LAW OFFICES

ORIGINAL

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CENTRAL FLORIDA OFFICE
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MARTIN S. FRIEDMAN, P.A. VALERIE L. LORD BRIAN J. STREET

February 9, 2007

#### HAND DELIVERY

Ms. Blanca Bayo Commission Clerk and Administrative Services Director Floridc a Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399

assee, FL 32399 💍 😸 Oocket No. 060285-SU; Utilities, Inc. of Sandalhaven's Application for Rate Increase

RE: Docket No. 060285-SU; Utilit in Charlotte County, Florida Our File No.: 30057.114

Dear Ms. Bayo:

**CMP** 

The following are the Utility's responses to the Commission Staff's January 29, 2007 correspondence identifying deficiencies in the revised MFRs:

OM CTR	d-majorda halda (Zalaka) di manda (Zalaka) di ma	schedule sh	25-30.436 (4) (a), Florida Administrative Code (F.A.C.), requires that each all be cross-referenced to identify related schedules as either supporting recap schedules. The following schedules are deficient pursuant to this Rule.
CR	4 IN INCOMES MAIN ASSESSMENT	, 1	Schedules A-2 Rate Base.
CL		1.	Schedules A-2 Rate base.
)PC	- AND THE REAL PROPERTY OF THE PARTY OF THE	This s	schedule does not tie to Schedule A-3 Proforma Adjustments.
RCA	MARCO LINES STORY TO SERVE TO SERVE A STREET WAS	RESPONSE:	Schedule A-2 does tie to Schedule A-3 with regard to the following
) TV		-adjustments	There are five adjustments on Schedule A-3. They tie to Schedule A-2 as
6GA	Beriche werde er tare ma	_follows:	
SEC	and the second s	- (A)	is the WSC portion of rate base that was not on the books of the Utility. It is
TH	er sensk og det det men særen er		

DOCUMENT NUMBER-CATE

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shown as a proforma adjustment in the average balance for each year at Line 9 of Schedule A-2.

- (B) is the adjustment for non-used plant, which the Utility determines to be \$0. It ties to Line 3 of Schedule A-2.
- (C) is the adjustment to remove CWIP in the amount of \$59,410 from rate base. It is removed from rate base in the 2006 and 2007 average balances at Line 4, columns (3) and (4) of Schedule A-2.
- (D) is the reversal of the \$441,304 acquisition adjustment. It is removed from rate base in the 2006 and 2007 average balances at Line 8, columns (3) and (4) of Schedule A-2.
- (E) is the adjustment to rate base for working capital. It was calculated separately for each year on Schedule A-17 and is shown at Line 12 of Schedule A-2.

In addition, in accordance with the rule, other adjustments on Schedule A-2 are cross-referenced to identify related schedules as supporting schedules. Specifically,

- (A) the adjustments to Plant in Service and Land and Land Rights from historic to intermediate to projected years are cross referenced to Schedule A-6. The specific details of the adjustments, by NARUC account, descriptions, amounts and sources are found at page 2 of Schedule A-6.
- (B) the adjustments to Accumulated Depreciation from historic to intermediate to projected years are cross referenced to Schedule A-10. The specific details of the adjustments, by NARUC account, descriptions, monthly depreciation amounts, retirements and source are found at page 2 of Schedule A-10.
- (C) the adjustments to CIAC from historic to intermediate to projected years are cross referenced to Schedule A-12. The specific details of the additions and retirements and sources are found at page 2 of Schedule A-12.
- (D) the adjustments to Amortization of CIAC from historic to intermediate to

projected years are cross referenced to Schedule A-14. The specific details of the additions and retirements and sources are found at page 2 of Schedule A-14.

It is the Utility's opinion that this is not a deficiency.

2. Schedule A-8 Annual Accumulated Depreciation Additions and Balances.

The 12/31/2005 balance does not cross reference to Schedule A-18.

**RESPONSE**: Through communication with Staff it has been determined and agreed that an acceptable response was provided earlier to the deficiencies of the original filing, and that this is not now a deficiency.

Rule 25-30.110 (2). F.A.C., states each utility shall furnish to the Commission at such time and in such forms as the Commission may require, the results of any required tests and summaries of any required records. The utility shall also furnish the Commission with any information concerning the utility's facilities or operation that the Commission may request and require for determining rates or judging the practices of the utility. All such data, unless otherwise specified, shall be consistent with and reconcilable with the utility's annual report to the Commission. The following schedules are deficient pursuant to this Rule.

#### 3. Schedule A-6 Plant In Service

The utility's Prior Year 12/31/2004 balance does not match what is listed in the utility's 2004 or the 2005 Annual Report. Pursuant to Rule 25-30.110, F.A.C., please provide the reconciliation of the balances in the 2004 and 2005 Annual Reports and the MFR Schedule A-6.

<u>RESPONSE</u>: Through communication with Staff it has been determined and agreed that an acceptable response was provided earlier to the deficiencies of the original filing, and that this is not now a deficiency.

4. Schedule A-8 Annual Accumulated Depreciation Additions and Balances

The utility's Prior Year 12/31/2004 balance does not match the total balance on page

S-4 (a) of the 2004 Annual Report. Pursuant to Rule 25-30.110 (2). F.A.C., please provide reconciliation of the balances in the 2004 Annual Report and MFR Schedule A-8.

<u>RESPONSE</u>: Through communication with Staff it has been determined and agreed that an acceptable response was provided earlier to the deficiencies of the original filing, and that this is not now a deficiency.

## 5. Schedule A-10 Accumulated Depreciation

The utility's Prior Year 12/31/2004 balance does not match what is listed in the Utility's 2004 Annual Report. Pursuant to Rule 25-30.110 (2). F.A.C., please provide the reconciliation of the balances of the 2004 Annual Report and the MFR Schedule A-10.

<u>RESPONSE</u>: Through communication with Staff it has been determined and agreed that an acceptable response was provided earlier to the deficiencies of the original filing, and that this is not now a deficiency.

Rule 25-30.437, F.A.C., requires that each utility applying for a rate increase shall provide the information required by Commission Form PSC/ECR 19 (11/93), entitled "Class B Water and/or Wastewater Utilities Financial, Rate and Engineering Minimum Filing Requirements." Numbers 6-9 of the following list are deficiencies pursuant to this rule:

## 6. Schedule B-8, Comparative O & M Expenses.

The instructions for this schedule require the utility to provide an explanation of all differences which are not attributable to the change in customer growth and the CPI-U. The utility did not provide the explanation for Miscellaneous Expenses.

<u>RESPONSE</u>: Through communication with Staff it has been determined and agreed that an acceptable response was provided earlier to the deficiencies of the original filing, and that this is not now a deficiency.

## 7. Schedule B-12, Schedule of Allocated Expenses

The instructions for this schedule require the utility to provide a schedule detailing

expenses which are subject to the allocation between systems showing allocation percentages, gross amounts, amounts allocated, and detailed description of the method of allocation. The total allocated amount from Water Service Corp. Listed on this schedule does not agree with the total allocated amount reflected in Utilities, Inc.'s cost allocation manuals for June 30, 2005, September 30, 2005, and December 31, 2005.

**RESPONSE**: Through communication with Staff it has been determined and agreed that an acceptable response was provided earlier to the deficiencies of the original filing, and that this is not now a deficiency.

8. Rule 25-30.440 (8), F.A.C., requires that each applicant for a rate increase shall provide to the Commission one copy of a list of all field employees, their duties, responsibilities, and certificates held, and an explanation of each employee's salary allocation method to the Utility's capital or expense accounts. The Utility provided a list of employees that does not have an explanation of each employee's salary allocation method to the utility's capital or expense accounts. Please provide a list that has an explanation of each employee's salary allocation method to the Utility's capital or expense accounts as required by this Rule.

<u>RESPONSE</u>: Through communication with Staff it has been determined and agreed that an acceptable response was provided earlier to the deficiencies of the original filing, and that this is not now a deficiency.

9. Rule 25-30.440(4), F.A.C., requires the utility to provide all water and wastewater operating reports for the test year and the year preceding the test year. The applicant did not provide the wastewater operating reports for May 2005, June 2005, August 2005, May 2006, June 2006, July 2006 and December 2006.

**RESPONSE**: The revised MFRs submitted on December 28, 2006, converts the filing from a historic to a projected test year. It begins with the initial MFR as submitted on May 15, 2006. It also included a supplemental Volume III with the additional engineering information required by PSC Rule 25-30.440 F.A.C. In the supplement, the Utility also included the information already included in its original May 15, 2006 submission. Although the wastewater operating reports for May 2005, June 2005 and August 2005 were inadvertently left out of the supplement, they were provided in original submission. As

such, it is the Utility's opinion that this is not a deficiency. However, a copy of these reports, as well as the wastewater operating reports for May 2006, June 2006 and July 2006, which were also inadvertently left out, are submitted in Exhibit 9 attached hereto.

Please feel free to contact me if you have any questions.

Very truly yours,

VALERIE L. LORD For the Firm

VLL/tlc Enclosures

cc: Martha Brown, Esquire, Office of General Counsel (w/o enc. by hand delivery)
Ms. Cheryl Bulecza-Banks, Div. of Economic Regulation (w/enc. - by hand delivery)
Steven M. Lubertozzi, Chief Regulatory Officer (w/enclosures - by U.S. Mail)
Kirsten E. Weeks, CPA (w/o enclosures - by U.S. Mail)
John Hoy, Regional Vice President for Operations (w/o enclosures - by U.S. Mail)
Patrick C. Flynn, Regional Director (w/enclosures - by U.S. Mail)
Mr. Frank Seidman (w/o enclosures - by U.S. Mail)
Stephen Reilly, Esquire, Office of Public Counsel (w/enclosures - by U.S. Mail)

M:\1 ALTAMONTE\UTILITIES INC\SANDALHAVEN\(.114) 2005 RATE CASE\PSC Clerk 12 (deficiency responses 2).ltr.wpd

DEPARTMENT OF	ENVIRONMENTAL PROTEC	TION DISCHARGE MON	PART - PART	A

When Completed mail this report to: Department of Environmental Padection, South District, Horida Department of Environmental Protection, P.O. Box 2549, Ft. Myces, Pt., 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalbaven

MAILING ADDRESS: 200 Weathersfield Avenue

Alternante Springs, FL 32714

PERMIT NUMBER

EL VANTAURS

₹.IMCT÷ CLASS SIZE: Final N/A

REPORT-GROUP:

Monthly

FACULITY: LOCATION:

Sandalhaven WWTP 689 I Placida Road

fagiewood, FL 34224

MONITORING GROUP NUMBER: R-DOL MONITORING GROUP DESC: , including influent Domestic

COUNTY:

Charlotte

NO DISCHARGE FROM SITE: 5-01-05 To

Parameter			Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Plow		Sample Measurement	0.003							Ø		
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Legrify moder penalty of law that this document and all attackments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAMESTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONENO	DATE (YYBIMADD)
Patrick God win Lead Operator	Patrick Holwo	941-697-479	05/06/24

06/25/2005

10:31

9416978959

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9416978959

8136261030

DEPARTMENT OF	ENVIRONMENTAL	PROTECTION DISCHARGE MONITORING REPORT - PAI	12°F 3

When Completed mail this report to: Department of Environmental Protection, South District, Plurida Department of Environmental Pr	refection, PO Box 2549, Ft. Myers, FL, 37902-2549
--	---

PERMITTEE NAME: Utilities Incorporated of Sandalhaven

PERMIT NUMBER

FT,A014053

MAILING ADDRESS: 200 Weathersfield Avenue

Altamunie Springs, FL 32714

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Mountity Domestic

FACILITY: LOCATION: Sandathaven WWTP 6811 Placida Road Englewood, FL 34224

MONITORING GROUP NUMBER: R-002

MONITORING GROUP DESC:

COUNTY:

Charlotte

NO DISCHARGE FROM SITE: 5-01-05 To 5-31-05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
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PARM Code 00400 A Mar. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU	1	5 Days/Week	Grab

I contify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAMESTITUE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE SO DATE (YYAMMADO)
Patrick God win Lead Operator	Patrick Godion	941-697-4777 05/06/24

8136261030

W6/28/2005\_11:34

**06**/25/2005

PACILITY: Sandahawa WWTP

MONITURING GROUP NUMBER: R-002 MONITURING PERIOD From: 5-01-05 To

PERMIT NUMBER: FLAOLIBA 5-31-05

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCUARGE MONITORING REPORT - PART		C. C. C. C.			D.	15
Description of the control of the co	<b>W</b> (\$	(2)	***	~ m	 19	3

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Pt. Myers, Fl., 33902-2549

LIMIT:

CLASS SIZE:

PERMITTEE NAME: Utilities Incorporated of Sandahaven

MAILING ADDRESS: 200 Weathersfield Avenue

Altumonte Springs, FL 32714

PERMIT NUMBER

FEA014053

Final N/A

REPORT: GROUP:

Monthly Domestic

07/27/2005

9416978959

SANDALHAVEN UTL

FACILITY: LOCATION

Sandathaven WWTP 6811 Placida Road

Englewood, FL 34224

MONETORING GROUP NUMBER: R-081 MONITORING GROUP DESC:

including Influent

COUNTY:

Charlone

NO DISCHARGE FROM SITE: 6-01-05 To 6-30-05

Parameter		Quantity or Loading		Units	Qua	ion Units	No.	Frequency of	Sample Type	
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	Measurement Permit	0,003						Ø		
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1 0 1 00 1	Permit	3.50			20.0		MG/L	17		
('A m + 4 m	Requirement Sample	A CONTRACTOR	<u> </u>		(Ay.Ayg.)		MCPL.		Every Two Weeks	8-how FPC
	Measurement				0.65	0,7		0		<del></del>
	Permit Regulrement				30.6 (Mo.Avg.)	60.0 (Max.)	MĢIL.		Every Two	8-hour FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, necurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	The same and temption	oment for knowing violations.
THE CONTROL OF THE CHARGE OF AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
	EOTAL ER OR ACTRORIZED AGENT	TELEPHONEKO DATE (YYMANDD)
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Patrick Godwin Lead Operation	Fatrick Goden	107 11200 05/00/
	- annex soones	697-4797 05/07/26
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all engineers)		
THE PARTY OF THE PARTY OF ANY VIOLATION OF THE PROPERTY OF THE PARTY O	te hansk	

PAGE

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C007 /C7 //0

ACTURTY:	Po. 8 16				
W.1011 F.	Sandalbaven WWTP		MONITOR	RENG GROUP NUMBER: R-001 6-01-05 To	PERMIT NUMBER: 17.A014053 6-30-05
Parameter		Quantity or Loading	Units	Quality or Concentration	Units No. Frequency of

Parameter		Quantity	or Loading	Units	Qu	lity or Concent	ration	Units	Ta.	<u> </u>	
pfl	Sumple		<del></del>	<b>_</b>				Ones	No. Ex.	Frequency of Analysis	Sample Type
PARM Code 09400 A	Measurement			1	6.4	6.8		<del>                                     </del>	<del></del>		ļ
PARM Code 09400 A	Permit Degricement			1	6.0	8.5	ļ <u>.</u>	<b>-</b>	P		i
Coliform, Fecal	Sample		<del></del>	<del> </del>	(Min )	(Mea )		50		5 Days/Week	Grah
PARM Code 74055 Y	Measurement		1	1	<1		1	1	<del>i _</del>	<del></del>	<del> </del>
PARM Code 74055 Y Mun. Site No. EFA-1	Permit Requirement			<del> </del>	200		ļ. ———		\$		
Coliform, Fecal	Sample	·	<u> </u>	<b> </b>	(An.Avg.)			MIDOMIL		Every Two	Crah
DADIA C. A. Sepre	Measuscriteral		į		<1			<del>                                     </del>		Weeks	
PARM Code 74055 A Mod Site No. HPA-1	Permit		2.5		Report	***	<1		0		
Ideal Residual Chlorine (For	Requirement Sample				(Mo.Goo.Mean)	400 (90%)	800 (Max.)	MINGMIL		Every Two	Orab .
Disinfection)	Measurement				1.1		(7100.7	<del> </del>		Weeks	
PARM Code 50060 A Med Site No. EFA-1	Permit		3 45 3		0.5	<del></del>	ļ		0		
Vitrogen, Nitrate, Total (as N)	Requirement Sample				(Min.)			MG/L		5 Days/Week	Grab .
_	Measurement	!			11,2		<del></del>	<del> </del>	<b>,</b>		
PARM Code 00620: A Mon.Site No. EFA-1	Permit	12.00 mg/s			12.0			_	Ø	1	
BOD, Carbonaccous 5 day, 20C	Requirement Sample				{Max.}			MG/L		Every Two	8-hour FPC
•	Measurement				116					Works	
'ARM Code 80082 G for Site No. INF-1	Permit				Report				0	Ĭ	
olids, Total Suspended	Requirement Sample		2.5		(Mo.Avg.)			MG/L		Svery Two	8-hour FPC
-	Measurement								_	Weeks	
ARM Code 00530 G log.Site No. INF-1	Permit				172				0		
IOI SIE NO. INF-I	Requirement		1 - 25 - 1 1 - 1 - 1 - 1		Report (Mo.Avg.)			MGAL		Every Two	8-hour FPC
	Sample Measurement	i								Weeks	
	Penmit								ŀ		
	Requirement		many my				***				
	Sample Measurement										
	Pennis.								1		
	Requirement				-	- 18 4.7					
	Sample			~	<del></del>						
4 11 4 14 22	Measurement Permit	<del></del>	<del></del>			[					
	Requirement	_		·			7		_		
			L	L		<u> </u>			- 1		

67/27/2885

16:01

9416978959

8135251030

DEP Form 62-620.910(10), Effective

Shen Completed mail this report to: Department of Environmental Protection, South District	Florida Department of Environmental Protection, P.O.Box 2549, Pt. Myers, Pt., 33902-2549
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PERMITTEE NAME: Utilities Incorporated of Sandalhaven

MAILING ADDRESS: 200 Weathersfield Avenue

Altamunic Springs, FL 32714

FACILITY: Sandalhavon WWTP LOCATION: 6811 Placida Road

Englewood, PL 34224

COUNTY:

Charlotte

PERMIT NUMBER

FLA014053

LIMIT: CLASS SIZE: final N/A

REPORT:

Monthly

GROUP:

Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

NO DISCHARGE FROM SITE: MONITORING PERIOD From:

6-01-05 m 6-30-05

Parameter		Quantity of	r Loading	Units	Qua	lity or Concent	ration	Units	No. Ex.	Prequency of Analysis	Sample Type
Flow	Sample Measurement	0,095							Ø		<del> </del>
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.30 (An.Avg.)		MGD					4	5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.105							10	<u> </u>	TOLIST AND
PARM Code 50050 P Mon Site No. OTH-IA	Permit Requirement	Repeat (Mo.Avg.)		MGD		•			,	S Days/Week	Flow meters and
BOD, Carbonectous 5 day, 20C	Sample Measurement				<2				0		uparise;3
PARM Code 88082 Y Mog.Site No. BEA-1	Permit Requirement				20.0 (Alayr)			MO/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2				0	170015	
PARM Code 80082 A Mon.Site No. EPA-1	Permit Requirement				30.0 (Ma.Avg.)	50.0 (Max.)	-	мал.		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.4				0		
PARM Code 00530 B Mon.Site No. EFB-1	Permit Réquirement	Cario		i kasali n Maria Nasa	5.0 (Max.)	-		MG/L		4 Days/Week	Grab
рН	Sample Measurement				6.4	6.8			0		
PARM Code 00400 A  Mon. Site No. EPA-1	Pennit Requirement				6.0 (Min.)	8.5 (Mux.)		\$0	1	5 Days/Week	Grab

t certify acides penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO D.	ATE(YYMMIOD)
Patrick Godwin Lead Operator	Latrick Holin	697-4797	05/07/26

8136261030

10:31

07/29/2005

FACILICY:

Sandalhaven WWTP

MONTORING GROUP NUMBER: R-002 MONTORING PERIOD From: 6-0/-05 To

PERMIT NUMBER: FLADIAUSS 6-30-05

07/27/2805 16:131

9416978959

SANDALHAVEN UTL

DEP Form 62-620-910(10), Effective November 29, 1994

Parameter		Quantity	or Landing	Units	Qı	rality or Concent	ration	Units	No.	05	·
Coliforno, Fecal	Sample			<del> </del>		· · · · · · · · · · · · · · · · · · ·		Onna	Ex.	Frequency of Analysis	Sample Ty
PARM Code 74855 A Mon Site No. BFA-1	Measurement Pennit Remitratent			<del> </del>	<u>ا ح ا</u>				Ø		
otal Residual Chlorine (For Disinfection)	Sample		/   <del></del>	<del> </del>	(Max.)	<u> </u>		K/100ML		4 Days/Week	Grats
	Measurement Permit				1.0	-			Ø		
urbidity	Requirement Sample	····	. :		(Min.)	<u> </u>		MG/L		Continuous	Grab
ARM Code 00070 B	Measurement Permit			11 11	1.20				Ø		
	Requirement Sample			77 1	Report	· · · · ·		MTU		Continuous	Meter
	Mensurement Permit										
	Requirement Sample	<u>-</u>									
	Measurement Permit Requirement	-									
	Sample Measurment				<u> </u>		- 1				
	Permit Requirement							-	_		
	Sample Measurement								_		
	Permit Requirement			4. \$4.							
	Sample Measurement		- 3-2								
	Requirement	w 1		7					$\dashv$		
<u>.</u> <u>.</u> .	deasurement								$\dashv$		
	termit tequirement		1:4								
. [8	Smaple Veasurement								-		<u> </u>
	ermit Requirement			1 , 15 '	71	\$ 5 T3 S					

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box. 2549, Ft., Myers, Ft., 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven

Charlotte

MAILING ADDRESS: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER

FLA014053

LIMIT: CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly

FACILITY: LOCATION:

COUNTY:

Sandafhaven WWTP 6811 Placida Road

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC: , including influent

Englewood, FL 34224

NO DISCHARGE FROM SITE: 8-0/-05 to 8-3/-05

Parameter		Quantity of	or Loading	Units	Qual	ity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003						<del> </del>	Ø		
PARM Code 50050 Y Mon.Site No. OTH-1B	Permit Requirement	0.15 (An.Avg.)		MGD			-			5 Days/Week	Flow meters and totalizers
How	Sample Measurement	0.0							Ø		
PARM Code 50050 P Mon.Site No. OTH-1B	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2				0		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An Avg.)		1	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2			0		
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<0.86				0		
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement	- 1		5,781	20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<0.6	<0.6			0		
PARM Code 00530 A Mon, Site No. BEA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMM/DD)
Patrick Godwin Lead Operator	Patrick Hoder	697-4797	05/09/26

FACILITY:

Sandalhaven WWTP

MONITORING GROUP NUMBER: R-101 PERMIT'NUMBER: FLA014053 MONITORING PERIOD From: 8-01-05 To 8-31-05

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Parameter		Quantity of	т Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of	Sample Type
NII	Sample			<u> </u>		r			Ex.	Analysis	
<i>,</i> ,,	Measurement			1	6.3	6.8			0		
PARM Code 00400 A	Permit				6.0	8.5	-	UZ	Y	5 Days/Week	Grab
Mon.Site No. EFA-1 Coliform, Fecal	Requirement Sample			<u> </u>	(Mits.)	(Max.)					Giair
South Marie & Docks	Measurement			l	<b>  &lt; (</b>				0		
PARM Code 74055 Y	Permit :				200	ļ ————		#/100ML	40	Every Two	
Mon. Site No. EFA-1	Requirement		:	<u> </u>	(An.Avg.)					Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1				0	W COM	
PARM Code 74055 A Mog.Site No. EFA-1	Permit Requirement	-			Report	400	800	#/100MI	7	Every Two	Grab
Fotal Residual Chlorine (For	Sample	· · · · · · · · · · · · · · · · · · ·			(Mo.Gen.Mean)	(90%)	(Max.)	<u> </u>		Wocks	
Disinfection)	Measurement				1.1	ļ			100		
PARM Code 50060 A	Permit		-		0.5		<del></del>	MG/L	14	5 Days/Week	
Mon.Site No. EFA-1	Requirement	1	-		(Min.)	+				3 TABASA MACK	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.//				1		
PARM Code 00620 A Mon Site No. EFA-1	Pennit				12.0	-		мсл.	V	Every Two	8-hour PPC
BOD, Carbonaceous 5 day, 20C	Requirement Sample	<u> Maria ta a</u>	<u> </u>	5. 3.	(Max.)	: -				Weeks	
-	Measurement	:			85.3				0		
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			MG/L	7	Every Two	8-hour FPC
Solids, Total Suspended	Sample	**	·		(Mo.Avg.)			ļ		Weeks	
•	Measurement				/33			Į.	0		
PARM Code 00530 G  Mon Site No. INF-1	Permit Requirement		-	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Report (Mo.Avg.)			MG/L	T	Every Two	8-hour FPC
	Sample Measurement				ATTACA TO MA					Weeks	
	Permit						,	ļ			
	Requirement	2,341.15									-
	Sample Measurement										
	Permit		:				<del></del>	. 1			
	Requirement	e ûmî tat	· · · · · · · · · · · · · · · · · · ·	L							
	Sample Measurement										
	Permit Requirement		1								

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed small this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Fr. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven

PERMIT NUMBER

FLA014053

MAILING ADDRESS: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Sandalhaven WWTP

6811 Placida Road

Englewood, FL 34224

MONITORING GROUP NUMBER: R-002

MONITORING GROUP DESC:

COUNTY:

Charlotte

NO DISCHARGE FROM SITE: X 8-01-05 to 8-31-05

Parameter		Quantity of	r Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.099							Ø		
PARM Code 50050 Y Mon. Site No. OTH-LA	Permit Requirement	0.10 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.074							Ø		
PARM Code \$0050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo.Avg.)		MGD	-					5 Days/Week	Flow meters and totalizers
BOD, Carbanaceous 5 day, 20C	Sample Measurement				<2				Ø		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			·	20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2			0		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids. Total Suspended	Sample Measurement				0.7				Ø		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)			MGAL		4 Days/Wock	Grab
pН	Sample Measurement				6.3	6.8			0		
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				··· 6.0 (Min.)	8.5 (Max.)		SU	<b>'</b>	5 Days/Week	Grah

Legify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/ITTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	Patrick Godwn	697-4797	05/09/26

FACILITY:

85

5

SANDALHAVEN

9416978959

08:01

Sandalhaven WWTP

MONITORING GROUP NUMBER. R-102
MONITORING PERIOD From: 8-0/-05 To

PERMIT NUMBER: FLA014053 8-31-05

Frequency of Sample Type Quality or Concentration Units No Quantity or Loading Units Parameter Analysis Ex. Coliform, Fecal Sample <1 Measurement #/IOOML 25 4 Days/Week **Grab** PARM Code 74055 Permit (Max.) Requirement Mon.Site No. EFA-1 Total Residual Chiorine (For Sample ί, Measurement Disinfection) MO/L Grab Continuous 1.0 PARM Code 50060 A **Pennit** (Min.) Mon.Site No., EFA-1 Requirement 1,20 Report Max Sample Turbidity Measurement ทาบ Continuous Meter PARM Code 00070 Permit Requirement Mon.Site No. EFB-1 Sample Measurement Permit Requirement Sample Measurement Permit Requirement 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

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, Ft., 33902-2549

PERMIT NUMBER

PERMITTEE NAME: Utilities Incorporated of Sandalhaven

MAILING ADDRESS: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

LIMIT CLASS SIZE FLA014053

Final N/A

REPORT: GROUP.

Monthly Domestic

FACILITY: LOCATION: Sandalhaven WWTP 681 I Placida Road

Englewood, FL 34224

MONITORING GROUP NUMBER, R-001

MONITORING GROUP DESC.

, including Influent

COUNTY:

Charlotte

NO DISCHARGE FROM SITE:  $\times$  5-01-06 to 5-31-06

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.006						Ø		
PARM Code S0050 Y Mon.Site No. OTH-1B	Permit Requirement	0.15 (An Avg.)		MGD				de Wei	<u> </u>	5 Days/Week	Flow Totalizer
Flow	Sample Measurement		0.034						Ø		
PARM Code 50050 P Mon.Site No. OTH-1B	Permit Requirement	Report (Mo.Avg.)		MGD					-	5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2				Ø		
PARM Code 80082 Y Mon Site No. EPA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC.
ROD, Carbonaccous 5 day, 20C	Sample Measurement				<2	<2	<2		0		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	45.0 (Weekly Avg)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.65				0	77.7.0.0	
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			त्राच्या । श्रीकृति	20.0 (An.Avg.)			МGЛ		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				20,6	<0.6	20.6		0		
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	45.0 (Weekly Avg)	60 (Max)	MGA.		Every Two Weeks	8-br, FPC

Lecrify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYAMM)DD)
Patrick Godwin Lead Operator	Fatrick Hodin	697-4797	06-06-26

SANDALHAVEN UTL

9416978959

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11:26	
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FACILITY:		havea WWTP					MBER: R-001 From: 5-0	1-06 To	PERMIT	1 NUM 3 <u>1</u> -	BER: FLA014053	
Paramete	Γ		Quantity	y or Loading	Units		ality or Concentr		Units		Frequency of	Sample Typ
pН		Sample			<del> </del>				•	Ex.	Analysis	Jumple (3)
PARM Code 00400	۸	Measurement Permit				6.4	6.8	į		0		
Mon.Site No. EFA-1		Requirement				6.0	8.5		SU	18	5 Days/Week	
Coliform, Fecal		Sample Measurement			1	(Min.)	(Max.)			-	J Lays Week	Gab
PARM Code 74055 Moa Site No. EFA-1	Y	Permit Requirement			<del> </del>	200	1 1 2 2 2			Ø		
Coliform, Fecal		Sample				(An.Avg.)			#/100M[L		Every Two Weeks	Grab
PARM Code 74055	A.	Measurement Pennit				< (	<1	41		0	WCCK3	
Mon.Site No. EFA-1 Total Residual Chlorine	(For	Requirement Sample				Report (Mo.Geo.Mean)	400 (90%)	- 800 (Max.)	#/100ML		Every Two	Grab
Disinfection)	Α.	Measurement				1,2		(Max.)	<del>                                     </del>	100	Weeks	
Aon. Site No. EFA-1		Permit Requirement				0.5			MG/L	P	5 Days/Week	· · · · · · · · · · · · · · · · · · ·
litrogen, Nitrate, Total (	(as N)	Sample Measurement				(Min.)					3 Days/ Week	Grab
ARM Code 00620 Ion.Sile No. EFA-1	A .	Permit Requirement			4 44 44	12.0	Ran kalan Ali	<del>,                                      </del>		Ø		
OD, Carbonaceous 5 d	ay, 20C	Sample	24.0	1.3 (1.3)	1211 C 43	(Max.)			MGAL	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Every Two Weeks	8-lur. FPC
ARM Code 80082	G.	Measurement Permit		1,111		117				0		
Ion Site No. INF-1 olids, Total Suspended		Requirement Sample				Report (Mo.Avg.)			MG/L		Every Two	8-hr. EPC
71		Measurement				92				~	Weeks	
on Site No. INF-1		Permit Requirement				Report			MG/L	$\varphi$		
		Sample Measurement			+	(Mo.Avg.)	* * * * * * * * * * * * * * * * * * * *				Every Two Weeks	8-hr. FPC
		Permit Requirement		11								
		Sample										
		Measurement Permit										
		Requirement	•		. T							

When Completed mobilithis report for Department of Environmental Protection, South District, Borida Department of Encommental Protection, P.O. Box 2549, Ft. Mices, El., 3 (9):1-2549 PERMITTE NAME: Unlines Incorporated of Sandalbayen 49 RMIT NUMBER FEA01-0053

MAIL ISG ADDRESS: 300 Weathersfield Avenue

Altomorite Springs, 11-32713.

LIMIT:

CLASS SIZE:

4mail  $M/\Lambda$ 

REPORT GREUP

Monthly Dynestic

FACILITY: LOCATION. Sandalhavea WWTP 6811 Placida Road Bugleward, FL 34204

MONITORING GROUP NUMBER: R-002

MONITORING GROUP DESC:

COUNTY:

Charlotte

NO DISCHARGE FROM SITE: 5-01-06 To 5-31-06

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0,089							0		
PARM Code 50050 Y Mon-Site No. OTH-1A	Permit Requirement	0.10 (Ab.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.058							0		
PARM Code 50050 P Mon Site No. OTH-LA	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<b>4</b> 2				Ø		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<b>≺</b> 2	<2	<2		9		
PARM Code 80082 A Mod Site No. EPA-1	Permit Requirement	:			30.0 (Mo.Avg.)	45.0 (Weekly Avg)	60 (Max)	MGA.		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0				Ø		
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab
pH	Sample Measurement				6,4	6.8			0		
PARM Code 00400 A Mob.Site No. EFA-1	Permit Requirement				6.0 (Mip.)	8.5 (Max.)		SU		5 Days/Weck	Grah

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting talse information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMM/DD)
Patrick God win Lead Operator	Patrick Lodun	697-4797	06-06-26

	- 100 - 100		AG Californi, Fresi	L PARM Code 24055	Mon-Site No. [354-1	Total Residual Ohlming dian	Dism(cron)	PARM Code 50060	Mon.Site No., EFA-	Turbidity		PARM Cade 00070	Mon.Me No. EFB.			_																		68				
	Parameter				e 9 T	Bin. Clin	Z+10 3000	<	_			n 0											- ] -			. 2	<u>[æ</u>	×	S	Σ	ď	R	S	<b>∑</b>	a e	Z	100 100	
Samulangayan M.W. 19			Sample	Messmennan	f'emit	Kequinement	Sample	INCESUICEREN	Peculity	Samola	Measurement	Permit	Requirement	Sample	Measurement	Permit	Requirement	Sample	Measurement	Permit	Requirement	Sample	Measurement	remut December	Sample	Measuremen	Permit	Requirement	Sample	Measurement	Pennit	Requirement	Sample	Measurement	Permit	Keduiremeni	Sample	de latement
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MONTORING GROTEF NUMBER $\kappa$ (10) MUNITORING PERROD Fame $S-0I-DL$	5	ACCIRI ABAM				-		_				, ,			1		+				-		-	_														
	<u>:</u> :		•											-		,,						***************************************	-	•						_				+	·••			
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MBER 14 ADIA	5-31-06	-	No. Leganicy of	X. Analysis	B.	4	4 Days/Week		$\overline{g}$	_	Continuous			Continue																								
<u> </u>	<u>ş</u>	!	of Sample Type		! 		ck Grah				Grab		·	+	Mcder		<del>-</del> ,	-														_						
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DEP Framin's GESTATION Effective November 29, 1994

37

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Pro-	ection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Fl. Myers, Fl., 33902-254
PERMITTEE NAME: Inditines Incompany of F.S.	ection, South District, Florida Department of Environmental Protection, P.O. Box 2540, Fo. Advers. Ed. (2008)
MATING AUDZEET PROME of Sandafhaven	DEDAFF AGRANDO

MATEING ADDRESS: 300 Weathersheld Avenue

Charlotte

Altamonia Springs, FL 32714

FACILITY: LCCATION.

COUNTY:

Sandahaven WWTP

Englewood, FL 34224

6811 Plackle Road

PERMIT NUMBER

FLA014053

LIMIT: CLASS SIZE:

Final 3374

REPORT: UKUDE

Monthly Duthistin

MONITORING GROUP MUMBER: K-601

MONITORING GROUP DESC:

, including influent NO DISCHARGE FROM SITE:

Parameter		Quantity	or Loading	Units	T		01-06 <sub>To</sub>			-06	
Flow	<u> </u>			CHES	Qu	ality or Concen	tration	Units	No.	Francis	т.
	Sample	5	T	<del> </del>	<del> </del>			- I.E.G	Ex.	Frequency of Analysis	Sample Type
THE RESIDENCE OF THE PERSON OF	Measurement	0.006	<u></u>	1				<del>                                     </del>			<u> </u>
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	Measurment	Ø									
	THE STATE OF THE S					]	i		1		THE PROPERTY OF
OD, Carbonaccous 5 day, 29C									12	iiraa	
July, 200.	Sample			X 200							NEW YORK
	Measurement			1 1	2.1			The state of the s		ALC: N	
						210000000000000000000000000000000000000			0		
OD, Carbonaccous 5 day, 20C	Sample							<b>副</b> (人)			
	Measurement	1						<b>E</b> E			
			Nan de la deservación		3.5	3.5	5		N		
lids, Total Suspended							A STATE OF THE PARTY OF THE PAR		7		
	Sample				Michigan						A PARTITION
Marine Const	Measurement				0.7					<b>到底</b> 法	
M. SHE NO. HEALT	Remarks Responsess			3, 31 m 2		Site Manual Control			Ø	Ì	
high Total Co.	Sample				And Ave		34	A CO	200	May No.	danka ara
	Мозянтелнева	1				3.5		<b>1879</b>			M. L. PPC
Water Court (MCCAD)	Permit		O N. Sec. Property	185	_1.1	151	1.5		~		- 18-18-18-18-18-18-18-18-18-18-18-18-18-1
	Requirement		1 3 3 3 3		30.0	45.0	Serie - Shira Dage at the series	Taranga (	<u> </u>		
ntify under penalty of law that thi information submitted. Based or whedge and belief, true, accurate,	e dam				(Mo.Avg.)	(Weekiy Avg)		MGA	7.5	Every Two	Ste. FFC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/ITTLE OF PRINCIPAL EXECUTIVE OFF	Total are all minima	ne penalties for submitting false informat	ion, including the percitives of C.	information submitted is, to the best of my
iii . a :	WHR OR AITHORDED AGENT	CICMATRIDE OF OPDICIDAL ENGINEER	e are breathary of this and th	
Patrick Godwin	Lead Operator		E OFFICER OR AUTHORIZED AGENT	1277 17 11 1
- Sou Win	tend operator	1 -7/1	0111	TELEPHONE NO DATE (YYMM/DD)
COMMENT AND DUD ANAPON OF HIS		Kallich	John	697479706-07-20
443 mars 120 mars	The state of the same of the s	and the same of th		1011111100 - 12
		u		

1th District, Florida Department of Euvironmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMIT NUMBER

FLA014053

LIMIT

CLASS SIZE:

Final N/A

REPORT: GROUP:

--- A CREEL 75

Monthly Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

, including influent

NO DISCHARGE FROM SITE: O6-01-06 To 06-30-06

Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
MGD					Ø	5 Days/Week	Flow Totalizer
MGD					Ø	5 Days/Week	Flow Totalizer
	2,/ 20.0 (An.Avg.)			MĠ/L	Ø	Every Two Weeks	8-hr. FPC
	3.5 30.0 (Mo.Avg.)	3,5 45.0 (Weekly Avg)	5 60 (Max)	MG/L	Ø	Bvery Two	8-hr. FPC
	0.7 20.0 (An.Avg.)			MG/L	Ø	Every Two Weeks	8-br. FPC
	30.0 (Mo.Avg.)	45.0 (Weckly Avg)	60 (Max)	MG/L	Ø	Every Two Weeks	8-hr. FPC

ider my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate e the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my ant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEMIONE NO	DATE (YYMMADD)
Katrick Hoder	6974797	06-07-20

ints here)

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SANDALHAVEN UTL

94169/8959

U11 241 2005

Da				МОМПО	RING PERIOD	From: 06-	01-06 To	PERMIT 66	- 30	BER FLA014051	
Parameter		Quantity	or Loading	Units	Qu	ality or Concen	tration	Units	No.	Frequency of	Sample (yp
рН	Sample			<del>-</del>					Ex.	Analysis	smatte (M
PARM Code 00400 A	Measurement Permit		ļ		6.5	6.9			Ø		
Mon.Site No. EFA-1	Requirement			1 1 1 E	6.0	8.5		SU	120	5.5	
Coliform, Fecal	Sample Measurement				(Min.)	(Мак.)			<u> </u>	5 Days/Week	Grab
PARM Code 74055 Y	Permit		<del> </del>				1		0		
Mon.Site No. EFA-1 Coliform, Fecal	Requirement	·			200			#/IQOML	10	-	
Contolin, recat	Sample Measurement			<b> </b>	(An.Avg.)					Every Two Weeks	Grab
PARM Code 74055 A	Permit		<del> </del>		< 1	۷(	< 1		0		
Mon.Site No. EFA-1 Total Residual Chlorine (For	Requirement Sample				Report (Mo.Geo Mean)	400 (90%)	800	WYOOMIL.	190	Every Two	Grab
Disinfection)	Measurement	_			1.2	(302)	(Max.)			Weeks	UIAD
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5				Ø		
Sitrogen, Nitrate, Total (as N)	Sample			1 July 2	(Min.)			MG/L		5 Days/Week	Grab
ARM Code 00620 A	Measurement Permit				0.57			41,3 13,44			
non.Site No. Et A-1	Requirement				12.0	70	1 1 1 1 1 1 1 1	hacin .	Ø		
BOD, Carbonaceous 5 day, 20C	Sample		1-	(性質が)です	(Max.)			MC/L		Every Two Weeks	8-hr. FPC
ARM Code 80082	Measurement Permit	North Eagle			118				05		
Ion Site No. INF-1 olids, Total Suspended	Requirement				Report	1	35 SES	MG/L	~		
	Sample Measurement				(Mo.Avg.)					Every Two Weeks	8-Ju. FPC
ARM Code 00530 G	Permit			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	114			ļ	0		
Ion.Site No. INF-1	Requirement				Report (Mo.Avg.)			MG/L	7	Every Two	D. L. CODO
	Sample Measurement	-			,					Weeks	8-hr. FPC
	Permit Requirement										
	Sample										
	Measurement Permit					J				<del></del>	
•	Requirement	ļ									

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

MONITORING GROUP NUMBER: R-002

When Completed mail this report to: Department of Environmental Protection, South District, Plotida Department of Environmental Protection, P.O.Hov. 2649, Ft. Myers, FL. 33902-2549

PAGE	
SANDALHAVEN UTL	
9416978959	
14:23	
14:23	01/24/4000

ENCHARY:

14.AH14053 PERMIT NUMBER PERMITTEE NAME: Unibries hecoporated of Sandathaven MAILING ADDRESS: 200 Weather field Avenue REPORT Monthly LIMIT: final Altamonte Springs, FL 12714 GROUP: Domestic N/A CLASS SIZE:

6611 Placida Road LOCATION: MONITORING GROUP DESC: Englewood, FL 34224 NO DISCHARGE FROM SITE: MONITORING PERIOD From: 06-01-06 To 06-30-06 Charlotte COUNTY:

Parameter		Quantity o	r Loading	Units	Qual	ity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Plow	Sample	0.081							Ø		
PARM Code 50050 Y	Measurement : Permit	0.10		MGD						5 Days/Week	Flow Totalizer
Mon.Site No. OTH-1A	Requirement Sample	(An.Avg.)						<del> </del>	0		
PARM Code 50050 P	Measurement Permit	0.063 Report		MGD				<del> </del>	18	5 Days/Week	Flow Totalizes
Mon.Site No. OTH-1A	Requirement	(Mo.Avg.)						<del> </del>	Ø	10.5	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2,1			MOAL	8	C	8-br, FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			Metre		Every Two Weeks	8-DI. FFC
BOD. Carbonaccous 5 day, 20C	Sample Measurement				3.5	3,5	5		Ø	]	
PARM Code 80082 A	Permit Requirement	Navi i		277	30.0 (Mo.Avg.)	45.0 (Weekly Avg)	60 (Max)	MGAL		Every Two Weeks	8-hr. FPC
Mon.Site No. EFA-1 Solids, Total Suspended	Sample Measurement				0.9				9		
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement		7 .	1.11	5.0 (Max.)	Marian San		MG/L		4 Days/Week	Grab
pH	Sample Measurement				6,5	6,9		<u></u>	Ø		
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		su		5 Days/Week	Grab

Lecrtify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	Patrick Hodern	697-4797	06-67-20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Saintalliaven WWTP

, #ACB 114

Sandallarea WWTP

MONITORING GROUP NUMBER ROBE MONITORING PERIOD From DE

PERMIT NUMBER, FLAULIUS

	Parameter	1 1	Quantin	guiberel 10 y	Units					<del></del> . ·	HER FLAUGIONS DE	
	Colitions, Focal	Sample		T	Chies	Q	uality or Conce	<b>Rration</b>	Units	T .	Frequency of Analysis	Sample T
	PARM Code 74055 A	Measurement		1		<1			<del></del>	Ex.	Thianysis	
	Mon.Site No. EFA-1	Permit Permit				25				19		
	Total Residual Chlorine (For	Requirement Sample				(Max.)			#/IOOMI		4 Days/Week	Grab
	Disinfections	Measurement						<del></del>		<u> </u>	y	Olap
1	PARM Code 50060 A	Permit		<del> </del>	<del></del>	1,2		ĺ		Ø		
-	Mon.Site No., EFA-1 Furbidity	Requirement		[		1.0			MG4.	18		
	Leanigny	Sample				(Min.)			, and L	1 1	Continuous	Grab
i	PARM Code 09070 B	Measurement		_L	ı	1.20				12		
	Mon.Site No. EFB-1	Permit Requirement					<del> </del>			10		
I		Sample		ļ		(Max)		1	DIN	7'1	Continuous	34.4
ı		Measurement				(11311)	<del> </del>	<del></del>				Meter
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		Sample		<del></del>	<del>   </del>							
		Measurement			1 1			<u> </u>				
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		Sample			<del>                                     </del>	<del>-</del>						
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#### DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail t	his report to: Department of Environmental Protection, S	South District, Florida Department of Environm	ental Protection, P O Box 2549, Pr	. Myers, FL, 3390 225	Enny
PERMIPTEE NAME:	Utilities Incorporated of Sandaibavea 200 Wenthersfield Avenue	PERMIT NUMBER	FLAD14053		
	Altamente Springs, FL 32714	LEMIT: CLASS SIZE:	Final N/A	REPORT: GROUP:	Monthly Domestic
FACILITY: LOCATION:	Sandalbayen WWTP 6811 Placida Road Englewood, FL 34224	MONITORING GROUP NUMBER: MONITORING GROUP DESC:	R-CO1 , including influent		DOTAGIN
COUNTY:	Charlotte	NO DISCHARGE FROM SITE X MONITORING PERIOD From	7-01-06 To	7-31-06	

Parameter	:	Quantity o	or Loading	Units	Qua	lity or Concent	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Plow	Sample Measurement	0.006							0		
párne zásszeni. Markásty ortsak											
Flow	Sample Measurement	ø	-						0		
i (nga stasi istore) Marking tertifolis (nga stasi	PCTATE STATE OF TH										
BOD, Carbenaceous 5 day, 20C	Sample Measurement				2.1				Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2				Ø		
VIAT COMPANY OF THE SECOND											
Solids, Total Suspended	Sample Mensurement				0.7				Ø		
PARMA OF DESIDER AND AND AND AND AND AND AND AND AND AND											. Americ
Sölids, Total Suspended	Sample Measurement				<0.6	<0.6	<0.6		Ø	Constitution of the Consti	
PARACON ROTE A	Remarkant				A MILE MOLAYE)	%45.0 (Weekly Ave)	60 (Max)	100		Body 196	8 br. FPC

I certify under peakly of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assume that qualified personnel properly gather and available information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of line and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMM/DD)
Patrick God win Lead Operator	Thick odno	697-4797	06-08-24

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY!

Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001-06 TO PERMIT NUMBER: FL-4014053
MONITORING PERIOD From: 7-01-06 TO 7-31-06

Parameter		Quantity o	r Loading	Units	Qual	ity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Турс
ρH	Sample Measurement				6.5	6.8			0		
PARM Gode 00400 A					IMA	8.5 (Nat)					Grab
Coliform, Fecal	Sample Measurement				くし				Ø		
And the Anti-	PERSONAL PROPERTY.										**************************************
Coliform, Fecal	Sample Measurement				<b>4</b> 1	<b>~</b>	<1		0		
MAN COLUMN TO THE STATE OF THE							, MA				G (Veaty
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.8				0		
						47.72	(Merce				J. W Grah
	Sample Measurement				.59				0		
		\$ 1									The section
BOD, Carbonacrous 5 day, 20C	Sample Measurement				66,5				0		
											THE IT
Solids, Total Suspended	Sample Measurement				72.5				Ø		
											A Merc
	Sample Measurement										
		数制的				<b>11.</b> F136.	<b>外</b> 第二条				A COLUMN
	Sample Monsurement										
	Perguit Recommendant			· 1000 元							

# 

When Completed until this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902, 2549 19 RAWFITE NAME: 19 ilities Incorporated of Sandalhaven PERMIT NUMBER

MAILING ADDRESS: 200 Weathersfield Avenue

Attamostic Springs, FL 32714

PLA014053

FACILITY:

Sandafhaven WWTP

6811 Placida Road

LIMITE CLASS SIZE:

tanat N/A

REPORT: GROUP:

Monthly Dennestic

LOCATION

Englewood, FL 34224

MONITORING GROUP NUMBER, R-002

MONITORING GROUP DESC:

COUNTY:

Charlotte

NO DISCHARGE FROM SITE:

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No.	Frequency of	Sample Type	
Flow	Sample	0 0011	T	<del> </del>	ļ — — — — — — — — — — — — — — — — — — —				Ex.	Analysis	wanthe Type
PARM Code 50050 Y Mon Site No. OTH-IA	Measurement Pennit	0.084		1100				[	0		
HOW THE CONFIGN	Requirement Sample	(AntAvg)		MCD						5 Days/Week	Flow Totalize
ARM Code sousil war Park	THE REAL PROPERTY.	0.098		Wal					0		<u> </u>
OD Out	Polymerora Sample	& (McAy)								Days Welk	film Totalin
ARM COLEMAN EVERY SECOND	Measurement				2./				0		RECUES THE STATE OF THE STATE O
OD, Carbonaccous 5 day, 20C	Sample	and a colo									A LANC
ARM COME NOOR A	Measurement			\$ 14 MM	< 2	<b>  </b>	<2		Ø		
saus, rotal Suspended	Sample					(Weekby Avg)					
organise film 1 % 2 % 2 % 2 % 2 % 2 % 2 % 2 % 2 % 2 %	Measurement				0.9				Ø		
<b>.</b> .	Sample	<b>Des</b> Constitution			(in)					A Days West	Gab
RM Code 00400 SEA SEA SEA	Measurement				6.5	6.8			0		<u></u>
enify under penalty of law that this information submitted. Based on			* 36.0		SCHOOL STATES	Part of the second seco				SUNFIWEY:	Crah \

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

and the state of the state of the second state	a zi battemolez douann	a the best of vac
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORS	someof for knowing v	iolations.
D 1 0 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
	TELEPHONE NO	DATE (YYMM/DD)
Patrick God win Lead Operator Talinh Holl I	107	
COMMENT AND EVER AND	697-4797	06-08-24
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):		

Sandalhaven WWIP

MONITORING GROUP NUMBER: 8,002 MONITORING PERKID From: 7-01-06

To 7-31-06

Parameter	T	T				From: 7-01-	· #1 1 #1	7-31	7.9.	<b>b</b>	
		Quantity	or Loading	Units	Qı	sality or Concentr	alion	Units	No.	Frequency of	Sample Type
Coliform, Fecal	Sample	<del> </del>	T	ļ					Ex.	Analysis	annular 134
Dinico	Measurement		1	1	11		T	<del> </del>	+*		
PARM Code 74055 A Mon-Site No. EFA-F	Permit		<del> </del>	<del> </del>	<1		1	i	10		İ
Total Residual Chlorine (For	Requirement		]	1	25	1		##100ML	-	4 Days/Wock	Grab
Disinfection)	Sample			┼──	(Max.)				Ì	100,000	Cian
PARM Code 50060 A	Measurement			*	0.8		}		1	]	<del></del>
Mon Site No. EFA-1	Permit Requirement	) / / / · / · /		<u> </u>	1.0	<del></del>		*		<u></u>	
Turbidity	Sample				(Min.)			MGAL		Continuers	Grab
	Measurment							<del> </del>	<u> </u>		
	Penni				.89				Ø		
Mon. Sile No. EFB-1	Requirement							MTU	-		
	Sample				(Max)					Continuous :	Meter
() - 1일을 변경되는 기가 되는 기가 되었다.	Measurement			]					-		<u> </u>
	Permit		ANT VENERAL C	14 Sec. 1					ì		
	Requirement									S. 180 (\$1.5)	all the same of the same
<b>6</b>	Sample					- 下的正式第	一个表表第一卷。				
	Measurement	20 1 10 10 10 10 10 10 10 10 10 10 10 10									
建金属 计	Complement			<b>R G E E</b>	*\$. * * :	Live Head State	7 - 212 may 24 2 mm	7 of \$250.7	7 70 70		
	iample	4									
Water and I	<b>Casuremens</b>	-					V. Brancher (S. 1987)	- CO	* *		
	come de la company		Control of the second	Carlo de Prompo							
					<b>电影</b> 电影系				£ 16.4	PAN DESCRIPTION	ASSET TO SEE
Įs	ample				37. 多类类类。	2 12 MA	18976		*		<b>新疆</b> 通
THE RESERVE THE PARTY OF THE PA	lensurement				:						Bar of Miles
	count count			1 Page 6	<b>全国</b>		r training		}		
	ample cepurement	上			<b>李宝宝</b>	7.4			3,	* 783	
	casurement	I				700 100	C是"是"的。		- 4	4 (4.34.3)	<b>第二种发展</b>
	2004	The state of the s				ļ		}		:	
	equitoment :			<b>7</b>				Sec. 3	.000		
S	umple			6.2	<b>多。例</b> 可可以	4. 2. 2. 3. 3. 4.	3 W. F. M		2.2		
M	casurement		Î	į	j		2 73 cong. 4 co.	Sara		*** *** ******************************	APPENDAGE AS
		198		98	3 - 3 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
K	quirement .	***		, With						3.44	्रे <b>श</b> ्टिक स्टाप्टर
	mple	T	1	****		授代等主席			5 1		
U. A. S. S. S. S. S. S. S. S. S. S. S. S. S.	easurement final				1				Ī		
	dairement	1				4		737			
	7-0111111	- 2	4.2				A PARTY	105 m	- 9 <b>- 1</b>	5 APR	

on July 2, 2006 The clz dropped to 0.8 for about 15 min's and to 0.9 for about 15 min's because of high flow.

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

LIMIT:

PERMITTEE NAME: Utilities Incorporated of Sandalhaven

MAILING ADDRESS: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

Sandalhavea WWTP

6811 Placida Road

Englewood, FL 34224

COUNTY: Charlotte

FACILITY:

LOCATION:

PERMIT NUMBER

CLASS SIZE:

FLA014053

Final N/A

REPORT: GROUP:

Monthly Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

, including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12-01-06 To 12-31-06

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006							0		
PATRIATEGICAS VISTA ATRIATEGICAS ATRIATEGICAS VISTA ATRIATEGICA AT		E ALIAVE I		1 1 1 1 1						SD VW AL	
Flow	Sample Measurement	Ø							0		
PAPATICOLE OBJETE PER SALES	Pamile Silver Respirement	e gregori Li (Mo-AV) E s		K.MGDI							Pro-Thans
BOD, Carbonaceous 5 day, 20C	Sample Measurement		!		21				Ø		
PARMIC GEROS.	Rendring				SKOD : Y			MGIL		TIPL TOWN	
	Sample Measurement				<b>42</b>	<2	12		1		
PARM GERNAU 14 1 NGSENGERATUR 14 1	Dayliti Religionisti					WELVAYOR	T MAN ST	VET:			
	Sample Measurement				0,69				$ \emptyset $		
PARAM CHIEDDS90 (AV. ) Med Silving dea 1	Panil Pisaureneau				A (Al Avg.)					Abyay Tva. Tigayeek ka	
Solids, Total Suspended	Sample Measurement				40.6	<0.6	40.6		Ø		
PARM Cole 003 0 A More Site No. EFA-1	Point Services	<b>经现在的过去式和过去分词</b>			TOTAL TE	TWEETVAYO	Max)	MGI		Evar/Dvo	A Land TPRE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/ITILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORI	ZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMIDD)
Patrick Godwin Lead o	perator	Patrick Hodion	697-4797	07-01-18

## **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY:

Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 12-01-06 To

PERMIT NUMBER: FLA014053

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Prequency of Analysis	Sample Type
рИ	Sample Measurement				6.5	6,9					
	TERM WE TO SERVE THE SERVE				AT THE			F 311			
Coliform, Fecal	Sample Measurement				<١				Ø		
PARTAYOLD FATA METTS BANGLEDA III	Parinte Regularitation										
Coliform, Fecal	Sample Measurement				<1	<u>ا ک</u>	<b>4</b> 1		Ø		
	Permanananan Kanpinanan				Te m		7707800				Galia
Total Residual Chlorine (For Disinfection)	Sample Measurement			*	0.2		Production and the Control		Ø		
PARIX CLIP CLIP CONTROL AND AND AND AND AND AND AND AND AND AND	Penalt Regulation							MQTA.		TO WAYS T	
Nitrogen, Nitrate, Total (as N)	Sample Measurement			CSAV A HARAIS	0.70		Example 197	THE PARTY OF THE P	Ø		
PARMICALENCADE AVE.	Period and a Region of the Period and A Region of the Period and A Region o										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				247			75.7.7.2.000	\$		
PARM Cole BOOK STORE SEE	Permit:				Project Control of the Control of th						98 ir 770
Solids, Total Suspended	Sample Measurement				177				Ø		
PARM Code NO Sabrice Grap and Mon Suc No. 1985	Paint & Paint Raint			Jekchoda +						W IN PINCE	
	Sample Measurement										
	Pempirana Region enterior						FX AS				
	Sample Measurement										
	Permitty ###						群製造				

### DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: 12-01-06 To

PERMIT NUMBER: FLA014053

Parameter		Quantity o	r Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1				Ø		
			, f								
Disinfection)	Sample Measurement			*	0,2				Ø		
ARVITORIAL APPROVE								Parattat.		i Citalinini II.	TAGME!
Turbidity	Sample Measurement			- Commission (1990)	.90				0		
AND CANADA STATE	Perfect of the second s									Craft free	
	Sample Measurement		Section of the sectio		(100-11/10-11)			725-10-12-1			
	Pemili Kequirenteni										
	Sample Measurement	Description of the Park				STATE OF THE SELECTION					
	Permit est.										
	Sample Measurement			William Cont.				September 1			
	Permitty 2 to 1										
	Sample Measurement			A STREET				TO THE		E STATE SA	
	Panul Panul Republication								有法		
	Sample			Para de Maria							
	Measurement Female 1 x										
	Requirement Sample							THE REAL PROPERTY.	接聽		
	Measurement								f. f		
	Requirement of Sample										
	Measurement Permit 18 18										
	Requirements				5.24.2		<b>A.</b> (177)				
12-25-06	, <b>")</b>			٥	,8		. 115	1 4	1		Time
12-25-06 12-26-06 12-29-06 12-31-06	S CI	2 Drop	ped to	O.	9 Bec	ause a	of Hill	gn 1	lou	v for	20 min
12-29-06	<b>)</b>	, ,	ī	0		-	R	Kon	Time	oned	0 5 to 1
12-31-46	1			A	8		11	1 C1	. 17.1		15
12 31 06				U	, <i>Q</i>		Hig	n Tl	ow		1) min

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Pt. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven

MAILING ADDRESS: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER

FLA014053

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Sandalhaven WWTP 6811 Placida Road

Englewood, FL 34224

MONITORING GROUP NUMBER: R-002

MONITORING GROUP DESC:

COUNTY:

Charlotte

NO DISCHARGE FROM SITE: 22-01-06 To 12-31-06

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.089					-		Ø		
PARMICALE DOMESTAL DESIGNATION OF THE PARTY	<b>行类型的数据建设设</b> 理	<b>经验可靠进行的特别的</b>								Jay W	Pownodling
	Sample Measurement	0.096			PARTICIPATION OF THE PARTIES.	NATION COMMERCIAL CONTRACTORS			Ø		
PARVIEOUS GLADIER PARTIE	Permit # Resputation of										i plovi potalize e
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	SA THE REPORT OF THE PERSON	In the control of the		Ø		
DARM (PSIL BUIE) BUIEN (PSIL BUIEN) MORNIE NO EFANT	emiliae de Regimenents				9710			2011			
	Sample Measurement				42	<2	<b>≺</b> 2		Ø		SECOND DESCRIPTIONS
PARANTOGE KORE A MEE Kontagevo Eurite Me	Demili (* 25) Resputement						et ou et Automax	Tau.			A Shr Prom
Solids, Total Suspended	Sample Measurement				<0.6			1300-14-31-23-5	Ø		
PARM Code DOS 10 2 11 2 11 11 11 11 11 11 11 11 11 11 11	Permit Romentari							a product		A DAVENYOR	lo secondo de la composição de la compos
₽₩	Sample Measurement				6.5	6.9	Act and Application of the		Ø	AND THE PERSON NAMED IN COLUMN TWO	
								161		ST OTVAL	Grah

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Hased on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYAMM(DD)
Patrick Godwin Lead Operator	Fastick Loder	697-4797	07-01-18

## DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA014053 Prom: 12-01-06 To: 12-31-06

Pacility: Sanda!haven WWTP

		Flow (MGD)	(MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBODS (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	+
1on. Site		OTH-1B	INF-1	INF-1	EFA-I	BFA-1	EFA-1	EFA-1	BFA-1	EFA-1	-
1 2	0.715	Ø			6.8	2.8			· · · · · · · · · · · · · · · · · · ·		-
3	0.112	0			6.8	3,6					<del> </del>
<u></u>	0.104	<b>Ø</b>			6,8	1-1				<del></del>	<del> </del>
- 5	0.101	Ø			6,7	3.9	<			<del>                                     </del>	<del> </del>
6	0.082	0	297	268	6,8	5.0	<1	0.70	42	<0.6	<del> </del>
7	0.086	<u>Ø</u>			6.8	5.0	<1			10.00	<del> </del> -
	0.089	0			6,7	42	<1				<del> </del>
8	0.095	Ø_			6,8	4.6					
9	0.100	0			6.7	5,0					-
10	0.101	_Ø			6.8	3,6					<del> </del>
11	0.101	_Ø			6.7	3,5	<(				
12	0.080	Ø			6.8	3,7	<				
13	0.081	Ø			6,9	4.0	< 1				
15	0.092	0			6.9	3.5	<1				
16	0.101	0			6,9	1.2					
17	0.083	0			6.7	1,2					
18	0.091	0			6,7	5.0					
<del></del>	0.091	9			6,7	5,0	<(				
	0.095	0	197	86.0	6.8	5.0	<1	-08	42	50.6	
	0.086	0			6.8	4.8	< (				
	0.102	0			6,7	3.7	< 1				
	0.081	0			6,7	1,0				-	
	0.080	Ø			6.6	1.0					
	0.098	Ø			6.5	1.1					
	0.//7	0			6,6	0,8					
	0,119	0			6,7	0,9	<1				
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	0,096	0			6,7	5,0	<1				
<del></del>	0.103	0				0.2	<				
	0.100	0				1.0					·
	0,099	0			6.5	0.8					
	2.981	0						17-11			
Avg. (	0.096	0	247	177	6,7	3.1	21 0	0,39 .	<2 .	<0.6	

Day Shift Operator	Class: Certifica	etc No: 00/3850 Name:	Michael Monat
Evening Shift Operator	Class: C Certifie	ate No: 00/3794 Name:	Ted Burleson
Night Shift Operator	Class: Certifics	ite No: Name:	
Lead Operator	Class: B Certifies	tte No: 0007518 Name:	Patrick Godwin

DAILY SAMPLE RESULTS - PART B FLA014053 From: 12-01-06 Permit Number: Sandalhaven WWTP Facility: To: 12-31-06 Monitoring Period TSS (MG/L) Turbidity (NTU) Code 00530 00070 Mon. Site EFB I EFB-1 1 90 2 60 3 50 4 <0.6 5 48 6 50,6 7 70 <0.6 8 9 10 11 <0.6 12 50.6 13 <0.6 14 <0.6 15 16 69 17 18 <0.6 19 <0.6 49 20 49 CD. 6 21 <0.6 22 -80 23 24 25 26 81 27 79 28 .60 29 80 30 -7131 Total Mo. Avg. < 0,6 -63 Michael Monat LANT STAFFING: Certificate No: 00/3850 Name: lay Shift Operator Certificate No: 0013794 Name: vening Shift Operator Class: Certificate No: Name:

00075/8 Name:

Certificate No:

Class:

Class:

ight Shift Operator

ead Operator