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February 9, 2007

HAND DELIVERY

RECEIVED-FPSC
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COMMISSION
CLERK

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

RE: Docket No. 060285-SU; Utilities, Inc. of Sandalhaven's Application for Rate Increase
in Charlotte County, Florida
Our File No.: 30057.114

Dear Ms. Bayo:

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

- JMP _____ Rule 25-30.436 (4) (a), Florida Administrative Code (F.A.C.), requires that each
- JOM _____ schedule shall be cross-referenced to identify related schedules as either supporting
- JTR _____ schedules or recap schedules. The following schedules are deficient pursuant to this Rule.
- JCR _____
- JCL _____ 1. Schedules A-2 Rate Base.
- JPC _____ This schedule does not tie to Schedule A-3 Proforma Adjustments.
- JCA _____
- JCR _____ **RESPONSE:** Schedule A-2 does tie to Schedule A-3 with regard to the following
- JGA _____ adjustments. There are five adjustments on Schedule A-3. They tie to Schedule A-2 as
- JEC _____ follows:
- JTH _____ (A) is the WSC portion of rate base that was not on the books of the Utility. It is

DOCUMENT NUMBER-DATE

01364 FEB-9 5

FPSC-COMMISSION CLERK

Ms. Blanca Bayo
Commission Clerk and Administrative Services Director
Florida Public Service Commission
February 9, 2007
Page 2

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

Ms. Blanca Bayo
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Florida Public Service Commission
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Page 3

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.

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.

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

Ms. Blanca Bayo
Commission Clerk and Administrative Services Director
Florida Public Service Commission
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Page 4

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.

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.

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.

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 25-30.437, 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.

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.

7. Schedule B-12, Schedule of Allocated Expenses

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

Ms. Blanca Bayo
Commission Clerk and Administrative Services Director
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Page 5

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.

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.

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

Ms. Blanca Bayo
Commission Clerk and Administrative Services Director
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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. Lubertozi, 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 PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

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

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

690

FACILITY: Sandalhaven WWTP
 LOCATION: 6891 Pincida Road
 Eaglewood, FL 34224

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: including influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 5-01-05 To 5-31-05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003				∅		
PARM Code 50050 Y	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon. Site No. OTH-1B								
Flow	Sample Measurement	0.0				∅		
PARM Code 50050 P	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon. Site No. OTH-1B								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		∅		
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hour FPC
Mon. Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		∅		
PARM Code 80082 A	Permit Requirement			30.0 (Mo. Avg.)	MGL		Every Two Weeks	8-hour FPC
Mon. Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			< .87		∅		
PARM Code 60530 Y	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hour FPC
Mon. Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			< 1.0		∅		
PARM Code 00530 A	Permit Requirement			30.0 (Mo. Avg.)	MGL		Every Two Weeks	8-hour FPC
Mon. Site No. EFA-1								

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 (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	941-697-4777	05/06/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-101
 MONITORING PERIOD From: 5-01-05 To: 5-31-05

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.5	6.7			Ø		
PARM Code 00400 A Mon. Site No. BFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y Mon. Site No. BFA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1		<1		Ø		
PARM Code 74055 A Mon. Site No. BFA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (98%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1				Ø		
PARM Code 30060 A Mon. Site No. BFA-1	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			.43				Ø		
PARM Code 00620 A Mon. Site No. BFA-1	Permit Requirement			12.0 (Max.)			MGL		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			151				Ø		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			124.1				Ø		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC
	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, FL. 37902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Florida Road
 Eaglewood, FL 34224

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 5-01-05 To 5-31-05

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Sample Measurement	Permit Requirement		Sample Measurement	Permit Requirement				
Flow	PARM Code 50050 Y Mon. Site No. OTH-1A	0.090	0.10 (An. Avg.)	MGD				Ø	5 Days/Week	Flow meters and totalizers
Flow	PARM Code 50050 P Mon. Site No. OTH-1A	0.087	Report (Mo. Avg.)	MGD				Ø	5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	PARM Code 80082 Y Mon. Site No. BFA-1				< 2			Ø	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	PARM Code 80082 A Mon. Site No. BFA-1				< 2	< 2		Ø	Every Two Weeks	8-hour FPC
Solids, Total Suspended	PARM Code 00530 B Mon. Site No. BFB-1				1.1			Ø	4 Days/Week	Grab
pH	PARM Code 00400 A Mon. Site No. EPA-1				6.5	6.7		Ø	5 Days/Week	Grab

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 (YYMMDD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	941-697-4777	05/06/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 5-01-05 To: 5-31-05

PERMIT NUMBER: FLA01-0053

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			<1		0		
PARM Code 74055 A Mon. Site No. BFA-1	Permit Requirement			25 (Min.)	#/100ML	0	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1		0		
PARM Code 50060 A Mon. Site No. BFA-1	Permit Requirement			1.0 (Min.)	MGL	0	Continuous	Grab
Turbidity	Sample Measurement			2.10		0		
PARM Code 00070 B Mon. Site No. BFB-1	Permit Requirement			Report Max	NTU	0	Continuous	Meter
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

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

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Akumonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

600

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

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 6-01-05 To 6-30-05

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003								
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)		MGD				Ø	5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.0								
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)		MGD				Ø	5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2			Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)		MGL		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2		Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				< 0.86			Ø		
PARM Code 90530 Y Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)		MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				0.65	0.7		Ø		
PARM Code 90530 A Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MGL		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 (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/07/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 6-01-05 To 6-30-05

PERMIT NUMBER: RA014053

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.4	6.8			0		
PARM Code 00400 Mon. Site No. BFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				< 1				0		
PARM Code 74055 Mon. Site No. BFA-1	Permit Requirement				300 (Ar. Avg.)			MG/ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1		< 1		0		
PARM Code 74055 Mon. Site No. BFA-1	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	MG/ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1				0		
PARM Code 50060 Mon. Site No. BFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				11.2				0		
PARM Code 00620 Mon. Site No. BFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				116				0		
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				172				0		
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC
	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, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

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

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 6-01-05 To 6-30-05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1044 0.095						
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.105						
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2				
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				
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			1.4				
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				
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	SC		5 Days/Week	Grab

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 (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/07/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 6-01-05 To 6-30-05

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 A Mon. Site No. BFA-1	Sample Measurement				<1				∅		
	Permit Requirement				25 (Max.)			ML/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EPA-1	Sample Measurement				1.1				∅		
	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Grab
Turbidity PARM Code 00070 B Mon. Site No. EPB-1	Sample Measurement				1.20				∅		
	Permit Requirement				Report Max			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

GARTH A

07/29/2005 10:31 8136261030

07/27/2005 16:01

9416978959

SANDALHAVEN UTI

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

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

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

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

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: , including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 8-01-05 To 8-31-05

600

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003				Ø		
PARM Code 50050 Y Mon.Site No. OTH-1B	Permit Requirement	0.15 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	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		Ø		
PARM Code 80082 Y Mon.Site No. BFA-1	Permit Requirement			20.0 (An.Avg.)		MG/L	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	Ø		
PARM Code 80082 A Mon.Site No. BFA-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		Ø		
PARM Code 00530 Y Mon.Site No. BFA-1	Permit Requirement			20.0 (An.Avg.)		MG/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			<0.6	<0.6	Ø		
PARM Code 00530 A Mon.Site No. BFA-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 (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/09/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 8-01-05 To

PERMIT NUMBER: FLA014053
8-31-05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.3	6.8			Ø		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SD		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			< 1				Ø		
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			< 1				Ø		
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1				Ø		
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			3.11				Ø		
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement			12.0 (Max.)			MGL		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			85.3				Ø		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			133				Ø		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

PAGE 03

SANDHALHAVEN UTL

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08:01 09/28/2005

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

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 210 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053
 LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

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

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 8-01-05 To 8-31-05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.099				0		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.074				0		
PARM Code 50050 P Mon. Site No. OTH-1A	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.)	MGL		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		0		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	MGL		Every Two Weeks	8-hour FPC
								60.0 (Max.)
Solids, Total Suspended	Sample Measurement			0.7		0		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement			5.0 (Max.)	MGL		4 Days/Week	Grab
pH	Sample Measurement			6.3		0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab
								8.5 (Max.)

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 (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	05/09/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-402
 MONITORING PERIOD From: 8-01-05 To

PERMIT NUMBER: FLA014053
8-31-05

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SANDALHAVEN UTL

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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			< 1		0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1		0		
PARM Code 50060 A Mon. Site No. , EFA-1	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Grab
Turbidity	Sample Measurement			In 20 Report Max		0		
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement				NTU		Continuous	Meter
	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

FILE COPY

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

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

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

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 5-01-06 To 5-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.006						Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)		MGD						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.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.65				Ø		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)			MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				< 0.6	< 0.6	< 0.6		Ø		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MGL		Every Two Weeks	8-hr. 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 (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-06-26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 5-01-06 To 5-31-06

PERMIT NUMBER: FLA014053
 5-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.4	6.8			Ø		
PARM Code 00400 Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			200 (Ar. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2				Ø		
PARM Code 50060 Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			9.45				Ø		
PARM Code 00620 Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			117				Ø		
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			92				Ø		
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

PAGE 03

SANDALHAVEN UTI

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06/26/2006 11:26

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

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 3801 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA01-053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly
 Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Florida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

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

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.089						φ		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.058						φ		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2				φ		
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			<2	<2	<2		φ		
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			2.0				φ		
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			φ		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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 (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-06-26

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

PAGE 04

SANDALHAVEN UTILITY

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11:26

06/26/2006

DISCHARGE MONITORING REPORT - PART A (Continued)

Sandalhaven WWTP

FACILITY

MONITORING PERIOD FROM: 5-01-06 TO PERMIT NUMBER: 5-31-06

Parameter	Sample Measurement Permit Requirement	Quantity of Loading	Units	Quality of Concentration			Units	No. of Analyzers	Sample Type
				Sample	Permit	Requirement			
Coliform, fecal PARM Code 74055 Mon. Site No. EFA-1	Sample								
	Measurement								
	Permit Requirement			<1					
Total Residual Chlorine (log Disinfection) PARM Code 50060 Mon. Site No. EFA-1	Sample								
	Measurement								
	Permit Requirement			1.2				4 Days/Week	Grab
Turbidity PARM Code 00070 Mon. Site No. EFB-1	Sample								
	Measurement								
	Permit Requirement			1.19				Continuous	Grab
	Sample								
	Measurement								
	Permit Requirement			(Max)				Continuous	Meter

690

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

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: 37A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 5811 Florida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-401
 MONITORING GROUP DESC: including influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From 06-01-06 To 06-30-06

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		(An. Avg.)	(Mo. Avg.)		(An. Avg.)	(Mo. Avg.)	(Max)				
Flow	0.006										
Flow	Ø										
BOD, Carbonaceous 5 day, 20C	2.1										
BOD, Carbonaceous 5 day, 20C	3.5				3.5	5					
Solids, Total Suspended	0.7										
Solids, Total Suspended	1.1				1.1	1.5					
					30.0 (Mo. Avg)	45.0 (Weekly Avg)	60 (Max)	MGL		Every Two Weeks	8-lr. 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 (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	6974797	06-07-20

COMMENTARY AND/OR ANALYSIS OF THIS VIOLATION (reference all attachments here)

07/31/2006 09:37

9416978995

SANDALHAVEN UTL

PAGE 02

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

640

FILE COPY

PERMIT NUMBER: FLA014053
 LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: including Influent

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 06-01-06 To 06-30-06

Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
MGD					Ø	5 Days/Week	Flow Totalizer
MGD					Ø	5 Days/Week	Flow Totalizer
	2.1				Ø		
	20.0 (An.Avg.)			MGL		Every Two Weeks	8-hr. FPC
	3.5	3.5	5		Ø		
	30.0 (Mo.Avg.)	45.0 (Weekly Avg)	60 (Max)	MGL		Every Two Weeks	8-hr. FPC
	0.7				Ø		
	20.0 (An.Avg.)			MGL		Every Two Weeks	8-hr. FPC
	1.1	1.1	1.5		Ø		
	30.0 (Mo.Avg.)	45.0 (Weekly Avg)	60 (Max)	MGL		Every Two Weeks	8-hr. FPC

Under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information, the information submitted is, to the best of my knowledge and belief, true and correct. I am not aware of any falsification of the information submitted and I am not aware of any persons who have furnished false information. I am not aware of any persons who have violated any laws or regulations. I am not aware of any persons who have violated any permit conditions. I am not aware of any persons who have violated any other laws or regulations. I am not aware of any persons who have violated any other permit conditions. I am not aware of any persons who have violated any other laws or regulations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
<i>Patricia Johnson</i>	6974797	06-07-20

(Print name here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Sandalhaven WWTP

MONITORING GROUP NUMBER: R-031
 MONITORING PERIOD From: 06-01-06 To

PERMIT NUMBER: FLA014053
 06-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.5	6.9					
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU	Ø	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				< 1						
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement				200 (An. Avg.)			#/100ML	Ø	Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				< 1	< 1	< 1				
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML	Ø	Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2						
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement				0.5 (Min.)			MG/L	Ø	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.57						
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement				12.0 (Max.)			MG/L	Ø	Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				118						
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L	Ø	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				114						
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L	Ø	Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

PAGE 02
 SANDALHAVEN UTILITY
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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

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA0114053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly
 Domestic

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

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 06-01-06 To 06-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.081				0		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.063				0		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)			Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.5	3.5	5		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max.)	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.9		0		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement			5.0 (Max.)			4 Days/Week	Grab
pH	Sample Measurement			6.5	6.9	0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	Grab

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 (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-07-20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER R 002

PERMIT NUMBER EA0014053

MONITORING PERIOD from 06-01-06 to 06-30-06

PAGE 04

SANDALHAVEN UTI

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Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, fecal	Sample Measurement			<1					
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			25 (Max.)		M/100ML	0	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2					
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			1.0 (Min.)		MG/L	0	Continuous	Grab
Turbidity	Sample Measurement			1.20					
PARM Code 06070 B Mon. Site No. EFB-1	Permit Requirement			(Max.)		NTU	0	Continuous	Meter
	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, FL, 33902

FILE COPY

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLAD1-3053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

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

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: including influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD FROM: 7-01-06 To: 7-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	2.006				0		
PAHMS (EPA-816)	Sample Measurement							
Flow	Sample Measurement	0				0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		0		
Solids, Total Suspended	Sample Measurement			0.7		0		
Solids, Total Suspended	Sample Measurement			<0.6	<0.6	0		

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 (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-08-24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 7-01-06 To: 7-31-06

PERMIT NUMBER: FLA014053

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.5	6.8			0		
PARAM Code 00400 Param No. EPA-1	Sample Measurement			6.5 (Min)	6.8 (Max)				Once/Week	Grab
Coliform, Fecal	Sample Measurement			<1				0		
PARAM Code 7403 Param No. EPA-1	Sample Measurement									Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		0		
PARAM Code 7403 Param No. EPA-1	Sample Measurement									Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.8				0		
PARAM Code 7405 Param No. EPA-1	Sample Measurement									Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			.59				0		
PARAM Code 7405 Param No. EPA-1	Sample Measurement									Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			66.5				0		
PARAM Code 7405 Param No. EPA-1	Sample Measurement									Grab
Solids, Total Suspended	Sample Measurement			72.5				0		
PARAM Code 7405 Param No. EPA-1	Sample Measurement									Grab
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									

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

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

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

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 7-01-06 To 7-31-06

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site No. OTH-1A	Sample Measurement	0.084							0	5 Days/Week	Flow Totalizer
	Permit Requirement	0.10 (Anl. Avg.)		MGD							
Flow PARM Code 50050 P Mon. Site No. OTH-1A	Sample Measurement	0.098							0	5 Days/Week	Flow Totalizer
	Permit Requirement	0.10 (Mo. Avg.)		MGD							
BOD, Carbonaceous 5 day, 20C PARM Code 40002 Y Mon. Site No. EPA-1	Sample Measurement				2.1				0		
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C PARM Code 40002 P Mon. Site No. EPA-1	Sample Measurement				<2	<2	<2		0		
	Permit Requirement										
Solids, Total Suspended PARM Code 00150 P Mon. Site No. EPA-1	Sample Measurement				0.9				0		
	Permit Requirement										
pH PARM Code 00400 Y Mon. Site No. EPA-1	Sample Measurement				6.5	6.8			0	5 Days/Week	Grab
	Permit Requirement										

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 Patrick Godwin Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Patrick Godwin</i>	TELEPHONE NO 697-4797	DATE (YY/MM/DD) 06-08-24
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 A Mon. Site No. EPA-1	Sample Measurement			< 1		0		
	Permit Requirement			25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EPA-1	Sample Measurement		*	0.8		2		
	Permit Requirement			1.0 (Min.)	MGL		Continuous	Grab
Turbidity PARM Code 00070 B Mon. Site No. EPB-1	Sample Measurement			0.89		0		
	Permit Requirement			(Max.)	NTU		Continuous	Meter
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

* ON July 2, 2006 The cl₂ dropped to 0.8 for about 15 min's and
 ON July 10, 2006 " " 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

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

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

COUNTY: Charlotte

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: 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 or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				0		
	Permit Requirement							
Flow	Sample Measurement	0				0		
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			21		0		
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	<2	0	
	Permit Requirement							
Solids, Total Suspended	Sample Measurement			0.69		0		
	Permit Requirement							
Solids, Total Suspended	Sample Measurement			<0.6	<0.6	<0.6	0	
	Permit Requirement							

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 (YY/MM/DD)
Patrick Godwin Lead operator	<i>Patrick Godwin</i>	697-4797	07-01-18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

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

PERMIT NUMBER: FLA014053
 12-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.5	6.9					
	Permit Requirement									
Coliform, Fecal	Sample Measurement			<1				0		
	Permit Requirement									
Coliform, Fecal	Sample Measurement			<1	<1	<1		0		
	Permit Requirement									
Total Residual Chlorine (For Disinfection)	Sample Measurement		*	0.2				0		
	Permit Requirement									
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.70				0		
	Permit Requirement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement			247				0		
	Permit Requirement									
Solids, Total Suspended	Sample Measurement			177				0		
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

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

PERMIT NUMBER: FLA014053
12-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			<1		0		
	Permit Requirement							
Total Residual Chlorine (For Disinfection)	Sample Measurement		*	0.2		0		
	Permit Requirement							
Turbidity	Sample Measurement			.90		0		
	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							
	Sample Measurement							
	Permit Requirement							

12-25-06 }
 12-26-06 } Cl₂ Dropped to
 12-29-06 } 0.8
 12-31-06 } 0.9 Because of High flow
 } 0.2 Breaker Tripped. High flow for
 } 0.8 High flow 25 min
 } 15 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, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

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

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 12-01-06 To 12-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.089				0		
PARM Code: 50000 Mon Site No: DTHA	Permit Requirement		MGD				Day/Week	Flow/Total
Flow	Sample Measurement	0.096				0		
PARM Code: 50000 Mon Site No: DTHA	Permit Requirement		MGD				Day/Week	Flow/Total
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code: 50000 Mon Site No: DTHA	Permit Requirement						Day/Week	Flow/Total
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	0		
PARM Code: 50000 Mon Site No: DTHA	Permit Requirement			(MG/AVE)	(MG/AVE)		Day/Week	Flow/Total
Solids, Total Suspended	Sample Measurement			<0.6		0		
PARM Code: 50000 Mon Site No: DTHA	Permit Requirement			(Max)			Day/Week	Flow/Total
pH	Sample Measurement			6.5	6.9	0		
PARM Code: 00400 Mon Site No: DTHA	Permit Requirement			(Min)	(Max)		Day/Week	Flow/Total

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	<i>Patrick Godwin</i>	697-4797	07-01-18

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

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

Facility: Sandalhaven WWTP

Code	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EPA-1	EPA-1
1	0.115	Ø			6.8	2.8				
2	0.112	Ø			6.8	3.6				
3	0.104	Ø			6.8	1.1				
4	0.101	Ø			6.7	3.9	<1			
5	0.082	Ø	297	268	6.8	5.0	<1	0.70	<2	<0.6
6	0.086	Ø			6.8	5.0	<1			
7	0.089	Ø			6.7	4.2	<1			
8	0.095	Ø			6.8	4.6				
9	0.100	Ø			6.7	5.0				
10	0.101	Ø			6.8	3.6				
11	0.101	Ø			6.7	3.5	<1			
12	0.080	Ø			6.8	3.7	<1			
13	0.081	Ø			6.9	4.0	<1			
14	0.092	Ø			6.9	3.5	<1			
15	0.101	Ø			6.9	1.2				
16	0.083	Ø			6.7	1.2				
17	0.091	Ø			6.7	5.0				
18	0.091	Ø			6.7	5.0	<1			
19	0.095	Ø	197	86.0	6.8	5.0	<1	.08	<2	<0.6
20	0.086	Ø			6.8	4.8	<1			
21	0.102	Ø			6.7	3.7	<1			
22	0.081	Ø			6.7	1.0				
23	0.080	Ø			6.6	1.0				
24	0.098	Ø			6.5	1.1				
25	0.117	Ø			6.6	0.8				
26	0.119	Ø			6.7	0.9	<1			
27	0.100	Ø			6.8	5.0	<1			
28	0.096	Ø			6.7	5.0	<1			
29	0.103	Ø			6.7	0.2	<1			
30	0.100	Ø			6.5	1.0				
31	0.099	Ø			6.5	0.8				
Total	2.981	Ø								
Mo. Avg.	0.096	Ø	247	177	6.7	3.1	<1	0.39	<2	<0.6

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 0013850 Name: Michael Monat

Evening Shift Operator

Class: C Certificate No: 0013794 Name: Ted Burleson

Night Shift Operator

Class: _____ Certificate No: _____ Name: _____

Lead Operator

Class: B Certificate No: 0007518 Name: Patrick Godwin

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

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

Facility: Sandalhaven WWTP

	TSS (MG/L)	Turbidity (NTU)																		
Code	00530	00070																		
Mon. Site	EFB-1	EFB-1																		
1		.90																		
2		.60																		
3		.50																		
4	<0.6	.52																		
5	<0.6	.48																		
6	<0.6	.50																		
7	<0.6	.70																		
8		.58																		
9		.52																		
10		.49																		
11	<0.6	.51																		
12	<0.6	.52																		
13	<0.6	.58																		
14	<0.6	.49																		
15		.59																		
16		.69																		
17		.57																		
18	<0.6	.78																		
19	<0.6	.49																		
20	<0.6	.49																		
21	<0.6	.69																		
22		.80																		
23		.69																		
24		.58																		
25		.78																		
26	<0.6	.81																		
27	<0.6	.79																		
28	<0.6	.60																		
29	<0.6	.80																		
30		.71																		
31		.78																		
Total																				
Mo. Avg.	<0.6	.63																		

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0013850 Name: Michael Monat

Evening Shift Operator Class: C Certificate No: 0013794 Name: Ted Burleson

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: B Certificate No: 0007518 Name: Patrick Godwin