	140	5.5	3.3	7.4														
11	.380	0.5						7.2					<1									
12	.400	0.9						7.1														
13	.390	1.3						7.2														
14	.330	1.0						7.3														
15	.370	1.1						7.2														
16	.390	1.0						7.2														
17	.390	1.3		170	76	5.6	2.0	7.4														
18	.390	1.5						7.3					<1									
19	.390	1.4						7.1														
20	.370	1.1						7.3														
21	.450	0.8						7.2														
22	.440	1.0						7.2														
23	.420	1.0						7.4														
24	.460	1.2		170	100	12	1.8	7.2														
25	.370	0.8						7.4					<1									
26	.380	1.4						7.3														
27	.320	1.1						7.4														
28	.370	1.5						7.0														
29	.340	1.1						7.2														
30	.410	0.9						7.0														
31	.340	2.0		210	120	5.6	1.9	7.2														

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: _____ Date: 9-14-98

Name (Please Type) DEAN S. SMILEY JR.

Company Name TURBINTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

[illegible]

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1998

(2) Plant's DER Identification Number 5143P03291

(3) Plant Name INDIANTOWN WASTEWATER TREATMENT PLANT

(4) Plant Address PO BOX 397, 168 ST AVE BOOKER PARK

(5) City INDIANTOWN

(6) County MARTIN

(7) Phone Number (561) 597-3496

(8) Permit Number D.O. 43-[illegible]

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

EVAP./PERC. POND/IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NONE

(15) Plant Staffing

Day Shift Operator Class ________ Cert. No ________

Evening Shift Operator Class ________ Cert. No ________

Night Shift Operator Class ________ Cert. No ________

Lead Operator [signature] B-6805

Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.473
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.413
(19) Percent of permitted capacity	%	—	83%
(20) $CBOD_5$ Effluent	mg/L	080082	12.1
(21) $CBOD_5$ Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	2.4
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	1.6
(33) Other Effluent Parameters			*
GALLONS OF SLUDGE			
WASTED TO DIGESTER			
* 288,580 GALLONS			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month SEPT. Year 1998

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered CBOD	Filtered TSS	Filtered Fecal						
1	.350	1.0						7.2					<1									
2	.320	0.8						7.3														
3	.390	1.3						7.4														
4	.390	0.7						7.1														
5	.400	1.6						7.4														
6	.400	0.6						7.4														
7	.450	1.0						7.2														
8	.420	0.8		210	110	19	2.2	7.3														
9	.380	1.2						7.2					<1									
10	.420	0.9						7.3														
11	.390	1.3						7.2														
12	.450	0.8						7.2														
13	.410	0.9						7.1														
14	.400	0.7		180	150	13	2.5	7.3														
15	.400	1.1						7.0					1									
16	.470	1.1						7.3														
17	.450	0.8						7.4														
18	.530	1.4						7.3														
19	.570	0.7						7.3														
20	.520	0.9						7.2														
21	.580	1.0		160	92	8.3	2.8	7.4														
22	.560	1.2						7.3					<1									
23	.440	0.9						7.3														
24	.520	1.4						7.2														
25	.660	0.8						7.3														
26	.650	0.9						7.2														
27	.630	0.5						7.0														
28	.550	0.7		160	71	8.1	2.0	7.3														
29	.520	1.4						7.2					TNTC									
30	.510	0.8						7.1														
31																						

10-02-98 RECHLORINE @ <1.0 (SEE ATTACHED)

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: _____ Date: 10/12/98

Name (Please Type) DEAN S. SMILEY, JR.

Company Name TIDIANTOWN COMPANY, INC. Telephone No (Please Type) (561) 597-2121

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month OCTOBER Year 1998

(2) Plant's DER Identification Number FL0043291

(3) Plant Name INDIANTOWN WASTEWATER TREATMENT PLANT

(4) Plant Address P.O. BOX 397, 168TH AVE ROSSER PARK

(5) City INDIANTOWN

(6) County MARTIN

(7) Phone Number (561) 597-3[illegible]

(8) Permit Number D.O. 43-[illegible]

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

EVAP. PERC. PONDS / IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NONE

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] A-6205
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.426
(17) Permitted capacity	mgd	–	.500
(18) Three-month average daily flow	mgd	–	.428
(19) Percent of permitted capacity	%	–	85%
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	–	N/A
(22) TSS Effluent	mg/L	900201	2.4
(23) TSS Effluent	lbs/day	–	N/A
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.9
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	2.2
(33) Other Effluent Parameters			*
GALLONS OF SLUDGE			
TO DIGESTER			
131,396 GALLONS			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month OCTOBER Year 1998

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered COD	Filtered TSS	Filtered Furfan						
1	.470	2.2						7.3														
2	.400	1.4						7.3														
3	.490	2.1						7.5														
4	.460	2.1						7.4														
5	.470	1.5		200	200	<2	1.7	7.3														
6	.460	1.7						7.3					<1									
7	.430	1.3						7.4														
8	.400	1.9						7.1														
9	.420	1.0						7.2														
10	.460	0.6						7.2														
11	.460	0.8						7.1														
12	.440	1.2		210	220	2.0	3.1	7.3														
13	.380	1.5						7.4					1.0									
14	.390	1.1						7.2														
15	.400	1.7						7.3														
16	.430	1.4						7.4														
17	.410	1.2						7.3														
18	.440	1.6						7.3														
19	.420	1.1		190	120	<2	2.2	7.2														
20	.420	1.4						7.3					<1									
21	.500	1.6						7.4														
22	.430	1.0						7.0														
23	.320	1.4						7.3														
24	.450	1.5						7.1														
25	.470	1.6						7.3														
26	.410	1.0		220	130	2.1	2.7	7.2														
27	.380	1.6						7.1					<1									
28	.420	0.9						7.2														
29	.320	1.5						7.4														
30	.410	1.6						7.3														
31	.390	1.2						7.9														

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 information is true, complete and accurate.

Signed: _____ Date: 11/12/98

Name (Please Type) DEAN S. SMILEY, P.E.

Company Name TURIANTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month NOVEMBER Year 1998

(2) Plant's DER Identification Number 5143P03291

(3) Plant Name JENSEN BEACH WASTEWATER TREATMENT PLANT

(4) Plant Address P.O. BOX 397, 168TH AVE OCEAN PARK

(5) City JENSEN BEACH

(6) County MARTIN

(7) Phone Number (561) 597-3496

(8) Permit Number D.O. 43-091836

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

EVAP. PERC. PONDS / IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NONE

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ A-6805
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.513
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.471
(19) Percent of permitted capacity	%	—	94%
(20) $CBOD_5$ Effluent	mg/L	080082	3.6
(21) $CBOD_5$ Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	4.7
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	1.6
(33) Other Effluent Parameters		*	
131,396 GALLONS *			
WASTED TO DIGESTOR			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month NOVEMBER Year 1998

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered COD	Filtered TSS	Filtered Furan						
1	.400	0.6						7.4														
2	.380	1.0		250	160	< 2	3.5	7.2														
3	.390	1.3						7.3					< 1									
4	.590	0.9						7.3														
5	.770	0.6						7.2														
6	.730	0.8						7.0														
7	.670	0.6						7.1														
8	.640	0.5						7.2														
9	.610	0.9		150	89	2.2	2.9	7.1														
10	.570	0.7						7.0					2									
11	.570	0.6						7.1														
12	.520	0.9						7.3														
13	.530	1.1						7.1														
14	.540	1.0						7.1														
15	.550	1.0						7.1														
16	.480	0.8		290	150	3.9	4.2	7.0														
17	.440	1.2						7.4					< 1									
18	.430	0.8						7.3														
19	.420	0.5						6.9														
20	.460	0.9						7.0														
21	.450	0.9						7.1														
22	.480	1.1						7.2														
23	.440	1.4		160	120	5.9	8.5	7.1														
24	.470	1.4						6.9					< 1									
25	.480	1.6						7.0														
26	.490	1.4						7.1														
27	.470	1.0						7.0														
28	.480	0.9						7.1														
29	.450	0.8						7.1														
30	.460	1.2		220	120	4.1	4.3	7.2														
31																						

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.

igned: _____ Date: 12/15/98

me (Please Type) DEAN S. SMILEY, P.E.

ompany Name TIDIANTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month DECEMBER Year 1998

(2) Plant's DER Identification Number FL0038291

(3) Plant Name INDIANTOWN WASTEWATER TREATMENT PLANT

(4) Plant Address P.O. BOX 397, 168 TH AVE BOOKER PARK

(5) City INDIANTOWN

(6) County MARTIN

(7) Phone Number (561) 597-3496

(8) Permit Number D.O. 43-091836

(9) Plant Type 2-C

(10) Test Site Identification Number 00002

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

EVAP. PERC. PONDS / IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NONE

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No _____

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator _____ A-6805
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.406
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.448
(19) Percent of permitted capacity	%	—	90%
(20) $CBOD_5$ Effluent	mg/L	080082	6.1
(21) $CBOD_5$ Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	4.4
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.8
(32) Maximum Chlorine Residual	mg/L	—	1.6
(33) Other Effluent Parameters			*
* GALLONS OF			
SLUDGE WASTED			
TO DIGESTER:			
(255,424)			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month DECEMBER Year 1998

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Filtered CBOD	Filtered TSS	Filtered Fluoride					
1	.430	1.4						7.3					<1									
2	.400	1.0						7.2														
3	.450	1.6						7.3														
4	.430	1.2						6.9														
5	.440	1.1						7.0														
6	.420	0.8						7.2														
7	.430	1.3		210	130	3.4	3.9	7.0														
8	.400	1.6						7.1					<1									
9	.400	1.0						7.3														
10	.410	1.4						7.2														
11	.410	1.0						7.1														
12	.450	1.5						7.3														
13	.430	1.2						7.2														
14	.430	1.1		190	88	7.5	4.5	7.2														
15	.430	1.4						7.0					<1									
16	.320	1.6						7.4														
17	.360	1.2						7.1														
18	.360	1.0						7.3														
19	.400	1.0						7.1														
20	.440	1.0						7.0														
21	.380	1.5		270	140	4.1	3.7	7.2														
22	.430	1.5						7.1					<1									
23	.370	1.6						7.1														
24	.410	0.9						7.3														
25	.400	0.7						7.5														
26	.420	0.8						7.4														
27	.400	1.6						7.1														
28	.330	1.5		320	140	6.1	5.6	7.2														
29	.410	1.8						7.4					<1									
30	.380	1.2						7.3														
31	.400	0.8						7.0														

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.

igned: _____ Date: 1-14-99

ame (Please Type) DEAN S. SMITH, JR.

ompany Name TIDIANTOWN COMPANY INC. Telephone No. (Please Type) (561) 597-2121

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DWIP		
MAILING ADDRESS:	P. O. BOX 397 Indiaintown, FL 34956	MONITORING PERIOD From:	1/01/99	To:	1/31/99
		LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
FACILITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
LOCATION:	15851 S.W. Farms Road Indiantown, FL 34956	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	———
		DISCHARGE POINT NUMBER:	D001		
		PLANT SIZE/TREATMENT TYPE:	IIC	NO DISCHARGE FROM SITE	☑
COUNTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0	0		0	0	0	0	0	0	0
STORET No. 50050 1 Mon.Site No. EFF-1	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated by Flow
TRC for dechlorination	Sample Measurement	0	0		0	0	0	0	0	0	0
STORET No. 50060 1 Mon.Site No. EFF-1	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
pH	Sample Measurement	0	0		0	0	0	0	0	0	0
STORET No. 00406 1 Mon.Site No. EFF-1	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
Oxygen, Dissolved (DO)	Sample Measurement	0	0		0	0	0	0	0	0	0
STORET No. 00300 1 Mon.Site No. EFF-1	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe submitted 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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert M. Post / President		(561) 597-2121	2/22/99

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

291

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 1/01/99 To: 1/31/99
LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic

LITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939
GMS ID NO.: 5143P03291
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 20552
GMS TEST SITE NO.: ____

NO DISCHARGE FROM SITE ☑

NTY: Martin

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-2	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
for dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-2	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-2	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
n, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-2	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

o Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 11/01/99 To: 11/31/99
LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic

ILITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939
GMS ID NO.: 5143P03291
DISCHARGE POINT NUMBER: D003
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 20552
GMS TEST SITE NO.: ____

NO DISCHARGE FROM SITE ☑

NTY: Martin

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement	NA Report (Daily Max.)	NA Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	grab
for dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
en, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

ITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
ING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	1/01/99	To:	1/31/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
TION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	R001		
NTY:	Martin	PLANT SIZE/TREATMENT TYPE:	IIC		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	.335		MGD					0		
ET No. 50050 1 Y ite No. EFF-6	Permit Measurement	0.4 (An.Avg.)		mgd						continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement		.422	MGD					0		
ET No. 50050 1 Y ite No. EFF-6	Permit Measurement		Report (Mo.Avg.)	mgd						continuous with 5 readings/Week	Flow Meters with Totalizer
00 5	Sample Measurement				6.9			mg/L	0		
ET No. 00082 1 Y ite No. EFF-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
00 5	Sample Measurement				2.8		3.5	mg/L	0		
ET No. 00082 1 Y ite No. EFF-6	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				3.5			mg/L	0		
ET No. 00530 1 Y ite No. EFF-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				4.0		4.3	mg/L	0		
ET No. 00530 1 Y ite No. EFF-6	Permit Measurement				30.0 (Mo.Avg.)	45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				6.9	7.4		S.U.	0		
ET No. 00400 1 Y ite No. EFF-6	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Continuous	pH meter with 24 hour recording meter

DISCHARGE MONITORING REPORT - PART A (Continued)

'LITY NAME: Indiantown Company Wastewater Treatment Plant PERMIT NUMBER: FL0029939-001-DWIP DISCHARGE POINT NUMBER: R001 WAFR SITE No.: 20552

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
c. as N	Sample Measurement	*									
[illegible] Site No.EFF-6	Permit Measurement	[illegible]			12.0 (Max.)			mg/L		Weekly	Grab
en, Total as N	Sample Measurement	*									
[illegible] Site No.EFF-6	Permit Measurement	[illegible]			Report (Max.)			mg/L		Weekly	8-hour FPC
horus, Total as P	Sample Measurement	*									
[illegible] Site No.EFF-6	Permit Measurement	[illegible]			Report (Max.)			mg/L		Weekly	8-hour FPC
Coliform Bacteria	Sample Measurement				0.19			*/100mL	0		
[illegible] Site No.EFF-6	Permit Measurement	[illegible]			200 (An.Avg.)			#/100mL		Weekly	Grab
Coliform Bacteria	Sample Measurement				0	0		*/100mL	0		
[illegible] Site No.EFF-6	Permit Measurement	[illegible]			Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
or disinfection	Sample Measurement				0.5			mg/L	0		
[illegible] Site No.EFF-6	Permit Measurement	[illegible]			0.5 (Min.)			mg/L		Continuous	TRC meter with 24 hour recording chart

* DID NOT START TESTING FOR THESE PARAMETERS UNTIL 2/15/99

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

IITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
.ING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	1/01/99	To:	1/31/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
\TION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	R002		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.		
	Sample Measurement	0.100						MGD	0		
ET No. 00050 [illegible] Y ite No. EFF-7	Permit Measurement	0.107 (An.Avg.)		mgd						Continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement		0.066					MGD	0		
ET No. 50050 Y 1 ite No. EFF-7	Permit Measurement		Report (Mo.Avg.)	mgd						Frequency of Analysis	Sample Type
05	Sample Measurement				6.9			MG/L	0		
ET No. 00082 Y ite No. EFF-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
05	Sample Measurement				2.8		3.5	MG/L	0		
ET [illegible] 1 Y ite No. EFF-6	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				3.5			MG/L	0		
ET No. 00530 Y ite No. EFF-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				4.0		4.3	MG/L	0		
ET No. 00530 1 ite No. EFF-6	Permit Measurement				30.0 (Mo.Avg.)	45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				6.9	7.4		S.U.	0		
ET No. 00400 1 ite No. EFF-6	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Continuous	pH meter with 24 hour recording meter

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LITY NAME: Indiantown Company Wastewater Treatment Plant PERMIT NUMBER: FL0029939-001-DW1P DISCHARGE POINT NUMBER: R002 WAFR SITE No.: 20552

Parameter No. and/or		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
c, as N	Sample Measurement	*									
ET [illegible] ite No. EFF-5	Permit Measurement	[illegible]	[illegible]	[illegible]	12.0 (Max.)			mg/L		Weekly	Grab
en, Total as N	Sample Measurement	*									
ET [illegible] ite No. EFF-6	Permit Measurement	[illegible]	[illegible]	[illegible]	Report (Max.)			mg/L		Weekly	8-hour FPC
horus, Total as P	Sample Measurement	*									
ET [illegible] ite No. EFF-6	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
Coliform Bacteria	Sample Measurement				0.19			*/100mL	0		
ET [illegible] ite No. EFF-6	Permit Measurement				200 (An.Avg.)			#/100mL		Weekly	Grab
Coliform Bacteria	Sample Measurement				0	0		*/100mL	0		
ET [illegible] ite No. EFF-6	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
or disinfection	Sample Measurement				0.5			mg/L	0		
ET [illegible] ite No. EFF-7	Permit Measurement				0.5 (Min.)			mg/L		Continuous	TRC meter with 24 hour recording chart

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* DID NOT START TESTING FOR THESE PARAMETERS UNTIL 2/15/99

No. 006
No. EFF-

No. 006
No. EFF-

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

ITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
ING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	1/01/99	To:	1/31/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
ITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
TION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	Influent Monitoring Point		
		PLANT SIZE/TREATMENT TYPE:	IIC		
ITY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	*									
[redacted] G ite No. INF-1	Permit Measurement	0.585 (3-Mo.Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow Meters
5	Sample Measurement				187.5			Mg/L	0		
[redacted] G ite No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Weekly	16-hour FPC
	Sample Measurement				127.5			Mg/L	0		
[redacted] G ite No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Monthly	16-hour FPC

* INF-1 METERS NOT INSTALLED YET / TO MEET NEW PERMIT CONDITIONS;

DAILY SAMPLE RESULTS - PART B
(PAGE ONE)

Permit Number: FL0029939-001-DW1P
Month/Year: January/1999

Three-month Average Daily Flow: .448
Daily Flow % of Permitted Capacity: 77%

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of the Months / meter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
(mgd), EFF-6	.400	.480	.520	.440	.430	.420	.400	.410	.430	.430	.430	.400	.390	.390	.390	.440	.450	.430	.420	.330	.390	.390	.450	.480	.450	.400	.430	.340	.440	.450	.440
(mgd), EFF-7															.092	.129	.119	.124	.153	.111	.034	.131	.125	.135	.138	.127	.137	.122	.116	.130	.108
(mgd), INF-1																															
)5 (mg/L), EFF-6				2.6							2.4							2.8							3.5						
)5 (mg/L), INF-1				150							280							130							190						
mg/L), EFF-6				3.3							4.1							4.1							4.3						
mg/L), INF-1				110							130							160							170						
d. units), EFF-6	7.2	7.2	7.0	7.2	6.9	7.1	7.3	7.1	7.4	7.1	7.1	7.3	7.2	7.4	7.2	7.2	7.0	7.1	7.1	7.3	7.2	7.3	7.3	7.2	7.1	7.2	7.2	7.3	7.1	7.0	7.2
Coliform Bacteria (#/100 mL), EFF-6					<1							<1							<1							<1					
tion time for Fecal Coliform Bacteria sample, EFF-6					1830							0830							0830							0830					
For Disinfection) (mg/L), EFF-6	1.0	1.0	0.7	1.2	1.0	1.4	1.7	1.1	0.8	1.2	1.0	1.4	1.0	0.6	1.5	2.0	2.2	1.6	1.6	1.9	2.2	0.8	1.0	0.5	1.1	1.5	1.5	1.8	1.9	1.6	1.6
Nitrogen (as N) (mg/L), EFF-6																															
Phosphorus (as P) (mg/L), EFF-6																															
c, as N, EFF-6																															

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Staffing:

ift Operator	Class A-6805	Certificate No. 6805	Name:	DEAN S. SMILEY JR.	
g Shift Operator	Class B-3634	Certificate No. 3634	Name:	DON C. JOHNSON SR.	
Shift Operator	Class B-6747	Certificate No. 6747	Name:	JAMES G. HEWITT	
Operator (on Shift)	Class	Certificate No.	Name:		

Effluent Disposal or Reclaimed Water Reuse: EVAP / PUBLIC PARKS / IRRIGATION
Wet Weather Discharge Activated: Yes___ No___ Not Applicable X If yes, cumulative days of wet weather discharge:___
Attach additional sheets necessary to list all certified operators necessary for required operations.

DAILY SAMPLE RESULTS - PART B
(PAGE TWO)

t Number: FL0029939-001-DW1P
h/Year: January / 1999

Three-month Average Daily Flow: n/a
Daily Flow % of Permitted Capacity: n/a

of the Months meter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
(mgd), EFF-1																														
(mgd), EFF-2																														
(mgd), EFF-3																														
(For Dechlorination) (mg/L),EFF-1																														
(For Dechlorination) (mg/L),EFF-2																														
(For Dechlorination) (mg/L),EFF-3																														
d. units), EFF-1																														
d. units), EFF-2																														
d. units), EFF-3																														
en, Dissolved (DO), EFF-1																														
en, Dissolved (DO), EFF-2																														
en, Dissolved (DO), EFF-3																														
lation Pond Water Elevation, EFF-1																														
lation Pond Water Elevation, EFF-2																														
lation Pond Water Elevation, EFF-3																														
lation Pond Water Elevation, EFF-4																														
lation Pond Water Elevation, EFF-5																														
elevation below the overflow, EFF-1	+2'																													→
elevation below the overflow, EFF-2	+2'																													→
elevation below the overflow, EFF-3	+2'																													→
elevation below the overflow, EFF-4	+2'																													→
elevation below the overflow, EFF-5	+2'																													→

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→ NEW POND STAFFS (NOT INSTALLED) / ELEVATIONS (NOT SHOT) TO MEET NEW PERMIT CONDITIONS AT THIS TIME:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Indiantown Utilities
MAILING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DWIP
MONITORING PERIOD From: 1/01/99 To: 1/31/99
LIMIT: Final REPORT: Annual
CLASS SIZE: Minor GROUP: Domestic

FACILITY: Indiantown Company Wastewater Treatment Plant
LOCATION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939 WAFR SITE NO.: 20552
GMS ID NO.: 5143P03291 GMS TEST SITE NO.: ____
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

COUNTY: Martin

CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static Renewal Ceriodaphnia dubia	Sample Measurement	0	0	0	0	0	0	0	0	0	0
STORET No. TAN 3B 7 A Mon.Site No. EFF - 1	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	[redacted] vsamples over a 24 hour day
96-hr Acute Static Renewal- Cyprinella leedsi	Sample Measurement	0	0	0	0	0	0	0	0	0	0
STORET No. TAN 6H 7 A Mon.Site No. EFF - 1	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	[redacted] four grab samples over a 24 hour day
[redacted]	Sample Measurement										
	Permit Measurement										[redacted]
[redacted]	Sample Measurement										
	Permit Measurement										
[redacted]	Sample Measurement										
	Permit Measurement										[redacted]
[redacted]	Sample Measurement										
	Permit Measurement										[redacted]
[redacted]	Sample Measurement										
	Permit Measurement										[redacted]

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

ITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
ING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	1/01/99	To:	1/31/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Annual
		CLASS SIZE:	Minor	GROUP:	Domestic
ITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
TION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D002		
ITY:	Martin	PLANT SIZE/TREATMENT TYPE:	IIC		

CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal Daphnia dubia [illegible]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal- Cyprinella leedsi [illegible]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
[illegible]	Sample Measurement										
	Permit Measurement										
[illegible]	Sample Measurement										
	Permit Measurement										
[illegible]	Sample Measurement										
	Permit Measurement										
[illegible]	Sample Measurement										
	Permit Measurement										
[illegible]	Sample Measurement										
	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

ITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
ING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	1/01/99	To:	1/31/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Annual
		CLASS SIZE:	Minor	GROUP:	Domestic
ITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
TION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D003		
ITY:	Martin	PLANT SIZE/TREATMENT TYPE:	IIC		

CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal Daphnia dubia	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal- Pimephales [redacted]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
[redacted]	Sample Measurement										
	Permit Measurement										
[redacted]	Sample Measurement										
	Permit Measurement										
[redacted]	Sample Measurement										
	Permit Measurement										
[redacted]	Sample Measurement										
	Permit Measurement										
[redacted]	Sample Measurement										
	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

[redacted] mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

ITTER NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
ING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	2/01/99	To: 2/28/99	
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
ITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
TION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D001		
		PLANT SIZE/TREATMENT TYPE:	IIC	NO DISCHARGE FROM SITE	X
TY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
w declaration	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
00400	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the ed 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.

TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert M. Post President		(561) 597-3496	4/09/99

ENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

[illegible] mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

[illegible] NAME: Indiantown Utilities
[illegible] ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

[illegible]
[illegible]

Indiantown Company Wastewater Treatment Plant
15851 S.W. Farms Road
Indiantown, FL 34956

[illegible]

Martin

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 2/01/99 To: 2/28/99
LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic

FACILITY ID: FL0029939
GMS ID NO.: 5143P03291
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 20552
GMS TEST SITE NO.: ——

NO DISCHARGE FROM SITE ☒

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
[illegible]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
for dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
00400	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
en, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Indiantown Utilities
MAILING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 2/01/99 To: 2/28/99
LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic

FACILITY: Indiantown Company Wastewater Treatment Plant
LOCATION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939
GMS ID NO.: 5143P03291
DISCHARGE POINT NUMBER: D003
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 20552
GMS TEST SITE NO.: ____

NO DISCHARGE FROM SITE ☒

COUNTY: Martin

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0	0	0	0	0	0	0	0	0	[redacted]
STORET No. 50050 1 1 Mon.Site No. EFF-3	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	[redacted]
pH	Sample Measurement	0	0	0	0	0	0	0	0	0	[redacted]
STORET No. 00400 1 1 Mon.Site No. EFF-3	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	[redacted]
TRC for dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
STORET No. 50060 1 1 Mon.Site No. EFF-3	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	[redacted]
Oxygen, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
STORET No. 00300 1 1 Mon.Site No. EFF-3	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	[redacted]
	Sample Measurement										
[redacted]	Permit Measurement										[redacted]
	Sample Measurement										
[redacted]	Permit Measurement										[redacted]
	Sample Measurement										
[redacted]	Permit Measurement										[redacted]
	Sample Measurement										
[redacted]	Permit Measurement										[redacted]

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiantown, FL 34956

ILITY: Indiantown Company Wastewater Treatment Plant
AT 15851 S.W. Farms Road
Indiantown, FL 34956

NTY: Martin

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 2/01/99 To: 2/28/99
LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic

FACILITY ID: FL0029939 WAFR SITE NO.: 20552
GMS ID NO.: 5143P03291 GMS TEST SITE NO.: ____
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: IIC

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	.341		MGD					0		
	Permit Measurement	0.4 (An.Avg.)		mgd						continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement		.333	MGD					0		
	Permit Measurement		Report (Mo.Avg.)	mgd						continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement				6.6			Mg/L	0		
	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				4.8			Mg/L	0		
	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				3.6			Mg/L	0		
	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				4.1			Mg/L	0		
	Permit Measurement				30.0 (Mo.Avg.)	45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
00400	Sample Measurement				6.8	7.1		S.U.	0		
	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Continuous	pH meter with 24 hour recording meter

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DISCHARGE MONITORING REPORT - PART A (Continued)

[redacted]: Indiantown Company Wastewater Treatment Plant PERMIT NUMBER: FL0029939-001-DWIP DISCHARGE POINT NUMBER: R001 WAFR SITE No.: 20552

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement				15			Mg/L	1		
[redacted]	Permit Requirement				12.0 (Max.)			mg/L		Weekly	Grab
gen, Total as N	Sample Measurement				19			Mg/L	0		
[redacted]	Permit Requirement				Report (Max.)			mg/L		Weekly	8-hour FPC
phorus, Total as P	Sample Measurement				4.5			Mg/L	0		
[redacted]	Permit Requirement				Report (Max.)			mg/L		Weekly	8-hour FPC
l Coliform Bacteria	Sample Measurement				0.20			#/100 ML	0		
[redacted]	Permit Requirement				200 (An.Avg.)			#/100mL		Weekly	Grab
l Coliform Bacteria	Sample Measurement				0	0		#/100 ML	0		
[redacted]	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
for Chlorination	Sample Measurement				0.8			Mg/L	0		
[redacted]	Permit Requirement				0.5 (Min.)			mg/L		Continuous	TRC meter with 24 hour recording chart

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

...ete and mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

...MITTEE NAME: Indiantown Utilities
...LING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

...ILITY: Indiantown Company Wastewater Treatment Plant
...ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

...NTY: Martin

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 2/01/99 To: 2/28/99
LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic

FACILITY ID: FL0029939 WAFR SITE NO.: 20552
GMS ID NO.: 5143P03291 GMS TEST SITE NO.: ——
DISCHARGE POINT NUMBER: R002
PLANT SIZE/TREATMENT TYPE: IIC

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.		
	Sample Measurement	0.084		MGD					0		
[redacted]	Permit Measurement	0.107 (An.Avg.)		mgd						Continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement		0.073	MGD					0		
[redacted]	Permit Measurement		Report (Mo.Avg.)	mgd						Frequency of Analysis	Sample Type
[redacted]	Sample Measurement				6.6			N/L	0		
[redacted]	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
[redacted]	Sample Measurement				4.8			N/L	0		
[redacted]	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				3.6			N/L	0		
[redacted]	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				[illegible]			N/L	0		
[redacted]	Permit Measurement				30.0 (Mo.Avg.)	45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
00400	Sample Measurement				[illegible]	7.1		S.U.	0		
[redacted]	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Continuous	pH meter with 24 hour recording meter

DISCHARGE MONITORING REPORT - PART A (Continued)

[illegible]: Indiantown Company Wastewater Treatment Plant PERMIT NUMBER: FL0029939-001-DW1P DISCHARGE POINT NUMBER: R002 WAFR SITE No.: 20552

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
[illegible]	Sample Measurement				15			Mg/L	1		
[illegible]	Permit Measurement				12.0 (Max.)			mg/L		Weekly	Grab
[illegible] gen, Total as N	Sample Measurement				19			Mg/L	0		
[illegible]	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
[illegible] horus, Total as P	Sample Measurement				4.5			Mg/L	0		
[illegible] Site No. EFF-5 [illegible]	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
Coliform Bacteria	Sample Measurement				0.20			#/100ml	0		
[illegible] Site No. EFF-7 [illegible]	Permit Measurement				200 (An.Avg.)			#/100mL		Weekly	Grab
Coliform Bacteria	Sample Measurement				0	0		#/100ml	0		
[illegible] Site No. EFF-7 [illegible]	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
[illegible] for disinfection	Sample Measurement				0.8			Mg/l	0		
[illegible]	Permit Measurement				0.5 (Min.)			mg/L		Continuous	TRC meter with 24 hour recording chart

TY NAM[illegible]

Para[illegible]

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	2/01/99	To:	2/28/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	Influent Monitoring Point		
NTY	Martin	PLANT SIZE/TREATMENT TYPE:	IIC		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	*									
[redacted]	Permit Measurement	0.385 (3-Mo.Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow Meters
	Sample Measurement				220			mg/L	0		
[redacted]	Permit Measurement				Report (Mo.Avg.)			mg/L		Weekly	16-hour FPC
	Sample Measurement				190			mg/L	0		
[redacted]	Permit Measurement				Report (Mo.Avg.)			mg/L		Monthly	16-hour FPC

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* MOTOR NOT INSTALLED YET TO MEET NEW PERMIT CONDITIONS :

DAILY SAMPLE RESULTS - PART B
(PAGE ONE)

Permit Number: FL0029939-001-DW1P
Month/Year: February /1999

Three-month Average Daily Flow: .411
Daily Flow % of Permitted Capacity: 70 %

of the Month / Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
(mgd), EFF-6	.430	.420	.440	.320	.430	.390	.430	.410	.350	.430	.350	.400	.430	.450	.450	.380	.410	.370	.430	.400	.390	.410	.370	.400	.390	.380	.450	.420		
(mgd), EFF-7	.101	.090	.098	.106	.087			.123	.103	.109	.096	.111			.106	.100	.108	.097	.109			.112	.089	.107	.099	.102				
(mgd), INF-1																														
DS (mg/L), EFF-6	<2							4.6							5.5							6.9								
DS (mg/L), INF-1	220							240							250							170								
mg/L), EFF-6	4.3							2.7							6.7							2.8								
mg/L), INF-1	200							150							300							110								
id. units), EFF-6	7.1	7.3	7.2	6.9	6.8	7.1	7.0	7.1	7.0	7.1	7.0	7.1	7.0	6.9	6.9	7.2	7.1	7.1	7.2	7.3	7.4	7.3	7.1	7.0	7.0	7.2	7.1	7.1		
Coliform Bacteria (#/100 mL), EFF-6		<1							<1							<1							<1							
ction time for Fecal Coliform Bacteria sample, EFF-6		0830							0830							0900							0830							
Fet (Dissolution) (mg/L), EFF-6	1.6	0.9	1.3	1.6	1.0	1.4	1.1	1.6	1.8	1.3	1.6	1.8	1.6	2.2	2.0	1.5	2.2	1.7	1.6	2.2	1.9	1.2	0.8	1.3	1.6	1.2	1.0	1.1		
Nitrogen (as N) (mg/L), EFF-6															15							19								
Phosphorus (as P) (mg/L), EFF-6															4.0							4.5								
s, as N, EFF-6																9.3							15							

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Certified Operators:

Shift Operator	Class A	Certificate No.	6805	Name:	DEAN S. SMILEY, JR.
Shift Operator	Class B	Certificate No.	3634	Name:	JOHN C. JOHNSON, SR.
Shift Operator	Class B	Certificate No.	6717	Name:	JAMES G. HEWITT
Operator	Class	Certificate No.		Name:	

Method of Effluent Disposal or Reclaimed Water Reuse: EVAP. / PERC. PONDS / IRRIGATION
Was Wet Weather Discharge Activated: Yes___ No___ Not Applicable X If yes, cumulative days of wet weather discharge:___
Attach additional sheets necessary to list all certified operators necessary for required operations.

DAILY SAMPLE RESULTS - PART B
(PAGE TWO)

[redacted] Number: FL0029939-001-DW1P
[redacted] Year: February / 1999

Three-month Average Daily Flow: n/a
Daily Flow % of Permitted Capacity: n/a

[redacted] Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
[redacted], EFF-1																														
[redacted], EFF-2																														
[redacted], EFF-3																														
For Dechlorination) (mg/L),EFF-1																														
For Dechlorination) (mg/L),EFF-2																														
For Dechlorination) (mg/L),EFF-3																														
d. units), EFF-1																														
d. units), EFF-2																														
d. units), EFF-3																														
n, Dissolved (DO), EFF-1																														
n, Dissolved (DO), EFF-2																														
n, Dissolved (DO), EFF-3																														
ation Pond Water Elevation, EFF-1																														
ation Pond Water Elevation, EFF-2																														
ation Pond Water Elevation, EFF-3																														
ation Pond Water Elevation, EFF-4																														
ation Pond Water Elevation, EFF-5																														
elevation below the overflow, EFF-1																														
elevation below the overflow, EFF-2																														
elevation below the overflow, EFF-3																														
elevation below the overflow, EFF-4																														
elevation below the overflow, EFF-5																														

→ NEW POND STAFFS (NOT INSTALLED) + ELEVATION (NOT SHOT) TO MEET NEW PERMIT LIMITATIONS AT THIS TIME.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 2/01/99 To: 2/28/99
LIMIT: Final REPORT: Annual
CLASS SIZE: Minor GROUP: Domestic

ILITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939 WAFR SITE NO.: 20552
GMS ID NO.: 5143P03291 GMS TEST SITE NO.: ——
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

NTY: Martin

CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal [redacted]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal- [redacted]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

e Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTER NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	2/01/99	To:	2/28/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Annual
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D002		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin	CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR			

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal duplicate dilution	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal- native control	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTER NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	2/01/99	To:	2/28/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Annual
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D003		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin	CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR			

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal daphnia dubia	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement	[redacted]			LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal-nella lendal	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement	[redacted]			LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
[redacted]	Permit Measurement	[redacted]									
	Sample Measurement										
[redacted]	Permit Measurement	[redacted]									
	Sample Measurement										
[redacted]	Permit Measurement	[redacted]									
	Sample Measurement										
[redacted]	Permit Measurement	[redacted]									
	Sample Measurement										
[redacted]	Permit Measurement	[redacted]									

GROUNDWATER MONITORING REPORT - PART D

FLA0129939-DWIP-001 - Indiantown Company WWTF

2/99

2/9/99

__✓__ Yes ___ No

Monitoring Location Site Number: MWC-1/R001

Well Type: Compliance

Ground Water Class: G-II

Parameter	Storet Code	Sampling Methods	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
level (field measurement)	82545	[illegible]	N/A	N/A	Tape	10 '	N/A
[illegible]	00620	[illegible]	N	V	EPA 300.0	ND	0.060 MG/L
[illegible] solids	00515	↓	↓	V	EPA 160.1	330 MG/L	10 MG/L
c, Total Recoverable	00978			HNO_3	EPA 200.7	ND	0.0050 MG/L
de [illegible]	00941			V	EPA 300.0	51 MG/L	7.5 MG/L
um, Total Recoverable	01113			HNO_3	EPA 200.7	ND	0.0010 MG/L
ium, Total Recoverable	01118			HNO_3	EPA 200.7	0.0033 MG/L	0.0020 MG/L
Total Recoverable	01114			HNO_3	EPA 200.7	0.016 MG/L	0.0030 MG/L
Coliform	31616			S/S	M9222D	ND	1.0 COL/100 ML
	00400 00			V	METER	6.5	0 SU
	00945			V	EPA 300.0	22 MG/L	2.5 MG/L
Nitrogen (as N)	00600			H_2SO_4	EPA [illegible]	1.9 MG/L	0.20 MG/L
Phosphorus (as P)	00665			H_2SO_4	EPA 365.1	0.17 MG/L	0.050 MG/L
c Conductance	00095	↓	↓	V	EPA 120.1	510 UMHOS/CM	2.0 UMHOS/CM

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nts and Explanation:

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

GROUNDWATER MONITORING REPORT - PART D

FLA0129939-DWIP-001 - Indiantown Company WWTF

2/99

2/16/99

✓ Yes ___ No

Monitoring Location Site Number: MWC-2 / R002

Well Type: Compliance

Ground Water Class: G-II

Parameter	Storet Code	Sampling Methods	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
measurement)	82545	TAPE	N/A	N/A	TAPE	25'	N/A
(as N)	00620	BAILER	N	U	EPA 300.0	ND	0.060 mg/L
	00515	↓	↓	U	EPA 160.1	410 mg/L	10 mg/L
Total Recoverable	00978			HNO_3	EPA 200.7	ND	0.0050 mg/L
	00941			U	EPA 300.0	86 mg/L	7.5 mg/L
Total Recoverable	01113			HNO_3	EPA 200.7	ND	0.0010 mg/L
Total Recoverable	01118			HNO_3	EPA 200.7	0.0049 mg/L	0.0020 mg/L
Total Recoverable	01114			HNO_3	EPA 200.7	ND	0.0030 mg/L
	31616			SO_4	MF222	ND	1.0 cfu/100mL
	00400			U	Meter	6.1 SU	0 SU
	00945			U	EPA 300.0	4.3 mg/L	2.5 mg/L
(as N)	00600			H_2SO_4	EPA 351.2	5.5 mg/L	0.120 mg/L
(as P)	00665			H_2SO_4	EPA 365.4	2.41 mg/L	0.050 mg/L
Conductance	00095	↓	↓	U	EPA 120.1	610 umhos/cm	7.0 umhos/cm

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Notes and Explanation:

GROUNDWATER MONITORING REPORT - PART D

FLA0129939-DWIP-001 - Indiantown Company WWTF

Monitoring Location Site Number: MWB-1 / R001
Well Type: Background
Ground Water Class: G-II

2/99
2/09/99
✓ Yes __ No

Parameter	Storet Code	Sampling Methods	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
measurement)	82545	TAPE	N/A	N/A	TAPE	ft	N/A
	00620	Grab	N	U	EPA 300.0	ND	0.060 mg/L
solved solids	00515	Grab	N	U	EPA 160.1	280 mg/L	10 mg/L
Total Recoverable	00978	Grab	N	HNO_3	EPA 200.7	ND	0.0050 mg/L
	00941	Grab	N	U	EPA 300.0	86 mg/L	1.5 mg/L
Total Recoverable	01113	Grab	N	HNO_3	EPA 200.7	ND	0.0010 mg/L
Total Recoverable	01118	Grab	N	HNO_3	EPA 200.7	ND	0.0020 mg/L
Total Recoverable	01114	Grab	N	HNO_3	EPA 200.7	0.0020 mg/L	0.0020 mg/L
coliform	31616	Grab	N		MTF	ND	1.0 col/100 ml
	00406 DO	Grab	N	U	Meter	4.7 mg/L	0 mg/L
	00945	Grab	N	U	EPA 300.0	28 mg/L	2.5 mg/L
(as N)	00600	Grab	N	H_2SO_4	EPA 351.2	2.0 mg/L	0.20 mg/L
(as P)	00665	Grab	N	H_2SO_4	EPA 365.4	0.18 mg/L	0.030 mg/L
Conductance	00095	Grab	N	U	EPA 120.1	400 umhos/cm	2.0 umhos/cm

Notes and Explanation:

GROUNDWATER MONITORING REPORT - PART D

FLA0129939-DW1P-001 - Indiantown Company WWTF

2/99

2/16/99

Monitoring Location Site Number: MWB-2 / R002

Well Type: Background

Ground Water Class: G-II

the well pumped before sampling? ✓ Yes ___ No

Parameter	Storet Code	Sampling Methods	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
r level measurement)	82545	TAPE	N/A	N/A	TAPE	12"	N/A
	00620	BALLOON	N	U	EPA 300.0	ND	0.060 mg/L
sulfide	00515			U	EPA 160.1	210 mg/L	10 mg/L
recoverable	00978			HNO_3	EPA 200.7	ND	0.0050 mg/L
	00941			U	EPA 300.0	79 mg/L	7.5 mg/L
Total Recoverable	01113			HNO_3	EPA 200.7	ND	0.0010 mg/L
Total Recoverable	01118			HNO_3	EPA 200.7	0.0027 mg/L	0.0020 mg/L
Total Recoverable	01114			HNO_3	EPA 200.7	ND	0.0030 mg/L
	31616			N/A	M9222D	ND	1.0 cfu/100 mL
	00400 00			U	METER	5.9 SU	0 SU
	00945			U	EPA 300.0	ND	2.5 mg/L
Nitrogen (as N)	00600			H_2SO_4	EPA 351.2	5.5 mg/L	0.20 mg/L
Phosphorus (as P)	00665			H_2SO_4	EPA 365.4	0.72 mg/L	0.050 mg/L
ific Conductance	00095			U	EPA 120.1	480 umhos/cm	10 umhos/cm

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

ITTED NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
ING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	3/01/99	To: 3/31/99	
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
ITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
TION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D001		
		PLANT SIZE/TREATMENT TYPE:	IIC	NO DISCHARGE FROM SITE	X
TY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] te No.EFF-1	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
r dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] te No.EFF-1	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
[redacted]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] te No.EFF-1	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] te No.EFF-1	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the ed 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.

TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert M.Post President		(561) 597-3496	4/23/99

ENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

...Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiantown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 3/01/99 To: 3/31/99
LIMIT: Final
CLASS SIZE: Minor
REPORT: Monthly
GROUP: Domestic

ILITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939
GMS ID NO.: 5143P03291
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC
WAFR SITE NO.: 20552
GMS TEST SITE NO.: ____

NTY: Martin

NO DISCHARGE FROM SITE ☒

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
for dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-2	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
00400	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-2	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
en, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-2	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

ILITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

NTY: Martin

PERMIT NUMBER: FL0029939-001-DWIP
MONITORING PERIOD From: 3/01/99 To: 3/31/99
LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic

FACILITY ID: FL0029939 WAFR SITE NO.: 20552
GMS ID NO.: 5143P03291 GMS TEST SITE NO.: ____
DISCHARGE POINT NUMBER: D003
PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE ☒

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
00400	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	grab
for dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
en, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

MITTEE NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 3/01/99 To: 3/31/99
LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic

ILITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939
GMS ID NO.: 5143P03291
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: IIC
WAFR SITE NO.: 20552
GMS TEST SITE NO.: ____

NTY: Martin

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	.335		MGD				MGD	0		
ET [illegible] Site No. EFT-6	Permit Measurement	0.4 (An.Avg.)		1 mgd						continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement		.355	MGD				MGD	0		
ET [illegible] Site No. EFT-6	Permit Measurement		Report (Mo.Avg.)	mgd						continuous with 5 readings/Week	Flow Meters with Totalizer
00	Sample Measurement				6.6			MG/L	0		
ET [illegible] Site No. EFT-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
00	Sample Measurement				4.5			MG/L	0		
ET [illegible] Site No. EFT-6	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				5.7			MG/L	0		
ET [illegible] Site No. EFT-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				5.5			MG/L	0		
ET No. 00530 Site No. EFT-6	Permit Measurement				30.0 (Mo.Avg.)	45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
ET No. 00400	Sample Measurement				6.7	7.4		S.U.	0		
ET [illegible]	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Continuous	pH meter with 24 hour recording meter

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DISCHARGE MONITORING REPORT - PART A (Continued)

:ILITY NAME: Indiantown Company Wastewater Treatment Plant PERMIT NUMBER: FL0029939-001-DW1P DISCHARGE POINT NUMBER: R001 WAFR SITE No.: 20552

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
ate, as N	Sample Measurement				14			mg/L	3		
[redacted] Site No. FF-6	Permit Measurement				12.0 (Max.)			mg/L		Weekly	Grab
gen, Total as N	Sample Measurement				21			mg/L	0		
[redacted] Site No. FF-6	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
phorus, Total as P	Sample Measurement				4.6			mg/L	0		
[redacted] Site No. FF-6	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
l Coliform Bacteria	Sample Measurement				0.19			#/100mL	0		
[redacted] Site No. FF-6	Permit Measurement				200 (An.Avg.)			#/100mL		Weekly	Grab
l Coliform Bacteria	Sample Measurement				0.20	1		#/100mL	0		
[redacted] Site No. FF-6	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
for disinfection	Sample Measurement				1.2						
[redacted] Site [redacted]	Permit Measurement				0.5 (Min.)			mg/L		Continuous	TRC meter with 24 hour recording chart

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

[illegible] mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	3/01/99	To: 3/31/99	
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
ILITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	R002		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.		
	Sample Measurement	0.079		MGD				MGD	0		
[redacted] Site No. [redacted]	Permit Measurement	0.107 (An.Avg.)		mgd						Continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement		0.045	MGD				MGD	0		
[redacted]	Permit Measurement		Report (Mo.Avg.)	mgd						Frequency of Analysis	Sample Type
05	Sample Measurement				6.6			MIN	0		
[redacted]	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
05	Sample Measurement				4.5			MAX	0		
[redacted] Site No. [redacted]	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				3.7			MIN	0		
[redacted]	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				5.5			MAX	0		
[redacted]	Permit Measurement				30.0 (Mo.Avg.)	45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
[redacted]	Sample Measurement				6.9	7.4		S.U.	0		
[redacted]	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Continuous	pH meter with 24 hour recording meter

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DISCHARGE MONITORING REPORT - PART A (Continued)

ILITY NAME: Indiantown Company Wastewater Treatment Plant PERMIT NUMBER: FL0029939-001-DW1P DISCHARGE POINT NUMBER: R002 WAFR SITE No.: 20552

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
ie, as N	Sample Measurement				14			My/L	3		
[redacted]	Permit Requirement				12.0 (Max.)			mg/L		Weekly	Grab
gen, Total as N	Sample Measurement				2.1			My/L	0		
[redacted] Site No. EPF-6	Permit Requirement				Report (Max.)			mg/L		Weekly	8-hour FPC
horus, Total as P	Sample Measurement				4.6			My/L	0		
[redacted] Site No. EPF-5	Permit Requirement				Report (Max.)			mg/L		Weekly	8-hour FPC
Coliform Bacteria	Sample Measurement				0.19			#/100 mL	0		
[redacted] Site No. EPF-7	Permit Requirement				200 (An.Avg.)			#/100mL		Weekly	Grab
Coliform Bacteria	Sample Measurement				0.20	1		#/100 mL	0		
[redacted] Site No. EPF-7	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
for disinfection	Sample Measurement				1.2			My/L	0		
[redacted]	Permit Requirement				0.5 (Min.)			mg/L		Continuous	TRC meter with 24 hour recording chart

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No. EPA 6

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
ING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	2/01/99	To:	3/31/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	Influent Monitoring Point		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	*									
E [illegible] O site No. INF-1	Permit Measurement	0.585 (3-Mo.Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow Meters
05	Sample Measurement				246			Mg/L	0		
E [illegible] O site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Weekly	8 16-hour FPC
	Sample Measurement				220			Mg/L	0		
E [illegible] O site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Monthly	8 16-hour FPC

* METER NOT INSTALLED TO MEET NEW PERMIT CONDITIONS

DAILY SAMPLE RESULTS - PART B
(PAGE ONE)

t Number: FL0029939-001-DW1P
h/Year: 3/99

Three-month Average Daily Flow: .409
Daily Flow % of Permitted Capacity: 70 %

of the Months neter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
(mgd), EFF-6	.410	.390	.400	.400	.370	.380	.380	.410	.340	.380	.370	.400	.440	.460	.450	.410	.420	.370	.380	.400	.370	.400	.410	.420	.390	.380	.420	.400	.435	.390/.410
(mgd), EFF-7	.110	.101	.076	.121	.100			.087	.119																.131	.098			.105	.111/.223
(mgd), INF-1																														
)5 (mg/L), EFF-6	3.9							2.4							4.6							5.4							6.2	
)5 (mg/L), INF-1	230							210							360							220							210	
mg/L), EFF-6	2.2							5.0							4.6							10							5.7	
mg/L), INF-1	150							140							380							170							260	
d. units), EFF-6	7.0	6.9	7.1	7.4	7.2	7.1	7.1	7.0	7.0	7.1	7.0	7.0	7.1	7.0	7.0	7.0	7.2	7.1	7.2	7.1	7.1	7.1	7.1	7.0	7.3	7.1	7.1	7.0	7.2	7.0/7.3
Coliform Bacteria (#/100 mL), EFF-6		ND							ND							ND							1.0						ND
tion time for Fecal Coliform Bacteria sample, EFF-6		0815							0815							0815							0815							0815
For Disinfection) (mg/L), EFF-6	1.7	1.9	2.2	1.8	1.5	1.5	2.1	1.6	1.8	1.5	1.9	2.2	2.2	2.1	2.2	1.7	2.1	1.6	1.9	1.8	2.0	1.9	1.6	1.5	2.0	2.2	1.4	1.9	1.2	1.6/2.2
Nitrogen (as N) (mg/L), EFF-6	21							20							17							16							12	
Phosphorus (as P) (mg/L), EFF-6	4.0							4.0							3.6							4.6							3.2	
e, as N, EFF-6		14							14							14							6.1							3.1

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Staffing:

ift Operator	Class A	Certificate No.	6805	Name:	DEAN S. SMILEY JR.
g Shift Operator	Class B	Certificate No.	34711	Name:	DON C. JOHNSON SR.
Shift Operator	Class B	Certificate No.	6717	Name:	JAMES G. HEWITT
Operator	Class	Certificate No.		Name:	

f Effluent Disposal or Reclaimed Water Reuse: EVAP./PERC. PONDS/IRRIGATION
d Wet Weather Discharge Activated: Yes___ No___ Not Applicable X If yes, cumulative days of wet weather discharge:___
h additional sheets necessary to list all certified operators necessary for required operations.

...ume for
...
...ogen (as ...
...sphorus ...
...N, EFF-...

DAILY SAMPLE RESULTS - PART B
(PAGE TWO)

...t Number: FL0029939-001-DW1P
...h/Year:

Three-month Average Daily Flow: n/a
Daily Flow % of Permitted Capacity: n/a

...of the Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
...eter/Unit/Monitoring Location Site Number																														
...(mgd), EFF-1																														
...(mgd), EFF-2																														
...(mgd), EFF-3																														
...(For Dechlorination) (mg/L),EFF-1																														
...(For Dechlorination) (mg/L),EFF-2																														
...(For Dechlorination) (mg/L),EFF-3																														
...d. units), EFF-1																														
...d. units), EFF-2																														
...d. units), EFF-3																														
...en, Dissolved (DO), EFF-1																														
...en, Dissolved (DO), EFF-2																														
...en, Dissolved (DO), EFF-3																														
...lation Pond Water Elevation, EFF-1																														
...lation Pond Water Elevation, EFF-2																														
...lation Pond Water Elevation, EFF-3																														
...lation Pond Water Elevation, EFF-4																														
...lation Pond Water Elevation, EFF-5																														
...elevation below the overflow, EFF-1																														
...elevation below the overflow, EFF-2																														
...elevation below the overflow, EFF-3																														
...elevation below the overflow, EFF-4																														
...elevation below the overflow, EFF-5																														
...ments																														

→ New Pond Staffs (Not Installed) + Elevations (Not Shot) To Meet New Permit Conditions At This Time

...the Mont...
...nit/Mon...

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

a Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	3/01/99	To: 3/31/99	
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Annual
		CLASS SIZE:	Minor	GROUP:	Domestic
ILITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D001		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin	CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR			

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal daphnia dubia	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal-menidia beedsi	Sample Measurement	0	0	0	0	0	0	0	0	0	0
RET No TAN 6H - A [redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	3/1/99	To: 3/31/99	
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Annual
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D002		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin	CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR			

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal daphnia dubia	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal- nella leedsi	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME; Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 3/01/99 To: 3/31/99
LIMIT: Final REPORT: Annual
CLASS SIZE: Minor GROUP: Domestic

ILITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939 WAFR SITE NO.: 20552
GMS ID NO.: 5143P03291 GMS TEST SITE NO.: ____
DISCHARGE POINT NUMBER: D003
PLANT SIZE/TREATMENT TYPE: IIC

NTY: Martin

CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal daphnia dubia	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal- nella lendai	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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Parm

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

ITTEE NAME: Indiantown Utilities
ING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DWIP
MONITORING PERIOD From: 4/01/99 To: 4/30/99
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

ITY: Indiantown Company Wastewater Treatment Plant
TION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939
GMS ID NO.: 5143P03291
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 20552
GMS TEST SITE NO.: ____

NO DISCHARGE FROM SITE ☒

TY: Martin

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
r dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
00400	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
n, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the ed 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.

TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert M. Post President		(561) 597-3496	5/17/99

ENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ce Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
ILING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	4/6/99	To:	4/30/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
ILITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	___
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D002		
		PLANT SIZE/TREATMENT TYPE:	IIC	NO DISCHARGE FROM SITE	☒
NTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
for dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
[redacted]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
en, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

en Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 4/01/99 To: 4/30/99
LIMIT: Final
CLASS SIZE: Minor
REPORT: Monthly
GROUP: Domestic

ILITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939
GMS ID NO.: 5143P03291
DISCHARGE POINT NUMBER: D003
PLANT SIZE/TREATMENT TYPE: IIC
WAFR SITE NO.: 20552
GMS TEST SITE NO.: ____

NTY: Martin

NO DISCHARGE FROM SITE ☒

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
Site No. EFF-3	Permit Measurement	No Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
00400	Sample Measurement	0	0	0	0	0	0	0	0	0	0
Site No. EFF-3	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	grab
for dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
Site No. EFF-3	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
en, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
Site No. EFF-3	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

• Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	4/01/99	To: 4/30/99	
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
ILITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	R001		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	.342		MGD				MGD	0		
Site No. EFT-6	Permit Measurement	0.4 (An.Avg.)		1 mgd						continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement		.394	MGD				MGD	0		
Site No. EFT-6	Permit Measurement		Report (Mo.Avg.)	mgd						continuous with 5 readings/Week	Flow Meters with Totalizer
DS	Sample Measurement				6.2			Mg/l	0		
Site No. EFT-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
DS	Sample Measurement				4.2			Mg/L	0		
Site No. EFT-6	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				3.6			Mg/L	0		
Site No. EFT-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				4.1			Mg/L	0		
Site No. EFT-6	Permit Measurement				30.0 (Mo.Avg.)	45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
00400	Sample Measurement				6.7	7.6		S.U.	0		
	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Continuous	pH meter with 24 hour recording meter

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Permit

DISCHARGE MONITORING REPORT - PART A (Continued)

ILITY NAME: Indiantown Company Wastewater Treatment Plant **PERMIT NUMBER:** FL0029939-001-DWIP **DISCHARGE POINT NUMBER:** R001 **WAFR SITE No.:** 20552

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
ite, as N	Sample Measurement				7.7			mg/L	0		
[redacted]	Permit Measurement				12.0 (Max.)			mg/L		Weekly	Grab
gen, Total as N	Sample Measurement				18			mg/L	0		
[redacted]	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
phorus, Total as P	Sample Measurement				5.1			mg/L	0		
[redacted]	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
l Coliform Bacteria	Sample Measurement				0.14			mg/L	0		
[redacted]	Permit Measurement				200 (An.Avg.)			#/100mL		Weekly	Grab
l Coliform Bacteria	Sample Measurement				0	0		#/100mL	0		
[redacted]	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
for disinfection	Sample Measurement				1.2			mg/L	0		
[redacted]	Permit Measurement				0.5 (Min.)			mg/L		Continuous	TRC meter with 24 hour recording chart

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	4/01/99	To: 4/30/99	
	Indiantown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	R002		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.		
	Sample Measurement	0.070		MGD				MGD	0		
[redacted]	Permit Measurement	0.107 (An.Avg.)		mgd					-	Continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement		0.081	MGD				MGD	0		
[redacted]	Permit Measurement		Report (Mo.Avg.)	mgd						Frequency of Analysis	Sample Type
D5	Sample Measurement				6.2			mg/L	0		
[redacted]	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
D5	Sample Measurement				4.2			mg/L	0		
[redacted]	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				3.6			mg/L	0		
[redacted]	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				4.1			mg/L	0		
[redacted]	Permit Measurement				30.0 (Mo.Avg.)	45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				6.7	7.6		S.U.	0		
[redacted]	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Continuous	pH meter with 24 hour recording meter

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DISCHARGE MONITORING REPORT - PART A (Continued)

ILITY NAME: Indiantown Company Wastewater Treatment Plant | PERMIT NUMBER: FL0029939-001-DW1P | DISCHARGE POINT NUMBER: R002 | WAFR SITE No.: 20552

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
ie, as N [illegible]	Sample Measurement				7.7			Mg/L	0		
[illegible] Site No. EFF-2	Permit Requirement				12.0 (Max.)			mg/L		Weekly	Grab
gen, Total as N	Sample Measurement				18			Mg/L	0		
[illegible] Site No. EFF-5	Permit Requirement				Report (Max.)			mg/L		Weekly	8-hour FPC
horus, Total as P	Sample Measurement				5.7			Mg/L	0		
[illegible] Site No. EFF-5	Permit Requirement				Report (Max.)			mg/L		Weekly	8-hour FPC
Coliform Bacteria	Sample Measurement				0.14			#/100mL	0		
[illegible] Site No. EFF-7	Permit Requirement				200 (An.Avg.)			#/100mL		Weekly	Grab
Coliform Bacteria	Sample Measurement				0	0		#/100mL	0		
[illegible] Site No. EFF-7	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
for disinfection	Sample Measurement				1.2			Mg/L	0		
[illegible]	Permit Requirement				0.5 (Min.)			mg/L		Continuous	TRC meter with 24 hour recording chart

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

MITTER NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	4/01/99	To: 4/30/99	
	Indiantown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	Influent Monitoring Point		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	*									
[redacted]	Permit Measurement	0.585 (3-Mo.Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow Meters
05	Sample Measurement				265			mg/L	0		
[redacted]	Permit Measurement				Report (Mo.Avg.)			mg/L		Weekly	16-hour FPC
	Sample Measurement				195			mg/L	0		
[redacted]	Permit Measurement				Report (Mo.Avg.)			mg/L		Monthly	16-hour FPC

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* METER NOT YET INSTALLED TO MEET NEW PERMIT CONDITIONS

DAILY SAMPLE RESULTS - PART B
(PAGE ONE)

it Number: FL0029939-001-DW1P
h/Year: [illegible]
Ni: INF-1

Three-month Average Daily Flow: .400
Daily Flow % of Permitted Capacity: 68%

of the Month nonth/Units/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
(mgd), EFF-6	.400	.360	.380	.370	.380	.360	.380	.370	.400	.410	.450	.400	.370	.330	.380	.450	.450	.420	.420	.408	.370	.400	.370	.430	.450	.400	.370	.370	.380	.370
(mgd), EFF-7	.116	.103			.111	.097	.101	.105	.097			.118	.110	.125	.100	.107			.113	.121	.116	.090	.111			.115	.107	.131	.126	.108
(mgd), INF-1																														
DS (mg/L), EFF-6					3.9							4.7							5.2							3.1				
DS (mg/L), INF-1					250							330							240							240				
mg/L), EFF-6					4.6							4.8							3.8							3.2				
mg/L), INF-1					180							190							190							220				
(d. units), EFF-6	7.1	7.2	7.2	7.2	7.2	7.0	7.2	7.1	7.3	7.1	7.3	7.2	7.2	7.2	7.2	7.6	7.4	7.2	7.1	6.9	7.0	7.2	7.1	7.1	7.0	7.2	7.4	7.2	7.2	7.3
Coliform Bacteria (#/100 mL), EFF-6						ND							ND							ND							ND			
ction time for Fecal Coliform Bacteria sample, EFF-6						0815							0815							0815							0815			
(For Disinfection) (mg/L), EFF-6	2.2	1.6	1.9	2.1	1.5	1.8	2.0	1.7	2.8	2.1	2.0	1.6	1.2	1.5	1.6	1.6	1.6	1.5	1.9	1.9	1.4	1.9	1.4	1.6	1.4	1.8	1.5	1.7	1.7	1.4
Nitrogen (as N) (mg/L), EFF-6					12							18							16							10				
Phosphorus (as P) (mg/L), EFF-6					3.4							5.7							3.3							4.0				
e, as N, EFF-6						3.3							*							7.7							0.48			

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Staffing:

Shift Operator	Class A	Certificate No.	6805	Name:	[illegible]
g Shift Operator	Class B	Certificate No.	3634	Name:	[illegible]
Shift Operator	Class B	Certificate No.	6747	Name:	[illegible]
Operator the Month	Class	Certificate No.		Name:	

f Effluent Disposal or Reclaimed Water Reuse: EVAP. / PERC. PONDS / IRRIGATION
d Wet Weather Discharge Activated: Yes ____ No ____ Not Applicable X If yes, cumulative days of wet weather discharge: ____
h additional sheets necessary to list all certified operators necessary for required operations.

(mgd), INF
(mg/L), E
(mg/L), INF

DAILY SAMPLE RESULTS - PART B
(PAGE TWO)

it Number: FL0029939-001-DW1P
h/Year:

Three-month Average Daily Flow: n/a
Daily Flow % of Permitted Capacity: n/a

of the Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
nonth/Unit/Monitoring Location Site Number																														
(mgd), EFF-1																														
(mgd), EFF-2																														
(mgd), EFF-3																														
(For Dechlorination) (mg/L),EFF-1																														
(For Dechlorination) (mg/L),EFF-2																														
(For Dechlorination) (mg/L),EFF-3																														
id. using, EFF-1																														
id. using, EFF-2																														
id. using, EFF-3																														
en, Dissolved (DO), EFF-1																														
en, Dissolved (DO), EFF-2																														
en, Dissolved (DO), EFF-3																														
lation Pond Water Elevation, EFF-1																														
lation Pond Water Elevation, EFF-2																														
lation Pond Water Elevation, EFF-3																														
lation Pond Water Elevation, EFF-4																														
lation Pond Water Elevation, EFF-5																														
elevation below the overflow, EFF-1																														
elevation below the overflow, EFF-2																														
elevation below the overflow, EFF-3																														
elevation below the overflow, EFF-4																														
elevation below the overflow, EFF-5																														

23H

NEW POND STAGES (NOT INSTALLED) + ELEVATIONS (NOT SHOT) TO MEET NEW PERMIT REQUIREMENTS.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

...en Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	4/01/99	To:	4/30/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Annual
		CLASS SIZE:	Minor	GROUP:	Domestic
ILF...0050	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D001		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin	CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR			

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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal daphnia dubia	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal- inella leedsi	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

ITTER NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
ING ADDRESS:	P. O. BOX 397 Indiantown, FL 34956	MONITORING PERIOD From:	4/01/99	To:	4/30/99
		LIMIT:	Final	REPORT:	Annual
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road Indiantown, FL 34956	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
		DISCHARGE POINT NUMBER:	D002		
NTY:	Martin	PLANT SIZE/TREATMENT TYPE:	IIC		
		CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR			

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal [illegible]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal- [illegible]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

en Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTER NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiantown, FL 34956

PERMIT NUMBER: FL0029939-001-DWIP
MONITORING PERIOD From: 4/01/99 To: 4/30/99
LIMIT: Final
CLASS SIZE: Minor
REPORT: Monthly
GROUP: Domestic

ILITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939
GMS ID NO.: 5143P03291
DISCHARGE POINT NUMBER: D003
PLANT SIZE/TREATMENT TYPE: IIC
WAFR SITE NO.: 20552
GMS TEST SITE NO.: ____

NO DISCHARGE FROM SITE ☒

NTY: Martin

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
00400	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	grab
for dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
cn, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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Paper

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

• Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

[redacted]NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DWIP		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	4/01/99	To: 4/30/99	
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Annual
		CLASS SIZE:	Minor	GROUP:	Domestic
[redacted]LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
[redacted]ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D003		
		PLANT SIZE/TREATMENT TYPE:	IIC		
[redacted]NTY:	Martin	CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR			

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal daphnia dubia	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal-nella teadal	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

IITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
ING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	5/01/99	To:	5/31/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
ITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
TION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D001		
		PLANT SIZE/TREATMENT TYPE:	IIC	NO DISCHARGE FROM SITE	X
TY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] ile No. EFF-1	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
r dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] ile No. EFF-1.2	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
00400	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] ile No. EFF-1.3	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
n, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] ile No. EFF-1	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the ed 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.

TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert M. Post President	[signature]	(561)597-3496	6/14/99

ENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME:	Indiantown Utilities	**PERMIT NUMBER:**	FL0029939-001-DWIP		
LING ADDRESS:	P. O. BOX 397	**MONITORING PERIOD From:**	5/01/99	**To:**	5/31/99
	Indiantown, FL 34956	**LIMIT:**	Final	**REPORT:**	Monthly
		CLASS SIZE:	Minor	**GROUP:**	Domestic
ILITY:	Indiantown Company Wastewater Treatment Plant	**FACILITY ID:**	FL0029939	**WAFR SITE NO.:**	20552
ATION:	15851 S.W. Farms Road	**GMS ID NO.:**	5143P03291	**GMS TEST SITE NO.:**	____
	Indiantown, FL 34956	**DISCHARGE POINT NUMBER:**	D002		
		PLANT SIZE/TREATMENT TYPE:	IIC	**NO DISCHARGE FROM SITE** ☒	
NTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EPF-2	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
for dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EPF-2	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
00400	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EPF-2	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
en, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EPF-2	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

•n Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

ILITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

NTY: Martin

PERMIT NUMBER: FL0029939-001-DWIP
MONITORING PERIOD From: 2/01/99 To: 5/31/99
LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic

FACILITY ID: FL0029939 WAFR SITE NO.: 20552
GMS ID NO.: 5143P03291 GMS TEST SITE NO.: ——
DISCHARGE POINT NUMBER: D003
PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE ☒

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
00400	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	grab
for dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
en, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EFF-3	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
[redacted]	Sample Measurement										
	Permit Measurement										
[redacted]	Sample Measurement										
	Permit Measurement										
[redacted]	Sample Measurement										
	Permit Measurement										
[redacted]	Sample Measurement										
	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

MITTEE NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 5/01/95 To: 5/31/99
LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic

ILITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939
GMS ID NO.: 5143P03291
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: IIC
WAFR SITE NO.: 20552
GMS TEST SITE NO.: ____

NTY: Martin

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	.351 .414		MGD				MGD	0		
ET No. 00050 Y Site No. EFF-6	Permit Measurement	0.4 (An.Avg.)		1 mgd						continuous with 5 readings/Week	Flow Meters with Totalizer
ET No. 00050 Site No. EFF-6	Sample Measurement		.391	MGD				MGD	0		
	Permit Measurement		Report (Mo.Avg.)	mgd						continuous with 5 readings/Week	Flow Meters with Totalizer
05	Sample Measurement				5.7			Mg/L	0		
Site No. EFF-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
05	Sample Measurement				3.8			Mg/L	0		
Site No. EFF-6	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				3.4			Mg/L	0		
Site No. EFF-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				1.7			Mg/L	0		
ET No. 00530 Site No. EFF-6	Permit Measurement				30.0 (Mo.Avg.)	45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
00400	Sample Measurement				7.0	7.8		S.U.	0		
Site No. EFF-6	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Continuous	pH meter with 24 hour recording meter

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Permit

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant **PERMIT NUMBER:** FL0029939-001-DW1P **DISCHARGE POINT NUMBER:** R001 **WAFR SITE No.:** 20552

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
ite, as N No 3005	Sample Measurement				2.21			M/L	0		
[redacted] Site No. EFF-6	Permit Measurement				12.0 (Max.)			mg/L		Weekly	Grab
gen, Total as N No 3005	Sample Measurement				13.0			M/L	0		
[redacted] Site No. EFF-6	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
phorus, Total as P	Sample Measurement				3.9			M/L	0		
[redacted] Site No. EFF-6	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
l Coliform Bacteria	Sample Measurement				0.4			#/100mL	0		
[redacted] Site No. EFF-6	Permit Measurement				200 (An.Avg.)			#/100mL		Weekly	Grab
Coliform Bacteria	Sample Measurement				3	11		#/100mL	0		
[redacted] Site No. EFF-6	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
for disinfection	Sample Measurement				1.0			M/L	0		
[redacted] Site No. EFF-6	Permit Measurement				0.5 (Min.)			mg/L		Continuous	TRC meter with 24 hour recording chart

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

en Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

MITTEE NAME:	Indiantown Utilities	**PERMIT NUMBER:**	FL0029939-001-DW1P
LING ADDRESS:	P. O. BOX 397	**MONITORING PERIOD From:**	_____ **To:** _____
	Indiaintown, FL 34956	**LIMIT:**	Final **REPORT:** Monthly
		CLASS SIZE:	Minor **GROUP:** Domestic
ILITY:	Indiantown Company Wastewater Treatment Plant	**FACILITY ID:**	FL0029939 **WAFR SITE NO.:** 20552
ATION:	15851 S.W. Farms Road	**GMS ID NO.:**	5143P03291 **GMS TEST SITE NO.:** _____
	Indiantown, FL 34956	**DISCHARGE POINT NUMBER:**	R002
		PLANT SIZE/TREATMENT TYPE:	IIC
NTY:	Martin		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.		
	Sample Measurement	.063		MGD				MGD	0		
RE[illegible] Site No. EFF-7	Permit Measurement	0.107 (An.Avg.)		mgd						Continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement		.105	MGD				MGD	0		
RE[illegible] Site No. EFF-7	Permit Measurement		Report (Mo.Avg.)	mgd						Frequency of Analysis	Sample Type
D5	Sample Measurement				.7			MG/L	0		
RE[illegible] Site No. EFF-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
D5	Sample Measurement				3.8			MG/L	0		
[illegible] Site No. EFF-6	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				3.4			MG/L	0		
ET No. [illegible] Site No. EFF-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				1.7			MG/L	0		
[illegible] Site No. EFF-6	Permit Measurement				30.0 (Mo.Avg.)	45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				7.0	7.8		S.U.	0		
ET No. [illegible] Site No. EFF-6	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Continuous	pH meter with 24 hour recording meter

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DISCHARGE MONITORING REPORT - PART A (Continued)

ILITY NAME: Indiantown Company Wastewater Treatment Plant PERMIT NUMBER: FL0029939-001-DW1P DISCHARGE POINT NUMBER: R002 WAFR SITE No.: 20552

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
ie, as N	Sample Measurement				2.21			Mg/L	0		
Site No. EFF-5	Permit Measurement				12.0 (Max.)			mg/L		Weekly	Grab
gen, Total as N	Sample Measurement				13.0			Mg/L	0		
Site No. EFF-5	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
horus, Total as P	Sample Measurement				3.7			Mg/L	0		
Site No. EFF-5	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
Coliform Bacteria	Sample Measurement				8.4			#/100mL	0		
Site No. EFF-7	Permit Measurement				200 (An.Avg.)			#/100mL		Weekly	Grab
Coliform Bacteria	Sample Measurement				3	11		#/100mL	0		
Site No. EFF-7	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
or disinfection	Sample Measurement				1.0			Mg/L	0		
Site No. EFF-7	Permit Measurement				0.5 (Min.)			mg/L		Continuous	TRC meter with 24 hour recording chart

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T No. 3005

TY NAM

Page

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	________	To:	________
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	Influent Monitoring Point		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	*									
[redacted] Site No. INF-1	Permit Measurement	0.585 (3-Mo.Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow Meters
)5	Sample Measurement				270			mg/L	0		
[redacted] Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Weekly	16-hour FPC
	Sample Measurement				175			mg/L	0		
[redacted] Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Monthly	16-hour FPC

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* Flow Water Meter Not [illegible] to [illegible] Make [illegible] measurements.

No. [illegible]
Site No. [illegible]

it Number: FL0029939-001-DW1P

h/Year: [illegible]

No. INF-1

DAILY SAMPLE RESULTS - PART B
(PAGE ONE)

Three-month Average Daily Flow:
Daily Flow % of Permitted Capacity:

of the Months / neter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
(mgd), EFF-6	.370	.430	.350	.360	.380	.380	.350	.330	.430	.400	.400	.380	.310	.400	.430	.420	.430	.350	.370	.370	.390	.430	.350	.410	.390	.410	.360	.380	.400	.350/.400
(mgd), EFF-7			.119	.275	.103	.317	.131			.121	.162	[illegible]	.110	.171			.203	.239	.178	.113	.114			.211	.232	.207	.154	.075		
(mgd), INF-1																														
)S (mg/L), EFF-6				4.1							3.6							4.4							3.2					
)S (mg/L), INF-1				238							221							318							255					
mg/L), EFF-6				1.2							2.2							2.4							1.0					
mg/L), INF-1				202							220							168							190					
d. units), EFF-6	7.3	7.1	7.1	7.3	7.1	7.2	7.4	7.2	7.4	7.2	7.2	7.8	7.2	7.1	7.0	7.1	7.1	7.2	7.4	7.1	7.3	7.3	7.1	7.1	7.2	7.1	7.1	7.0	7.2	7.2/7.0
Coliform Bacteria (#/100 mL), EFF-6				<1							1							<1							<1					
ction time for Fecal Coliform Bacteria sample, EFF-6				1500							1500							1500							1500					
(For Disinfection) (mg/L), EFF-6	1.9	1.4	1.5	1.8	1.8	1.4	2.2	1.8	1.7	1.5	1.9	2.0	[illegible]	1.5	1.2	1.0	1.6	1.3	1.8	1.8	1.4	1.5	1.7	1.7	1.3	1.8	1.5	1.8	2.1	1.7/1.5
Nitrogen (as N) (mg/L), EFF-6				13.0							10.4							9.17							5.45					
Phosphorus (as P) (mg/L), EFF-6				3.12							3.2							2.56							3.47					
e, as N, EFF-6				2.21							.66							0.04							0.16					

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taffing:

	Class		Certificate No.		Name:	
ift Operator	Class	A	Certificate No.	6805	Name:	Dean S. Smilby, Jr.
g Shift Operator	Class	B	Certificate No.	3634	Name:	Don C. Johnson, Sr.
Shift Operator	Class	B	Certificate No.	6747	Name:	James G. Hunitt
Operator	Class		Certificate No.		Name:	

f Effluent Disposal or Reclaimed Water Reuse: Evap / Perc. Ponds / Irrigation

d Wet Weather Discharge Activated: Yes____ No____ Not Applicable X If yes, cumulative days of wet weather discharge:______

h additional sheets necessary to list all certified operators necessary for required operations.

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DAILY SAMPLE RESULTS - PART B
(PAGE TWO)

Number: FL0029939-001-DW1P
/Year:

Three-month Average Daily Flow: n/a
Daily Flow % of Permitted Capacity: n/a

of the Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
eter/Unit/Monitoring Location Site Number																														
(mgd), EFF-1																														
(mgd), EFF-2																														
(mgd), EFF-3																														
(For Dechlorination) (mg/L),EFF-1																														
(For Dechlorination) (mg/L),EFF-2																														
(For Dechlorination) (mg/L),EFF-3																														
d. units), EFF-1																														
d. units), EFF-2																														
d. units), EFF-3																														
en, Dissolved (DO), EFF-1																														
en, Dissolved (DO), EFF-2																														
en, Dissolved (DO), EFF-3																														
lation Pond Water Elevation, EFF-1																														
lation Pond Water Elevation, EFF-2																														
lation Pond Water Elevation, EFF-3																														
lation Pond Water Elevation, EFF-4																														
lation Pond Water Elevation, EFF-5																														
elevation below the overflow, EFF-1																														
elevation below the overflow, EFF-2																														
elevation below the overflow, EFF-3																														
elevation below the overflow, EFF-4																														
elevation below the overflow, EFF-5																														

\ Ponds Have Been [illegible] and Now [illegible] Elevations [illegible]
[illegible], Water Levels will be [illegible] in Pond Names

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 5/01/99 To: 5/31/99
LIMIT: Final REPORT: Annual
CLASS SIZE: Minor GROUP: Domestic

ILITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939 WAFR SITE NO.: 20552
GMS ID NO.: 5143P03291 GMS TEST SITE NO.: ____
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

NTY: Martin

CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal daphnia dubia	Sample Measurement	0	0	0	0	0	0	0	0	0	0
LE [redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal- nella leedsi	Sample Measurement	0	0	0	0	0	0	0	0	0	0
RET No. TAN 6H [redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
[redacted]	Sample Measurement										
[redacted]	Permit Measurement										
[redacted]	Sample Measurement										
[redacted]	Permit Measurement										
[redacted]	Sample Measurement										
[redacted]	Permit Measurement										
[redacted]	Sample Measurement										
[redacted]	Permit Measurement										
[redacted]	Sample Measurement										
[redacted]	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

• Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME: Indiantown Utilities
ING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 5/01/99 To: 5/31/99
LIMIT: Final REPORT: Annual
CLASS SIZE: Minor GROUP: Domestic

LITY: Indiantown Company Wastewater Treatment Plant
TION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939 WAFR SITE NO.: 20552
GMS ID NO.: 5143P03291 GMS TEST SITE NO.: ____
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

NTY: Martin

CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal Daphnia dubia	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement	[redacted]			LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal- nella lendsi	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement	[redacted]			LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
[redacted]	Permit Measurement	[redacted]									
	Sample Measurement										
[redacted]	Permit Measurement	[redacted]									
	Sample Measurement										
[redacted]	Permit Measurement	[redacted]									
	Sample Measurement										
[redacted]	Permit Measurement	[redacted]									
	Sample Measurement										
[redacted]	Permit Measurement	[redacted]									

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	5/01/99	To:	5/31/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Annual
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D003		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin	CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR			

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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal daphnia dubia	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal-nella leodel	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

ITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
ING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	6/01/99	To:	6/30/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
ITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
TION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D001		
		PLANT SIZE/TREATMENT TYPE:	IIC	NO DISCHARGE FROM SITE	X
TY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0		0	0	0
[redacted]	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
r dechlorination	Sample Measurement	0	0	0	0	0	0		0	0	0
[redacted]	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
	Sample Measurement	0	0	0	0	0	0		0	0	0
[redacted]	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0		0	0	0
[redacted]	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement	0	0	0	0	0	0		0	0	0
[redacted]	Permit Measurement										
	Sample Measurement	0	0	0	0	0	0		0	0	0
[redacted]	Permit Measurement										

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under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the ed 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.

TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Robert M. Post President		(561) 597-3496	7/26/99

ENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEAN S. SMILEY
SIGNING IN LIEW OF RM. POST ABSENCE!

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

...n Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

...MITTER NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
...LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	6/01/99	To:	6/30/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
...ILITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
...ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D002		
		PLANT SIZE/TREATMENT TYPE:	IIC	NO DISCHARGE FROM SITE	☒
...NTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
for dechlorination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EPT-2	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
[redacted]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EPT-2	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
en, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted] Site No. EPT-2	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										
	Sample Measurement										
[redacted]	Permit Measurement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

[redacted] mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

[redacted]: Indiantown Utilities
[redacted]: P. O. BOX 397
Indiantown, FL 34956

[redacted]: Indiantown Company Wastewater Treatment Plant
[redacted]: 15851 S.W. Farms Road
Indiantown, FL 34956

[redacted]: Martin

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 6/01/99 To: 6/30/99
LIMIT: Final REPORT: Monthly
CLASS SIZE: Minor GROUP: Domestic

FACILITY ID: FL0029939 WAFR SITE NO.: 20552
GMS ID NO.: 5143P03291 GMS TEST SITE NO.: ____
DISCHARGE POINT NUMBER: D003
PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE ☒

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
[redacted]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement	Report (Daily Max.)	Report (Month Avg.)	mgd						Hourly during any discharge	Calculated Flow
[redacted]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Daily during any discharge	Grab
for determination	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				0.01 (Max.)			mg/L		Daily during any discharge	Grab
en, Dissolved (DO)	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				5.0 (Min.)			mg/L		Daily during any discharge	Grab
[redacted]	Sample Measurement										
[redacted]	Permit Measurement										
[redacted]	Sample Measurement										
[redacted]	Permit Measurement										
[redacted]	Sample Measurement										
[redacted]	Permit Measurement										
[redacted]	Sample Measurement										
[redacted]	Permit Measurement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

MITTEE NAME:	Indiantown Utilities	**PERMIT NUMBER:**	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397	**MONITORING PERIOD From:**	6/01/99	**To:**	6/30/99
	Indiaintown, FL 34956	**LIMIT:**	Final	**REPORT:**	Monthly
		CLASS SIZE:	Minor	**GROUP:**	Domestic
ILITY:	Indiantown Company Wastewater Treatment Plant	**FACILITY ID:**	FL0029939	**WAFR SITE NO.:**	20552
ATION:	15851 S.W. Farms Road	**GMS ID NO.:**	5143P03291	**GMS TEST SITE NO.:**	____
	Indiantown, FL 34956	**DISCHARGE POINT NUMBER:**	R001		
		PLANT SIZE/TREATMENT TYPE:	IIC		
NTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	.352		MGD				MGD	0		
	Permit Measurement	0.4 (An.Avg.)		mgd						continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement		.420	MGD				MGD	0		
	Permit Measurement		Report (Mo.Avg.)	mgd						continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement				5.3			MG/L	0		
	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				3.0		6.4	MG/L	0		
	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				3.2			MG/L	0		
	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
ET No. 00530	Sample Measurement				0.6		2.6	MG/L	0		
	Permit Measurement				30.0 (Mo.Avg.)	45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
00400	Sample Measurement				6.9	7.6		SU	0		
	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Continuous	pH meter with 24 hour recording meter

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant PERMIT NUMBER: FL0029939-001-DW1P DISCHARGE POINT NUMBER: R001 WAFR SITE No.: 20552

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
ite, as N	Sample Measurement				6.4			Mg/L	0		
[redacted] Site No. EFF-01	Permit Measurement				12.0 (Max.)			mg/L		Weekly	Grab
gen, Total as N	Sample Measurement				13.2			Mg/L	0		
[redacted] Site No. EFF-01	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
phorus, Total as P	Sample Measurement				3.9			Mg/L	0		
[redacted] Site No. EFF-01	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
Coliform Bacteria	Sample Measurement				0.39			#/100 ML	0		
[redacted] Site No. EFF-01	Permit Measurement				200 (An.Avg.)			#/100mL		Weekly	Grab
Coliform Bacteria	Sample Measurement				0 or < 1	< 1		#/100 mL	0		
[redacted] Site No. EFF-01	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
for disinfection	Sample Measurement				1.0			Mg/L	0		
[redacted] Site No. EFF-01	Permit Measurement				0.5 (Min.)			mg/L		Continuous	TRC meter with 24 hour recording chart

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

...n Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

...MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
...LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	_____	To:	_____
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
...ILITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
...ATION:	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	____
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	R002		
		PLANT SIZE/TREATMENT TYPE:	IIC		
...NTY:	Martin				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.		
	Sample Measurement	0.059		MGD				MGD	0		
...ET No. ...Y Site No. EFF-...	Permit Measurement	0.107 (An.Avg.)		mgd						Continuous with 5 readings/Week	Flow Meters with Totalizer
	Sample Measurement		.140	MGD				MGD	0		
...ET No. ... Site No. EFF-...	Permit Measurement		Report (Mo.Avg.)	mgd						Frequency of Analysis	Sample Type
...05	Sample Measurement				5.3			mg/L	0		
...ET No. ...Y Site No. EFF-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
...05	Sample Measurement				3.0		6.4	mg/L	0		
...ET No. ... Site No. EFF-6	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
	Sample Measurement				3.2			mg/L	0		
...ET No. ...Y Site No. EFF-6	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
	Sample Measurement				0.6		2.6	mg/L	0		
...ET No. ... Site No. EFF-6	Permit Measurement				30.0 (Mo.Avg.)	45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
pp#60	Sample Measurement				6.9	7.6		S.U.	0		
ET No. ... Site No. ...	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		Continuous	pH meter with 24 hour recording meter

...ION

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Parm...

DISCHARGE MONITORING REPORT - PART A (Continued)

ILITY NAME: Indiantown Company Wastewater Treatment Plant PERMIT NUMBER: FL0029939-001-DW1P DISCHARGE POINT NUMBER: R002 WAFR SITE No.: 20552

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
te, as N	Sample Measurement				6.4			Mg/L	0		
[redacted]	Permit Measurement				12.0 (Max.)			mg/L		Weekly	Grab
gen, Total as N	Sample Measurement				13.2			Mg/L	0		
[redacted]	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
horus, Total as P	Sample Measurement				3.9			Mg/L	0		
[redacted]	Permit Measurement				Report (Max.)			mg/L		Weekly	8-hour FPC
Coliform Bacteria	Sample Measurement				0.39			#/100 mL	0		
[redacted]	Permit Measurement				200 (An.Avg.)			#/100mL		Weekly	Grab
Coliform Bacteria	Sample Measurement				0 or < 1	< 1		#/100 mL	0		
[redacted]	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
for disinfection	Sample Measurement				1.0			Mg/L	0		
[redacted]	Permit Measurement				0.5 (Min.)			mg/L		Continuous	TRC meter with 24 hour recording chart

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
LING ADDRESS:	P. O. BOX 397 Indiaintown, FL 34956	MONITORING PERIOD From:	_____	To:	_____
		LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
LITY:	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
ATION:	15851 S.W. Farms Road Indiantown, FL 34956	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	_____
		DISCHARGE POINT NUMBER:	Influent Monitoring Point		
NTY:	Martin	PLANT SIZE/TREATMENT TYPE:	IIC		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	*							0		
Site No. INF-1	Permit Measurement	0.585 (3-Mo.Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow Meter
05	Sample Measurement				231			mg/L	0		
Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Weekly	16-hour FPC
	Sample Measurement				169			mg/L	0		
Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Monthly	16-hour FPC

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* Raw Water Meter not yet installed to meet new permit requirements.

DAILY SAMPLE RESULTS - PART B
(PAGE ONE)

it Number: FL0029939-001-DWIP
h/Year:

Three-month Average Daily Flow: .402
Daily Flow % of Permitted Capacity: 67%

of the Months / Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
(mgd), EFF-6	.380	.370	.370	.330	.380	.430	.430	.450	.480	.350	.410	.410	.380	.390	.400	.370	.420	.390	.450	.440	.400	.420	.420	.490	.470	.490	.490	.450	.460	.440
(mgd), EFF-7	.194	.172	.151	.214			.201	.165	.190	.222	.187			.145	.178	.184	.217	.234			.201	.192	.223	.198	.237		.163	.085	.181	
(mgd), INF-1																														
DS (mg/L), EFF-6	2.1							6.4							2.9							2.0							2.0	
DS (mg/L), INF-1	231							188							245							225							246	
mg/L), EFF-6	2.6							2.6							1.6							1.0							2.2	
mg/L), INF-1	191							130							214							128							181	
id. units), EFF-6	7.3	7.1	7.2	7.2	7.3	6.9	7.5	7.5	7.2	7.1	7.3	7.2	7.0	7.1	7.2	7.3	7.2	7.3	7.1	7.0	7.2	7.2	7.3	7.4	7.4	7.6	7.5	7.3	7.0	7.2
Coliform Bacteria (#/100 mL), EFF-6	<1							<1							<1							<1							<1	
ction time for Fecal Coliform Bacteria sample, EFF-6	1710							0715							1730							1625							1745	
(For Disinfection) (mg/L), EFF-6	1.7	2.2	1.8	1.3	1.5	2.2	2.1	2.2	2.0	1.6	1.9	2.2	2.2	2.0	1.8	1.2	1.6	1.5	1.4	1.0	1.2	1.6	1.8	1.2	1.3	1.3	1.0	1.4	1.6	1.1
Nitrogen (as N) (mg/L), EFF-6	8.8							13.2							7.7							17.5							13.0	
Phosphorus (as P) (mg/L), EFF-6	3.6							3.9							3.7							.38							3.6	
e, as N, EFF-6	.47							4.1							.61							6.9							6.0	

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Staffing:

hift Operator	Class A	Certificate No.	6805	Name:	DEAN S. SMILEY, JR.
g Shift Operator	Class B	Certificate No.	3634	Name:	DON C. JOHNSON, SR.
Shift Operator	Class B	Certificate No.	6747	Name:	JAMES G. HEWITT
Operator	Class	Certificate No.		Name:	

f Effluent Disposal or Reclaimed Water Reuse: EVAP / PERC. PONDS / IRRIGATION
d Wet Weather Discharge Activated: Yes___ No___ Not Applicable X If yes, cumulative days of wet weather discharge:___
h additional sheets necessary to list all certified operators necessary for required operations.

gd), EFF-
gd), INF-
mg/L), EFF-
mg/L), IN
/L), EFF-

DAILY SAMPLE RESULTS - PART B
(PAGE TWO)

it Number: FL0029939-001-DW1P
h/Year:

Three-month Average Daily Flow: n/a
Daily Flow % of Permitted Capacity: n/a

of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
neter/Units/Monitoring Location Site Number																														
(mgd), EFF-1																														
(mgd), EFF-2																														
(mgd), EFF-3																														
(For Dechlorination) (mg/L),EFF-1																														
(For Dechlorination) (mg/L),EFF-2																														
(For Dechlorination) (mg/L),EFF-3																														
td. units), EFF-1																														
td. units), EFF-2																														
td. units), EFF-3																														
en, Dissolved (DO), EFF-1																														
en, Dissolved (DO), EFF-2																														
en, Dissolved (DO), EFF-3																														
lation Pond Water Elevation, EFF-1																														
lation Pond Water Elevation, EFF-2																														
lation Pond Water Elevation, EFF-3																														
lation Pond Water Elevation, EFF-4																														
lation Pond Water Elevation, EFF-5																														
r elevation below the overflow, EFF-1																														
r elevation below the overflow, EFF-2																														
r elevation below the overflow, EFF-3																														
r elevation below the overflow, EFF-4																														
r elevation below the overflow, EFF-5																														
Number																														

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POND ELEVATIONS WILL BE REFLECTED ON DAILY D.M.R.s

the Month
er/Unit/Mon

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME: Indiantown Utilities
LING ADDRESS: P. O. BOX 397
Indiaintown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 6/01/99 To: 6/30/99
LIMIT: Final REPORT: Annual
CLASS SIZE: Minor GROUP: Domestic

ILITY: Indiantown Company Wastewater Treatment Plant
ATION: 15851 S.W. Farms Road
Indiantown, FL 34956

NTY: Martin

FACILITY ID: FL0029939 WAFR SITE NO.: 20552
GMS ID NO.: 5143P03291 GMS TEST SITE NO.: ____
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC
CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR

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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal daphnia [illegible]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal-nella [illegible]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										
	Sample Measurement										
[illegible]	Permit Measurement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

[illegible] mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

[illegible]MITTEE NAME:	Indiantown Utilities	PERMIT NUMBER:	FL0029939-001-DW1P		
[illegible]LING ADDRESS:	P. O. BOX 397	MONITORING PERIOD From:	6/01/99	To:	6/30/99
	Indiaintown, FL 34956	LIMIT:	Final	REPORT:	Annual
		CLASS SIZE:	Minor	GROUP:	Domestic
[illegible]	Indiantown Company Wastewater Treatment Plant	FACILITY ID:	FL0029939	WAFR SITE NO.:	20552
[illegible]	15851 S.W. Farms Road	GMS ID NO.:	5143P03291	GMS TEST SITE NO.:	
	Indiantown, FL 34956	DISCHARGE POINT NUMBER:	D002		
		PLANT SIZE/TREATMENT TYPE:	IIC		
[illegible]	Martin	CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR			

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
[illegible] Renewal [illegible]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Requirement	[illegible]	[illegible]	[illegible]	LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal- [illegible]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[illegible]	Permit Requirement	[illegible]	[illegible]	[illegible]	LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

■ Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME: Indiantown Utilities
ING ADDRESS: P. O. BOX 397
Indiantown, FL 34956

PERMIT NUMBER: FL0029939-001-DW1P
MONITORING PERIOD From: 10/01/99 To: 6/30/99
LIMIT: Final REPORT: Annual
CLASS SIZE: Minor GROUP: Domestic

LITY: Indiantown Company Wastewater Treatment Plant
TION: 15851 S.W. Farms Road
Indiantown, FL 34956

FACILITY ID: FL0029939 WAFR SITE NO.: 20552
GMS ID NO.: 5143P03291 GMS TEST SITE NO.: ____
DISCHARGE POINT NUMBER: D003
PLANT SIZE/TREATMENT TYPE: IIC

NTY: Martin

CHECK HERE IF NO TOXIC SAMPLING WAS REQUIRED DURING THE YEAR

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Acute Static Renewal [redacted]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
Acute Static Renewal- [redacted]	Sample Measurement	0	0	0	0	0	0	0	0	0	0
[redacted]	Permit Measurement				LC 50 >100 % (minimum)			percent		Annual	four grab samples over a 24 hour day
[redacted]	Sample Measurement										
	Permit Measurement										
[redacted]	Sample Measurement										
	Permit Measurement										
[redacted]	Sample Measurement										
	Permit Measurement										
[redacted]	Sample Measurement										
	Permit Measurement										
[redacted]	Sample Measurement										
	Permit Measurement										

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