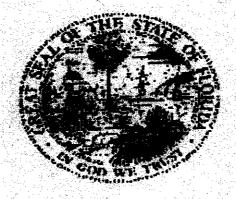
CLASS A WATER AND/OR WASTEWATER UTILITIES

FINANÇIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

Mid-County Services, Inc.
Exact Legal Name of Otility

VOLUME III



FOR THE

Test Year Ended: 12/31/07

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

25.30.440 (1) DETAILED MAP

Test Year Ended December 31, 2007

MAP PROVIDED SEPARATELY

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

25.30.440 (2) CHEMICALS USED

Test Year Ended December 31, 2007

Mid-County Schedule of Chemicals

t Year Ended December 31, 2907	Sodium Hy WT	•		V G&B Oil D 220	Calcium Hypochlo Granular	nte	Liquid Enzy 4 x 1 Gal C		Sodium B Aqueous Soli	ution 40%	Ferrous: 12% LC	C-166	Bull	thanol « Liquid		Hydrated Lime 50 LB	TOTAL AMOUNTS
Date of Invoice	1 Gal	Unit Price	Case	Unit Price	100# Pail Unit P	rice	Gallon Uni	l Price	1 Gal	Unit Price	Pounds	Unit Price	1 Gal	Uni	Price	50# Bag Unit Price	
12/21/2006											46,400	0 10					4,737.4
12/28/2006	725	1.15															833.7
12/28/2006									170	2.25							382.5
1/4/2007	910	1.25															1,137.5
1/4/2007									170	2.25							382.5
1/11/2007	1,000	1.25															1,250.0
1/11/2007	.,244								130	2.25							292.5
1/18/2007	1,245	1.25															1,556.2
1/18/2007	.,								150	2 25							337.5
1/25/2007	1,300	1.25															1,625.0
1/25/2007									200	2.25							450.0
1/26/2007							4	32,50									130.0
2/1/2007	1,210	1.25															1,512.5
2/1/2007	.,2.0								230	2.25							517.5
2/8/2007	1,300	1.25															1,525.0
2/8/2007	1,500	1.20							150	2.25							337,5
2/15/2007	1,160	1.25															1,450,0
2/15/2007	1,700								175	2.25							393.7
2/20/2007	1,295	1 25															1,618.7
2/20/2007	1,250	123							150	2.25							337.5
3/1/2007	980	1,25								2.20							1,225.0
3/1/2007 3/1/2007	900	1,2.7							200	2.25							450.0
3/7/2007													196	52	2.27		4,453.7
3/8/2007	1,110	1.25												-			1,387.5
	1,110	1.25									46400	0 10					4,737 4
3/8/2007									220	2.25	10.00	• .•					495.0
3/8/2007 3/15/2007	700	1.25															875.0
	700	1.25							110	2.25							247.5
3/15/2007	4 200	4.25							110	2.20							1,625.0
3/22/2007	1,300	1.25							160	2.25							360.0
3/22/2007	600	4.25							100	2.20							1,000.0
3/29/2007	800	1.25							160	2.25							360.0
3/29/2007		4.05							100	2.23							962 5
4/5/2007	770	1,25							140	2.25							315.0
4/5/2007									140	2.20							937.5
4/12/2007	750	1.25							175	2.25							393.7
4/12/2007									1/3	2.23							366.7
4/13/2007	175	1.25			1	148											1,000.0
4/19/2007	800	1.25							165	2.25							371 2
4/19/2007									165	2.25							1,031.2
4/26/2007	825	1 25								0.05							337.5
4/26/2007									150	2.25							687 5
5/3/2007	550	1 25															236.2
5/3/2007									105	2.25							2.30.2 4,175.8
5/9/2007											40900	0.10					4,175.6 843.7
5/10/2007	675	1.25															
5/10/2007									100	2.25							225.0
5/17/2007	700	1 25															875.0
5/17 <i>1</i> 2007									120	2.25							270.0
5/22/2007							4	32.50)								130.0
5/23/2007													45	31	1.90		8,608.9
5/25/2007	900	1 25															1,125.0
5/25/2007									180	2.25							405 0
5/31/2007	500	1 25															625 0
5/31/2007									100	2.25							225.0
6/7/2007	800	1 25															1,000.0
6/7/2007	0.00	. 20							150	2 25							337.5
011/2001																	750.0
6/14/2007	600	1,25															4,714 9

Mid-County
Schedule of Chemicals
Test Year Ended December 31, 2007

	Sodium Hy Wil		R&O/AW G&B Oil ISO 220	Calcium Hypochlorite Granular	Liquid Enzymes 4 x 1 Gal Case	Sodium E Aqueous Sol		Ferrous S 12% LC		Metha Bulk Li		Hydrated Lime 50 LB	TOTAL AMOUN
Date of Invoice	1 Gal	Unit Price	Case Unit Price		Gallon Unit Price		Unit Price	Pounds 1			Unit Price	50# Bag Unit Price	
6/21/2007 6/21/2007	585	1.25	- · · · · · · · · · · · · · · · · · · ·			100	2.25			•			73 22:
7/2/2007	710	1.25											88
7/2/2007 7/5/2007	620	. 25				180	2.25						40 77
7/5/2007	620	1.25				50	2 25						11
7/6/2007								39200	0.10				4.00
7/12/2007	750	1.25				130	2.05						9
7/12/2007 7/14/2007						150	2.25 2.25						3
7/19/2007	625	1.25											7.
7/19/2007						90	2 25						2
7/21/2007 7/25/2007								46120	0.10	3622	1.90		4,7 6,8
7/26/2007	700	1.25								2300	1.50		8
7/26/2007						120	2.25						2
8/2/2007	700	1.25				110	2.25						8
8/2/2007 8/9/2007	1,000	1.25				110	2.25						1,2
8/9/2007	1,000	1.20				150	2.25						3
8/16/2007	900	1.25											1,1
8/16/2007	ar.o	4.00				150	2.25						3: 1,0
8/23/2007 8/23/2007	850	1.25				125	2.25						2
8/30/2007	750	1.25											9
8/30/2007						400	0.06	44720	0.10				4,5
8/30/2007 9/6/2007	800	1.25				100	2.25						1,0
9/6/2007	Ç	1.20				130	2.25						2
9/13/2007	700	1.25											8
9/13/2007 9/20/2007	715	1.25				80	2.25						1 8
9/20/2007		1.25				110	2.25						2
9/26/2007										4112	1.75		7.1
9/27/2007	810	1.25				440	2.25						1,0
9/27/2007 10/3/2007						110	2.23	41560	0.10				2 4,2
10/4/2007	650	1.25											8
10/4/2007						150	2.25						3
10/11/2007 10/11/2007	625	1 25				125	2.25						7 2
10/11/2007						125	2.20	2700	0.50				1,3
10/15/2007												6 7.7	
10/16/2007	000			,				5400	0.50				2,7 7
10/18/2007 10/18/2007	600	1.25		•		110	2.25						2
10/19/2007						. 10	2.20	2700	0.50				1,3
10/23/2007								46520	0 10				4,7
10/25/2007	550	1.25				100	2 25						2
10/25/2007 11/1/2007	600	1 25				100	2 25						7
11/1/2007	500	. 25				65	2.25						1
11/8/2007	660	1 25											. 8
11/15/2007	900	1.25											1,1 9
11/21/2007 11/21/2007	750	1.25				300	2 25						6
11/29/2007	700	1 25											8
11/29/2007						140	2 25						3
12/6/2007	800	1 25											1,0

Mid-County Schedule of Chemicals Test Year Ended December 31, 2007 Date of Invoice	Sodium Hypor Wi'P 1 Gal Ui	chlorite nit Pnce	R&O/AW G&I ISO 220 CaseUni		Calcium Hypochlonte Granular 100# Pail Unit Price	Liquid Enzymes 4 x 1 Gal Case Gallon Unit Price	Sodium Bis Aqueous Soluti 1 Gal Ur		Ferrous Su 12% LC-1 Pounds U		Methanol Bulk Liquid 1 Gal Unit Price	Hydrated Lime 50 LB → 50# Bag Unit Price	TOTAL AMOUNTS
12/13/2007 12/13/2007 12/17/2007	820	1.25					185	2.25	41200	0.10			416.25 4,206.52 875.00
12/20/2007 12/20/2007	700	1.25	1	125			150	2.25					337.50 125.00 1,150.00
12/26/2007 12/27/2007 12/27/2007	920	1.25		.20			110	2.25					247.50
	43,570		1		1	88	7,080		450,100		14,227	5	148,292.47
Quantity Purchased Unit of Measure Average Cost/ Unit Where Used (Water/ Sewer)	43,570 Gallons 1.25 Sewer	,	1 Case 125.00 Sewer		100 Pound 148.00 Sewer	8 Gal 32.50 Sewer	7,080 Gallon 2,25 Sewer	r	450,100 Pound 0.19 Sewe	,	14,227 Gallons 1.96 Sewer	300 Pound 7.75 Sewer	
Specify Dosage Rate	Disinfecting	agent	Lubricating	; Oil	Cleaning agent	Floculating Aid	Dechlorinatio	g Agent	Phosphorus I	Removal	Nitrogen Removal	Sewer Spill Disinfecting Agent	
Water, total item used	51/4		N/A		N/A	N/A	N/A		N/A		N/A	N/A	
Water, chemical feed rate, ppm Volume treated, million gal.	N/A		N/A		146					_	14,227		
Sewer, total item used	43,57	0					7,080		450,10 27		6	N/A	
Sewer, chemical feed rate, ppm Volume treated, million gal.	18 238.9		N/A		N/A	N/A	238.9	3	238.9		238.9		

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

25.30.440 (3) CHEMICAL ANALYSES

Test Year Ended December 31, 2007

NOT APPLICABLE

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

25.30.440 (4) OPERATIONS REPORTS

Test Year Ended December 31, 2007

FILE COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING SEPORT - PART

When Charpland mad this report has Department of Environmental Properties, Westernater Facilities Interagenees Shallon, Intl. 2011, 2010 Mair Maca Mand, Vallatumen, FL 22019-2404

PERMITTER WANTE: MARING ADDRESS: 166 County Servines, Inc. 200 Windowskie Aug.

PERMET YELDERER: MONETCHEINE PRINCED THE LIMIT: CEANS BEZE:

Fine LOS

Total Military Corpoley:

WARE MIXING:

1-31-06

PACILITY: LOCATION:

COUNTY:

Mid-County WWTF 2299 Special Visto Dr. PLANT SZETESATMONT TYPE: DECHARGE POINT NUMBER: TERES MONTH SOLLANG ADE:

68 % OF PERMITTED

CAPACONI - 900

DAGE dage the

Paradeler SOSE	-	Quantity or Londing	Units		ly or Concentr	doa	Under	Na.Br.	Programmy of Arminia	Successo Type
SCRET No. 88/82 Y	Material			1.0			}	0	alc	BAA
Mar. Sto No. 1373-04-36125	Person Making mapped]	O2 CMAAN)			met.		Comme	San Asses
(503	Sample			1.44	1,44	4,4	ļ			
(CONST 146, 800002 L On 300 146, 6272-03-3011 08	Pend			(25 (MoAVL)	(Markaye)	NAC.)	MATE	-0-1	weekly William	16 ME FF
	Farigle Meanwheat			< 2		*		0	Calci	
new par than or sails out the that	Parist Margaretes			(AnAma)			agt.		Colymnat	RAA Mallan Agent
5 PDP-012, 2040	Meskoster.		·	< 2	くス	< 2		0	weeply	ATE
MAT No. 19438 (forms and the second			(Marya)	7.5 (Wash, Avg.)	(QD)	mel		Workly	16 PR F
OMET Mo. delista	Management Management				-	≺ 2		0	5 Reglet	Gros
36 % PR-01-36163	Management					(Max.)	icad.		3 Days Week	Grad
ORRET Ho. 60050 L	Sample Magazement			6.5		7.8		0	Cent	meter
a Me No. Bed 41-36111	Messages		[(hda.)		(Man.)	ALZ.		Catalingon	Mercy

Rolling Action! Average in the presupe of the section enoughly storage and the presulting [1] mostly's storage

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AGENT	AGENT	
STEPHEN SZIZEPKOWSKI	Stophen Syczephowski 727-787-7978	

COMMENT AND EXCLAPATION OF ANY VIOLAPPONS (Reference of attachments liquid):

- 1) January 19 FECALS, EFFLUENT CL2 RESIDENT COMPLIANCE. THE 48 FECALS COULD HAVE BEEN CAUSED BY LAB. SAMPLE ERROR.
- O HIGH NUTRATES ARE DUE. TOA FAULTY MAG. METER AND METHONOL PUMPS NOT WORKING PROPERLY.

 A NEW MAS. METER WILL BE INSTALLED MARCH 15

18:81 PRRZ/RZ/RT

4070696961

DISCHARGE MONITORING REPORT - PART A (Continued)

Panimier		Quantity or Loading	Timbe.	A			T			
	ļ	Committy or retroining	Units	Qua	lity or Concents	utton	Units	No.	Programmy of Artelyale	Stempts Type
Pespi California Bastrafa	Monatrersent			O		48	-}	1	5 Portuk	
KTOKRY No. 31615 Man. July No. 2010-01-36118	Parent Mana areanent			Mon Detectable (75 Perceptibe)		(Mex.)	#100ml		5 Diego/Week	Grat
The for distribution	Memple Member			1.0	·		 	0	, ₁	
570821744.5000 A 404.91.964.01.36336	Meanweet on			2.0 (Mdm.)			ogt.	$\overline{}$	Contented	meta
MC be designification	Sample Manuscrement					0.01	 -		1/10	
NTOPUS No. 20040 i Massalishio, RPD-01-36118	Parent Manager mont					P.OI	my/L	\sim	Harry	Gret
(bogo,	Stample Massagnement			3,5		leter)		7	- 0-	
7707977 No. 10607 Y Managhar No. 2010-277-36148	Parent Mouretament			(Anare)		——————————————————————————————————————	mg/L as	- <u>!</u>	Colc	RAA
in the state of th	Shapin Meanwarent			4.86	4.56	7.0	M	₹		Almini Ave.
TCRRTNa. 00600 1 4en, Sterna. 870-01-36178	Permit Memorecount			(Ma.Avg.)	(Week Ave.)	S.G. Qviens	met as	3	Weakly	16 MP FPC
pochamen	Straple Managerenant			0.76	/ weerstyle.	(17883.)	<u>~~~</u>	0	1 0.	
TORET)4s, 10665 y Golden No. 1880-01-36 18	Percet Measurement			(Anava)		······································	regit is	\vdash	Colc.	10 hR FT
hosphiter	Steple Municipality			0.83	0.83	1.6		0	1.60	
YCARRENO, 20507 L Nor. 1864 No. 1971-07-361.18	Peculi Monarhound			(MoAYE)	(Work Ave.)	(Max.)	me/L mi	<u> </u>	weeply -	16 MR FFC
htypn, Dissolved (DC)	Sample Ligamorand			5.4	Paradette.)	Analyti)		0		
TORET No. 00306 1 for 5hr No. EPT> 01-361 f f	Venetil Microstoppeni			5.0 (Ma)			mg/L	~	Park 1	Groe

2

DISCHARGE MONITORING REPORT - PART A (Continued)

EACHTY HANDE HOLDING WINTE MONTHEYBAR: JANUARY 2006

PERCECT MINERPLY COMPANY TRANSP

DEICHARGE FUNT NUMBER: DOG!

WARR SITE No.: 14505

Peremeter		Quantity	or Londing	Units	Quel	lty or Concempiten	Unite	No. Bx.	yzachaja hidamati. Oj	Serapha 19
Plant	Stample Memory, rest	0.667	0.624					0	Cent	
FTCRET No. 30050 Managintin, 1870-41-341/18	Parmit Moorerument	6,900 (AADP)	Report Dela Ave.)	daged					Continuos	Man Admin
2/Y	Petrole Managementant	10.00	0.667			<u> </u>		0	monthy	Total last
FORETNO, 19010 Y Aprillo No. EFD-41-36118	Parrill Mondyracibies		Report (Anlava)	rogel					Identity Cubacinston	Control And Ave Ave S
2007	Manufa Manufarantesi				210		MIL	0	sounth	16 421
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4	Surspie Management				420		malt	0	month	16 MR A
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	Burnale Manuscripture						_			
-	Persit Tenuration							-		
Dire Agual Avenue is the sour		4		أحجرينيا		<u> </u>				

When Completed mall this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tailahassee, PL 32309-2400

PERMITTEE NAME: MAILING ADDRESS:

Mid-County Services, Inc. 200 Weathersfield Ave.

Alternomic Springs, FL 32714

PERMIT NUMBER: MONITORING PERIOD From: LIMIT:

CLASS SIZE:

FL6034789-002-DW JP 1=1-06 Final

To: REPORT: GROUP:

PACILITY: LOCATION:

Mid-County WWTP 2299 Spanish Vista Dr. Paler Harbor, FL 34668 PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER:

Minor D001

WAFR SITE NO.:

(4595

COUNTY:

Pinelias

DMR date: 2/00

Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ration	Units	No. Bx.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodephale dubis (Routine)	Sample Measurement				NODI: 9			0/0	0	B.I month	permit
figura (1964) - 17 milio (1962) Tagan dan menganan kembanan dan menjadah					1,6						1.750
NOEL STATRE I DAY CHRONIC Ceriodapholo duble (Additional)	Sample Measurement		<u></u>		NODI :9	1999 <u>p. 29</u> 90		0/0	0		
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NOEL STATRE ? DAY CHRONIC Ceriodaphnia dubla. (Additional)	Sample Measurement				NODI-9	·		0/0	0		
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NOEL STATRE 7 DAY CHRONIC Piesepheles promoles (Rostine)	Sample Measurement			,	NODI-9			0/0	Φ	BJ-Marth	Permit
i and Parisa and Constitution Applicates Chapter (NGC)	Asolo Astronomy				s ju					The Hall	
NOEL STATRE 7 DAY CHRONIC Plesphales prometes (Additional)	Sumple Measurement				NODI=9			6/0	6		
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I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accorde and consider. I am aware that there are simplificant agentical formation false information including the possibility of time and imprise

	serves not sensewhere same assessment decisions for least and of the same assessment	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT S	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YYMMUDD)
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1 1		
STEAMEN Sorra makes less:	stophen sscreaknoski 107]
STEPHEN SZCZEPKOWSKI	signing sicilar rivery	1-187-7978 1
COMMENT AND EXPLANATION OF ARY VIOLATIONS (Reference all attachments here	3.	

^{**} Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

When Completed mall (bly report to: Department of Environmental Protection, Wastewater Pacifities Management Section, MS 3511, 2600 Blair Stone Rd, Talishamer, 32399-2400

FL0034789-002-DW1P PERMITTEE NAME: Mid-County Services, In. PERMIT NUMBER: MONITORING PERIOD From: MAJLING ADDRESS: 200 Weatherstield Ave. 1-1-06 To: Altemonte Springs, FL 32714 UMIT: REPORT: Ambiest Maclicaine CLASS SIZE: Minor GROUP: Domestic FACILITY: PLANT SIZE/TREATMENT TYPE Mid-County Services, In. WAJR SITE No.: 14595 LOCATION:

CATION: 2299 Spanish Vista Dr. asse DISCHARGE POINT NUMBER: Dist 1; Ambient Monitoring Palm Harbor, FL 34668

Ambient Monitoring | at Outfall

Parameter			Quai	ity or Concentr	Mion	Units	No. Ex.	Prequency of Analysis	Sample Type
pl ^f	Sumple Measurement		NODI=9			su	0	quarter	Grot
ang digitang kaliber Mga salat kanggaranggarang	Micalania (j. 1.) San Afrika (j. 1.)							the steps	A).
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AN TOTAL AND SAFENSES SALINITY								1 11 11 11	1) 49
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Fotal Colifform	Sumple Measurement	_	NODI-9			4.100 ML	0	Questy	6 pol
१ (स्ट्राज्य स्टब्स्ट) । मेच्या वेष्ट्रास्त्रीत स्ट्रीका	A North Control	1	Tan 1			i siyini X		9000	10.00
Surbidity	Запріс Меаштепісті.		NODI-9			Mu	0	Duorta	Grab
galder (f. 1905). Byroder Ser Wildy Regionsk	The sale of the sa					2 11 11 1		ाश बद्धार ।	

I pertify under penuity of low that I have personally examined and am familiar with the information, I believe the automation is free, accurate and complete. I am aware that there are eignificant penalties for submitted information is true, accurate and complete. I am aware that there are eignificant penalties for submitting files information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZE	D AGENT	TELEPHONENO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	Stephu Szczepkowski	722	- 787- 7978	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all adactments he	16)		<u> </u>	

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, ME 3511, 2600 Bight Stone Rd, Tallehasme, 32399-2400 FACILITY NAME: Mid-County WWIP PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: D001 — Ambient Monkoring at Outfall MONTHYFAR: TALLUARY 2006

WAFR SITE No.: 14595

Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ration	Unite	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Messurement				NODI9			Mg/L	67	Quarte	
A trajectiva a la trajectoria. Netro seguino de la companione de la comp	i de la companya de l									Compression of the control of the co	6 14
BOD ₃ , CARBONACEOUS	Sample Measurement				NODI=9	·		189/L	Ð	Quarter	6 rol
t e t <u>ik</u> je i Najelo e teknik							i e	10.		10 g e 1	3 12
TOTAL KJELDAHL NITROGEN	Sample Meanurament				NODI=9			414/L	0	Quarty	Gud
TRUENTRATE	And the state of t							্টিক কৰা বিষয়			
	Sample Measurement				NOOI=9			mg/L	0	Quarta	Graf
OTALAMMONA	Sample	į	<u> </u>		· 	: ·	<u></u>				
The Complete	Measurement		<u> </u>		NODI=9			245/L	0	Questa	Gral
OTAL PHOSPHORUS	Sumple									Called Services	
0 - 1 - 1 - 260 - 75	Measurement				NODE=9	,		MS/L	0	Quarte	Grab
da Bio de Pégaro Jule RITHO-PHOSPHORUS	Sample			1							
V 11. Con. (6) .	Monsumentent				NODI=9		-	MG/L	0.	Svorter	Grof
Service of House					•						

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

When Completed mail (bib report to: Department of Environmental Protection, Westernster Facilities Management Section, MS 3511, 2600 Blait Stone Rd, Talishassee, 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, In.

200 Weathersfield Ave.

PERMIT NUMBER:

FL0034789-002-DW1P MONITORING PERIOD From:

To:

REPORT.

1-31-06 Ambleoi

Altamonte Springs, FL 32714

LIMIT: CLASS SIZE:

Minor

CROUP. WAFR SITE No.:

Monitoring Duttestic 14595

PACHARY: LOCATION:

Müd-County Services, In. 2299 Spanish Vista Dr.nue Paim Harbor, FL 34668

PLANT SIZE/TREATMENT TYPE DISCHARGE POINT NUMBER:

D001: Ambient Monitoring Unstream

DMR Trate: 02/00

Parameter					Que	lity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				NO0]-9	NODI=9	NOOI-9	54	0	Quarter	Grol
	1					5 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	198 A Produce 198 A Produce			10 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
DISSOLVED OXYGEN	Sample Measurement				NODI=9	NODI=9	NODI-9	mill	0	Quarter	Brok
er var briga kunten 1925 - Brigarija Bayarija	Topic					Çkiya şarayı	Anthropenium Anthropenium			, pr	
TEMPERATURE	Sample Measurement				NODI-9	NODI=9	NODI-9	٥٥	Ô	Quarta	Grol
i series de la serie Maria Martin a series de series	1841 1441 1862 1862 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867 1				A history		The Marine			ta da artista da	
SALMITY	Sample Measurement				NODI=9	NODI=9	NODI=9	ug/L	0	Quarter	Grob
orazzata e a la judición de la composition della	11 A 184 • - 4 S t				li englishi yayari gazing		1 Primal Primal Britania			Market Control	
Pezal Coliform	Sample Measuroment					NODI=9	<u> </u>	100 HC	0	Quarter	Grob
Special control of the control of th	्रिक्षा जिल्लाम) 	ì	10.25		10 S 2 Mgc - 1		(2), (1)	
Total Coliform	Sample Measurement	<u> </u>				NODI=9		10046	0	Quarter	Gral
्रभागार्थक्षः स्टब्स्यान्यस्थितः १८२१ म् वर्षः स्वतिस्त्रीतिस्तितः स्वति । स	ું છે. ઉત્સાર પુરાશ માના વાલુકો					Salate Salate		Market 1			
Turbidity	Sample Measurement		-			NODE9		NTU.	0	Quarter	Grob
ાં લાક કરવા હતા. તે કે એ જોવા જિલ્લામાં કહે હતા હતા કુજિયાન જાણ સામિક	The second secon					i destanti				Que con	1517

I certify under penalty of time that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I are aware that there are significant penalties for submitting fairs information including the pessibility of fine and imprisonment.

NAME/THE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL I	EXECUTIVE OFFICER OR AUTHORIZE	DAGENT	TELEMIONENO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOW SKI	Stephen &	zcreakowski	727-	787-7978	<u> </u>
COMMENT AND EXPLANATION OF ANY VIGLATIONS (Reference all attachments hi	ere):	777		<u> </u>	

When Completed mail this report to: Department of Environmental Protection, Washewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Talishussee, 32399-2400 FACILITY NAME: MIS-County WWIP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE FOINT NUMBER: D001- Ambient Monitoring Upstream MONTH/YEAR:

WAFR SITE No.: 14595

	Quantity or Loading	Units	Quality or Concentration	2 1		
Sample Measurement			MODT- Q			
1,76et - 3				4972	U Come	inter Gro
			2012 (A)	100	to the desire	616
Measurement		l f	Man I-a	- 4		L C
A 41			10001	NIGIL	O J Que	nter Gra
			Marie Gorald	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		x_{i_1} x_{i_2}
Measurement			1/001-9	Asle	A 0.	- A
\$1544			70 302 11	1447/6	O Que	eta Grob
Striple	<u> </u>		1000	4 4		
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			170 01/2	JAVJ L	Una	rtes Grad
Sample			the state of the s		(W1 2	
Measuzement			NoDI=9	100/	0 000	1- (
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Sample						
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Sample						
			NoD]=4	149/L C	Sauna	ty Grob
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Semple	THE STATE OF THE S					
			NODI=9	sugh C	Quar	Ty Grob
The progression of			6 (2) (4) (5) (5)			, , -, -,
	Measurement Sample Measurement Measurement	Sample Measurement Measurement Sample Measurement Sample Measurement Measurement Sample Measurement Measurement Measurement	Sample Measurement Sample Measurement Sample Measurement Sample Measurement Sample Measurement Sample Measurement Assurement Assurement Sample Measurement Sample Measurement Sample Measurement Sample Measurement Sample Measurement Assurement	Sample Measurement Sample Measurement NoDI-9 NoDI-9	Sample Measurement Sample Measurement NODI-9 Meg/L Sample Measurement NODI-9 Measurement NODI-9 Measurement NODI-9 Measurement NODI-9 Measurement NODI-9 Measurement NODI-9 Meg/L Sample Measurement	Sample Measurement NODI-9 NoDI-9 Nog/L O Que Nogle Measurement NODI-9 Nog/L O Que Nogle Measurement

When Completed melt this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallabassee, 32399-2400

PLANT SIZE/TREATMENT TYPE

MAILING ADDRESS:

FACILITY:

LOCATION:

Mid-County Services, In. 208 Weathersfield Ave. Altemorate Springs, FL 32714

Mid-County Services, In.

2200 Spanish Vitta Dr. min

PERMITNUMBER: MONITORING PERIOD From: LIMIT: CLASS SIZE:

FL0034789-002-DW1P 1-1-06

Minor R

To: REPORT: GROUP:

1-31-06 Amblen! Monitoring Domestic

Parameter				1	-124			UN	IR Date: 02/00	
Hq	Sample	<u> </u>		- Qu	ality or Concent	ation	Units	No. Ex.	Frequency of Analysis	Sample Ty
order for protests. Marchine and order of the forces	Moseurement	1		NODI-9	NoDI-9	NODI=9		0	Quarter	6
DISSOLVED OXYGEN	Sample			The state of the state of	7444.j Osobolegija	I a the table of	(/3)		2 12 12	Gral
ELIKOPS PUBLISHER ALI SERVICE STRUCK SERVICE EMPERATURE	Measurement			NODI=9	NODI=9	NOOI=9	3 et 19 e	0	Questo	Graf
to a factor solution	Sample Measurement			NODI=9	NODI=9		151 - 14 			
ALINITY	Sample			21 m x 13	They have a state of the state	The Little and		0	Quarter	Grad
ordon organiza Organización Montes de Care	Measuroment			NODI-9	N 00I=9			0	Quarter	Gret
coli Coliforn	Sample Meanument				NODÎ-9	Section States	1 %i			
al Colforn	Sample		4		Allera at		भव्यक्ष्म	0	Quarty	Graf
k jakonik sajanja sindil	Measurement				NOD]=9			0	Qualty	C
unto the	Sample Measurement				olar Green A		Ontak ji Lilikasi			Grob
nun tissä t <mark>ellen</mark> 1957 – Salas III in	A Control			/	VODE=9		148 (0	Quorter (Grat

I certify under possity of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of faces individuals immediately responsible for obtaining the information, I believe the submitted information is trae, accurate and complete, I am aware that there are significant penalties for submitting false information lacinding the possibility of fine and imprisonment.

Ì	NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT BIGNATURE OF	me partial metalling are partially of fine and imprisonment.
		PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE OF
	STEPHEN SZCZEPKOWSKI COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all stackments here):	TELEPHONE NO DATE (YYMMOD)
	COMMENT AND EXTLANATION OF ANY VOLUME OF ANY VOLUME OF THE STATE OF TH	en Szazeskowski 727-787-7978
	VIOLATIONS (Reference all strackments here):	787-787-7978
	•	

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2660 Blair Stone Rd, Talinhostoc, 32399-2400
FACILITY NAME: Mid-County WRITP
PERMIT NUMBER: FL0034769-002-DWIP
DISCHARGE POINT NUMBER: D301- Ambient Monitoring Downstream
WAFR SITE No.: (4595)

Parameter		Quantity or Loading	Units	Quality or Concentration				
CHLÜKOPHYLLA	Sample Measurement	1		Control of the contro	Units	No. Bx.	Frequency of Analysis	Sample Ty
A to the contract of the contr	1.00			NOOT-9	ug/L	0	Quarter	Gran
TOTAL SUSPENDED SOLIDS	Sample	<u></u>	:]				Spilosj. 1	
reflere and police. The reserve of the leading of	Mennement			NCD1=9	mg/L		Quarter	G. rol
OD, CARBONACEOUS	Sample			Aller John	g saleji si t		200 (4)	0 /104
or Harris and Control	Measurement			NODI=9	45/4	0	Quarter	Grad
OTAL KJELDAHL NITROGEN	Sample		1	Make of			1 1 1 1 1 1 1 1 1	5,000
Edit Light and	Measurement			NODI=9	Norg/L	0	Quarter	6 . 1
ITRITE-NITRATE	Sample			Hogel Comments		Ť	(Journal of the second	O Not
Market Control (2001)	Measurement			NODI-9 .	rell	0	Quarter	Grab
OTAL AMMONIA	Sample			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ď	Survivor.	GAAG-
A Charles Comment	Measurement			NODI-9	149/L	\wedge	Quarter	C 1
PTAL PHOSPHORUS	Sample			10 p. 12	774 //-		Quonn	Graf
	Measurement			NODI=9	MALL	5	Quortu	<i>C 1</i>
THO-THUSINORUS	Sample			A STATE OF S	INALL {		yworker	Urab
the state of the s	Memorement			WODI-9	mg/L)	Quarter	G.rob

DARLY SAMPLE RESULTS - PART B

Permit Adopty 3	Minder:	MAR	1547860 V 2-4	200	Facil	My Mamo		amil Mpir - 64		re-recent Ass y Plan % at]	New Daily	Plon; ' (575
	(MGE)	CBOOK	145	124	(S.D.)	Pacial Colliform Buntzrie (M/100ml)	IRC (For Distinfent (mp/L)	THC (For Dechlarinat (mg/L)	Mitseyra (at M)	Paraghange (se P) (sep/L)			<u> </u>
Code	300di)	88062	0059d	₹ 00 530	50400	74035	3004	30060	00606	00662			<u> </u>
Mon. 20	ED4	BED-41	10.80	ED-01	B7001	SPD-61	EFA01	872-65	1970-00	100005 1007D-04	90000	-0062	8653
-	.643				7570		1.8	<.0/	1		EFD-dl	JNF-01	1105-61
*	.688		<2		76 70	9	1.5	2.01	1		6,5	 	
3	631	4.4	くん	12	7671	<1	1.5	2,01	4,4	1.6	6,6	-	
4	58		<1		75 70	<1	2.9	<.01	7.9	7.60	6.7		
5	593		< 5		7.649	<	1.0	< .01	 		6.5		
	.563		< 3		766.9	< 1	1.0	4.01			6.4		
<u></u>	560				7869		1.0	4.01			6,0		
	.615				7.8 7.0		1.0	2.01			6.4	-	
- 10	.608	-	<2		7,67,0	<1	1.0	<.01			6.4		
-11	1640	<u>ح وک</u>	< 3	<ع.	7.669	<	0.65	<.01	6.4	0,93	7,5		7
12	.644		< 3		7.669		1.88	<.01			5.4	-	
13	.625		<칠		7.46.9	<1	1.0	<.01			5.6		
14	.651		< 2		7569	<1	48	2.01			6.0		***************************************
15	603		-		7.76.9		1.2	<.01			6.1		
16	.638				766.9		2,2	4.01			5,4		
17		(<u>حک</u>		1620	<	1.6	401			5,8		
18	.564	<2	纺		7570	<u> </u>	421	401	3,4	0.75	7.7	210	420
19	610		2		7.469	- <u>5</u>	10	401			55		
79	669		23		1469	48	-1:/-	4.01			5,8		
21	708		-		7.26.7	~ /	~ ~	<.01			5.9		
72	7/2				15 6.7			<.0/			6.0		·
\$	675		22	_	2570	<1					2.2		
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25	595		2 a	•	76.9	21		4.01	7.0	0.84	7.6		[
26	586		<2		367	Z 1	1.31.	2.4/			7.9		
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18	<i>6</i> 53	I			366		1.0				6,2		
29	604				665		1,9	-,01			7.1		
*	667		< 2	7	66.9	2)	1.0	101			7.1	-	
31	554	< 21	42	< 27	560	2)	1.0	101	1.6	043	7.6	-	

PLANT STAFFINK						-		
Day Shift Operator	Class	<u> </u>	Comificate No.	13832	Name	JAN	UAHA/	
Browing Shift Operator	Class		Cortificate No.		Nume:		17 /4 11 /0	
Seight Shift Options?		$A \cdot A$	Cartificate Nice	512 + 277	Marme:	RIJOHN	TMATT	3 U 4.78 60
Look Operator Type of Billians Disposed of	Ches		Outillant No.	7874	Number:	3.32126	OKALISKI	4 5//2/11/85
Limber West Wester Disco	i superior Series Autil	unich Ver	Nice Net Apulli	79 79 70		- A - A - A - A - A	, ,, ,,	

"Attack addinional shorts if consumy to the off coefficiel squaress.

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as tidd ("Vine") consent mann tands at lates and you	The tribute or can be necessarily to the first of the fir		

htid-County Services, Inc. 200 Washenfield Ave. PERMITTER NAME: MAILAND ADDRESS: Alteriorite Seriore, #1, 32714

MERILATI KUNCESA: MONTTORING PERIOD PHEN LOUT: CLASS BIZE

FEB 0 1 2006 1000

FL0034738-002LERW1Y

REPORT: GROUP. WAFE SITE NO.

14595

CAPACITY 0.900

LOCATION: COUNTY:

FACILITY:

7299 Sparish Virta Ur. Paim Hastur, PL 34661

Mid-Cookly WWITF

THESE MUNTE BOLLING ANY:

PLANT SIZE/TREATMENT PYPE MISCHARUS POINT NUMBER

S OF PERMITTEE

DNDL date: 3/00

Parameter		Quantity or Londing	Units	Qual	ity or Concentr	N CO	Undta	No.Ex.	Frequency of Assetsale	Sample Type
CHOO	Jampk Managramogi			1,2				0		
STORET No. 19582 Y Man, Sip No. 1970-01-36118	Pennit Mempresent			(Andore)			æ,L		Calendated	Resting Assum
Chans	Bantiple Montroposite			2.75	275	11.		1		VAR.
STORET No. 83882 1 Mar. Mar. No. 4973-61-36168	Parakt Menagaparant			(A)S. (Mo.Arg.)	7.5 (Work Ave.)	(Max.)	mg/L		Weekly	16 Lour PPC
185	Measurement			< ス				0		
STORRT No. 00930 Y Mon Size No. 1370-56-36 ()	Partrik Measurement			\$.0 (Am.Ave.)			me.L		Calculated	Rolling Americ
189	Sansyle Meanweaters		·	<2	<2	く ス		0		- NA
ktonet no. 00690 Morske no. 1840-01-36118	Paccelli Managerettsess			(Mares)	(Wook Avg.)	MO.D (Mex.)	mar.		Weekly	16-mut PC
8	Manager and					٧2		0		
STURET No. 00510 } May Sity No. EFB-01-36103	Facoult Managerous east					3.0 (Max.)	mg/L		5 Days/Week	Orah
pH .	Stangle Manuscompet			6,5		8,0	·	0		· · · · · · · · · · · · · · · · · · ·
STERET No. 40400 Monaska No. 2013-41-36118	PermitMeanymentmet			(Mtr.)		(Mar.)	8.11.		Continuo	Meter

Rolling Associa Avenue in the evenue of the nector monthly evenue and the preceding it mustin's stortish avenue.

I certify under personal of law that I have personally assertions and an familiar with the information and entired herein; and based on my looping of those individuals impressed and responsible the obtaining the holomotics, I believe the principles in the principles in the present of the pr

NAMESTICLE OF INCOCUPAL EXPLOSTIVE OFFICER OF AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OPICER OR AUTHORIZED AGENT	THE EMONE NO	DATE (YYMANDO)
STEPHEN SZCZEPKOWSKI	Stephus Szepephowski ?	7-787-7978	06-03-28

CONSCIPT AND EXPLANATION OF ANY VIOLATIONS (Reference all attackments have)

In the process of T.N. removal, methodoffeed Rote was increased. The high CBOP must be brom the methods.

DESCHARGE MONITORING REPORT - PART A (Countinue)

18/28/2884 13:85

DITES INC UF FL

Parameter		Quantity or Loading	Cofts	Quality or Concentration				No. Bx.	Pediguency of Analysis	Setzpic Type
Poet Colinen Besteria	Sergio		Ţ	0		2		0		ļ ————
STORET No. 31616 1 Nore, Sie No. EPD-81-36411	Paradi Mon-ununtit			Non Detectable (75 Perceptio)		25 (Max.)	d House.		5 Depart Work	Oseb
TEC for disinguistics	Manufet Manufet			1,0	,		<u> </u>	0		
STORET HA. 50660 A. Maren Ma. Rya-71-Jelia	Pacada Adesays orneral			(A) (MGs.)			myt.		Continuous	Meter
TRC for declar matter	Saturio Messeument		Ţ			0,00		0		
STORET No. 50060 Mag. 8/p No. 1940-01-36118	Pouit Measurement			·		(Steer.)	mg/L		Hourty	Grab
Villagen .	Umapie Mesquipsanst			3.6				1		
STURRET No. 100000 Y Main Mile No. 107(3-41-35) 18	Pocarit Measurement			(AAAATE)			mark == N		Caladated	Rolling Americ Ave.
Mirogen	Egrapio Magazinarient			2.18	2.18	3.4		0		
STORET No. 00500 1 Mag.Sig No. SPD-01-36 (18	Perodi Manuscrippi			1,75 (Map.Ave.)	(WOCKANE)	6.5 (1.00)-(5.	mg/L as		Weekly	Most FPC
Paraphorus	Strople Magazinismi			0,79			Ì	0		
STORET No. 90665 y Marking Mary 41-36-118	Persolt Mayerenees			(AnAve)			mark on		Calculated	16-bour PPC
2mylacrar	Sample Manyment			0.82	0.87	_1, [0		
TORRET We. 10504 Mon.Sile No. 2570-41-36118	Paradi Mangripopii			1.25 (94s.Avg.)	1.5 (Week.Ayr.)	1,0 (Hex.)	engr [®] pa		Weekly	16 hour RPC
Elxygen, Dissolved (DC)	Terrale Discoursessess			6.1				0		
STORET No. 60366 Mos,Sie No. EPD-81-36 15	Parell Measteachart	•		\$.0 \$.0			mg/L		Dally	One

03/30/2006

18/28/2884 13:86

136363878

DISCHARGE MONITORING REPORT - PART A (Continued)

PACILITY HAME MINCOMING WHITP MONTHLYBAR: FERRUALY 2006

PERMIT NUMBER: FLOOR/18-008-DW/IP

DIRCHARGE POINT HUMBER: DOGS

WARRITENS: 14506

Personoler		Quantity	or Loading	Units	Qual	ity or Concentrat	ion Usin	No. Ex.	Proquency of Analysis	Sample Ty
	Messeyerest	0,673	0.663					10		Ì
77(5)(837 No. 59(55) Non-Sharke, 587(3-44-54) (4	Permit Afronimontant	(AADP)	Report DAG AVE	togd				 	Continuous	Plow Man
lay .	Gample Léanguranant Parak		0.673					0	 	1,440,44
TORET No. 59050 Y Aon 58to No. 670-01-36118	Personament		Report (Anal-Avg.)	ned				1	Monthly Colculation	Colorina (Railing An Avg.)
8003	Supaple Monsproment				330			0		
TORET No. 80082 (2 for 886 846 , 048-01-16119	Fernik Massurement				Repust (Ma.Ave.)		ou/L	 _	Montey	16 cour F
3	Meanine	·			150			0	1	
TOKET No. 90810 0 Son Rho No. INF-Di-Jai 19	Proud ôdeachymanu!				Report (Ma.Ays.)		ny't.	1	Monthly	16-bour F
	Manager Manager				•					
	Permit Management									
	(desirental)									
	Paret Menegrania									
	Semple Monterespeci Promit									
	Ministración .									
•	Maryangurot Maryangurot Pasadi									
	Manager 1985									
_	Surple Megantanyai Perak									
May Austral Average is the area	Montrought		<u> </u>			ŀ		I		

Where Completed and this report to: Department of Southenessial Protection, Wanterweier Smillitus Management Soction, Net 3731, 2400 Whit States Stat

PERMITTER MAME: MAHLING ADDRESS:

hiti-Carony Burvices, Inc. 200 Westimpilish Ave., Alternia Spaines, Pt. 32714

PERMIT NUMBER: 2008/FORING PERIOD FROM LIMIT:

Minor

CLASS SEED!

MANTALESTRIATIONS TYPE DECEANGE POINT NUMBER:

D001

WARE STYBNO:

REPORT:

GROUP:

14395

LOCATION: :YTMUQQ

RACILITY:

Mid County WWTP 2299 Spenick Visto Dr. Pairo Hurbon, Pl. 54605 Finaling

DAGE 企业 2/00

Permitter		Quantity or Londing	Untita	Qu	ality or Concentration	tintis	No.Bx.	Preparaby of Analysis	Search Type
STORE, STATERE 7 DAY CREIONIC Ceriodrofusia drivin. (Routine)	Sample Manusument							744,75	
STORET No. TRIPUS P Mon Sin No. EFT-461-361.15	Formis Measurement			10¢ (ABA)	NODI:9	Percent		Blanarity	See Partit
NOES, STATICE 7 DAY CHRICKIC Detadagnata dabia (Additions)	Sample Management						<u> </u>		
STORET No. TRPIB Q Managem No. EFD-01-36118	Permit Manager report			(phip)	NODE-9	Percent	0	Addical	See Permit
Certa STATES T DAY CHRONIC Certa dissilia della (Additional)	Seagle Management				1,	- 		Definition	
STORET No. TRATE R Mark Shotio, EPD-01-044 18	Permit Advancement			-100 (MJa.)	NODI-9	Percent	S	Addition	Ecs Permit
NUBLEYAYES 7 DAY CHADRIC Pinephales promotes (Routine)	Sangle Magnerapolis							Definitive	
STOTICET No. TSPGC P Modulitie No. 1870-01-24 (18	Permit Mennegymen			160 (MIA)	NODI-9	Persons	0	50-marchly	See Petrol
NOR, STATAB 7 DAY CHRUMDE Pinnobulus propodus (Additional)	Sample Memorenesi						<u> </u>		
STORET No. TEPSC Q Mon. Siz No. SED-01-34118	Manual and and			(Mis.)	NOOI:9	Personal	0	Applificant DeSatility	See People
MERL STATES I DAY CHRONIC Physicales promotine (Additional)	Promitte de l'année de							100	
STORET No. 1972-01-051 is Manager No. 1972-01-051 is If a spound definitive met a regulard, a	Penni M og ru reterati			(Mir.)	NODI-9	Parouni	0	Additional Definition	See Paged

^{**} Sates PCCING-9 in the contain column if an elits image occurred caring the supering partial. Better MCCING-9 in the contain column if the desirables issue and column if the desirables issue and column if the desirables issue and column if the desirables is the contain and column is the column

t write under generity of law dust i form provincing and men facilities with the indonestion and stands; and based on any implies of those facilities between the indonestion and any of those facilities and the second of the se

RAMPTITE OF HUNGRAL BIGODITY'S OFFICIE OF AUTHORISES AGENT	MONATURE OF PRINCIPAL BRIGHING OPPICE OR AUTOBRIDGE AGENT	ARCHARDIS NO	DATE (VENDALD)
STEPHEN SZCZEPKOWSKI	Stephen Surepharsh	727-787-7978	06-03-28

10:02

83/38/2886

10/20/2004

13:06

4978595951

THO SH

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

White Completed and the report six Department of Berfrencouts Protection, Waterman Fieldlin Management Soction, 388 3511, 2600 Elefe Steen Rd, Tallalenco, 323 99-2400

PERMITTER NAME: MATERIE ADDRESS: PACILITY:	Adid-Omnity Survives, In. 200 Whattoppilishis Ave. Adminish Springs, FL 3271: Mist-County Services, in.	•	PERMIT NUMBER: MONTCRING PERMIT From: LIMIT: CLAREAUZE: PLANT SIZE/TREATMENT TYP		0 1 200	CIRC	CORT: CORT: CORT: CORTE No.:	B 2 8 2006 Architect Monttoring	
LOCATION: 2299 Sporten Visio Dr. mot Palm Harbor, FL 34668			DISCHARGE PORFE NUMBER: Mobil: Ambient &			स्रो 🛭		DIAR Date: 0900	
CDUNTY:	Phielit	·							
Parameter			Quality or C	oncontration	Units	No. Ex.	Analysis	Sample Type	
p#4 .	Sample Management		7.71			0			
STORET No. (D450 :	A134 Monomerous		Mapuet		\$.(1.		Quarterly	Grub	
DISSOLVED OX YORN	Manager mest		6.87			0			
STORST No. CURGO	S Permit 6134 Mosperature		Report		mg/l		Quarterly	Oral.	
TEMPERATURE	Salvegile M-controvers of		23,0			0			
STURRY No. 00010 1	Pennsk 6334 Manuscrettent		Magazi .		*C		Questarily	Orah	
SALENTY	Stingle Measureroant		0,5			0			
\$100,51 No. 09486 Mar 28e No. 5WA-04-3	S Primit 6334 Menturant	·	Region		بان		Quarterly	Grab	
Freni Californi	Sample Managrouped					Ö			
STORITT No. 31615 Man. Shi No. 27/A41-3	Facual 6324 Measurement		Report		JAV1 El Manda.		Quirlanty	Grab	
Total Coliforni	Sample Management		10			0			
STOKET No. 31901 Mon. Site No. SWA-01-3	S Pound 4534 Mountainment		Report	•	#/140mL		Quarterly	Gende	
Tuesday	Sarryie Magazartinosi		0.50			0			
STORET NO. 22074	S Perroli		Report		MIU		Questerly	Cnb	

I couldy under practicy of few that I have passesselly exceedend and sun familiar with the information sebustics family; and bread on my inquiry of fixes individuals increasiblely responsible for absenting the information, I believe the published information is true, assume and complete. I are assure that there are eigenfroming made they make information inclining the practicity of fixe and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR ANT HORIZED AGENT	SIGNATURE OF PERICIPAL EXECUTIVE OPPICER OF AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMGODO)
STEPHEN SZCZEPKOWSKI	Stephen Secreskowski	727-787-7978	06-03-28
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reductors all stee			

When Completed mult like report on Department of Stationmental Properties, Westernated Pacifics, Management Section, 348-3511, 2610 Binf State Bd, Talkington, 1299-3-400 PACIFIC NAME: Mil-County WWIP FERMET NUMBER: PL0034749-302-DW1P ITSCHARGE POINT NUMBER: D781 - Ambient Muniforing at Outfull NONTHWEAR: FEBRUARY 26 66

WAFR SITE No.: 14595

13:86

4878636361

Parameter		Quantity or Landing	Units Quelity or Concentration			Units	No.	Proguency of	Sumple Typ
CTAL SESPENDED SOCIES	Alexander Meganistamini			< 2			O		
(YORIT No. 110530 5 Apr. Sid No. 5WA-01-36134	Perent Meganement			Report		Jul.	1	Questroly	Grab
CO ₁ , CARBONACEOUS	Sample Measurement			<2			0		
TORET No. 20310 9 Son, Sile Ho. SWA-41-16134	Permit Measurement			Report		ring/L	1	Quarterly	Gent
OTAL KIELDAHL HETROGEN	Stample Manuscripal			1.3					
7()0.87 No. 00625 5 dop. 874 No. 887/A/1-36834	Permit Memoranan			Report		stell.		Quarterly	One
itrite-afteate	Automoraniani			4,9			0		
TCRRT No. 88630 \$ 600, She Ho, SWA-01-36334	Permit Management			Report		rept.	 	Quarterly	Grab
OTAL AMMERIA	Montple Disensurament			0.026			0		
TOKET No. 00610 5 Non, 20p No. 8WA-48-36134	Permit Magnetrales			Report		mg/L	<u> </u>	Quanturby	Gstb
O'IAL PROSPRORUS	Sample Management			0,33			0		
TOMET No. 00663 5 60s. Ble No. &WA-01-36334	Perrit Measurement			Report		myl		Quartery	Grab
ATHO-PIESPHORUS	Sample Magnitumentsk			0.78			0		
FTORETHA (1966) 5 Man, She Ha, 5 WAAH (1986) CHAIN OF CUBTODY MUS	Permit Menyancous			Raport		mg.L.		Quarterly	Grek

FACILITY: LOCATION:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART Λ

YVALUE Clear photod usual this represent for Department of Environmental Protection, Westernater Fieldlike Management Section, 883 3511, 2600 Bleis Store Ref, Tellistances, 32299-2650

PERMITTEE NAME: MAILBID ADDRESS: Mid-County Services, in. 200 Westernfield Ave. Altument Spings, FL-31714 PERMIT NUMBER: MORGFORENG PERMID Please: 7L0034769-003-0W17

LINET:

Mid-County Services, In. 2360 Spanish Vists Dr., suc

Affrec FEB 0 1 2006 CLASS SIZE PLANT SIZE/TREATMENT TYPE DECKAROEPOINT MINERAL

GREEP: WATE SEE HO. D001: Am Ment Monitoring Upstream

REPORT:

1:37 06

Peremeter		Qua	Quality or Concentration				Proquessy of Andysis	Starple Typs
A.	Streets Moneturement	7,5		7.43		0	· · · · · · · · · · · · · · · · · · ·	
17000,ETP-In. 00400 5 Nov., 18th 16s. 85/18-01-36521	Permit Management	Hapart Kirlina	Payori Mid-Dapin	Report Bottom	27.		Quaderly	Grado
STRUCTED OXYGER	Sounds Mesophymogel	6.63		6.49		0		
RCREST No. 00309 5 day Sir No. 27/8-01-36333	Popult.	Ropert Starffice	Raport Mid-Depth	Report Before	trep"L		Quanterly:	Grap
SAFERATURE	Surpir Mongaretani	18.5		18.8.		0		
TOMBY No. 00010 5 Jan. 1867 (d. 1888-01-1623)	Permit Mjeggrenaak	Reptori, Sartinoo	Maport MM-Dopts	Report Before.	9 C		Quarely	Gnib
EXEMITY	Sample Management	0,2		0.3	-	0		
STORET No. CO480 5 Most Starks SW8-01-36333	Pormit. Montermunit	Report Surface	Report Mild-Druth	Kepart Balana	ugi.		Chartelet.	Grab
lend Californa	Mesagenous		108			0		
STORET Na. 3 HS 15 S Mark Stir No. 3 WB-01-3 (333)	Pennit Managotami		Report Mid-Depth		WIGO mL		Quartersy	Grip
Total Collection	Surges Meangement		1140			0		·····
STORIET No. 31501 5 More for No. 5WB-01-36333	Permit Mestironetti	•	Report Mid-Depth		制的		Quarterly	Greb
he haday	Bangle Magazi uphari		0,91			0		
ETORET No. 82078 5 Man. 18th No. 8708-01-16713	Paradi. Managrapat	•	Romani Mild-Dands	•	MU		Quarterly	(Pade

I craffly under passily of lear that I have personally expended out and then then the information submitted buries, and beard on my tapping of those individuals immediately expensible for starting due information, I believe the submitted information is into, accounts and complete. I am around that there are algorithment you also information including the generalistic of these and imprisyments.

NAMED IN A CONTROL PAR PORCUTIVE OFFICIAL OR AUTHORIZED AGENT	STORY LINE OF LEGICIENT EXPONITAR OLARCHE OR VILLEGES	TRESHORE NO DATE (YWESTO)
STEPHEN SZCZEPKOWSKI	Stephen Iscrephowski	727-767-798 06-03-28
COMMENT AND BENJAWATION OF ANY VIOLATIONS (Malesones all assets on	here):	30 J

When Completed well file report to Department of Environmental Protection, Wartenance Facilities Management Station, Mrs. 3511, 2622 65th Stone Rd. Tellatenance, 2020-2466
PACILITY MANAGEMENT WITH PRODUCT MICHAEL MICHAEL MICHAEL PORT NIGHBER DEM. Ambient Blondfording Upstreen WAFE STEROL: 14583
MONTHAVEAR: FERMANY 2-01 D

Parameter		Quantity or Loading	Units	Quality or Concentral	tion.	initar No.	Amelycia Amelycia	Sample Type
CHOMPRYLL.	Santale Magniferansi		ii	1.0		0		
STORET No. 31250 5	Pertik Matersonis			Mapaci Mid-Death	- '	A	Committely	Gress
HOTAL SUPPLIED SOLIDE	Sergia Municipaness			< 2.0		0		
STUDENT No. 0051F 5	Percula Manuscropes			Report MM-Depth	0	J.	Quarterty	स्था
ADS STOMA SWIN-01-95333 BOOL CARRONACEOUS	Semple Manuscript			< 2.0	•	0		
CTORET No. 00018 5	Personal Messageround			Regard Mig-Depth	2		Quarterly	Gara
OTAL EMILONAL NITROGET	Serepto Merchantstanti			0,25	•	0		
STORET No. 00925 5	Personal Monagements			Report Mid-Depth	R	WE.	Quarterly:	Grab
Mor Simple, BWH-01-34233 ALTHUR BOTTE ATE	Acres promots			0,19		0		
STORETHE COSES 1	Pronts Arthur Burnstagstit			Aspert Mad della		ol.	Georgety	City
MOL Blights SWELOI-96333 TOTAL AMMICINIA	Manualt			0.026	٠	0		
STORET No. 19619 5 Mar. 175 No. 1961-0-16333	Parrill Mentalization			Reperts Mid-Outsts	1	#/L	Gwartesdy	Circ
TOTAL PICEPHORUS	Semple Licenser Transct			0,14	•	0		
STOCKET No. 00165	Parail Measurement			Report Mai-Crosh	1	ur.	Quarterly	Onto
Minn. Site No. PWH-01-06333 CRCTRIO-PHICOPPLEXIES	Sangle Measurement			0.064		0		
#TORET No. \$0690 \$	Parish Magazinerana			Report. MM-Depth	1 *	ight	Geertecty	Greb

A CHAIN OF CUSTODY MUST BE SUBJECT TED WITH THE REPORT.

When Completed mad this report on Department of Stavinson and Pentention, Wastermer Facilities Management Section, Adl 2511, 2610 Blade Stave Ed., Zulfaharsee, 32399-2400:

PERMATTEE HAME:	idid-County Berelous, in.	PERMIT NUMBER:	71.WG-000-0W1F		Annua a u
MAILING ADDRESS:	200 Westimestad Ave. Alternacio Springs, PL, 32114	MONITORINO PERSOS Pione: LIMBT: LIMBRIDE:	Final Minor ECO & 1 200C	Ter REPORT: ORDUP:	Ambient Sterillering
PACILITY: LOCATION:	Mid-County Spream, lo. 1199 Sparish Vista Dr. mas	PLANT SIZZYTREATMENT TYPE DISCHARGE PORT RUMBER:	Minor FEB 0 1 2006 D0011 Ambient Montkoving	WAFR BILB No.:	14595
	Pakes Himber, PL 34568				DNR Dec: 0300

Perameter		Qual	by or Concess	ration	Units	No. Ex.	Perquency of Acobals	Sample Type
	Sample Maggerativité	7,05		7.5		0		
TORRY No. 40420 6 an. 430 240, 827 (0-01-345) 5	Formit Monterumen;	Repair Surface	Report BOM-Dupth	Report Bollows	S.U.		Countrity	Grab
SECTIVED COLUMN	Sample Monmetth 4%	7.05		7.01		0		
TORRY No. 80309 6 en. 810 No. 87/10-01-36533	Mesthandes	Report Surface	Report Mid-Depte	Report Bottom	mg/L		Quarterly	Orab
MERATINE	Sumple:	19.6		19.7		0	-	
CREET No. 00010 6 on Bile No. SWED-01-36135	Pyrcali. Infrastrucciali.	Report Burthon	Report MES-Depth	Report Follows	Ψ.		Quanter	Orab
LUBIETY	Surpts Manufacturers	0,3		0.3		0		
MART No. 40465 6 or. 816 No. 2 WT-01-36335	Ferriti Monographis	Report duction	Report Mid-Depth	Suposi Dation	WAL.		Quistiziy	Grab
cal Collidorn	Sample Magangurana		_92_			0	,	-
CHRIT No. 31615 6 ou, 300 No. SWD-01-34515	Proprié Mesourogent		Report Mild-Depth	•	#10bet		Quarterly	Grab
rid Collebon.	Semple Meansurperi		1060			0		
TURET (16. 3150) 6 bu, 30 6 kg, 3003-41-36335	Paccell. Measurement		Ropers MM-Dupth	٠	A/100mit.		Quarterly	Orab
arbita y	Barique Acceptations		0.76			0		
TORRT No. 42878 6 for 5/6 No. 5740-01-36120	Farmit Meanwaren	•	America Mid-Coupts	,	NTU s		Quarterly	Grab

Countify trader passelly of law that I have preparable extending and and described the spine and bessell on any inquiry of those individuals inconsidered preparable for absolute full indernation, I festions 4 administration including the possibility of the said impression and impression and

HAMPTITLE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT	SCHATURE OF PRINCIPAL EXECUTIVE CAPICER OR AUTHORIZED	TELEPHONE NO DATE (YY/KINDD)
STEPHEN SZCZEPKOWSKI	Stephen Sycreptowski	727-787-7978 06-03-28
COLDERY AND EXPLANATION OF ANY VIOLATIONS (Malemers all attachment	3 brea):	7,000,3.70

13% kib

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed and this report on Department of Stribusquist Profession, Wesselder Hangement Serion, MS 3511, 2610 Blade Stone Sci., Tellebrance, 2200-3480
FACILITY HALES: Mili-County WWYF
FESCHER MURRER: PLEOSITE-600-DW IP
DECHARGE: FORCE NUMBER: BOOL-Ambient Municipal Development
WATE SITE No. 14595

Parameter			Quantity or Londing. Units Quality or Concernation				i In ite	No.	Programs of Anniyols	Sample Type
MODATELE	Mesonatoria:			1.0		0				
100057 (41), 32130 6 htt 816 (40, 8790-0)-36035	Percit Measurement			Ruperi Milificando	19E		Quarterly	ल क		
TAL STATEMORD SCILLS	Mangda Magagapanent			<2		0				
Oketha (1930 6 m. 1815 Ha. 1940-01-1613)	Parati Magazaran			Report Mid-Dream	rage).		Campity	Gub		
D _A CARBONACIONS	Measurement			. <2 -		0				
Dret No. 0010 6 no. 1810 No. 8VID-01-34335	Penns. Manuscrement			Report #Ed-Cook	mg-L.		Controls	Grep		
WAL BIBLEAND NITRODES	Surgio Monte Calendaria			0,91		0	· · · · · · · · · · · · · · · · · · ·			
ORAT No. 9683 6 IR. No. No. AND OI-3635	Forest Manuscrepart			Report Mid-Ength	J. Gilli		Questerly	Graji		
man Straith	Managerpapeed.			2.4		0				
(71 KT No. 09600 6 us. 200 (10, 67(0-40-16))5	Potenti (Steamagnes)			Report Alles-Coppils	4.00		Quarter!	Cras		
YAL AMMENIA	Sample Manuscripps:			0.026		٥				
ORBT No. 40510 6 nr. 40516 \$405-01-36335	Parroll.			Majori Hild-Dayan	migdl.		Quarterty	Ores		
TAL PRESENTALIA	Manufactures:			0,44		٥		· · · · · · · · · · · · · · · · · · ·		
Crest for cores & Crest for the cores of the	Pennik Mennyadan			Rayori MG-Depth	amp/L		Quanterly	Grab		
RETRO-PROGRAMMENT	Partiela Partiela regulatri			0.34		0				
PORRY No. DELEG 6 Ion Bits Plo. SWD-01-36333	Pennit Management			Heport Mid-Depta	2009-3.		Questorily	Grab		

10/20/2004 13:06 4070635961

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DARLY SAMPLE RESULTS - PART B

i	Flow (MGD)	CRODS (mg/L)	(tulky) 123	133 (reg/L)	965 (s.m.)	Focal Chillerm Bantoria (N/100mil)	TRC (For Disinfore) (mg/L)	TRC (Por Dechloriset.) (mg/L)	(m 37) (mg/L)	Phosphogus (see 37) (mg/L)	Distriction (E.O.)	(2000) (2007)	125 (mg/L)
Code	70070	B8042	99,536	08538	26400	74033	500,64	90060	00606	90943	903/06	\$05E2	98538
Sept. Silve	BPD-01	MAD-OI	E-16-41	82°10-01	270-01	±10-02	EFA-01	\$210-0)	57-0-01	(8/12)-01	EFI>0	148-01	IMP-9
)	568		< 元		7570	<	1.0	₹.0			72		
2	706		< 2	L	2670	<	1.7	4.0			1.6		
3	. R/L		<2		1675	< 1	1.5	4.01			7.4		
4	.813.				75 7.0		2.9	<.01			126		
3	.763			L	7.663		50	4.01			1.2		
2	.634		<2		7.465	< 1	2.3	<.01		l	7.5		
7 "	.650		< 2	<2	7.5 6.9	< 1	3,0	<.01	3.4	0,45	7.2		
8	596		<2		7,120	_ <	3.0	4.01			7,6		
9	594		<2		7.86,0	4	1.0	<.01			~.6		
10	.627		22		7569	4 1	1.1	4.01			6.1		
11	.678				7.16.7		1.0	<.01			6.8		
12	. 634				7,168		1.0	4.01			7.4		
13	,596		< 2		1869	<	1.0	4.01			1.6		
14	1604		< 2		7.86,9	<	1.0	4.01			7.3		
15	,442	< 2	<2	<2	7.867	< j	1,0	4.01	2.5	0.92	7.0	330	150
16	,640		<2		7,465	< 'I	3,5	4.01			6.8		
. 14	.666		くく		2.47.1	<	1.3	4.01			4.5		
14	671				7,472		1.2	4.01			8.0		
19	662				7.37.1		1.0	4.01			7.7		
29	.7//		<2		7.37.1	<1	4.5	4.01			7,6		
21	.627		<2		8072	41	3.0	4.01			7.4		
22	718	12	42	<2	8,06,8	<1	3.4	4.01	0,91	0.80	7.5		
23	.683		<2		7.76.9	< 1	2.3	4.01			6.8		
24	630		<2		7.269	<1	5.0	4.01			6.8		
25	.738				797.1		2.9	4.01			7,0		
24	.667				7.969		3,4	4.01			8.2		
27	.605		<2		7, 7,	<1	1.2	4.01			7.8		
24	620	<2	<2	4 2	7,77.1	<1	4	<0	1,9	7.7	7.5		
29					******								
30													
31													 -

PLANT STAFFORE						
Day Shift Operator	Clays	C	Caralificate: No:		TAY HAHA	
Evening Shift Operator	Charge		Certificate Na:	None	JAT MANA	·
Might Shift: Operator	Cher	A 1.A		A-5/1 + 4 27/2 Name:	RALOKIDHUS + MATT	# # /
1.40f Operator	Class:	K	Cartificate No.	K-7974 Namer	CHECKER STREET	DAN INE
Type of Rishmat Disposal o	(Rechip	Wite Ro		77-74-14	STEPPEN SECZEPKIW	<u> </u>
Limited Wet Weather Disch	Arge Arti	vated: Yes:	New Mest Arms	trable (face		

mid County

EFF. FLOW

Month FEB

Galibration for Hand Held CL2 Meter using Hach Secondary Standard Kit

	618934469	
Date	MTR READ	FLOW MAD
1	618934469	,568
2	619502499	. 706 ;
3	620208924	. 812.
4	62/02/382	1.8/3
- 5	621834298	. 763
6	622597541	,634
7	62323/805	+,650
8	623881470	.596
9	624477690	
10 ·	625671791	627
11	625699274	1678
12	626376794	:634 .
13	6270 10710	, 596
14	627697183	, 604
15	628210913	, 662
16	628873266	,640
17	629514139	, 666
18	630179913	. 677
19	63.0850960	.662
20	631512648	711
21	63 222 4067	, 627
22	.63 2851125	1718
23	633569930	. 0.83
24	134 252752	, 630
25	434 882767	138
26	635620780	, 667
27	636287616	.605
29	636892203	.620.
(29)	637512429	
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31		

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed shall this report for Department of Environmental Protection, Wastewater Faculties Management Section, WS 3551, 2600 Blair Stone Road, Telluhosace, FL 32399-2400

PERMITTER NAME:

Mid-County Services, Inc.

PERMIT NUMBER: MONTORING PERIOD From:

MAILING ADDRESS:

200 Wenterstield Ava. Alternovae Springs, FL 32714

LIMIT: CLASS SIZE PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT MUMBER:

REPORT: Mines MAR 0 1 2006 GROUP.

14595

To:

WAPR SITE NO .:

FACILITY:

Mid-County WWTP 7299 Spealsh Vista Dr. Palm Harbor, Pl. 34668

THREE MONTH ROLLING ADV:

D001 72 SOFFERMITTED

CAPACITY: 0.900

DMR Jate: 3/00

LOCATION: COUNTY:

Pinefiles

		Quantity or Loading	Units	Quali	ty or Concentral	tion	Units	No.Bx.	Frequency of Analysis	Sample Type
Perameter		Quantity or an area	-	13/-1				0		
EO05	Sample Measurement			1.26			mp4.		Csterdated	Rolling Angual Ave
FORET No. 80087 Y los. Side No. RED-01.36118	Permit Measurement			(ARAVE.)	0.85	3.4		0		
0D5	perconnections Smalle			0.85	7.5	10.0	PAGE L		Weekly	16-hour FPC
TORET No. 80082 1 ION. 534 No. EPD-01-16118	Pennit Measurement		 	(A(D.AVE)	(Weck.Avg.)	(Nex.)		0		
35	Sample Measurement		-	5.0	 		ms/L		Calculated	Rolling Areas
TORET No. 00530 Y for Site No. EFD-01-36118	Permit Measurement		-	(An Ave.)	< 2	< 2		0		
\$8	Messur procest		-	625	7.5	10.0 (Max.)	mg/L		Weekly	16-hour FPC
TORET No. 00 200 ! Amassic No. EFD-01-36 18	Permit Measurement			(Ma Avg.)	(Work.Avg.)	3	 	0		
\$5	Sample Management			-	 	5.0 (Mas.)	mg/L		5 DuyarWeek	Grab
TORET No. 00530 1 Nos. Sie No. EFB-41-36383	Permit Mensurement			1 2		7.9	1	0		
Н	Measur emeat		-	6,3	 	(Max.)	S.U.		Confinuous	Meter
STORET No. 09400 1 Mon.Site No. EFD-41-36118	Permit Measurement			(Min)	1	(BIRA.)	<u></u>			

'Rolling Answel Average is the average of the current econthly average and the proceding 11 month's atominiy average

I certify under possibly of law that I have personally examined and am familiar with the information, and based on my inquiry of those individuals insmediately responsible for abtaining the information, a I comp unest possety or new that I have personally examined one our tanness. What the the complete for the submitted for 1 shoulding false information including the possibility of fine and impriremental believe the submitted information including the possibility of fine and impriremental.

believe the submitted information is tree, accurate and complete. I this have be	THE PROPERTY OF ALTHOUNTED	TELEPHONE NO	DATE (YYMMUDD)
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED		
AGENT		707 707 707	06-03-26
	Stycku brogsprowshi	737-787-7978	00 00 20
STEPHEN SZCZEPKEWSKI			

7		18/28/2884 13:86
		3: 86
		4078696961
•	_	ALITITIES INC OF

PACHLITY NAME: Mid-County Blooth/Year: MARCH Pairameter	2000			14789-002-DW [J		n thiof Bural	UMBER: DO	Dί	WAPR SITE No.:	14395
Pecal Coliforn Busteria		Quentity or Loading	Units	Quality or Conceptration.		Units	No.	Friguency of Analysis	Защні є Турс	
	Sample Measurement			0		6	 	Ex.	Alialyses .	
STORBT No. 31615 Mos.Sie No. EFD-01-36118	Neutrement			Non Detectable		25 (Max.)	#/(00m)		3 Days/Work	Grab
TRC for disinfection	Sample Measurament		<u>. </u>	(75 Percentile)			 			
STORET No. 50069 A Man. São No. EFA-D1-38356	Permit Measurement			1.0			rog/L	0		
TRC for decisionination	Sample Measurement			(Min.)		Δ			Continuous	Motor
STORET No. 50960 Mon.Sim No. EPD-01-36118	Permit Measurement		ļ—			0.00	rege/L	0		
Nitrogen	Sample Measurrement			3.6		(Mast.)	,		Hourly	Grab
STORET No. 80688 Y Liona Site No. EFD-01-3614\$	Permit	· · · · · · · · · · · · · · · · · · ·		3.0			me/Les	1		
Nilrogen	Meanurement Sumple			(As Ave.)	- 3 5		N		Calculated	Rolling Annual Ave
STORET No. 90600 Vion. Size No. EFD-01-06118	Menumement Permit			3.0 3.75	3.0	4,1		0		
Too phone	Menurement Sample			(Ma Ave)	(Week.Avg.)	(Man.)	my/L au N		Weekly	16-how FPC
TORET No. 80665 y	Measurement Perusi			0.79				0		
Mon.Site No. EFD-01-36114 Thosphocus	Massurement Sample			(An.Avg.)			my/L 🗯		Calculated	16-bour PPC
TORET No. 70507 (Measurement Permis			0,45	0.45	0.60		0		······································
for See Ho. EPD-01-36(18 hygen, Dissolved (DO)	Sample			(Ma Avg.)	1.5 (Week_Avg.)	2,5 (Mex.)	Date of the second of the sec		Weekly	16-hour FPC
TORET No. 60300 [Measurement Permit			6.7				0		
100. Sits No. EFD-01-36118	Measurement			5.0 (Min.)			me/L		Daily	Qrab

DISCHARGE MONITORING REPORT - PART A (Continued)

PACILITY NAME MIN-COUNTY WATE MONTHMEAR: MARCH 3006

PERMIT NUMBER: FL0034789-002-DW IP

DISCHARGE POINT NUMBER: DOLL

WAFR SITE No.: 14595

Paremeter		Quantity or Loadi			Units Quality or Concentration			Units N E		Prequency of Analysis	Sample Type
Pletv	Sample Measurement	0.673	0.644						0		
STORET No. 50050 1 More Side No. EFD-11-35118	Permit Mensorement	0.900 (AADF)	Report (Mo.Avg.)	mgd						Continuous	Flow Meters : Totalizers
Flow	Sample Mountement		0.673						0	Monthly	Calculation
STORET No. 50050 Y Mos. Situ No. EFD-61-36118	Permit Measurement		Report (Aso,Avg.)	трф						Calculation	(Rulling Associated Avg.)
CBQD5	Sample Measurement				60				0		121
STURET No. 80042 G Mon São No. DNF-01-36119	Permit				Report (Ma.Avg.)			ωll√r•		Monthly	16-hour PPC
TSS	Sample Informational				150				0		1
STORET No. 05530 O Mon Site No. INP-01-36719	Permit Measurement				Report (Ms.Ave.)			mg/t,	<u> </u>	Moetity	16-Nour PPC
	Sample Measurement										
	Pount Meansement								<u> </u>		
	Sample Monaverment							-	ļ	 	
	Permit Mensumana							 			
	Securit Measurement					<u> </u>		 	 	 	
	Pounit Monateomers							_	├ -		
	Sample Measurement	<u> </u>			<u> </u>		·	 	┼		 -
	Pormit Noncecessors							 	-		
	Simple Measurement								 -	 	
	Permit Measurement		d the everyding 1		<u> </u>			1	1	<u> </u>	<u> </u>

When Completed mall this report in: Department of Environmental Protection, Washawater Pacifities Management Section, MS 3551, 2600 Blair Stone Road, Tallubrasec, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Survices, Inc. 200 Westingsfield Ave.

Alternoste Springs, PL 32714

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE:

PLANT SIZECTREATMENT TYPE: DISCHARGE POINT NUMBER:

FL0034789-002-DW1P

To: Flad MAR 0 1 2006 REPORT

FACILITY: LOCATION:

Mid-County WWTP 2299 Spenish Vista Dr. Palm Harbor, FL 34668

D001

WAFR SITE NO .:

14591

COUNTY:

Pinel)au

DWR date 2/00

Parameter		Quantity or Loading	Units	Qu	ality of Concentration	Units	Na.Bx	Frequency of Analysis	Затріс Тура
NOBL STATRE 7 DAY CHRONIC Ceriodaghnia dubia (Rauline)	Sample Measurement								
STORET No. 1189389 P Man. Size No. 890-01-36118	Pennit Montgament			190 (Min.)	NODI-9	Persent	0	Bi-monthly	See Permit
NCEL STATRE 7 DAY CHRONIC Centodaphnia dubla (Additional)	Sample Messorement								
STORET No. TBP3B Q Mon. Sice No. BPD-01-36[18	Permit Messurement			160 (Min.)	NODIA	Percent	0	Additional Definitive	See Permit
NOEL STATRE 7 DAY CHRONIC Cerinduphnia dubia. (Additional)	Sampio Measurement								
STORET Mo. TRP3B R Mars Site No. EFD-01-36118	Permit Mossurement			100 (Min.)	WODI-9	Percent	0	Additional Definitive	See Permit
NOEL STATRE 7 DAY CHRONIC Puropheles promoles (Routins) STORET No. TENSC P	Smarpfe Mensuscreent								
Mon.Site No. BFD-01-36118 NOEL STATRE 7 DAY CHRONIC	Permit Mesqueement			160 (Min.)	WODI=9	Percent	0	Di-membly	Sec Permit
Pimephales prometes (Additional) STURET No. TEMEC Q	Sample Meganermana			·					
MOLSHE NO. EFD-01-361 IS NOEL STATE ? DAY CHRONIC	Permii Monstroment			(Min.)	NODI-9	Percent	0	Additional Definitive	San Fermit
Pinopheles prometes (Additional) STORETNO. TBP6C R	Sarapie Messuraness								
Non Site No. BPD-41-36112 If a second definitive but is required, a	Meanwennerse			(Min.)	NODI=9	Parecet	Ó	Additional Definitive	See Permit

^{**} It is section continuous and an approximation of the management of the reporting period. Easer NODE=9 in the results column if no definitive less, are required.

I certify (moder possets of law that I have personally assumined and an familier with the information submitted but single and make in the information of the submitted follows the submitted follows for a submitted follows

	NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
	STEPHEN SZ(ZEPKNUSKI	stephen szezepkowski	727-787-7978	06-03-26
- 4	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference of all	achments here)		

White Completed mail this report are Department of Environmental Protection, Wasternam Facilities Management Section, 345 351 1, 2600 Bink Stone Rd, Vallahusses, 32199-2400

PERMITTEE NAME: MAILING ADDRESS: Mid-County Services, In. 200 Westhersfield Avs.

PERMIT NUMBER; MONITORING PERIOD From:

PL0034789-002-IDW1P

MAR 3 1 2006

FACILITY:

Attacoonie Springs, PL 32714 Mid-County Services, In.

LIMPT: CLASS SIZE: FLANT SIZE/TREATMENT TYPE

REPORT: OROUP: WAFR SITE No.:

To:

Ambient Monitoring Domestic 14595

LOCATION

2259 Spenish Vista Dr. tues Palm Harber, FL 34668

DISCHARGE POINT HUMBER: 19901: Ambient Monitoring at Gutfall

DMR Date: 02/00

Parameter		Qual	ity or Concentration	Units	No. Ex.	Prequency of Amelysis	Замрів Тур е
H	Sample Massurantent						
STOREY No. 1104 54 9 Mod. 51to No. 51/74-01-34334	Pernit Measurorsent	Regart	NODI-9	S. U.	0	Quarterly	Grab
DISSOLVED OXYCIEN	Sumple:						
STORET No. 00300 \$ Man. Site No. 8WA-01-36334	Pormii Mengunganoni	Report	NCDI-9	mg/L	0	Quarterly	Orah
TEMPERATURE	Semple Measuroment						
STORET No. 60010 3 Man. 314 No. 5WA-04-1614	Pearait Measurement	Réport	NODE9	"ट	0	Quarterly	Grab
SALINITY	Sample Manurement						
STORET No. (1)486 5 Mon. SRo No. S.W.A01-36334	Potmit Measurement	Report	WOOL=9	sa/L	0	Quarterly	Grab
Pecal Coliform	Sample Measurement						· · · · · · · · · · · · · · · · · · ·
STOREST No. 31613 5 Man. &lie No. 8WA-01-36334	Pennit Mensuranent	Report	NODĪ-9	#/100ms.	0	Quarterly	Grab
Total Colifizana	Sample Management						·
STORET No. 3[50] 5 Mon, Sim No. SWA-01-36334	Famil Manusement	Report	WODE9 .	LogOJ\k	ð	Quertariy	Grab
Turbidity	Sample Mensurement						
STORET No. 82078 5 Mark. Si <u>te N</u> o. SWA-01-36334	Pennik Mesperement	Report	WODI=9	יטוא	0	Questerly	Grab

certify under penalty of face that I have personally examined and am familiar with the information submitted bearin; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	BIGNATURE OF PRINCIPAL EXECUTIVE OPVICER OR ANTINORIZED AGENT	TELEPHONE NO	DATE (YYMMODD)
STEPHEN SZCZEPKIN SKI		727-787-7978	06-03-26

7

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, 349, 351 1, 2600 Blair Stone Rd., Talkshasson, 32399-2409 FACILITY NAME: Mil-Councy WWTF PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE FOINT NUMBER: D461 — Ambient Monitoring at Outlast MONTHYEAR: MARCH 2606

WAFR SITE No.: 14595

Pacameter		Quantity or Loading	Units	Qı	Units	No. Ex.	Prequescy of Analysis	Scraple Type	
TOTAL SUSPENDED SOLIDS	Sample Measurement								
STORET No. 00630 5 Mon. Side No. 5WA-\$1-36334	Permit Magazeneset			Report	WODI=9	mpt	0	Quarterly	Gaib
BOD, CARBONACEOUS	Sample Measurement							A	
STORET No. 00310 5 Mod., Site No. SWA-01-36534	Permit Meastarament			Report	NOD2=9	m g /L	0	Quarterly	Gent
TOTAL KIELDAJIL NITROJEN	Sample Meanument						ļ	Quarterty	Grat
STORET No. 00625 5 Man. Side No. 8WA-01-36334	Permit Measurement			Report	NODI=9	mg/L	10	rfme(164.tk	Olat
HITRITE-NITRATE	Sample Micasuremost				1		<u> </u>	Quertorly	Grab
STORET No. 00630 5 Mod. Sile No. 8WA-01-36334	Permit Measurement			Reput	NUDI=9		10	Q=1.019	
TOTAL AMMONIA	Semple Idéasprement			Report	1115	tos/L	ļ	Quarterly	Grab
STORET No. 00610 5 Mar Sitt No. SWA-01-36334	Permit Mousurement		1	weight.	NODI=9		0	- Carretty	(312)
TOTAL PHOSPHORUS	Sumple Measurement		-	Report	11:07	- Nata	 	Quarterly	Grab
STORET No. 00665 5 Mor 582 No. SWA-N-36334	Permit Messarement			richer.	NODI=9		10		
ORTHO-HIOSPHORUS	Sample Moss crument		-	Report	1 2012	- 1 mg/L	0	Quarterly	Grab
STORET No. 00660 5 Mon. She No. SWA-01-36334	Pomit Meussement	DENOTE DENOTE		report	madi=al		10	2=1141	0140

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

197 /97 /97
13:

Demestic

DMR Date: 02/10

Sample Type

Grab

Grab

Grab

Grab

Grab

Geab

Grab

14595

4078596961

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Report Mid-Depth I certify under outsity of how that I have parametry contribute and an familiar with the information submitted herein; and based on my inquiry of those individuals inspecdiately responsible for constaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the gardinality of face and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SMINATURE OF PRINCIPAL EXECUTIVE OPPICER OR AUTHORIZED	TREEPHONE NO DATE (YYMMOD)
STOPHEN SZCZEPKOWSKI	the bull of the state of the st	727-787-78806-03-26
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Perference of conference		1, 10, 10,000,00,00

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FL0034789-002-DW1P

Report Bottom

Report Bottom

Report Beliam

Report Bottom

Minor

Quality or Concentration

Resert

Mid-Depth

Report

Mid-Depth

Mid-Death

Record

Mid-Deeth

Report Mid-Death

Mid-Depth

MAR 0 1 2006

D001: Ambient Monitoring Upstream

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me'L

UtL

4/100

mL

KEPORT:

GROUP:

No.

Ex.

WAFR SITE NO.:

Promisency of Analysis

Quarterly

Quarterly

Qualifically

Omnterly

Openerly

Quarkeny.

Quartorie

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

MONITORING PERIOD From:

PLANT SIZE/TREATMENT TYPE

DISCHARGE POINT NUMBER.

NODIC

Report Surface

Report Sarface

NODI-9

Report Startege

MODE9

When Completed mail this report to: Department of Environmental Protection, Wasternater Facilities Managament Section, 443 1511, 2500 Blair Stone Rel, Tellahasson, 32399-2479

PERMETTEE NAME:

PACILITY:

COUNTY:

пH

LOCATION:

MAILING ADDRESS:

Mid-County Services, In.

Altomost: Springs, FL 32714

200 Westbersfleld Ave.

Mid-County Services, In.

Palm Harbor, PL 34668

Pinc#as

Parameter

STORET No. BOADS 5

DISSOLVED OXYGEN

STORET No. 00300 3

STORET No. 00010 5

STORET No. 00480 5

STORET No. 38615 5

STERRET No. 31501 5

STORET No. 82078 5

More Str No. 5WB-01-36333

Mon. Sie No. SWB-01-36333

Mon. Site No. 5W8-01-36333

YEMPERATURE

SALDMIY

Feed Coliforn

Total Coliforna

Turbidity

Mon. Sits No. 59/8-01-36333

Mon. Site No. 89/B-01-36333

Mon. Site No. SWB-01-16333

Mon. Slie No. SWB-01-36333

2299 Security Vista Drage

Semple Measurem and

Penuit

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	PP PERMITNU 2006									
Parameter		Quantity or Loading	Units	a Quality or Concentration				No. Ex.	Prequency of Amilysis	Sample Type
HLOROPHYLL.	Sample Measurement									
TORRT No. 32239 5 Lon. Site No. 5WE-01-36113	Permit Measurement			•	Report Mid-Depth	NOOI-9	ug/L	0	Quarterly	Grab
OTAL SUSPENCED SOLIOS	Sample Measurement			•		·				
TORUT No. 99530 5 100, Sin No. 59/2-01-3533	Parmit Measurement				Report Mid-Depth	NODI=9	mg/L	0	Quarterly	Grab
IOD, CARBONACEOUS	Sumple Measurement			•		•				
TORET No. 80310 5 for Sim No. 5WB-01-36333	Permit Measurement				Report Mid-Depth	NCDI=9	m yt	0	Quarterly	Grab
OTAL KIELDAHL NITROGEN	Semple. Monsurement					. /				
TORET No. 00625) Mar. 1880 No. SWE-01-36333	Permit Measurament				Report Mid-Depth	wort-9	mg/L	0	Questerly	Grab
ATRITE NITRATE	Sample Measurement			-		•				
TORETNA 90630 5 (on Sie No. 5WB-01-36333	Permit Measurement				Atport Mid-Dop ty	NODI=9	mgAL .	0	Quarterly	Grah
AIROMMA JATO	Sumple Museumernant			•						
TORET No. 19619 5 Ann. Side No. STVB-01-16933	Pennil Monaurement				Report Mid-Depth	WODI=9	क्रकेर	٥	Quaterly	Grab
OTAL PHOSPHORUS	Serripie Menausanest			-						
TORIST No. 00665 5 Nos. 586 No. 5WB-01-36333	Permit Measurement				Report Mid-Depta	NQJ=9	mg/L	0	Quarterly	Grab
ORTHO-PHOSPHORUS	Sample Measurement					•				
STORET No. 08660 5 Mor. 3Ma No. 5WB-01-36133	Permit Maseumernesit				Report Mid-Depth	NODI-9	mat	Q	Quarterly	Grad

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

Minor

В

When Completed well this report to Department of Brokenmental Protection, Wastenmer Facilities Management Section, MS 3511, 2600 Blair Stone Rd. Tallahussee, 32399-2400

PERMITTEE NAME: MAILDIG ADDRESS: Mid-County Services, In. 200 Weathersfield Ave.

CLASS SIZE:

PERMIT NUMBER: MONTORING PERIOD From: LIMIT:

PL0034789-002-DAV JP MAR 0 1 2006 Pinal

REPORT GROUP: WAFR SITE No.:

Damenic 14595

FACILITY: LOCATION:

bilid-County Services, In. 2299 Sparish Vista Dr.mo Palm Harbor, Pl. 34668

Allements Springs, PL 32714

PLANT SIZE/TREATMENT TYPE DISCHARGE FOINT NUMBER:

D001: Ambient Monitoring Downstream

Parameter	(Que	ity or Concent	tration	Units	No.	Progressey of	Sample Type
pH	Sample Measurement	100F91			 	Ex.	Analysis	
SYCRET No. 00400 6 Mon. Situ No. 8WD-01-36335	Permit Measurement	Reput Sartice	Report Mid-Death	Report Bottom	S.U.	 	Quarterly	Otah
INSSOLVED OXYDEN	Sumple Measurement	NODI-9	Martin Charlette			1		
STORET No. 08300 6 Mon. Sido No. SWD-01-36335	Parmit Measurement	Report Surface	Report Mid-Depth	Report Bottom	rig/L	1	Quarterly	Grab
TEMPERATURE	Superior Sup	1001-9						
STOKET No. 01010 6 Mon. Site No. 3WD-01-36333	Permit Measurement	Report Surface	Report Mid-Depth	Report Bultum	°C		Quantorly	Grah
SALINITY	Sartofo bieassessess	NODI-9		<u> </u>				
STORET No. 46440 6 Mor. Site No. SWD-91-36335	Pennit Mensurement	Report Suctics	Report Mid-Depth	Report Bettom	¥g/Ľ.	1	Quarterly	Grab
Feed Coliforn	Sample Metapenent							
STORET No. 31615 6 Mar. Sile No. SWD-01-36335	Pernuit Messuremant		Report Mid-Depar	NOOT-9	#400ml.		Quarterly	Orab
Total Colliforn.	Sumple Principle							
STORET No. 31501 6 Mag. She Ho. SWD-01-36315	Permit Messurement		Report Mil-Depth	NODI=9	Minoni		Quarterly	Crap
Turbidity	Sumple Menourement			1				
8TORET No. 82078 6 Mon. Sile No. SWD-01-36135	Permit Mensurement		Report Mid-Dopth	NUDI-9	א טדא		Quarterly	Grab

I certify under penalty of two that I have parametric examined and an familiar with the information submitted herein; and bused on my inquiry of these individuals intermediately responsible for obtaining the information, I believe t saturation is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of the and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO DATE (YYMMOD)
STEPHEN SZCZEPKOWSKI	stephen szerekowski	777-787-7978 06-03-26
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Resource all attachments	hersic	

When Completed small this report are Department of Environmental Protection, Wastewater Pacifities Management Section, MS 3511, 2600 Blair Same Rd, Talkbussec, 12399-1400
FACILITY NAME: Mid-County WW/TP
PERMIT NUMBER: FL0034189-001-DWIP
DESCHARGE POINT NUMBER: D001-Ambient Monitoring Downstream
WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Qua	lity or Concent	nation	Units	No.	Proquency of Analysis	Sample Type
HLOROPHYLL	Simple Measurement		11-	7		T		Ex.		
PORET No. 32230 6 Ion. Bile Ma. 57473-01-36335	Permit Measurement		 -		Report Mis-Depth	NOQI-9	±g/L		Quarterly	Greb
OTAL SUSPENDED SOLIDS	Sameple		 		Mid-Depth	11000	ļ	121		
ORET NA 00330 6	Mensurement Femil		 		7					
on Me No. SWD-01-36335 OD, CARBONACHDUS	Measurement Samule				Report Mid-Depth	NODI-9	mg/L	0	Quarterly	Grab
	Measurement					-				
ORET No. 90310 6 on. 51to No. 5WD-01-36335	Purnit Menurument				Report Mid-Depth	NODI-9	mgf	0	Quarterly	dmb
OTAL KJELDAHL NETROCEN	Sample Management		 	· ·	/AHITATABINE	, <u>, , , , , , , , , , , , , , , , , , </u>		 ~		
CONET No. 00625 6 or. 586 Mo. SWD-01-36335	Permit Measurement		 		Report	NODI=9	mg/L	0	Quarterly	Graf
TRITH-NITRATE	Sample		 -		Mid-Elepth	10014-1	ļ	10	······································	
FORET No. (0630 6	Permit		 		Report	NOOT-a	mg/L	<u> </u>	Quarterly	Grab
ion, Site No. SWD-01-16335 OTAL AMMONIA	Measurement Surrate		 		Mid-Depth	NODI-9		10		
TORET No. 00610 6	Micasument People						<u> </u>	,		
on. Site No. SWD-01-36335	Afternurscripps				Report Mid-Depth	NODI-9	mg/L	0	Quarterly	Grað
otal phosphorus	Sample Measurement			-		1				
CRET No. 00665 6 on, Sile No. SWD-01 36333	Permit Measurement		-		Report	NODI-9	mert.	0	Quarterly	Grab
rtho-phosphorus	Sauripte				Mid-Dapth	10001-9	 	1		
ORET No. 10660 6	Ateasurement Pounit				Report	1		-	Chartente	
ion, sike no. swd-41-46335 CHAIN OF CUSTODY MUS	Monstrement		1	1	Mid-Dooth	NGD.I=9	mg/L	0	Quarterly	Gmb

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

16/28/200

DAILY SAMPLE RESULTS - PART B

Purush Manhers PLAGESCON 002-EWIP MONTH PAR CH 2016

Facility Names: Mid-County WWTP

Throo-secula Average Daily Flow: Daily Flow % of Permissed Connecty: 0,644

-				-						A WHAM APOUT	Invitable Citi	. ()	,074
	Plow (MGD)	CBODS (mg/L)		188 (mg/L)	pFi (s.m.)	Focal Coliform Buotoria (#/190mi)	TRC (For Disinthet.) (mg/L)	TRC (For Dechloring (mg/L)	Nitrogen (so N) (mg/L)	Phosphoros (see 77) (ont/L)	Distribued Oxygen (DO) (mg/L)	CBODS (mg/L)	(mig/L)
Code	50050	\$60\$2	00530	08234	00400	74055	50068	50060	00500	00668	60800	#0062	8836
	BrD-01	10-CPU	EFB-01	EP1)-01	EFO-01	EFD-01	EPA-01	EFD-01	BFC-DI	EFD-01	BPD-01	JNF-01	INF-01
1	610		< 2		156,9	< 1	3.6	<.01	 		7.7	-	
2	662		< 3		7,8 6.9	< 1	5.0	<,01	 		79		
3	,64D		マス		7,26,9	< 1	5.0	<.01			7.5		
4	656				7269		5.0	<.01			1,0		
.5	,631				7570		4.1	<.01		— —			
6	655		<2		757,0	<1	3.9	<.01			7.6		
7	586	<u> ح</u> ک	42	<2	7,47.0	<1	3.2	<.01	2.5	0.38	7.5	60	150
8	.636		<2		7.66.8	< 1	1.0	<.01	4.0	0.30	7.7	801	150
9	676		3		7.87.4	U	2.7	<.01			7.4		
16	648		42		7,46.8	<)	5.0	<.01					
11	728		,		7.16.8		4.6	<,01			6.7		
12	669				7.26.9		4.9	<.01					
13	649		<2		797.1	<1		<.01	-		7.7		
	669	3,4	<a< td=""><td></td><td>7,96,9</td><td>-</td><td>- X</td><td><.01</td><td>2.8</td><td>0.42</td><td>8.7</td><td></td><td></td></a<>		7,96,9	-	- X	<.01	2.8	0.42	8.7		
15	633		<2		7571	2		<.01	4.0	0.72			
16	633		<2		7,27,0	7	1.5	<.01			7,9 7,8		
17	668		<2		7.17d	6		<.01	-		7.8		
	671				7.47.0			2.01			-44		
	684			***	776,7			<.01		 +	 +		
29	684		<2		7669	51		4.01			7.9		
	7/3	<2	<2	< 2		27	*****	<.01	4,1	0.40	8.1		
	603		< 2		1863	<11		<.01	_7 _1	0.70			
	669		<2		166.6	2 / 1		-,01			8.1		
	597		<2		7.266	< 1		< .01					
23	581				7.26.4						7.6		
26	584				7563			.01					
	590		<21			< 7		4.01	-		<u> </u>		
			<2		-	211	7.0 k	-,01			8.3		
29	37		<2		46.8	} 	44	01	2.7	0/0	7.8		
	617		<2			27	3.5 <		4/	0.60	7.4		
31 .	377		< a			21					7.5		
					0.79		3,5	.01	•	i	7.1	1	8

PLANT STAFFING Day Shift Operator Printing Shift Operator Pright Shift Operator Lond Operator Type of Efficient Disposal of Landed Man Statement	Chag; Chag; Chag; Chag; Rechage	B	Certificate No: Certificate No: Certificate No:	C-/3833 Name: 5/2 + 277 Name: Manue: 1874 Name:	JAY HAHN RJOHNS + M. GUNTHER STEPHEN SZCZEPKOWSEI	
Limited Wet Wonder Disch	Per Aut	roe water Kee Historic Teat:	No. No. Appli	cable: If we completion during		_

[&]quot;Attach eddicard sheets if specisiony to the all certified specials.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

SCHARGE MONITORING REPORT - PART A DRAFT

MG/L

M34

MG/L

MO/L

MG/L

10.0

Offer)

< 1

O

0

 \bigcirc

MESKLY

Weekly

MONTHLY

Monthly

WEEKLY

1688 FFC

16-hr. FPC

Calculation

16HF PPC

CALC

FL0034789

0.8

7.5

(Wookiy Axe)

< 2

When Completed mail this report to: Decartment of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMIT NUMBER

knowledge and belief, true, accurate, and complete. I am aware that there are sig	mificum pensities for submitting fulse information, including the possibility of	fine and imprisonment for knowing	, Violationa.
MAMBUTTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SECURATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	BALL LEGICONS NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	Stephen Izczepkowski	727-787-7978	06-04-24
O Chloroform Damples were mistaken O For becal sampling, a second	chimens bore; ily missed, for the april per	mit transite	on. or touch
Q) For becal sampling, a recover	a small ocean proper	_	

O.

6.25

(Mo Ava.)

2

3.0

(ABIAYE)

< 2

PERMITTER NAME: Mid-County Services, Inc.

BOD, Carbonaceous 5 day, 20C

PARM Code 80092 | 1

Solide, Total Suspended

PARM Code (00530 Y

Mon Stie No. EFD-01

MOS SHE NO. EPD-01

Solida, Total Suspended

Sample

Percelt

Samole

Ponnit

Sample

Measurement

Requirement

Measurement

Regularment

DISCHARGE MONITORING RY

RT - PART A DRAFT (Continued)

PACILITY

Mid Councy WWTF

MONITORING GROUP NUMBER: D-MI PO 1 2006 To

PERMIT NUMBER: PL0034789

				MONITOI	RENG PERIOD I	HOW: APR O		APR	3	072006	
Parameter		Quantity o	er Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Property of Analysis	Sample Type
Solide, Total Suspended	Sample Measurement						.3	MG/I	0	5X/week	GRA B
PARM Code 00530 Mon.Site No. EFB-01	Permit Recollected			·····			5:0 (Max.)	MG/L		5 Days/Week	Grad
Nitroges, Total	Sample Measurement				3.7			MG/L	1	MONTHLY	CALC
PARM Cods \$0600 Y Montalis No. BPD-01	Permit Requirement				(An Arns)			MOA	- 3.5	Monthly	Calculation
Nitrogen, Total	Sample Measurement				2.1	2, 1	3.2	MG/L	0	WEEKLY	l6hr FP0
PARM Code 90600 1 Mon. Size No. HPD-01	Permit: Requirement				(Mo.Ame.)	(Weekly Arg.)	(Nec)	MOAL	6.	Wankly	16-liv: FPC
Phosphorus, Total (as P)	Semple Messurement				0.77			MG/L	0	MONTHLY	CALC
PARM Code 90665 Y Man. Site No. RFD-01	Permit Requirement				(As-Ave.)			MOVI		Monthly	Calculation
Phosphorus, Total (se P)	Sumple Management				0.65	0.65	0,77	NG/L	0	MEEKLY.	lóhr PFC
PARM Code 00665 1 Mon-Site No. BPD-01	Permis Requirement				1.25 (Mg.svs.)	1.5 (Weekly Avg.)	20 (Mix.)	MG/L		Weckly	Io-lin PPC
PH	Sample Measurement				6.6	8,0		SU	0	5x/Week	METER
PARM Code 80400 1 Mon. Side No. EFD-01	Permit Requirement				6.0 (Mile.)	8.5 (Max.)		8U		5 Days/Weak	Meter
Colliform, Fecal, % less than detection	Sample Messurement				65			7.	1	Monthly	CALC
PARM, Code 3) 005 1 Mon. Sta. No. EPD-01	Permit Requirement				75 (bile.)			CENT.		Monthly	Calculation
Coliform, Poosi	Sample Measurement				7			#100m	0	5x/ week	GRAB
PARM Code 74055 I Mos. Site No. EPD-01	Pennit Requirement			1.	25 (Max.)			WIOOML		7 Days/Week	Grub
Total Residual Chlorine (For Dishifection)	Semple Measurement				1,0			NG/L	0	5x/HEEK	METER
PARM Code 30060 A Mon.Sim No. BPA-01	Permit Requirement				1.0 (Ma.)			MOAL	-	5 Days/Week	Meter
Fotal Residual Chlorine (For Dechlorination)	Sample Measurement			······································	<.01			MG/L	0	Sx/ WEEK	GRAB
PARM Code 50060 I Man She No. RPD-01	Permit Requirement				0,01 (Max.)		Jan 11 e	MOVL		5 Days/Work	Gnub
Oxygen, Dissolved (DO)	Sample Measurement				6.9			MG/L	0	5x/ WEEK	GRAB
PARM Code 60300 : : Mon.Sinc No. BPD-0;	Permit Recuirement				3.0 (Min.)			MOL	-	5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

PACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERSOD From: 100 5 5 500 To

PERMIT NUMBER: FL0034789

,				MONITOR	LING PERSOD I	Tom: APR	9 1 2006 To	APR	30	2006	
Parameter		Quantity	x Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Chimotoria	Sample Measurement				0			UG/L	7	MONTHLY	CALC
PARM Code 32106 Y Mon.Sin No. EFO-01	Pensti Registrement				Raport (An. AVa.)			UGAL		Modely	Calculation
Chloroform	Sample Massuranent				0			UG/L	4	WEEKLY	GRA B
PARM Code 32106 Mon.Sile No. EFE-01	Perpait Requirement				Report (Mo.Avi.)		v z	UO1		Weekly	Grab
Plow (Total Plant)	Sample Measurement	0.671		HGD					0	MONTHLY	CATC
PARM Code 50050 P Mon.Sio No. PLW-01	Pareilt Requirement	(An.Avg.)		MOD					74. °	Monthly	Calcolation
Flow (Total Plant)	Sample Mass rement	0.650	0.642	MGD					0	5x/WEEK	METER
PARM Code 50050 Q Mon Site No. PLW-01	Peranti Recuirement	Report (J-Mo.Avg.)	Report (Mo.Avg.)	MXID						5 Deys/Week	Flow Totalizar
Percent Capacity, (TMADR/Permitted Capacity) : 100	Sample Manurement				72			x	0	MONTHLY	CALC
PARA Code 00(80 (Mon Size No. PLW-01	Permit Requirement				Para			PER- CENT	7.3	Monthly	Calculation
BOD, Carbonaccoss 5 day, 20	C Sample Measurement				330			MG/L	0	MONTHLY	16 HR FPC
PARIA Code \$0082 G Man, \$ite No. INP-01	Permit Receitement				Report (Manage)			Y GI		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				180			MG/L	0	MONTHLY	16 HR FPC
PARM Code 00530 G Mos Site No. INP-01	Permit Recognises			. 144	Garant Caro			140%	(* .) (* .)	Monthly	16-bs FPC
Ratefuli	Sample Measurement				0				0		
PARM Code 46529 P Mogu8ite No. OTH-02	Permit Remirement				Report (Mo. Fotal.)	श्राच्या करणा वर्षेत्र करणा वर्षे	Antibologica est for	INCHE	<u> </u>	DATLY Duly	CALC Calculation
Annual Studge Production, Total	si Semple Measuroment	218,750		GALLON					0	MONTHLY	CALC
PARM Code 49019 P Mass, Sine No. C774-01	Portisit Requirement	Report (Mo.Tusal)		Chickopa				2		Monthly	Calculation

-DAY CHRONIC STAT				100	· · · · · · · · · · · · · · · · · · ·	1	7		EVERY 3 months	,
Parameter		Quantity or Load	ing Units	Qua	lity or Concentr	ation	Units	No. Ex.	Prequency of Analysis	Sample '
COUNTY:	Pinetias	2		iaeos from site ing period (on april	1,00 To	JU	m;	30,06	
LOCATION:	Mid County WWTF 2299 Spanish Visus Drive Dunedin, FL			IENG GROUP NUM IING GROUP DESC		ice water discharge				
DAGE ME	Altacoone Springs, Pl. 32	714	limit: Class st	ZE:	Final N/A		REPORT GROUP:	}	Toxicity Domesti	
	Mid-County Services, inc. 200 Wonthersfield Avenue		PERMITN	UMBER	PL0034789					

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Proquency of Assiyais	Sample Type
7-DAY CHRONIC STATES Coriodephala debie(Rostine)	Sample Mossurement				100			Z	0	EVERY 3 months	
PARM Code TBPSB P Mare, Não No. EPD-01	Permit Requirement				(06 (Ma.)	NODI-9		PER.		Bvery Other Month	
7-DAY CERONIC STATES Ceriodaphala dubia(Addidonal)	Sample Measuroment							X		PERMIT	24hr FFC
PARM Code ITSP3B Q MOIL-Rite No. EFD-01	Persti Receivment				poe (Min.)	NODI-9		PER- CEN?	ı.	As seeded	As required by the permit
7-DAY CHRONIC STATES Cartodaphnia dubia(Additional)	Sample Measurement							7,		TIMRZG	24hr FPC
PARM Cost TSP3B R Mon Site No. BPD-01	Persei Requirement				(celly)	NODI-9		CHALL		As medded	As required by the permit
"-DAY CHRONIC STATRE Pinnipholes promoles (Routine)	Sample Measurement	·			100			2	0	SKONTHS	
PARM Code TRPSC P Mon.Sin No. SPD-01	Permit Requirement			30	(Mia.)	NODI-9		CENT	, <i>'</i>	Every Other Month	
7-DAY CHRONIC STATES Pirrephales promobs (Additional)	Sample Measurement							Z		PERMIT	24hr FPC
PARM Code TBP6C Q Mon.Sim No. SPD-01	Permit Requirement			7 Sy	(Min.)	NOD I * 9		FER. CENT	1	As needed	As required by the permit
7-DAY CHRONIC STATRE Plusphales promeles (Additional)	Sample Measurement							z		PERMIT	24hr FPC
PARM Code TBPSC R Mos. Site No. EPO-01	Permit Requirement				(00 ·	NODI-9		CENT		As needed	As required by the permit

^{*}IF A SECOND DEPORTIVE TEST IS REQUIRED, EXTER THE RESULT IN AN EMPTY ROW.

I certify under 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 available the information. Based on my inquity of the person or persons who manage the system, or times persons directly responsible for gathering the information, the information submitted in, to the best of my knowledge and belief, true, accurate, and complete. I are aware that there are significant penaltics for submitting false information, including the possibility of fine and imprisonment for knowledge violations.

NAMB/TITLE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT	SIGNATURE OF E	RINCIPAL EGICUTIVE OR	MCER OR AUTHORIZ	SD AGENT	TELEPHONE NO	DATE (YYAGADO)
STEPHEN SZCZEPKOWSKI	Stephen	Szczeskou	vski	72	17-787-7978	06-04-24

COMMENT AND EXPLANATION OF ANY YEOLATIONS (Reference all attackments here):

^{**}ENTER NODE-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

ENTER NODE-9 IN THE RESULTS COLLIMN IP NO DEFINITIVE TESTS ARE REQUIRED.

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0034789 From April 1 06 To: april 30, 06 Pacility: Mid-County WWTF

	Gag rolos	CONCESS.			aprix					
	Plow (MGD)	CBODS (MG/L)	TSS (MIGAL)	TSS (MGAL)	Nitrogen, Total (MG/L)	Phosphoras (MG/L)	pH (SU)	Fecal Coliform Bacteria (W100ML)	TRC (For Distalect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	30060
Mon. Size	PLW-01	EPD-01	EP-01	EPB-01	6110-01	EPD-01	EPD-01	EH0-01	EFA-01	EFD-01
3	.725						The same of the same of			-
2	.636									
3	.683			3			7.8 7.1	<1	11 00	1 01
4	.624	<2	<2	<2	2.8	0.36	7.8 7.1	<	4.0	10,5
3	.660			< 2	- 470	0,00	7.7 7.0	2 1	3.7	< 101
6	.617			< 2			7.5 6.6		3.8	<.01
7	-637			× 2			7.46,8	< <u>1</u>		<.01
8	,701						7.9 0,0		1.0	< .01
9	.647					······································				
10	.634	< 2	< 2	<2	1,6	0,69	767.1		3,4	
11	610			< 2	,	<u> </u>	777.1	<1		<,01
12	.623			< 2			7771	3		<.01
13	.616	-		< 2		•	7.5 7.0	2	3.6 3.7	<,01
14	. 633			< 2			7.5 70	21	3,5	101
15	.682						13.70		2,0	<.0/
16	.639					· _				
17	.661			< 2			7.77.1	< 1	3.4	<.01
18	.620	< 2	くみ	< 2	0.81	0.76	7771	7	2.3	<.01
19	600			< 2			7.67.1		3.6	<.01
20	.663			< 2			7.77.0	<1	3.0	<.01
21	.638			<2			7.76.9	< 1	3,0	<,01
22	.692						-111011			7,01
23	,605									
24	,629	3, 2	<2	<2	3.2	0.77	7872	a	1.7	<.01
25	.612			<2		<u></u>	7974	21	1.7	<,01
26	.666			< 2			8.0 7.0	4	1.7	
27	643			<2			7.77.0	3	1.3	< 01
28	587			< 2			7.5 7.0	-//-		<.01
29	657						42 42		- (' ' 	<u> </u>
30	.634									
31										
Total	19.274				***	 -				
Mo. Avg.	.642								~~~	
	· · · · ·	<u>نىسى</u>	<u> </u>					1		

PLANT STAFFING: Day Shift Operator	Charas:	C	Cantificate No.	13832	Name	Ј нани
Evening Shift Operator	Class:	$A \rightarrow A$	Certificate No:	2772 > 512	Name:	M CUNTHER R JOHNS
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	<u>B</u>	Certificate No.	7874	Name:	S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

106 To: April 30, 06 Pacifity: Mid County WWITE

į	Oxygea.	Chloroform	CBOD5	TSS (MG/L)	Azemal	Rainfail		_	Copperate of the Co	
	Dissolved (DO) (MG/L)	(UG/L)	(MG/L)		Shadge Production, Total (GPD)	(INCSIES)				
Code	00300	32106	80082	00530	49019	46529			 	
Mon. Site	EPD-01	EFD-01	POP-01	INF-01	O1H-01	OTH-02	1		 	+
1										
2									 	
3	8.4								1	
4	7.8		330	180					 	
5	8.0								†	
6	8.3									†
7	7.2	···								
8 9										
10										
11	7.8		·			<u> </u>				T
12	7.6				-					,
13	8,4				·····					
14	7.9									
15	7.2									
16							<u> </u>			
17	-3-1						<u> </u>			
18	8.2									
19	8.4					·		<u> </u>	<u> </u>	
20									<u> </u>	<u> </u>
21	6,9 7.0									ļ
22	- ·· · · ·							 		<u> </u>
23								 -	 	
24	7.9							<u> </u>	 	<u> </u>
25	7.8							 	 	
26	7.6						·	 		
27	7.4							 	 -	
28	7, 2							<u></u>	 	
29		-	+							
30								· 		
31										
Total									***	
Mo. Avg.	-									
	TROPIC CONTRACTOR									

PLANT STAFFING: Day Shift Operator	Class:	C Certificate No:	13832	Negati	J HAHN
Eventag Shift Operator	Class:	A + A Cotificate No.	2772 + 512	Nassac:	m cunther R Johns
Night Shift Operator	Class:	Certificate No.		Name:	
Lead Operator	Class:	B Certificate No.	7874	Name:	S SZCZEPKOWSKI

Akarsonte Springs, PL 32714 FACILITY: Mid County WWTP LOCATION: 2299 Spanish Vista Drive Dunedia, FL COUNTY: Pinciles				MONITO MONITO NO DISC	CLASS SIZE: PROMITORING GROUP NUMBER: D-001 MONITORING GROUP DESC: Existing surface, lockuding influ NO DISCHARGE PROMISTRE							
Parameter		Quantity	or Loading	Units			1 2006 To	MAY	31	2006		
Plow (D-001)	Sample	 	T	Onas	Qu	lity or Concent	ration	Units		Proquency of	Sample Type	
PARM Code 50050 Y	Measurement Permit	 		MGD			T	 	Br.	Analysis		
Mos. Sta No. FLW-01 Tow (D-001)	Requirement	0.9 (At Avg.)		MGD			 		0	MONTHLY	CALC	
ARM Code 50050	Sample Ideassement	0.605			**************************************				÷ 3	Monthly	Calculation	
LOD SHE NO PLACE	Peruit Requirement	Report	Bank of State	MGD	<u></u>				0	G & /-		
OD, Carbonaceous 5 day,	ZUC Stance	(Mo Avg.)		7				. 450	╁	5X/Week	meter	
ARM Code 800R2 Y	Monsurement Permit		·		1.27			MG/L	0	MONTHLY	Plow Cotalizor	
DD, Christmaccous 5 day.	Requirement 20C Sample				5.0 (An.Ave.)			MG/L	10		CALC	
ARM Code 90082 1 Da.Site No. EFD-01	Measuroment Paralli		00		< 2	< 2 ·	* < 2	155 6		Monthly	Calculation	
Bds, Total Suspended	Requirement Sample				6.25 (Mg.Ave.)	71 . 75 CENTS	7 10 0	MG/L	0	WEEKLY	16HR FPC	
RM Code 00530 Y	Measurement Permit				<2	(Westly Ave.)	000			Wookly	16-br PPC	
a Site No. BPD-01 ids, Total Buspended	Requirement				1 30		100001 2000	MG/L	0	MONTHLY	CALC	
	Semple Measurement				(An Avg.)	The Property	30 (A) 2 (1)	WG/L		Monthly	Calcutation	
RM Code 00530 1 D.Sile No. EPO-01	Parmir				< 2	<u> </u>	<2	MG/L	0			
His window and the same	Requirement		1 42 74 - 24		(Mo Ave	W-12	lgo.	MOL	- i		16ER FPC	
citiy usder penniky of law e information submitted. Ba wiedge and belief, true, acc district. SOF PRESCIPAL SO	sed on my inquity of the arrate, and complete. I	attachments were persons	propaged under my c who manage the sys	libection or s tem, or those	opervision in second	IECS with a system	designed to assure the	nt our lift ou	1		to-ar. FPC	
Wiedge and belief, true, sox	BOUTIVE OFFICER OR	AUTHORIZED AGEN	ne againcent pensi	tier for sabe	stating false informed	on, including the p	ng the information, t contribity of the and	he informati imprisonn	one alligh Leading	est property gather stried is, to the bes showing violation.	and evaluate it of my	
TELUSIA SECTESK	onski		1-4	- 7	ŧ	1	TORRED ACENT	TE	APITON	BNO DATE(Y	Y/MM/DD)	
IMENT AND EXILANAT	Bleach b lecture a 7.	NONS (Reference a)		7	~~Y~ (Bruski	,	727-78	?7-	7978 06	206 2	

The lab callected a 7.5.5. sample on the 10th and the sample somehow got dumped and not anylized, a letter from the lab is included.

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY:

Mid County WWTP

MONITORING GROUP NUMBER: DOOL 0 1 2006 To

PERMIT NUMBER: PLOOSATES MAY 3 1 2006

Parameter		Onest's	II Lording	77-54	·					1 20 05	
		Quanty	II LORGING	Units	Que	dity or Concentr	ation	Units	No.	Frequency of Analysis	Sample Type
Solida, Total Suspended	Sample Measurement						2.0	HG/L	0	5%/week	GRAB
PARM Code 00530 1 Mon.Size No. EFB-01	Permit Requirement			7.7			(Mex.)	иои		5 Days/Work	Grab .
Nisrogen, Total	Sample Measurement				3,96			MC/L	1	MONTHLY	CALC
PARM Code 99600 Y Mon. Site No. BFD-01	Permit Requirement				(An.Aya.)			MOL	+	Monthly	Calculation
Nitrogen, Total	Sample Messagement				3.1	3.1	3.4	MG/L	0	WEEKLY	-
PARM Code 90690 1 Mon Site No. 800-01	Perenit Requirement				3.75		CALL CHAR	HOL	U	Weekly	I 6hr FPC
Pacapheres. Total (as P)	Semple Measurettant				0,77	(Total Avg.)	and the second				
PARM Code 00465 Y Most Site No. BPD-01	Permit Requirement				2			MG/L	10	MONTHLY	CALC Onlouisticus
Phosphorus, Total (as P)	Sample Memuretnesi			an gha	(An Airs)	Color Color	- 24	200		4	
PARM Code 00663 Mag.Site No. BFD-01	Parmii	- 134 bys		5.8 g(5)	0,48	0.48	0.84	MG/L	0	WEEKLY.	lohe Fe
PH	Requirement Sumple		to topical, talify	7. / 79	(Mouting)	(Workly Avg.)	(Max.)		14.3	79.17	is-lir. Pec
PARM. Code 00400 1	Measurement Purmit	4.5			6.9	8.1		SU BU	0	5x/WEEK 5 Days/Week	MELER
Mer. Site No. BPD-01 Coliform, Pecal, % less than	Requirement Saturple				(Min.)	(Max.)	are where it	1.25		<u> </u>	Meter
Setection PARM Code 51005 1	Meanugement Permit				70		(Start transfer to the	%	1	MONTHLY	CALC
Mon Side No. BFD-01 Colliform, Pecal	Requirement Sample				(90.)			CINT		Monthly	Calculation
PARM Code 74055 1	Meanarement Pennis				<u>20</u>			#100m	0	5x/ week	GRAB
Mgs.Site No. BFD-01 Total Residual Chlorine (For	Requirement Sample				(Max.)	100000		avicaced.		7 Days/Wook	Grab
Distinfection) PARM Code 50060 A	Measurement Permit				1,1			MG/L	0	52/WEEK	METER
Mon. Site No. BFA-01 Total Residual Chlorine (For	Requirement Sample			1	1.0 (Mia.)			MG/L		5 Days/Wook	Meter
Dechiorination) PARM Code 50060	Management Purel:				< 0,01			MG/L	01	5x/: WEEK	GRAB
Mon.Site No. EFD-01 Oxygen, Dissolved (DO)	Requirement				(J.Ol (Blaz.)	The state of the state of	e de la companya della companya della companya de la companya della companya dell	MOL		5 Days/Week	Grab
	Sample Management				7.1			MG/1	0	5x/ HEEK	GRAB
PARM Code:00300 Non-Site No. 2270-01	Potroit Requirement				10	3		MGAL	*	5 Days/Week	Cleab

DISCHARGE MONITORING REPORT - PART A DRAFT (Confinued)

PACILITY:

Mid County WWTP

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD Profit MAY 8 1 2000 To

PERMIT NUMBER: PL0034789 HAY 2 1 MAC

Parameter				·			0 1 200 6 10	MAT	9 1	2006	
	1	Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Bx.	Fraguency of Analysis	Sample Type
Chicaetones	Sample Monascomes!				79			UG/L	10	MONTHLY	GALC
PARM Code 32106 Y Mon.Sto No. 2FD-01	Permit Remainment			1.33	Charles A		通知等 的	200	Ĭ	Monthly	Calculation
Zelorafores	Security Michael Hamain)				79	The second second second		TIMA / P	10		
ARM Code 32106 1 Son Alte No. 1870-01	Porpul: Regulement				Monet (Mades)			UCL	ĮŤ,	WEEKLY Workly	GRAB Grab
ow Potał Plant)	Straple Meteoreteets	0.671		MGD	(1,1)		14m 21 35 130 3	1. 10 (T. 172)	0	MONTHLY	
ARM Code 50830 P	Portugii Roguintenant	9.9 (ADA/IZ)	110	мо				States		Mondaly	Calculation
low Total Flant)	Sample Mateurspoots	0.630	0.605	MGD		12 36 3 27		1 2 3 1 3 3 1 1 1 1	0	5x/WEEK	METER
ARM Code 58650 Q Iga Bir No. PLW-01	Poznak Regnisomou	Report (3-Mo.Avg.)	Report (Mo.Avg.)	100					, %x.	3 Department	Flow Totalizar
00	Sacratic Measurement				70			¥	C	MONTHLY	CALC
ARM Code 00196 1 (m.Site No. PLW-01	Present Recurrences									Monthly	Calculation
OD, Carbonaceous 5 day, 20°C	Stape Management				160			MG/L	0		16 HR FPC
ARM Code Blost () fau.Blo No.BNP.01	Perusit Requirement				(Mo.Cr.)			Total Control		MONTHLY Monthly	15-br. PPC
olida, Total Buspended	Sample Measuromani				200			MG/L	0	MONTHLY	16 HR FP
ARM Code (1053) G jos. Siles No. 8NP-81	Person Requirement							/3/017		Monthly	16-he PPC
ukinteli	Sample Mountesume:	-	,		0.4			Y (1)		<u> </u>	
ARM Code 46529 P No. OTH-62	Parmit Accordance				Report	or same of the same	Name of the second	INCHE	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	DAILY Dally	CALC Calculation
		287,500		GALLON	(Mo.Tonl)		7.04 s. 4 s.	·		MANIBULA	
PARM Code #9019 7 Man Sing No. O/TH-Ot	Permi Requirement	Report (beto. Total)							0	MONTHLY Monthly	CALC Calculation

man and report to: Department of Bavironmental Proportion, Wastenmer Compliance Evalua Action, MS 1551, 2600 Blair Stone Road, Tallahaman, FL 32399-2400 E NAME: Mid-County Services, Inc.

MAJUNO ADDRESS: 200 Weathersfield Avenue

Alternome Springs, PL 32714

PERMIT NUMBER

PL0034789

LIMIT: CLASS SIZE:

Resi NA

REPORT: GROUP:

Toxicky Domestic

PACILITY: LOCATION: Mid Causey WWTF 2299 Spenish Vista Drive

Dearedin, FL

MONTFORING GROUP NUMBER: D-601 MONITORUNG GROUP DESC.

Bristing surface trater discharge

COUNTY:

Pinella

NO DISCHARGE FROM SITE

MONITORING PERIOD ROLL MAY & 1 2006 TO MAY & 1 2006

Parameter		Quantity (or Loading	Units	Qua	lity or Concents	Mice	Unite	No. Bx.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATES Carindapinia dabin(Rostine) PARM Code IBP18 P	Sample Measurement							2	337.	3 Months	
Age Sits No. 1870-01	Permit Requirement				LOS Cadon	NODI-9		CENT	O	Svery Other	-
-DAY CHRONIC STATRE Iniciaglish dibis(Additional)	Sample Metroromani							X	╁┷┤	Month	ļ
ARM Code TRP3B Q fce_Site No. BPD-01	Permit Regularisis				1 (#00			723	ō.	PERMIT As needed	24hr FP
DAY CHRONIC STATES	Sample			***************************************	- Otto 5	NOD1-9		CBML			the permit
eriodapiusia dabia(Additional) ARM Code 19210 R	Mensypersery Perguit			1.000 Per 1.000	86.2 (0) 9.44			Z	11	PERMIT	24hr FM
DAY CHRONIC STATE	Regelveness Sample	97 317			(Min.)	NODI-9		CENT	a	As meeted	As required by the personit
istaphaisa promoise(Roudine) ARM Code TRPSC P	Meantment Pendi						,	Z		EVERY SHONTHS	
DAY CHRONIC STATES	Receivement Sample				180 (Miss)	NODI-9		Care	0	Svery Other Month	7
amphains promotos (Additional) ARM Code TBPSC Q	Meagenement Penalt							7,		PERMIT	24hr PPC
OR-SHE NO. BPD-01 DAY CHRONIC STATES	Requirement Sample				10	MBD 1-9		CONT	0	As useded	As required by the permit
immphalan promelas(Additions); ANSA Code TSPSC R	Adenoursee and Paradi			11/2007/17/20				Z		PERMIT	24hr FPC
COLUMN TO SPID-01	Paralessan	CAZIII SA			00a	NODI-9		CHAT	δ	As needed	As recuired by the permit

O, ENTER THE RESULT BY AN EMPTY ROW.

I couldy under passity of law dust this document and all standaments were prepared mader my discotion or supervision in accordance with a system designed to assume that qualified personnel properly gather and evaluate the inflammation subgalance. Hence on any incustry of the persons or persons who summing the system, or those persons classify suppossible for gathering the inflammation, the inflammation submitted is, to the best of my incurred persons and complete. I am some that there are eignificant pensions for expension, including size possibility of first and imprisonment for knowing violations.

HAMPITELE OF PRINCIPAL EDISCUTIVE CIPICER OF AUTHORISED AGENT	SEGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AL	A 1100 COLOR OF THE WAR AND ADDRESS.
		ANT THE PROPERTY CATEGORIES
STEPHEN SZCZEPKOWSKI	Stephen Ezgepkowski	717-787 7078 -/ 4/-31
COMMENT AND EXPLANATION OF ANY YIOLATIONS (Reference all nutries	some bosel:	727-787-7978 06-06-26

^{**}BYTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THE REPORTED PERIOD. ENTER NODE-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TRATE ARE REQUIRED.

DAILY SAMPLE RESULTS - PART B

Permit Monit	Number: wing Perio			МД	0.1	20 -20	aily 5 06—	To:	MAY	esi 3	LTS - PA	RT B Pacili	ty:	Mid Cou	my Wwip		
	Oxyg Dissul (DO) (ivi	(GVL)	Chlerof (UG/))	CBOI (MG/		TSS (M			i e	Rainfall (INCHES			T			7
Code	0030	- 1	32106	f	80082		00530	,	49019		46529	 					1
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PLANT STAFFING:							
Day Shift Operator	Class:	C	Certificate No:	12927			A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS
Evening Shift Operator	Class:	A+4	Certificate No:			HAHN	,
Night Shift Operator	Class:		Certificate No.	N.	m.50	LNTHER	R. JOHNE
Lead Operator	C)ass:	0	Certificate No:	70711	LIBRE:		3
				No.	mo: <u>S</u>	SZCZE	PROWSKI

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FL0034789 Franc. MAY 0 1 2006

To: MAY 3 1 2006

Facility: Mid-County WWTP

	Flow (MGD)	(MG/L)	TSS (MG/L)	TSS (MG/L)	Nimogeo, Total (MG/L	Phosphoras (MG/L)	pH (SU)	Pecal Coliform Bacteria (#/100ML)	TRC (Por Disinfect.) (MG/L)	TRC (Po Decision: (MG/L)
Code		89087.	00530 EPD-01	00530	00600	00665	00400	74055	50060	50060
1	.584	2000	1970-01	EFB-01	EPD-01	EFD-01	BPD-01	EFTD-01	EPA-01	EPD-01
1 2		 		<u> </u>	ļ	 	7.8 6.9	</td <td>1.1</td> <td><.01</td>	1.1	<.01
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-	568	 		_ವ	ļ <u></u>		8.175	< 1	1.3	<.01
5	620	 		<u> </u>			7,9 7,4	<1	1.7	<.01
6	636	 	 -	< 2			7.67.2	<	2,2	4.01
7	64 3		 		···-					< 01
8	.629	<2	< 2	23	3.3					2.0/
9	649			_<3	3.2	0,46	8.0 7.5	<	7.9	<. 01
10	611	·····		< 2			7.97.7	_<	2.8	4,01
11	.622			22			7.77.5		1,8	4.01
12	55.3			< 2			7.774	4	2.2	4.01
13	623			~~			7.5 7.4	< !	1.9	4.01
14	624							<		4.01
15	591	22	<2	<2	3.3	0.84	7050			< .01
16	.571			Z]		0.07	7.87.5	<1	3.3	5.01
17	.5 75			22			7.77.2		2.6	4.01
18	548	<u> </u>		231			7.77.4	3		< .01
19	634			22			767.4		-	<.01
20	643						1.57.1	~1		C.01
21	.620				 +	+				<.01
22	6/1			<u>ح ي</u>			7.77.1	-,		(0,2
23	605			22		- [-	77.4			4.01
24	. 579	< 2	42	<2	3.4	0.26	77.5			101
25	.582			<u>≤a</u>			6 7.3	<1		.01
26	,602			<2				211		101
27	. 620				 -		11.3	~/-	******	4.01
28	,575						-			101
29	.650			22		8.	17.2	211		-01
30	.586	< 2	42	42	24	0.34 8	177			61
31	,			<2			97.7	20		01
Total	18.746							×	3.3	101
Mo. Avg.	0.605							-		······································

PLANT STAFFING:					
Day Shift Operator	Char C	Certificate No:	1383 2 Name:	_J. HAHN	
Evening Shift Operator	Class: A + A	Certificate No:	2772 +512 Name	M. GUNTHER R. JOHNS	
Night Shift Operator	Class:	Certificate No:	Name:	CAMPO III	_
Lead Operator	Class: B	_ Certificate No:	7874 Name:	S.SZCZ EPKOWSKi	
		•			_

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallejannee, FL 32399-2400

LIMIT:

CLASS SIZE:

PERMITTEE NAME: Mid-County Services, Inc.

MAILING ADDRESS: 200 Weathersfield Avenue Amaznovio Springs, FL 32714 PERMIT NUMBER

PL0034789

Final

N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Mid County WWTP 2299 Spunish Vists Drive Dunedin, FL

MONTTORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Existing surface, including influent

FILE COPY

COUNTY:

Pinclins.

NO DISCHARGE FROM SITE: MONITORING PERIOD

Sample Measurement Permit Requirement Sample	0.665 0.9 (An.Avg.)	.623	MGD MGD					0	MONTHLY	CALC
Permit Requirement	0.9	Berth 1		1			, 7			
Requirement	• • • •	. [1, 1,2 1,2	Monthly	Calculation
	7,000,000	l								
	0 670		NCD					0	5X/week	meter
			MGD	4.7 14.8 No.					5 Days/Work	Flow Totalizer
	(Mo.Avg.)		190			E 18 8 45 15 15 15		لسننسا	ļ	
Sample				1.0			MG/L	0	MONTHLY	CALC
				5.0			MG/L		Monthly	Calculation
				(An AVE)	<u> </u>			-	-	<u> </u>
Sample				< 2	< 2	< 2	MG/L	0	HERKLY	16HR ERC
Metaurement		PER	- 35° 37.				MG/L	100	Weekly	16-hr. FPC
				(Mo AVE)	(Wockly Avg.)	(Max)			1	
Sample				< 2			MG/L	0	MONTHLY	CALC
Measurement	<u> </u>				BANKSTON PARTIES STATE		MO4.	17.	Monthly	Calculation
				The state of the s	ELONG WITH		10,000			
						-7	/-			1600 500
	ĺ			< 4				10		16HR FEC
Permit				6.23	(Weeldy Axe.)		MG/L		Weekly	(6-hr, FPC
	Mansurement ternit tern	Monsurement Sermit Report Requirement Permit	Measurement Sample Measurement Requirement Requirement Requirement Requirement Requirement Resaurement Resaurement	Measurement Report MID Mensurement MID Measurement Requirement Requirement Requirement Requirement Resault Requirement Resault Requirement Resault Requirement Resault Report Resault Report Resault Report Resault Report Resault Report Resault Report Repor	Measurement (Mo.Avg.) Isample (Mo.Avg.) Isample (Mo.Avg.) Isample (Measurement (Mo.Avg.) Isample (Measurement (Mo.Avg.)) Isample (Measurement (Mo.Avg.)) Isample (Measurement (Mo.Avg.)) Isample (Mo.Avg.) Isample (Measurement (Mo.Avg.)) Isample (Measurement (Mo.Avg.))	Measurement Requirement Resaurement Requirement Requir	Mansurement (Mo.Avg.) India (Mo.Avg.)	Manuferment Report Report Report Requirement R	MGD MG/L O MG/	Sequence Sequence

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision is accordance with a system designed to assure that qualified personnel property 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 OF AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
(1) All I find of find that the control of finds			
STEPHEN SZCZEPKOWSKI	Stephen szcreskowski	737-787-797	8 060723
SIETHER SECRETAURAL	Sold and the		

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

DISCHARGE MONITORING REPÓRT - PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: JUN 0 1 2006 To

Parameter		Quantity	or Loading	Units	<u> </u>	ality of Concent	ration	Units	I NT.	Frequency of	Samula To
Solids, Total Suspended		Z		- mu	Qu	any or Correction	alrii	UNUS	No. Ex.	Analysis	Sample Typ
	Sample Measurement						3,0	MG/I.	0	5X/week	GRAB
PARM Code 00530 1 Men.Site No. EPB-01	Permit Requirement			व्यक्तिक रहे			5,6 (Mix.)	Men	Ĭ	5 Days/Week	G78.b
Nitroges, Total	Sample Measurement				3,9			MG/L	1	MONTHLY	CALC
PARM Code 00600 Y Mod. Sile No. BFD-01	Permit Requirement				(ALAVE)			MG/L	-	Monthly	Calculation
ditrogen, Total	Sample Measurement				2.2	2.2	4.2	MG/L	0	WEEKLY	16hr F
ARM Code 00600 1 dan.Ste No. EPD-01	Permit Requirement				175 (Ma Ave)	4.5 (Wooklyc Avg.)	6.0 (Max)	Mar	-	Weekly	16-br. FPC
nosphorus, Total (as P)	Sample Measurement			 	0.71	Table St.	Mexa	MG/L	0	MONTHER	0.7.0
ARM Code 00665 Y foo.Sire No. BPD-01	Permit Regolrement				LQ (An Ave.)			MG/C		MONTHLY Monthly	CALC Calculation
hosphorus, Total (as P)	Sample Measurement				0.35	0,35	0.64	MG/I	0	WEEKLY.	16hr F
ARM Code 00665 / Ion.Site No. BPD-01	Permit Requirement				1,25 (Mo)Avg.)	\$. (13 6 6) 15	20	MG/L		Weekty	-16-hr, FPC
н	Sample Measurement	 			7.0	7, 9	(Mu)	Sü	C	F /mark	
ARM Code 00400) Ion.Site No. BPD-01	Permit Requirement				6.0	8.5	1 12 12	SU	0	5x/WEEK 5 Days/Week	METER Meter
oliform, Pecel, % less than	Sample Measurement				(Min.) 86	(Max.)	a anima sa sai na sa	7	0	Monthly	CAT.C
ARM Code 51005 1 ion.Site No. EFD-01	Permit Requirement			10 Sept				JESK C		Moothly	CALL.C
oliform, Pecal	Sample Measurement				(Min): - ?			CBNT	17.55		i i i i i i i i i i i i i i i i i i i
ARM Com 74055 1 ion.Sive No. BFD-01	Permit Requirement				25			#100ml		5x/ week 7 Days/Week	GRAB Gmb
otal Residual Chlorine (Por Isinfection)	Sample Measurement				(Max.)			MG/L	_		METER
ARM Code 50060 A on Site No. BFA-01	Permit Requirement		·		1.0			MOAL	의	5x/WEEK 5 Days/Week	Meier
hal Residual Chlorine (For schlorination)	Sample Measurement				(Min.)			VC /1	$\overline{}$		·
LRM Code 50060 i	Permit Requirement				0.01			MG/L MG/L	0	5 Days/Week	GRAB Grab
tygen, Dissolved (DO)	Sample		The William		(Max.)	Jan Ballada	ord septembers	MG/L			
ARM Code 00300 1 on Site No. RFD-01	Messurement Permit Requirement			(2.6)	7,0	an and the contract		FIGAT	0	5x/ WEEK 5 Days/Week	GRA B

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

PACELITY:

Mid County WWIF

MONITORING PERIOD Prom: JUN 0 1 2005 To

PERMIT NUMBER: FL0034789
11.N 3 0 2006

Parameter	T	Quantity	or Loading	Units	A	lity or Consent	-4	11-14-	1 37-	Proguency of	Cample To-
		Quantity (น ราหตกเห	Dinus	Qua 	lity or Concentr	ROOM	Units	No. Bx.	Analysis	Sample Type
Chloroforiz	Sample Measurement				76			UG/L	0	MONTHLY	CALC
PARM Code 32106 Y Mon. Site No. EPD-01	Pormit Requirement				Sepost (An Avg.)			Uga.	Ť	Monthly	Calculation
Chiloroform	Sample Measurement				71	S 92 # 13.3, 2 \$40.0		UG/L	0	WEEKLY	GRAB
PARM Code 32106 Mon.Site No. BPD-01	Pormit Requirement				Report (Mo.Ava.)			uch	1 15	Weekly	Grab
Row (Fotal Plant)	Sample Moseurement	0.665		MGD	· · · · · · · · · · · · · · · · · · ·			1.00	0	MONTHLY	212.5
PARM Code 50050 P Mon.Site No. FLW-01	Permit Roguleensant	0.9 (Ap.Avz)		MeCED						Monday	CALC Calculation:
Tow Total Plant)	Sample Messurement	0,654	0.670	MGD		<u> </u>			0	5x/WBEK	METER
PARM Code \$0050 Q Most Site No. FLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	Nœ						5 Days/Week	Flow Totalizer
ercent Capacity, TMADF/Permitted Capacity) x 90	Sample Measurement				71			*	0	MONTHLY	CALC
ARM Code 00180 1 Accessic No. PEW-01	Permit Requirement			100	Report			CENT.		Monthly	Calculation
OD, Carbonaccous 5 day, 200	Sample Measurement				350		TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	MG/L	0	MONTHLY	16 HR PPC
ARM Code 80082 G fon.81ts No. INF-01	Percuit Requirement				Mapon (Mo.Avg.)			MOR		Montaly	16-he FPC
olids, Total Suspended	Sample Mosturement				260		13.2 - 12.104 (12.11 E)	MG/L	0	MONTHLY	16 HR PP
ARM Code 90530 G 400.She No. INF-01	Permit Requirement			il gradi	Report (Mo.AVE)			PIG.C		Monthly	16-he. FPC
winds	Semple Measurement				6.5		33.17.2.1.3.2.17.			<u> </u>	
ARM Code 46529 P	Permit .				Repeat (Mo.Total.)	Service Company	। १९७७ वर्षे स्टब्स्ट स्टब्स	INCHES	1	DAIT.Y Daily	CALC Calculation
Annual Studge Production, Total	Sample Measurement	250,000		GALLON		<u> </u>			0	MONTHLY	CALC
ARM Code 49019 P Monistre No. OTH-01	Permit Requirement	Report (Mo.Total)		Oslions			这是数数			Monthly	Calculation

When Completed mail this report for Department of Environmental Protection, Wasteweer Compiliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Taliahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc. MAJLING ADDRESS: 200 Westherwick Avenue

Altamonto Sorings, FL 32714

PERMIT NUMBER

CLASS SIZE:

FL0034789

LIMIT:

Rind N/A

REPORT GROUP:

Toxicity Domestic

FACILITY: **LOCATION:**

COUNTY:

Mid County WWTF 2299 Spanish Vista Drive

Dunedin, PL

Pincles

MONITORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Existing surface water discharge

NO DISCHARGE FROM SITE:

MONITORING PERIOD

JUN 3 0 2006

		,									
Parameter		Quantity or Loading		Units	Units Quality or Concentration			Units	No. Ex.	Prequency of Analysis	Sample Type
J-DAY CHRONIC STATRE Certodephale dubie(Routine)	Sample Measurement							*		3 Months	
ARM Code TBP3B P Non-Size No. BRD-01	Permit Requirement				100 (alla)	NODI-9		CENT	0	Bresy Other Month	
'-DAY CHRONIC STATRE Coriodaphula debia(Additional)	Sample Moscurement							7.		PERMIT	24hr FPC
PARM Code TEP3B Q Man, Site No. EFD-01	Permit Requirement				100 - (Min.)	NODI-9		CENT	0	As seeded	As required by the parmit
-DAY CHRONIC STATEB Cortodaphula duble(Additional)	Sample Measurement							*		PERMIT	24hr FPC
ARM Code TBP3B R	Permit Requirement				(Min.)	NODI-9		CBV1	0	As meeded	As required by the permit
-DAY CHRONIC STATEE 'imaphales promeins(Rossine)	Secupie Measurement							X		BY BRY HS	
ARM Code TEPSC P Aug. 884 No. EPD-01	Pernelt Regulgament				#00 (Min.)	NODI-9		PER.	1 00 r	Byery Other Month	
-DAY CHRONIC STATER 'imephalia promelas(Additional)	Sample Measurement							*		PERMIT	24hr FPC
ARM Code TBP5C Q Son-Site No. BRD-01	Permit Requirement				(Min.)	Wed 1+9		CIDAL	0	As needed	As required by the permit
-DAY CHRONIC STATES Immediates promotes (Additional)	Sample Maarorement							Z.		PERMIT	24hr FPC
PARM Code TEPSC R Mon.Site No. 870-01	Permit Requirement				(ACE.)	NOD1=9		CHNT	0	As needed	As required by the permit

HE A SECOND DEPONTIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

Constity under process of law that this document and all attackments were properly gather and direction or supervision in accordance with a system designed to secure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who massins 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		MONATURE OF PRINCI	PAL EXECUTIVE O	OFFICER OR A	UTHORIZE	AGENT	TELEPHONE NO	DATE (YYMMOD)
STEPHEN SZCZEPKOWSKI	S	ephen Sx	seskou	ski .		727-787	1.7978	060723

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

^{**}ENTER NOD!-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD. ENTER NODE-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

Period Number: FL0034789 DAILY SAMPLE RESULTS - PART B
Monitoring Period From: JUN 0 1 2006 To: JUN 3 0 2006 Facility: Mid-County WWIF

	Flow (MIGI		11 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	_	JUN 3	2006	Pacifity: 3	did-County W	WTP	
Code	50090	(MG/L)		122 (MQ/L)	Nitrogen, Total (MiGVL)	Phosphorus (MG/L)	рн (39)	Feeal Coliform Bacteria (2/) 000/01.)	TRC (Por Disinfect.) (MG/L)	TRC (Ro Decision) (MG/L)
Mon Site		HF0-01	00530 EPD-01	00530	00600	09665	0040D		-	ļ
1	- 574		10.0-01	EPB-01	EPD-01	EPD-01	BPD-01	74055 EFO-01	50060	50060
2		 		<2					RFA-01	EPID-01
3	1595 1003	 		<2				< !	1,8	4.01
4	.003						1.8 7.5	<	2,5	5.01
5	.599								2.2	<.01
6	.629			<2			=		2./	<.01
7	.595	<2]	< 2	42	4.2		7775	<1	1.6	<.01
	,582			<2	7.00		7.7 7.6	2	2.0	<.01
8	595			< 2			7.8 7.5	</td <td>3 15</td> <td><.01</td>	3 15	<.01
9	.613			<2			7.7 7.4	</td <td>2 7 3</td> <td><.01</td>	2 7 3	<.01
10	.671						7.67.4	<1		< 01
11	.628								2 2	
12	.861			< 3 +					7	5.01
13	711						,8 7,0	<1	-3	101
14	858						67.2	2		101
15	7371	52	~ ~	< 2	-		77.0	<		100
16	664			< 2	1.3 6	2.043 7	11 - 2	<		.01
17 I	714			<u>_ ~</u>		7	21 7 0	<		.01
3	722									-01
9	673									10.
0	693			~		7	574			.01
		< 2		-2					1.9 <	101
2	703	_ <u>_</u>	< 2 3	2	200	53 7		51	1.9 <	101
3	562			52		7.			> 0,4	.01
	592			-2		7.3		=	21/ <	.01
	667								1.9 <	01
	99								1,9 1	
	67		<	2		7	;	á	1,2 1	.01
7				3			7,4 <		.8 <	01
-1.6		21.	< 2 <	2 1	40,	- 149		3 a		01
	88		- 2	1		64 7.9	7.6 2	Lla	8 <	
-14	200			2			7,4	<u> </u>	.3 2	
1 1/2						17.5	2,3 <	1 2	3 4,	
<i>:::://</i>	0.10									<u> </u>
· 6	69									
TSTAFFN	G:							-		

PLANT STAPPING	
Day Shift Operator Evening Shift Operator	Class: C Confidente Nov. 13832 Name: J HAHN Class: A + A Confidente Nov. 2772 + 512
Highs Shift Operator	Class: Certificate No: 7870
	Maine: S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B Permit Neuraber: Pacifity: Mist County WWTF Monitoring Period mx JUN 3 0 2006

	Oxyges, Dissolved (DO) (MG/L		C9008 (MG/L)	TSS (MG/L)	Atumal Stadge Production. Total (GPD)	Rainfail (RNCHES)				
Code	90300	32106	\$0083	90539	49019	46529	+			
Ava. Site	EFD-61	BFD-DI	INP-01	INP-01	OTH-01	OTH-02	-	 -		
1 2	7.9						-		-	
3	7.7					.75	1	 		
4		ļ					1	- 		
-5-	7.9			·						
-6								1-		
7	7.0	7-5	350	260				1		
8	7 3	68						1		
9	7.4	-								-+-
10	T							1	1-	
11								1	1-	
12	7.4									
13	7.5			+		3.8				
14	7.8									
15	7. 1					0.5				
16	7.2	63						1		
17						0.25				
-18						0.25				
19	7.9									
26	7.3							<u> </u>		
21	7.9							<u> </u>		
22	7.8	62						ļ		
23	7.1							<u> </u>		
24								-		
25 26						0,2		 		
7	7.4					2.45		 -		
8	7.7					. 10			+	-
-	7.6								+	
0	7.9	91								
1	4					_			-	<u> </u>
ni je									+	-
Avg.									-	
-									-	

Total Mo. Avg.									
PLANT STAPPING: Day Shift Operator	£1		,			-			
Evening Shift Operator	Class:		Certificate No:		Name Name	e J HA	HN		
View Chift Operator	Class:		Certificate No: Certificate No:				NTHER R	JOHNS	
perator	C3865:	•	Artificate No:	7874	Name Name		ZEPKOWSI	FT.	
,			-				SEL MAN	V.	

When Completed mall this report to Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Birir Stone Road, Tallahassne, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

FL0034789

MAILING ADDRESS: 209 Weethersfield Avenue Altomonte Springs, PL 32714

LIMITE CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly Domestic

PACILITY: LOCATION: Mid County WWTF 2299 Spanish Vista Drive

MONITORING GROUP NUMBER: D-001 MONITORING GROUP DESC:

Buisting surface, including influent

COUNTY:

Pinciles

Dunedia, FL

NO DISCHARGE FROM STITE: MONITORING PERIOD

JUL 0 1 2006 70

JUL 3 1 2006

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.662		MGD					0	MONTHLY	CALC
PARM Code 50050 Y- Mon Site No. PLW-01	Permit Recuirement	0.9 (An.Avg.)		MGD					174	Monthly	Calculation
Plow (D-001)	Sample Measurement	9.759		MGD					0	SX/week	meter
PARM Code 50050 [Mon.Site No. PLW-01	Permit Requirement	Report (Mo.Avg.)		MIGO						5 Days/Week	Plow Totalizer
BOD, Carbonaceous 5 day, 20C	Sumple Measurement				0,98	,		HG/L	0	MONTHLY	CALC
PARM Code 8(1082 Y Man.Site No. EFO-01	Permit Requirement			1	5.0 (Au.Ave.)			MOAL		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< ス	₹ 2.	< 2	HG/L	0	WEEKLY	16HR FPC
PARM Code 80092 1 Moss, Site No. BFD-01	Peranti Requirement				6.25 (Mo-578.)	7.5 (Weekly Avg.)	(0.0 (Max.)	MOAL		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				く え			MG/L	0	MONTALY	CALC
PARM Code 00530 Y Mon. Site No. BPD-01	Permit Requirement				(Adiane)			WG/L		Monthly	Calculation
Solids, Total Suspended	Suzzpie Measurement				< 2	< 2	~ ス	MG/L	0	WEEKLY	LOHR FPC
PARM Code 00530 Mos. Site No. EPD-01	Permit Requirement		. sasjaš ik		fi.25 (Mo.AVR.)	7.5 (Weekly Avg.)	10.0 (Max.)	MGA.		Weekly	16-or FPC

I cortify under penalty of lew that this document and all antachments 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. 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 possibles for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE	RYT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	NIZED AGENT TELEPHONE NO DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	Stephen Szczeskowski	727-787-7978 060823

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all structurents byre):

Yearly compliance for nitrates will be in compliance next month.

Fecal samples were found to be grabbed at the wrong place.

PACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: DGIL 0 1 2006 To

PERMIT NUMBER: PL0034789

Parameter		Quantity or Loading Units Quality or Concentration						J UL 3-1-2006					
		Quantity	or Loading	Units	Qu	ulity or Concent	ration	Units	No.	Prequency of Assivers	Sample Type		
Solids, Total Suspended	Sample Measurement					Ţ	4	MG/L	Ex.	5X/week	GRAB		
PARM Code 00530 1	Permit	·		 				<u> </u>	0	Jan Acen	GRAD		
Mon.Site No. EFB-01	Requirement						5.0	MOVL		5 Days/Week	Grab		
Nitrogea, Total	Sample					-	(Max.)		+		<u> </u>		
FARM Code 00600 Y	Measurement Permit			ļ	3.09		L	MG/L	11	MONTHLY	CALC		
Mos. She No. EPO-01	Roquirement				3.0			MOVL	1	Monthly	Calculation		
Nitzogea, Total	Sample				(An Avg.)				1				
PARM Code 60600 1	Mossurement	<u> </u>			1.49	1.49	2.6	MG/L	lo	MEEKTA	166- 77		
Mon.Size No. BFD-01	Pormit			1.00	3.75	4.5	6.0	MG/L	 ``	Weekly	lohr FP		
Phosphorus, Toml (as P)	Requirement Sample				(Mo.Avg.)	(Waskiy Avg.)	(Max.)			WEELLY	16-kr. PPC		
	Messarement		1	}	0.71	1			$1 \overline{}$		 		
FARM Code 00665 Y	Permuit			13474	120		 	MG/L	10	MONTHLY	CALC		
Mon.Site No. BPO-D! Phosphorus, Total (as P)	Requirement				(An.Avg.)			MOAL		Montaly	Calculation		
Lunabuotne, 1001 (82 %)	Sample Mausurement								} —				
PARM Code 00665	Permit	18 1.17 F 1.18	ļ		0.7/	0.71	0.87	MG/L	10	WEEKLY.	16hr FP		
Most Siste No. SPD-01	Requirement				1.25	1.5	3.0	MG/L		Weekly	16-hr. FPC		
H	Sample				(Mo.Avg.)	(Wackly Aye.)	(Max.)	3 (3)		•			
PARM: Code 00400	Measurement				6,7	8./		SU	0	5x/WEEK	METER		
Mon.Sim No. EPO-01	Permit Requirement				6.0	8.5		รับ	~	5 Days/Week	Meter		
Coliforns, Pecal, % less than	Sample				(Min.)	(Mex.)				S Days W.San	Nuctee		
letection	Messurement				57			%		MONTHLY	CALC		
PARM Code 51005 1 Mon-Site Mo. RFD-01	Pennit			9.54	\$5. 75	en en en salen en Nobel en en e		PAR					
Coliform, Pecal	Requirement Sample				(Min.)			CENT		Monthly	Calculation		
Annual of Addition	Measurement				40.0								
PARM Code 74055 1	Permit				100			#100m	.]]	5x/ week	GRAB		
don.Site No. BFD-01	Requirement		•	· "]	25 (Max.)			#/I DOMI,		7 Days/Week	Grab		
total Residual Chlorine (Por Asinfection)	Sample												
ARM Code 50060 A	Measurement Permit				1,3		1	MG/L	0	5x/WEEK	METER		
AcelSite No. EPA-Oi	Requirement				1.0			MG/L		5 Days/Week	Meter		
otal Residual Chlorine (Por	Sample	·			(Min.)				[Meta		
lechlorination)	Metrurement			į	<0.01	į		MG/L	0	5x/ WEEK	CBIR		
ARM Code 50060 1 fon Site No. BFD-01	Permit				0.01	4 1 2 2 2		MOL	\mathcal{L}		GRAB		
hyges, Dissolved (DO)	Requirement Sample		100		(Mag.)	a de la companya de		ريوس	i	5 Days/Week	Grab		
	Mossurement	Į	1	T	6.5			MG/L					
AIRM Code:00300	Permit			75.00					0	5x/ WEEK	GRAB		
ion.Site No. EFD-01	Requirement		· · · · · · · · · · · · · · · · · · ·	3456	(Mia.)	から 海洋学	1	MCM.		5 Days/Wook	Grab		

DISCHARGE MONITORING REPORT - PART A DRAFT (Configued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD Prom: IUI 0 1 2006 To

PERMIT NUMBER: FL0034789

Parameter		Quantity or Loading U		Units	Units Quality or Concentration					Prequency of Analysis	Sample Type
Chloroform	Sample Measurement				74		T	UG/L	Ex.	MONTHLY	CALC
PARM Code 32106 Y Moo.Ste No. BFD-01	Permit Requirement			i end	Report (UG/L	1	Mondaly	Calculation
Chiloroform	Sacapte Measurement			<u> </u>	73			UG/L	0	WEEKLY	5515
PARM Code 32106 1 Mon-She No. BPD-01	Permit Requirement			er Na	Report			TOKAC.	Ď	Weekly	GRAB Grab
Plow (Total Plant)	Sample Measurement	0.662		MGD			6. 1 day 20. 1 day 20. 1		0	MONTHLY	1
PARM Code 50050 P Mon-Site No. FLW-0)	Pertuit Requirement	O.S (An Ave.)		MOD				4.11		Monthly	Calculation
Piow (Total Piant)	Sample Measurement	0.685	0.759	MGD					0	5x/HEBK	METER
PARM Code 50050 Q Mon.Site No. FLW-01	Premit Requirement	Report (3-Mo.Avz.)	Report (Ma.Avg.)	МФ				3.1.13		5 Days Weak	Plow Totaliner
Percent Capacity, (TMADR/Permitted Capacity) x 100	Sample Measurement				76		de la companya de la	7	0	MONTHLY	CALC
PARM Code 00(10 1 Mos. Sile No. FLW-01	Permit Requirement			10.4/8				PER	100	Monthly	Calculation
BOD, Carbotacecau 5 day, 20C	Sample Measurement		[160			NG/L	0	HONTHLY	16 HR FPC
PARM Code \$0082 G Mon.Site No. INP-01	Permit Reguliement			14. 15 A	Report (Mo.Avg.)			MOL		Monthly	16-br. RPC
Solids, Total Suspended	Sample Meaturement				200			MG/L	0	MONTHLY	16 HR FP
PARM Code 00530 G Man.Blie No. INP-01	Persuit Requirement				Report (McAve.)			MOL		Monthly	16-lui PPC
Rainfall	Sample Measurement		,		10.55	1	TO C MAN WAR AND COME TO	114191 3 4 44		<u> </u>	
PARM Code 46529 P Mon.Str. No. OTH-02	Permit Requirement			1 E 1 W 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	Report (Ma.Total.)	Notes of the parties	SI GENERAL SERVICES	INCHES	9	DAILY Daily	CALC Calculation
Annual Studge Production, Total	Sample Measurement			GALLON	s 187,500				0	MONTHLY	CALC
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo. Total)		Callore						Monthly	Calculation

DETAKEMENT OF ENVIRONMENTAL PROTECTION I

HARGE MONITORING REPORT - PART A DRAFT

When Completed mall this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Shir Stone Road, Tallahassee, FL 32399-2400

PERMITTER NAME: Mid-County Services, Inc.

PERMIT NUMBER

CLASS SIZE:

FL0034789

MARING ADDRESS: 200 Weathersheld Avenue Alternomic Springs, PL 32714

LIMPT:

Rost NVA

REPORT: GROUP:

Toxicity Donsestle

FACILITY: LOCATION: Mid County WWTF

2299 Spenish Vists Drive Danselin, FL

MONTTORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Existing purface water discharge

COUNTY:

Pincillas

NO DISCHARGE FROM SITE! MONITORING PERIOD

n.n. \$.1 2000

Parameter		Quantity or Loading		Units	Units Quality or Coc		ration		No. Ex.	Proquency of Assilysis	Sample Type
7-DAY CHRONIC STATRE Coriodephnia dobia(Routine)	Sample Monsurement							Z		EVERY J months	,
PARM Code TBP38 P Mon.Site No. EFD-01	Permit Regulrement			14.50 45.708	100 (M/lo.)	NODI-9		CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphain dubia(Additional)	Sample Menturement							X		PERMIT	24hr FPC
PARM Code TBP3B Q Mag,Ste No. BPD-01	Permit Requirement				100 (Mata.)	NODI-9		PER- CENT	0	As needed	As required by the permit
7-DAY CHRONEC STATRE Ceriodaphaia dubia(Additional)	Sample Measurement							Z		PERMIT	24hr FFC
PARM Code TBP3B R Man.Site No. BPD-01	Permit Regulmount				. 100 · · ·	NODI-9		PER- CENT	0	As needed	As required by the permit
'-DAY CHRONIC STATES Phropholes prometes (Routine)	Sample Measurement							Z		EVERY SMONTHS	ere belint
PARM Code TBPSC P Mon.Sig. No. RPD-01	Permet Requirement			**	F00. (Mia.)	NODI-9		PER- CSD(T)	0	Every Other Month	
7-DAY CHRONIC STATRE Pimephaiss prometer (Additional)	Sample Moneuroment							7		PERMIT	24hr FFC
PARM-Code TBP6C Q Mou.Site No. EPD-0 (Permit Requirement				(Min)	Nod 1-9		CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Placepholes prometas(Additional)	Sample Measurement							7		PERMIT	24hr FPC
PARM Code TBP6C R Mos. Size No. EPD-01 *IF A SECOND DEFEN	Permit Requirement				(Max)	#0D1⊃9		CEDIT	0	(As needed)	As required by

ENTER NODE IN THE RESULTS COLUMN IP NO DEFINITIVE TESTS ARE REQUIRED.

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. 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 Enowledge and belief, true, accurate, and compists. 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 AUT	BORIZED ACHIEFT	TELEPHON	ENO DATE (YYMMYDD)
STEPHEN SZCZEPKOWSKI	Stephen Szczepkowski	7	17-787-7	978 060823

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

^{**}ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

Advanced Environmental Laboratories, Inc.

9610 Princess Palm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - December 2006

Lab Sample ID: T068252-01

Date/Time Sampled: 07/26/06 1200

Site Name: Effluent Pro-Creek

Location ID: Outfall 001

DEP Comqap: 980174

Parameter	Storet		Pres.	Analysis	Analysis	Data	Detection	DOH
Monitored	Code	Units	Added	Method	Result	Qualifier	Limits	Lah ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	6.15		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	6.90		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.4		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	31.0		N/A	E84589
Turbidity (Field)	82079	UTM	N/A	DEP SOP 92	0,80		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2,0	Ü	2.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	10	U	I	E84589
Nitrogen, Ammonia	00610	mg/L	H2SO4	EPA 350.1	0.44	U	0.026	E84589
Nitrate + Nitrite	00615	mg/L	lce	SM 4500NO3F	0.12		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	1.9_		0.052	E84589
TKN	N/A	mg/L	H2SO4	BPA 351.2	1.1		0,048	B84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	10	U	10	E84589
Total Phosphorous	N/A	mg/L	H2SO4	EPA 365.4	0.78		0.043	E84589
TSS	N/A	mg/L	Ice	EPA 160.2	2.0	U	2.0	E84589

Comments:

U = The compound was analyzed for but not detected.



Advanced Environmental Laboratories, Inc. 9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - December 2006

Lab Sample ID: T068252-02

Date/Time Sampled: 07/26/06 1056

Site Name: Downstream Mid Depth

Location ID: Test Site #2

DEP Comqap: 980174

Parameter	Storet	1	Pres.	Analysis	Analysis	Data	Detection	DOH
Monitored	Code	Units	Added	Method	Result	Qualifier	Limits	Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	6.19		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	6.8		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.3		N/A	E84589
l'emperature (Field)	00010	_C°	N/A	DEP SOP 92	28.7		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.0		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0		2.0	E84589
Chlerophyll-a	N/A	mg/m3	Ice	SM 10200H	1.3	U	1.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	430		10	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.29		0,026	E84589
Vitrate + Nitrite	00615	mg/L	Ice	SM 4500NO3F	0.27		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.49		0.052	E84589
TKN	N/A	nag/L	H2SO4	EPA 351.2	1.4		9,048	E84589
Fotal Coliform	31501	CFU/100mL	Ice	SM 9222B	510		100	E84589
Total Phesphorous	N/A	mg/L	H ₂ SO ₄	EPA 365.4	0.32		0.043	E84589
rss	N/A	mg/L	Ice	EPA 160.2	3.0		2.0	E84589

Comments:

U = The compound was analyzed for but not detected.



Advanced Environmental Laboratories, Inc.

9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Samples Filtered:

No

Monitoring Period:

July - December 2006

Lab Sample ID: T068252-03

Date/Time Sampled: 07/26/06 1134

Site Name: Upstream Mid Depth

Location ID: Test Site #1

DEP Comqap: 980174

Parameter	Storet		Pres.	Analysis	Analysis	Data	Detection	DOH
Monitored	Code	Units	Added	Method	Result	Qualifier	Limits	Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	6.26		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	6.80		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.2		N/A	E84589
Temperature (Pield)	00010	Co	N/A	DBP SOP 92	28.9		N/A	E84589
Turbidity (Field)	82079	טוא	N/A	DEP SOP 92	1.4		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0		2.0	E84589
Chlorophyil-a	N/A	mg/m3	Ice	SM 10200H	1.0	U	1.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	310		10	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.23		0.026	E84589
Nitrate + Nitrite	00620	mg/L	Ice	SM 4500NO3F	0.27		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.080	i	0.052	E84589
IKN	N/A	mg/L	H2SO4	EPA 351.2	0.41		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	440	<u> </u>	100	B84589
Total Phosphorous	N/A	mg/L	H2SO4	EPA 365.4	0.17	1 i	0.043	E84589
rss	N/A	mg/L	Ice	EPA 160.2	2.0	Ü	2.0	E84589
Comments:	in The second and	on in hear war the laborat	1	i and the left contains and a first				

Comments:



i= The reported value is between the laboratory detection fimit and the laboratory practical quantitation limit.

U = The compound was analyzed for but not detected.

Advanced Environmental Laboratories, Inc.

9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - December 2006

Lab Sample ID: T068252-04

Date/Time Sampled: 07/26/06 1057

Site Name: Downstream Bottom

Location ID: Test Site #2

DEP Comqap: 980174

Parameter	Storet		Pres.	Analysis	Analysis	Data	Detection	DOH
Monitored	Code	Units	Added	Method	Result	Qualifier	Limits	Lab i D
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.24		N/A	E84589
pH (Field)	90400	Units	None	DEP SOP 92	6.8		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.3		N/A	E84589
Temperature (Field)	00010	උ	None	DEP SOP 92	28.7		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	21		N/A	E84589

Comments:



Advanced Environmental Laboratories, Inc. 9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - December 2006

Lab Sample ID: T068252-05

Date/Time Sampled: 07/26/06 1057

Sife Name: Downstream Surface

Location ID: Test Site #2

DEP Comqap: 980174

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.05		N/A	E84589
pH (F ield)	00400	Units	None	DEP SOP 92	6.9		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.3		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.6		N/A	E84589

Comments:

PI

Advanced Environmental Laboratories, Inc. 9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - December 2006

Lab Sample ID: T068252-06

Date/Time Sampled: 07/26/06 1135

Site Name: Upstream Bottom

Location ID: Test Site #1

DEP Comqap: 980174

Parameter	Storet		Pres.	Analysis	Analysis	Data	Detection	DOH
Monitored	Code	Units	Added	Method	Result	Qualifier	Limits	Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.37		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	6,90		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.9		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	1.4		N/A	E84589

Comments:



Advanced Environmental Laboratories, Inc.

9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - December 2006

Lab Sample ID: T068252-07

Date/Time Sampled: 07/26/06 1133

Site Name: Upstream Surface

Location ID: Test Site #1

DEP Comqap: 980174

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.17	6.6	N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	6.8	7.2	N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2	0.2	N/A	E84589
Temperature (Field)	00010	ල	None	DEP SOP 92	28.9	28,6	N/A	E84589

Comments:

P

Permit Number: Monitoring Period

FL0034789

From: JUL 0 1 2006

Ta JUL 3 1 2006

Pacility: Mid County WWTF

pter second	Oxygen, Dissolved (DO) (MG/L)	Chlorofozen (UG/L)	CBODS (MG/L)	TSS (MGAL)	Anteni Shidge Production Total (GPD	Rainfall (RVCHES)				
Code	00300	32106	80082	00530	49019	46529	 	+		
Mon. Site	EPD-01	EPP-01	D45-01	14F-01	OTH-01	OTH-02	 	 		
1 2								_		
3								1		
1	6.8				12,500		1	1		
5	7.6					0.5		1		
6	7.2	-7 3			12,500		T	1		
7	6,9	73	*******							
8	1,0				25,000	0.25				
9						0.75				
10	7.2			-						
11	7, 3				18,750	1	ļ			
12	7,1		160	130	6,250	2.3	ļ			
13	7.4	70	700	130	13	0.75	<u> </u>			
14	7,1				12,500	1.0				
15					6,250	 				
16							ļ			
17	7.1				18,750				ļ <u>.</u>	
18	7.0				6,250					
19	7.0				0/200	0,4			 	
20 21	7,0	75			6,250	1.0			 	
22	7.0					0,5			 	
23						0.1			-	
24	7/					0.4		· · · · · · · · · · · · · · · · · · ·		
25	7.4				12,500	0,2				1 1
26	7.1				12,500			·		1
27	7.5	73			2,500			\\ \\ - \\ - \\ - \\ - \\ - \\		
28	6.5	12-1				1,25				
29					2,500	0.5				
30						0.65				
31	6.9				12 -					
Total					2,500		~			
Mo. Avg.						10.55				
ANT STATE										

THAT OTHER				
Dey Shift Operator	Classe	C Certificase No:	13832	•
Evening Shift Operator			Name:	J HAHN
State Operator	Class:	A * A Certificate No.	2772 + 512 Name	**************************************
Night Shift Operator		CCIDINGIE INCK	2//2 7 312 Name:	M GUNTHER R JOHNS
Ber purit Cherains	Cises:	Certificate Nex		
Lead Operator		The state of the s	Name:	
come obstates	Cluss	B Certificate No:	7874 Name	
		Cottant and	Name:	S SZCZEPKOWSKI
		**		THE WORLD

Permit Number: Monitoring Period

PL0034789

From JUL 0 1 2006

Tex JUL 3 1 2006

Facility: Mid-County WWTP

	Plow (MGD)	CBODS (MG/L)		TSS (MG/L)	Nitrogen, Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (Por Dechlor.) (MG/L)
Code Mos. Si		80082	00530	00530	00600	00665	00400	74055	50060	50060
		EPD-01	EPD-01	BPB-01	BFD-01	EPD-01	EFD-01	BPO-01	EPA-01	890-01
1	.725					-		-		M. 12-01
2	.681					<u> </u>	 			
3	658			< 2			 	 		
4	.651			22		<u> </u>	7.6 7.4	<	3.5	10.>
5	,732	<2	22	4			7.6 7.0	<1	2,4	<.01
6	655			- ا	1.1	0,63	8.1 7.2	<	1.8	<.01
7	.617		 			<u> </u>	7.5 7.3	100	2.0	<.01
8	.699	~	<u> </u>	< 2			7472	<1	2,5	<,01
9	1.691									
10	670									
iì	1827			<2			7.5 7.3	<1	7.7	<,01
12		7		< 2			7.6 7.3	22	1.6	<.01
13	936	<u>ح ک</u>	<2	< 2	0,54	0.87	75 72	10	1.7	<,01
14				<2		· · · · · · · · · · · · · · · · · · ·	7,47,1	14	2.4	
15	846			<2			7.3 7.0	3	2,2	<.01
16	847						7,5		a la	<,01
17	.793									
18	.775			<2			7,47.2			······································
19	. 732			< 2			7.6 7.1			<.01
20	. 766	22	<2	3	1.7	0.84				<.01
21	,802			<2			7,7 7,3	</td <td>1.3</td> <td><.01</td>	1.3	<.01
22	.792			<2			7.8 7.1	4	4,4	<.01
	.768						7.7 7.2	</td <td>3.3</td> <td><,01.</td>	3.3	<,01.
23	.812									
24	.823			< 2						
25	.741						8,0 6.8	<1	1.7	<.01
26	764	< 2	<2	< 2			7.4	<		(0)
27	779		- 00		2.6		7775	<1		.01
28	765			< 3		8	.06.7	<1		.01
29	. 77 ?			<2			16.7	8	-	- 01
30	. 186									-01
31	755							····		
ocal			-	<2		7	8 6.8	<1	7 2 	
. Avg.	23.527						- y.o		2,3 <	100
. 718	759				-		-			

PLANT STAFFING:				
Day Shift Operator	Class:	C Certificate No.	13832	J НАНИ
Evening Shift Operator	A		Name	o man
•	Class:	A + A Centificate No:	2772 # 512 Name	M GUNTHER R JOHNS
Night Shift Operator	Class:	Certificate No:		A Joins
Lead Operator	_	TO THE PARTY OF TH	None	
	Class:	B Certificate No:	7874 Name:	C CTCTTPVALICE
			1700000	S SZCZEPKOWSKI

Permit Number: FL0034789 From: JUL 0 1 2006 To: JUL 3 1 2006 Pacifity: Mid-County WWTF

Oxysen. Chloroform CBODS TSS (AGG) Annual Printil												
	Oxygen, Dissolved (DO) (MG/L)	Chloroforms (UG/L)	CBODS (MG/L)	TSS (MG/L)	Annual Shidge Production, Total (GPD)	Rainfall (INCHES)						
Code	00300	32106	80082	00530	49019	46529		1				
Mon. Site	EFED-01	BPD-01	INF-01	INF-01	0711-01	O(H-02	 	1		,		
1				****								
2						-		1		 		
3	6.8				12,500				1			
4	7.6					0.5						
5	7.2 6,9				12,500							
6	6,9	73						1	 			
7	7.0				25,000	0.25						
8					52,000	0.75						
9												
10	7,2				18,750							
11	7.3				6,250	2.3						
12	7,1		160	130		0,75						
14	7,4	70			12,500	1.0						
15	7,1				6,250							
16												
17						<u> </u>						
18	7.1				18,750							
19	7.0				6,250			<u> </u>				
20	7.0		•			0.4	<u> </u>					
21	7.0	75			6,250	1.0						
22	1,0					0.5		↓				
23						0.1		 	ļ			
24	7.4			 		0.4		 	<u> </u>	<u> </u>		
. 25	7,5		· · · · · · · · · · · · · · · · · · ·		12,500	0.2		ļ		<u> </u>		
26	7.1				12,500	· · · · · · · · · · · · · · · · · · ·			 			
27	7.5	73			13,500	135		ļ	-			
28	6.5				11 000	1,25			1			
29					12,500	0.5		 	 			
30						0.65		ļ				
31	6.9				(2 00		·	ļ		<u> </u>		
Total					12,500	10 00						
Mo. Avg.					187,50€	10.55			<u> </u>			

PLANT STAPFING					
Day Shift Operator	Class: C	Certificate No:	13832	Name:	J HAHN
Evening Shift Operator	Class: A + A	Certificate No:	2772 + 512	Name:	M GUNTHER R JOHNS
Night Shift Operator	Class:	Certificate No:		Name:	
Lead Operator	Class: B	Certificate No:	7874	Name:	S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCAARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compilance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, PL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc. MAILING ADDRESS: 200 Wenthersfield Avenue

PERMIT NUMBER

PL0034789

Altamonte Springs, PL 32714

LIMT: CLASS SIZE: Final N/A

REPORT: GROUP:

Mouthly Domestic

FACILITY: LOCATION:

Mid County WWTP 2299 Spanish Vista Drive

MONITORING GROUP NUMBER: D-001 MONITORING GROUP DESC:

Bristing surface, including haftycot

FILE COPY

COUNTY:

Pinellas

Dunedin, PL

NO DISCHARGE FROM SITE:

MONITORING PERIOD

Prom: AUG 0 1 2006 To

AUG 3 1 2006

					HAG EAA						
Parameter		Quantity or	r Loading	Units	its Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Туре
Flow (D-001)	Sample Measurement	0.659		MGĐ					0	MONTHLY	CALC
PARM Code 50050 Y Mod.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.772		MGD					0	SX/week	meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD.						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7,7			MG/L	0	Monthly	CALC
PARM Code 80082 Y Man Site No. EFD-01	Permit Requirement				5.0 (An Ave.)			MQ/L		Monthly	Calculation
BOD, Carbonsceous 5 day, 20C	Sample Measurement				S.0	5,0	12	MG/L	1	Werkly	16HR EPC
PARM Code 80082 1 Mon.Sise No. BPD-01	Permit Roquimment				6.25 (Mo.Avg.)	7.5 (Weekly Ave.)	10.0 (Mart.)	MG/L		Weekly	16-br FPC
Solids, Total Suspended	Sample Measurement				. くえ			MG/L	0	MONTHLY	CALC
PARM Code 00530 Y Mon,Site No. BPD-01	Permit Requirement				5.8 (An Avg.)	or an experience		MOL		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				\2	<2	< کا	MG/L	0	WEEKLY	LOBE FPC
PARM Code 00530 1 Mon Site No. EFD-01	Permit Requirement				6.25 (Mo.Ave.)	7.5 (Wookly Avg.)	JO.O. (Max.)	мол		Weekly	16-lu. FPC

I certify under 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 property 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 are aware that there are significant penalties for submitting false information, lactuding the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AU	THORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUT	TVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YYMM/DD)
STEPHEN SZCZEPKOWSKI	STEPH	En Szereskowsk	. 727-787-797	8 06-09-17

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

In our insistance to place Total Nitrates in compliance , for the year. Methonal was increased to reduce nitrates.

PACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD Ross: AUG 0 1 2006 To

PERMIT NUMBER: FL0034789 AUG 3 1 2006

Parameter		Quantity (or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Proquency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement						< 2	MG/L	0	5X/week	GRAB
PARM Code 00530 Mon. Site No. RFB-01	Permit Requirement						5.Q (Max.)	MOVL		5 Days/Week	Grab
Nitrogen, Total	Sample Méasurement				2.88			MG/L	0	MONIHLY	CALC
PARM Code 00600 Y Mos. Site No. EFD-01	Permit Requirement				3.0 (An Arg.)			MGAL		Monthly	Calculation
Nitrogen, Total	Sample Measurement				1.9	1.9	3.0	MG/L	0	WEEKLY	16hr FPC
PARM Code 00600 1 Mon.Site No. BPD-01	Permit Requirement				3.75 (Mo.Avg.)	A.3 (Wookly Avg.)	6.0 (b(sx))	MGA.	1.0	Waetly	16-år. 177C
Phosphorus, Total (as P)	Sample Measurement				0.66			MG/L	0	MONTHLY	CALC
PARM Code 00665 Y Mon.Site No. EPD-01	Permit: Requirement				(ADAVE)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement				0.31	0.37	0,47	MG/L	0	WEEKLY.	16hr FFC
PARM Code 00665 1 Mon. Sto: No. EFD-01	Permit Requirement				(Mo.Avg.)	(Weekly Avg.)	20 (Max.)	MGA		Weekly	16-lur PPC
Н	Sample Measurement				6.4	8.2	_	SU	0	5x/Week	METER
PARM Code 00400 1 More Stee No. EPD-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		8U		5 Days/Week	Meter
Colliform, Fecal, % less than describe	Sample Measurement				82			Z,	0	MONTHLY	CALC
PARM Code 51005 1 Mon. Size No. EFD-01	Permit Requirement				75 (Min.)			PHR- CENT		Monthly	Calculation
Colliform, Fecal	Sample Measurement				7			#100m	0	5x/ week	GRAB
PARM Code 74055 1 Mon.Site No. BFD-01	Permit Requirement				25 (Max.)			#/{1006/IL		7 Days/Wook	Grab
Total Residual Chlorine (Por Disinfection)	Sample Measurement				1.0			MG/E	0	5x/WEEK	METER
PARM Code 50060 A Mon.Site No. BFA-01	Permit Requirement				1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorinadou)	Sample Measurement				< 0.01			MG/L	0	5x1. Week	GRAB
PARM Code 50060 1 Mon. Site No. EFD-01	Permit Requirement				0.01 (Max.)		a ter Bigger	MOV		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement				6.6			MC/L	0	5×/ HEEK	GRA 0
PARM Code:00300 I Mon.Size No. EFD-01	Permit Requirement				1. 5.0 (Min.)			MGA		S Days/Werk	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001 MONITORING PERIOD Fram: AUG 0 1 2006 To

PERMIT NUMBER: PL0034789

Parameter		Quantity or Loading		Units	Qua	lity or Concentr	ation	Units	No. Ex.		Sample Type
Chleroform	Sample Measurement				7.3			ng/r	0	MONTHLY	CALC
PARM Code 32106 Y Mon Site No. EFD-01	Permit Requirement				Report An Avg.)			UGAL		/ Monthly:	Calculation
Chiarofarm	Sample Measurement				70			UG/L	0	WEEKLY	GRAB
PARM Code 32106 l Mon.Site No. EPD-01	Permit Requirement				Report (Mo Avg.)			DG/L		Weekly	Grab
Plow (Total Plant)	Sample Measurement	0.659		MGD				 	0	MONTHLY	CALC
PARM Code 50050 P Mou.Site No. PLW-01	Permit Requirement	0.9 (An Avg.)		XXXID		1000000000000000000000000000000000000			9865 1963	Monthly	Calculation
Plow (Total Plant)	Sample Measurement	0.742	0.772	MGD					0	5x/WEEK	METER
PARM Code 50050 Q Mon.Site No. PLW-01	Permit Requirement	Report (3-Mo Avg.)	Report (Ma.Avg.)	MCBD						5 Days/Weak	Flow Totalizer
Percent Capacity, (TMADIVPermitted Capacity) x 100	Sample Measurement				82			X.	0	MONTHLY	CALC
PARM Code 00180 I Mon Site No. FLW-01	Pennit Requirement	. 1.1.		1, 47	Report			PER- CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Semple Measurement				96			MG/L	0	MONTHLY	16 HR FPC
PARM Code \$0082 G Mot.Site No. INP-01	Permit Requirement				Report (Mo Avg.)			MOL		Monthly	(6-fur PPC
Solids, Total Suspended	Sample Measurement				130			MG/L	0	MONTHLY	16 HR FP
PARM Code 00530 0 Mousite No. INF-01	Permit Requirement				Report (Mo.Avg.)			MOFL		Monthly	16-tar PPC
Raisfall	Sample Measurement				11			INCHES	0	DAILY	CALC
PARM Code 46529 P Mgs.Site No. OTH-02	Permit Requirement				Report (Mo. Total.)	क्रमाहरू एक एक्ट्रक्ट्रक्ट्रक्ट्रक्ट्रक्ट्रक्ट्रक्ट्		INCHES		Dally	Calculation
Annual Skidge Production, Total	Sample Measurement	193,750	, , , , , , , , , , , , , , , , , , ,	GALLON	S				0	MONTHLY	CALC
PARM Code 49019 P Mose Site No. OTH-01	Permit Requirement	Report (Mo. Total)		Ciallogs						Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION DIS

RGE MONITORING REPORT - PART A DRAFE

When Completed malf this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Security, MS 3551, 2600 Blair Stone Road, Tallahamete, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

CLASS SIZE:

PL0034789

MAILING ADDRESS: 200 WeathersDoid Avenue

LIMIT: Alternoste Strings, FL 32714

Mag N/A

REPORT: CROUP:

Texletty Domestic

FACILITY: LOCATION: Mid County WWTP 2299 Spanish Vista Drive

Danedin, FL

MONITORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Existing surface water discharge

COUNTY:

Pinelins

NO DISCHARGE FROM SITE: MONITORING PERIOD From: AUG 0 1 2006 Th

Parameter		Quantity o	r Loading	ding Units	Qua	lity or Conceptr.	etion:	Units	No. Ex.	Analysia	Sample Type
7-DAY CHRONIC STATES Coriodaphais dubis(Routine)	Sample Measurement						·	2		EVERY 3 months	
PARM Code TBP39 P Mon.Site No. EFD-01	Pornit Requirement				100 (Min.)	Nodi-9		PEB- CENT	0	Every Other Month	
7-DAY CHRONIC STATE Ceriodapheis dubis(Additional)	Sample Measurement	·						Z		PERMIT	24hr FPC
PARM Code TBP3B Q Moussie No. 8FD-01	Pomiii Requirement				100 (Min.)	NODI-9		PER- CENT	0	As peciled	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphala dubia(Additional)	Sample Measurement							%		PERMIT	24hr FPC
PARM Code TBP39 R Mon.Stie No. BFD-01	Permit Requirement			7 (7 E.) 7 (A)	(Min.)	NODI-9		PER- CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATES Pimaphales prometrs (Routing)	Sample Measurement							Z		3 MONTHS	
PARM Code TBP6C P Mon.8ite No. BFD-01	Permit Requirement				100 (Min.)	NODI+9		CENT	0	Every Other Month	
7-DAY CHRONIC STATRE Pintephales promeles(Additional)	Sample Measurement							7/		PERMIT	24hr FPC
PARM Code TBP6C Q Mass Site No. BPD-01	Permit Requirement				100 (Min)	- MDD 1+ 9		PER- CENT	O	As needed	As required by the pounit
7-DAY CHRONIC STATRE Pissephales promelas(Additional)	Sample Measurement							*		PERMIT	24hr FPC
PARM Code 3BP6C R Most Siste No. SPD-01	Permit Requirement			14 x	(00 (Milat)	00DI ^{±9}		CHNI	Ö	As needed	As requised by the permit

^{*}IF A SECOND DEPONITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

I certify sader pensity 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 personned 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 penaltility of time and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZE	DAGENT	TELEPHONE NO	DATE (YYMM/DD)
STEPHEN SZCZEPKOWSKI	STEPHEN SZCZEDKYWSKI	727-787	1-7879	06-09-17

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

[➡]ENTER NODI→C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

ENTER NODE ON THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

Permit Number: Monitoring Period

FL0034789
From: AUG 0 1 2006

To: AUG 3 1 2006

Mid-County WWTF

1	Flow (MGD)	CBOD5	TSS OMORY	TSS (MG/L)	Nitrogen.	The section		-		
•		(MG/L)	150 (510)	TOS (MCVL)	Total (MG/L)	Phosphorns (MG/L)	pH (SU)	Pecal Coliform Bacteria (#/100ML)	TRC (For Disinfect) (MG/L)	TRC (Por Decision.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	PLW-01	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	HPD-01	EFA-01	EPD-01
1	.700			< 2			7.7 7.0	< 1	1.9	<.01
2	749	< 2	4 み	< 2	2,6	0,47	7.47.2	<1	2.4	2.01
3	,757			٧			7.67.2	< 1	2.6	<,01
4	.683			<2			7.46.8	21	2.7	<.01
5	.690									\ <u>``</u>
6	. 739									
7	.744			<2			7,7 7,4	3	2,7	<01
8	.740	_		٧2			7.87.6	5	2.8	<.01
9	,679	10	~ 2	<2	3. <i>0</i>	0.40	7.67.4	<1	2.5	<_01
10	.664			くる			8.2 7.3	7	3.2	<.01
11	-680			<u>ر</u> م			7.7 7.5		1.7	<.01
12	.708	T						1	***************************************	
13	.746									
14	-681	3.1	< 2	くみ	1.5	0.28	7,87.3	<1	3.0	<.01
15	. 766			< 2			7.67.5	· <1	a.3	×.01
16	.847			< 2			7.57.2	Sime!	2.4	<.01
17	,903			८ २			7.47.0	أنهسك	2,5	<.01
18	.815			< 2			7.47.2	<u> </u>	2,1	4.01
19	.869									
20	,799	· · · · · · · · · · · · · · · · · · ·								
21	, 785			< 2			7.67,4	<1	7.6	<,01
22	.888	12	てる	< 2	1.9	0.37	7.77.2	3-2	2,5	<.01
23	812			くス			7.67.3	51-1	2.0	<.01
25	, 756			< ي			7.57.2	[آبسليخ	2.4	< .01
25	.769			< 2			7.47.2	<u> </u>	1.0	<.01
	,914									
27	.882									
28	.804	۲٦	< 2	< ي	0.46	0.043	7.67.3	-	2.8	<.01
29	,734			< 2		[21-21	2.7	<.01
30	.776			< 2				<u> </u>		<,01
	.841			< <u>2</u>			7.46.4	<u> </u>	2.0	<-01
Total	23,920	Partico strategica								
Mo. Avg.	0.772	Market, and the second							78.	

THE A NITH COT A STORY LOS						
PLANT STAFFING: Day Shift Operator	Class:	<u>c</u>	Certificate No:	13832	Name:	J HAHN
Evening Shift Operator	Class:	A + A	Certificate No:	2772 - 512	Name:	M GUNTHER R JOHNS
Night Shift Operator	Class:		Certificate No.		Name:	
Lead Operator	Class:	<u>B</u>	Certificate No:	7874	Name:	S SZCZEPKOWSKI

Pennit Number: Monitoring Period

Prome __AUG_ 0 1 2006

Tox AUG 3 1 2006

Pacility: Mid County WWTF

	Oxygen. Dissolved (DO) (MG/L):	Chloroform (UG/L)	CBODS (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfell (INCHES)				
Code	00300	32106	80082	00530	49019	46529			†	
Mon. She	EFD-01	BPD-01	PAR-O1	INF-01	OTH-01	OTH-02		 	 	·
1	7,0				12,500					
2	7,0		96	130	.6250					
3	7.0	73	····			0.25				<u> </u>
4	6.9				6,250				1	
5						0.50				
6										
7	7.0				6,250				1	
8	6.9				12,500	0.60				
9	7.1									
10	6.7	62								
11	6.8				12,500					
12										
13										
14	7. /				3/1250	0.75				
15	7.2	65			6,250	0,25				
16	7,0				6,250	2.25				
17	6.9				···	0,50				
18	7.1		· · · · · · · · · · · · · · · · · · ·		6,250	0.50				
19						0.50				
20 21										
22	7.1				18,750		· · ·			
23	7, 3	87			6,250	1.50				
24	7.0 6.8				6,250		· · · · · · · · · · · · · · · · · · ·			
25	6.8				6,250					
26	6.9									
27						1.80				
28	- , ,					0.10				
29	6.6				2 <u>5,000</u>		***			
30	6.9	61			6,250	0,20			,	
31	7.0				18,750	0.10				
	7.1					0.80			-	
Total					193,750	11				
Mo. Avg.					6220	0.35				3

PLANT STAFFING: Day Shift Operator	Class:	Certificate Nor	13832	Name:	J HAHN
Evening Shift Operator	Class:	À → A Centificate No:	2772 + 512	Name:	M GUNTHER R JOHNS
Night Shift Operator	Class:	Certificate No:		Name	
Lead Operator	Class:	B Certificate No:	7874	Name:	S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCARGE MONITORING REPORT - PART A DRAFT

	Mid-County Services, Inc.	PERMIT NUMBER	PL0034789		
MAILING AUDRESS:	200 Weathersfield Avenue Altamonte Springs, PL 32714	LIMIT:	Pinel	RBPORT:	Monthly
		CLASS SIZE:	NA	GROUP:	Domestic
FACILITY:	Mid County WWTF				
LOCATION:	2299 Spanish Vista Drive	MONITORING GROUP NUMBER	·		<i>I</i> -
	Danedia, PL	Monitorino group desc:	Existing surface, including heflu	ent	<i>F</i>
COUNTY:	Pinellas	NO DESCHARGE FROM SITE:	7 050 0 1 0000	668 A	
		MONITORING PERIOD Fro		SEP 3 0 2006	

Parameter		Quantity o	r Loading	Units	Qua	Quality or Concentration			No. Ex.	Prequency of Apalysis	Sample Type
Flow (D-001)	Sample Measurement	0.679		MGD					0	MONTHLY	CALC
PARM Code 50050 Y Mon. Size No. PLW-01	Permit Requirement	0.9 (An.Avg.)		MOD						Monthly	Calculation
Plaw (D-001)	Sample Mossurement	0.911		HGD					0	SX/week	meter
PARM Code 50050 1 Man.Sice No. PLW-01	Permit Requirement	Report (Mo.A%)		MCID					1.	5 Days/Week	Flow Totalizer
BOD, Carbonaccous 5 day, 20C	Sample Measurement				1.2	,		MG/I	0	MORTHLY	CALC
PARM Code 80082 Y Mon.Stu: No. BPO-01	Permit Requirement				5.0 (An Ave.)		gr 11	MG/L		Monthly	Calculation
BOD, Carbonaccous 5 day, 20C	Sample Mensurement				1,55	1.55	4.0	MG/L	0	Weekly	16ER FPC
PARM Code 80082 1 Mon.Site No. BPO-01	Permit Requirement			11 (21) 1.122 1.723	6.25 (MoAve.)	7.5 (Weakly Avg.)	(10.0 (Mex.)	MOVE	2.5	Weekly	16-hr. FFC
Solids, Total Suspended	Sample Monaurement				<2			MG/L	0	MONTHLY	CALC
PARM Code 00530 Y Man, Sile No. EPD-01	Permit Roquiremant				(ADAVE)			MOL	st. ų	Monthly	Calculation
Solids, Potal Suspended	Sample Measurement				< 2	<2	<2	MG/L	0	WEEKLY	LSHR FPC
PARM Code 00530 ! Mag.Siz No. BFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	(Nax.)	MICUL		Weokly	16-6r. 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 durigned to assure that qualified personnel properly gather and evaluate the information submitted. Based on my impurity of the person of persons who manage the system, or those persons directly responsible for gathering its 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 knowledge and belief, true, accurate, and complete.

- ·		•			A TONION SECTION AND A SECTION ASSESSMENT OF THE PROPERTY OF T
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFIC	BR OR AUTHORIZED AGENT	SKINATURE OF PRINCIPA	AL EXSCUTIVE OFFICE	OR AUTHORIZED AGENT	TELEPHONE NO DATE (YYMMADD)
STEPHEN SZCZEPKOWSKI	Steph	en Szerest	eowski .	727-787-7978	06-10-19
	•	1 7 7			

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

Due to a sewer main break at 2521 Estancia BLVD. Plant flow increased for September..

DISCHARGE MONITORING REPU

PART A DRAFT (Continued)

PACELTY:

Mid County WWTF

MONITORING GROUP NUMBER: DSEP 0 1 2006 To

PERMIT NUMBER: FL0034789 SEP 3 0 2006

Parameter		Quantity (w Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.		Sample Type
Solids, Total Surpended	Sample Measurement						< 2	MG/L	0	5X/week	GRAB
PARM Code 00530 1 Men. Size No. EPB-01	Parmil Requirement			99 .			(Max)	NGA.	ا	5 Days/Week	Grab
Nitrogen, Tetal	Sample Measurement			·····	2.89			MG/L	0	MONTHLY	CALC
PARM Code 00600 Y Montaine No. BPD-01	Permit Requirement				8.) (As.A(G.)			SCAL		Mondaly	Culculation
Nitrogea, Total	Sample Mossurement				2./	2.1	3.4	MG/L	10	WEEKLY	16hr FP
PARM Code 00600 I Mos Site No. SPD-01	Permit Requirement				3.75 (Mo.Avg.)	45 (Workly Avg.)	6.0 (Max.)	MOL	Ť	Weekly	16-br. PPC
Phosphorus, Total (as P)	Sample Measurement				0.61			MG/L	0	MOXTHLY	CALC
PARM Code 00665 Y Moo.Site No. BFD-01	Permit Requirement				1.0 (An Avg.)			MOV	Ť	Monthly	Calculation
Phosphonus, Total (as P)	Sample Measurement				0.22	0,22	0.40	MG/L	0	WEEKLY.	lohr Fro
PARM Code 00665 1 Mog.Ske No. EFD-01	Persolt Requirement				1.25 (Mo.4%)	(d) (Weekly Ayg.)	2.0 (Max.)	MG&		Weekly	ló-tar. FPC
рН	Sample Messurement				6.5	7.9		Sΰ	0	5x/Week	MELER
PARM Code 00400 ! Mon.She No. BPD-01	Pernuit Requirement			المسا	6.0 (Min.)	8.5 (Max.)	and Argung to	รับ		5 Days/Week	Meter
Coliforno, Pecal, % less than detection	Sample Messurement				95			%	0	MONTHLY	CALC
PARM Code 51005 1 Mon Site No. BFD-01 Coliforn, Pecul	Permit Requirement Samole				75 (Min.)			CENT	,	Monthly	Calculation
PARM Code 74055 1	Measurement Perrolt							#1.00m	Q	5x/ week	GRAB
Mon.Site No. BFD-01 Total Residual Chlorine (For	Requirement Sample			57 11	25 (Max.)			#/(OCMEL		7 Days/Week	Grab
Disinfection) PARM Code 50060 A	Measurement Permit				1.0			MG/I	0	5x/NEER	METER
Mon. Site No. BPA-01 Total Residual Chlorine (Por	Requirement Sample				1.0 (Min)			MG/L		5 Dayw Work	Meter
Decisionation) PARM Code 50060	Mensurement Permit				<0.01			MG/L	0	5xy WBEK	GRAB
Micro-Site No. RFD-01 Oxygon, Dissolved (DO)	Requirement Sample				(Mat.)			MG/L		5 Days/Week	Grab
PARM Code 90300 1	Measurement			. 8 s. 182-0	6.5	and the		MG/L	0	5x/ WEEK	GRAB
Mos.Sire No. BFD-01	Requirement			10 M	(Min.)			MOSIL		5 Days/Week	Orab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

PACELITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: SEP 0 1 2006. To

PERMIT NUMBER: PL0034789 SEP 9 0 7006

							•	JEF		ZUUD	
Parameter		Quantity o	er Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.		Sample Type
Chloroform	Sample Measurement				77			UG/L	0	MONTHLY	CALC
PARM Code 32106 Y Monastie No. BFD-01	Permit Requirement			7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Report (An.Ava)			UGA.		Monthly	Ca loulation
Chlorofams	Sample Monument at				93			UG/L	0	WEEKLY	GRAB
PARM Code \$2106 i Mou Site No. SPD-01	Permit Requirement			410.36	Report (Mo.Avg.)			DOC.		Workly	Grab
Plow (Total Plant)	Sample Measurement	0.679		MGD					0	MONTHLY	CALC
PARM Code \$0050 P Mou.Site No. FLW-01	Parault Requirement	0.9 (As.Ave.)		MCD						Monthly	Culculation
Plow (Total Plant)	Sample Measurement	0.8/3	0.911	MGD					0	5x/WEEK	METER
PARM Code 10050 Q Mon. Size No. PLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	MOD						5 Days/Wesk	Flow Totalizer
Percent Capacity, (TMADIVPermitted Capacity) x 200	Sample Measurement		:		89			7	0	MONTHLY	CALC
PARM Code 00180 (Mon.Site No. PCW-01	Permit Requirement			(Afr	Report	经过滤器		CENT	\$ 164 \$1.00	Monthly	Calculation
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				190			MG/L	0	MONTHLY	16 HR FPC
PARM Code 10062 G Mos. Side No. 1817-01	Permit Requirement				Report (Mo.Axg.)			MOL		Montily	16-he. PPC
Solids, Total Suspended	Sample Measurement				110			MG/L	0	MONTHLY	16 HR PP
PARM Code 60530 G Man Site No. INP-01	Permit Requirement				Report (Mp.Avg)		数指数数数	HÇIL		Monthly	16-lp. PPC
Rainfall	Sample Measurement		,		14.35			INCHES		P. L TT T	
PARM Code 46529 P Mon.Site No. OTH-02	Permit Requirement				Report (Mo.Total.)	्राट क्राइन्डिस्ट स्टब्स्ट स	and the second	INCHES	<u> </u>	DATLY Daily	CALC Calculation
Arous Studge Production, Total	Sample Measurement			GALLON					0	MONTHLY	CALC
PARM Code 49019 P Monitive No. OTH-01	Permit Requirement	Report (Mo.Touz)		Galloge	දී රට අපර				Ĭ.,	Monthly	Calculation

AND PROPERTY OF EXTYLKUTHENTAL PROTECTION I

LARGE MONITORING REPORT - PART A DRAFT

When Compared mell this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Binir Stone Road, Tallahassee, FL 32399-2400 PERMIT NUMBER PL0034789 PERMITTEE NAME: Mid-County Services, Inc. MASLING ADDRESS: 200 Weathersfield Avesue REPORT: Toxicity LIMIT: Pinel Altamonte Springs, FL 32714 CROUP: Domestic CLASS SEZE: N/A Mid County WWTF FACILITY: MONITORING GROUP NUMBER: D-001 2299 Spenish Vista Drive LOCATION: MONITORING GROUP DESC: Existing surface water discharge Dunedis, FL.

COUNTY:

Pinelles

NO DISCHARGE PROM SITE SEP 0 1 2006 To

SEP 3 0 2006

Parameter		Quantity o	Quantity or Loading		Units Quality or Con		r Concentration		No. Ex.	Analysis	Sample Type
7-DAY CHRONIC STATE	Sample				7/00		٠	X	0	EVERY 3 months	
Carindagiania dabia(Routine) PARM Code TBP3B P	Monstromens Permit Recontrement				LOB (Adjus)			PER. CENT	0	Bvery Other Mossb	
MOR SHE NO. BPD-01 7-DAY CHRONIC STATE	Sample Measurement							7		PERMIT	24hr FPC
Certodaphnia dubia(Additional) PARM Code TRP3B Q	Permit Requirement				100 (Mile.)	NODI-9		PHR- CENT	0	As assisted	As required by the permit
Mou.Site No. BPD-01 7-DAY CHRONIC STATES	Sample							7.		PERMIT	24hr FP0
Carlodaphnia dubis(Additional) PARM Code TBP5B R	Potmit				(Min.)	NODI-9		PER-	0	As seeded	As required by the permit
MOR SHIR NO. EFO-01 7-DAY CHRONIC STATES	Requirement Sample				>100			*	0	SMONTHS	
Pinnephales promeiss(Routisus) PAPM Code TBP6C P	Messurement Pennit				(Min.)	THE REPORT OF THE PARTY OF		CBIVE	0-	Every Other Month	
Mon. Sim No. EFD-01 7-DAY CHRONIC STATE	Requirement Sample							7,		PERMIT	24hr FP
Paris Code TBR6C Q	Messerrment Permit Regulrement				100 (Min.)	WODI-9		CEDIT	O	As meded	As required by the permit
MOR. SIM NO. EFD-01 7-DAY CHRONIC STATES	Sample	·						%		PERMIT	24hr FP
Pimephales promeles (Additional) PARM Cade TBP6C R Mon. Site No. EFD-01	Measurement Permit Requirement				(Min.)	NODE=9		CENT	ð	As peeded	As required by the permit

*FA SECOND DEFENITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

ENTER NODE-9 IN THE RESULTS COLUMN IF NO DEPINITIVE TESTS ARE REQUIRED.

I contify under penalty of law that this document and all attackments were property under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who menage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my importance and belief, true, accounts, and complete. I are swere that there are significent penalties for extending false information, including the possibility of fine and imprisonment for knowing violations.

			والمراجع والمناز والمراجع والمناز
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SEGNATURE OF PRENCIPAL EXECUTIVE OFFICER OR AU	THOROZED AGENT	HONE NO DATE (YYMMOD)
STEPHEN SZCZEPKOWSKI	Stephen Szczeskowski	727-787-797	8 06-10-19
Walter Cooper	Magazin Magazin Goral		

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

^{**}ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

Permit Number: Monitoring Period PL0034789 SEP 0 1 2006

Tox SEP 3 0 2006

Facility: Mid-County WWTF

	Flaw (MGD)	CBODS (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen, Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Pecal Coliform Bacteria (#/1008/IL)	TRC (For Disinfect.) (MG/L)	TRC (Por Decision.) (MG/L)
Code	50050	30082	00530	00530	00600	00665	00400	74055		<u> </u>
Mon. Site.	PLW-01	EFD-01	EFD-01	EFB-01	EPD-01	EPD-01	EPD-01	HFD-01	50060 EFA-01	50060 EFD-01
1	1.154	, ·	100	<2			7.1 6.5			-
2	1,003						11 60	< _	2.0	<.01
3	.869				,,		 			<u> </u>
4	1.023	4	<2	<2	0,15	0,043	7273			<u> </u>
5	,991			<2	0//0	0,073	7.77.2	<1	2.0	<.01
6	.866	******		< 2			7775	< 1	1.6	<.01
7	1.063			<2			7775	٧ .	1.7	<.01
8	1.103			2 2	· · · · ·		7.5 7.0	</td <td>1.5</td> <td><.01</td>	1.5	<.01
9	1.023						7,47,1	~	1,9	<,01
10	,929	< 2	<2		1.7	021				
11	.884			<2	''' /	0,31	- 0-			
12	,884	`		- 22			7.87.4		1.0	<.01
13	970			< 2			7.8 7.5	<	1.3	<.01
14	, 893			< 2			7,9 7.2	<1	1.2	<,01
15	8/2			< 2			7.67.2	<	1.0	<,01
16	,887			- 0			7573	~1	1,6	<.01
17	,806	···	< 2		3.1	0.40				
18	757			< a	-3,-					
19	1,003			< 2			7.9 7.4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	1.0	<,01
20	1.292			22			7.8 7.4		1.0	<.01
21	,943	2,2		< 2			7.6 7.4	</td <td>1.5</td> <td><.01</td>	1.5	<.01
22	.889			< 2			7.7.7.0		1.3	<.01
23	.871						7.5 7.2	4	2.3	<.01
24	836									
25	.845	< 2	<2	~2	3,4	0,14	717.	21	-, -, -	
26	.834			22	71		7.67.4	21		<.01
27	,759			< 2			7,77,4	7		<-01
28	.757			Z 2				<1		<.01
29	,704			42			7.57.3			<.01
30	.690			-			7.6 7.4	<	2.2	4.01
31				 -						
Total	27.350									
	0.911				7					

PLANT STAFFING: Day Shift Operator	Class:	Certificate No:	13832 Name	. Ј НАНИ
Evening Shift Operator	Class:	A + A Certificate No.	2772 * 512 Name	M GUNTHER R JOHNS
Night Shift Operator	Class:	Certificate No.	Name:	
Lead Operator	Class.	B Cortificate No.	7874 Name:	S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B Prom: SEP 0 1 2006 Permit Number: Monitoring Period Pacifity: Mid County WWTF Ta SEP 3 0 2006 Oxygen, Dissolved Chloroform CBOD5 TSS (MG/L) Reinfall (UG/L) (MG/L) Słudge (INCHES) (DO) (MG/L) Production, Total (GPD) Code 00300 32106 80082 00530 49019 46529 Mon. Site EFD-01 EPD-01 INF-01 BNF-01 OTH-01 OTH-02 6,9 1 3,75 2 0,1 3 4 6.7 94 5 6 7.0 7 7,0 8 6,5 9 0.5 10 190 110 11 110 6.9 12 7,0 0.7 13 6.9 0.6 14 7,4 15 6.9 16 17 7.0 0.5 19 7.0 4.0 20 6.7 21 7.0 22 23 24

WES EVE					48	
PLANT STAFFING:						
Day Shift Operator	Class:	<u> </u>	Certificate No:	13832	Name	J HAHN
Evening Shift Operator	Class:	A + A	Certificate No:	2772 + 512	Name:	H GUNTHER R JOHNS
Night Shift Operator	Char	-	Certificate Nex		Name	
Lead Operator	Class:	<u>B</u>	Certificate No:	7874	Name:	S SZCZEPKOWSKI

14.35

91

7,0

6.7

6.9

25 26

27

28

Mo Ave

(04°.)
W 7-	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Projection, Wastewater Compliance Evaluation Section, MS 3553, 2600 Blair Stone Road, Talkhasee, FL 32399-2400

LDMIT

CLASS SIZE:

FILE COPY

PERMITTEE NAME: Mid-County Services, Inc. NAILING ADDRESS: 200 Westberfield Avenue

Alternante Springs, FL 327)4

PERMIT NUMBER

PED034789 Pisal N/A

REPORT: UROUP: Monthly Domestic

PACILITY: LOCATION:

Mid Creaty WWTP
2219 Spanish Vista Drive
Dunedia, Pt.

MONITORING GROUPNUMBER: D-001

MONETORING GROUP DESC: Existing senters, including influent

COUNTY:

Pineller

NO DISCHARGE PROM SITE: NONITORING PERIOD ROS

OCT 0 1 2006 To

OCT 3 1 2006

Parameter			Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Bx		Sample Type
Plow (D-001)	Sample Measurement	0.	678		MGD	 				0	MONTHLY	CALC
PARM Code 50050 Y Mondifie No. FLW-01	Permit Requirement		0.9 n.Avg.)		MICIE						Moschly	Calculation
Pica (D-001)	Sweeple Measurement		652		HCE)					Ö	5X/veek	neter
PARM Code 50050 Mag.Stoc No. PLW-DI	Permit Requirement		co.Avr.)		MGD					¥ 5.	5 Days/Week	Fine Totaliner
BOD, Carbonaccom 5 day, 200	Sumple Measurement					1.07	·		MG/L	0	HONTHLY	CALC
ARM Code 800H2 Y AGASIN NO. BFD-DI	Permit Requirement					5.0 (An Avg.)			MOZ/L		Monthly	Calculation
ICID, Carbonaneous 5 day, 20C	Sample Mosterement					0.44	0.44	2,2	MG/L	0	WEEKLY	LOHR EFC
ARM Code 80082 Jos Sito No. EPD-01	Perudi Requirement	, 44 4 **				625 (MaAxa)	(Workly Ave.)	The state of the s	ADOAL		Waskly	16-hy. FPC.
Solids, Total Suppoded	Serepts Measurement					<2			HG/L	0	HONTIL Y	CALC
ARM Code 00530 Y	Parmit Regularisant					(Astaya)			MCS.		Monthly	Calculation
olids, Total Susproded	Sumple Meusurement					< a	< 3	< ي	MG/L	7	WEEKLY	15HR FFC
ARM Code 00530 3 Age Sile No. RFD-03	Pirmit Requirement				17.3	(MpAve)	(Woold) Ava.)	(biax)	MOUL	*	Weakly	10-be, PPC

I certify ender populty of law that this document and all attachments were prepared under my direction or approvision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information appeals on my inquiry of the person or persons who manage the ayeleng, or those persons directly responsible for pathering the information, the information autherities is not the best of my knowledge and belief, true, accesses, and complete. I am aware that there are algorithms penalting false information, including the possibility of time and imprisonment for important property.

			E and house settle? He street which the Table between	MIN AND SECURITIES ALCIENTATES.
NAME TITLE OF PROPERTY EXECUTIVE COPICER OR AU	THORIZED ACIENT SIGNATURE OF PENC	PAL EXECUTIVE OFFICER O	R AVTHORIZED ACENT	LEPBONE NO DATE (YYMRUDD)
STEPHEN SZCZEPKONSKI	Stephen Sicres	kowski	127-787-7978	06-11-16
COMMENT AND EXPLANATION OF ANY VIOLATE		· · · · · · · · · · · · · · · · · · ·		

DISCHARGE MONITORING REPORT - PART A DRAFT (Confined)

FACILITY:

Mid Councy WWTP

MONITORING PERIOD From: OCT 0 1 2005 To

PERMIT NUMBER: PLOGS 4789

Parameter		Quantity or Loading		Unita	Units Quality or Concentration					2006		
Solids, Total Shapended					Agenth of Concentration				No		Stample Typ	
reen anabended	Sample			1		1	7	1001-	Ex.			
PARM Code 08530 1	Permit		1	1.65.45		<u> </u>	1 < 2	MG/L	0	5X/veek	GRAB	
Mos Site No. BPB-01 Snogen, Total	Raukrenout		1				30	MOL		5 Dejoweek	Greb :	
ANOSINO TOTAL	Sumple				1 2 2 2	 	(AGE)		1.			
ARM Code 90600 y	Meagurement Permit				2,73	<u> </u>		MG/L	0	RONTHLY	CALC	
dos Site No. BFD-01	Requirement				(An Alig)			AUY	185	Monthly	Calculation	
	Sample Measurement				0.5	06	1,0	1	:	MEEKTY		
ARM Code 00600] 601.5Ni No. BPD-01	Percuisi			1178	alcas e associ	0,5		MG/I	10	1	lehr Fr	
barbonus, Total (as P)	Requirement			1 5 6	(Makie)	(Washing Away)	((ANNO)	HOL	F	Weakly	16-ha: PPC	
	Measurement				0.57			MG/L			1	
ARM Code 00665 y Ga-Alia No. BFD-101	Pemit				10	NEW YORK STREET	5-2000-11-25	MAGE	10	MONTHLY	CALC	
coophorus, Total (as P)	Requirement Samula			4 %;	(ALAVE)					Mostity	Calculation	
SJM Code 00665	Messurement				0./	0.1	0.7	MG/L	0	HEEKLY.	löhr FP	
Ca Site No. HFD-01	Requirement				* L25	E3 (21)	20 1	MOL	\vdash	Weekly	ló-le: PPC	
}	Sample				(Mo Avg)	(Wester Apr.)	Mar.)	3.70		VIEW.	I U-INC. POPUL	
VEX. Color (Color)	Measurement		<u>i </u>		6.9	7.9		SU	0	Sx/Wesk		
CILLIA NO. BED-01	Permit Requirement				6.0	8.5		30	1	J Days/Work	METER	
Militan, Poorl, % lass than	Satura to				(Alla)	(Max.)				J L/S/S/ VECER	Moter	
Wild Code 51001	Permit				96		,	2	0	MONTHLY	CALC	
State Mo. BFT3-03	Requirement			7,3	19		22-7-22-2	PER	-	Monthly		
liferra, Paces	Secreto				AMI	1.00.040.200.00	等的现在	CENT		To an extra land	Calculation.	
RM Code 74055	Measurement Pennit							#100m	0	5x/ week	CRAB	
ansite No. BFD-01	Requirement				25		4 (4)	MIDOME.	 	7 Days/Week	Grah	
tal Residual Chiorine (For Safection)	Зепры				(Max)					7.5-7,2	Onti)	
RM Code finnin a	Measurement Permit						1	MG/L	0	5x/HEEK	METER	
A Situ No. PPA III	Requirement	: 1	1	- :	1.0	4- N. W.		MOL	\sim	5 Days/Week	Meter	
al Residual Chlorine (For Morisation)	Sample				(Mhi.)					3 334 14642	(A) (MICH.)	
BM: Coda Shosn	Measurement			l	< 0.01			MG/L	0	5x/ WEEK	GRA B	
Lille No. RODAL	Regnicement				101			MG/L		5 Days/Work		
ges, Dissolved (DO)	Same	·			(Mg) _	<u> </u>	A STATE OF THE STA			- Daywareng	Grab	
R04 Code 60600	Messurrment Permit				6,21			MG/L	α	5x/ WEEK	4T4 >	
ASILE No. BFD-01	Paritirement	1			5. 30 5.0	7		MGÆ	\sim \downarrow	5 Days/Week	GRA B	

DISCHARGE MONITORING REPORT - PART A DRAFT (Confirmed)

PACILITY:

Mid County WWTP

MONITORING GROUP NUMBER: D-001
MONITORING PHRIOD FORE OCT 0.1 2006. To

DERMIT NUMBER: FL0034789

Parameter		Quantity (or Loading	Units	Qu	lity or Concentr	ation	Units	No.	Prespency of	Sample Type
Chloroform	Sample		T	 		T		1	Ex.	Analysis	
PARM Cody 32106 Y	Messuranent Permit			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.5	AC ERSTANCED PARTY.		UG/L	10	MONTHLY	CALC
Mon Site No. EPD-01	Requirement			が表記 との研				VSII		Monthly	Calostation
	Sample Measurement				66		***************************************		10		
PARM Code 32106 Montate No. RPD-01	Permit			4050	A September 1	distribution in	usulaisi sa	UG/L	LUX	WEEKLY	GRAB
Apw	Regulations Sample			F 189	(CANAL					Wookly	Grap
Total Place) PARM Code 59050 P	Massurement	0.678		MCD					0	MONTHLY	
FOUNDIE NO. PLW-01	Pennit Regatement	(A) Ave)		MATE				11-33-57	Ĭ	Monthly	Calculation:
Total Plant)	Sample Meantrement	0.777	0.652	MGD	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	5 (S. 1921) - 34 (100 160			25,1
ARM Code 50050 Q	Permit	Report	Report	MGD			rik risavarra	iener-e	0	5x/WERK	METER Flow Totalism
eroest Capacity.	Requirement Sample	D-Ma.Ave	(Mo.Avg.)	. 116			也可以使物		16		1 tow 1 com Sh
uu	Mountement				86						
ARM Code 00180 i	Peccult			**************************************	And a		Silver of States and	X	0	MONTHLY	CVTC
	Requirement		. M. A. C.							Moutily	Calculation
	Mansurement				1100			MG/L	0	LA MANAGE	16 HR PPC
ion alto No. INPLOI	Permit Requirement			1, 5		2. 引用的	77 5000 2000	You.	7	HONTHLY Monthly	16 fg. 19 C
alles, Total Suspended	Sample			100		es a servicio de la compansión de la compa			265.0		
A.R.M. Code 00530 G	Measurement Parmit			27 20 30	280			MG/L	0	Monthly	16 HR PP
Con Jillo Nov. DNF-01	Requirement			. াখে	(GUAIL)		第一种 加度	M3C	(4.3). (4.3).	Monthly	lo-by, PPC
	Montenament gembje						6.16.				
ARM Code 46529 P	Permit	1 - 1 - 1 - 1		1983,500	1,5	Tile the Year or serve		INCHES	0	DAILY	CALC
ou site No. OTH-02	Requirement			11, 110 3	Report (Ma Total.)	STATE OF THE	Bridge Harris	DICTOR		Dally	Calculation
i	Sample Measurpraent	225.000		GALLON							
ARM Code 49039 P	Permit	Réport		- GaBani -	HIVE DERVIER	NO PROPERTY	STEEL CONTROL	20.000 E	0	MONTHLY	CALC
	Populrument .	(Mo.Tout)	第1477 诗《黄	4.0		3 类为对于被分裂	它 PROPERTY OF THE PROPERTY OF	88 B 4	.1.	younth	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

White Chambries well the second to the	,		TOTAL STATE OF THE PARTY OF THE
When Completed mail this report to: Department of Revironmental Protection	The Street Company of	3.45 A444 A444	
A CONTRACTOR OF THE PARTY OF TH	A LINE AND SHALL COURT INTO THE TAXABLE TAXABL	O. MS.3551. MOVERHOLD Brook Done Thitale.	TE 44460 4460

PERMITTER NAME: Mid-County Services, Inc. MAELING ADDRESS: 200 Weathersfield Assesse

Alternoma Springs, PL 32714

FERMIT NUMBER

FL0034789

Mid County WWTF

LIMITE CLASS SCER.

Final N/A

REPORT: CROUT:

Toxicity Domantie

2799 Spenish Viste Drive Dunedia, FL

MONTORING GROUP NIEMBER: D-001 MONITORERO GROUP DESC

Buieting surface water discharge

COUNTY:

FACELITY:

LOCATION:

Photies

NO DESCHARGE FROM SITES MONTTONING PERIOD

BOOK OCT 0 1 2006 -

OFT 6 1 2000

Parameter 7-DAY CHRONIC STATE	Sample.	Quantity or Loading		Units	Units Quality or Concentration			Units	No.		Sample Type
Cortodopholo dubia(Routine) PARM Code (TBP3R P	Manusement Perak							z		3 Months	
HOR STATE	Remirement Senote				(065)	Nodi-9		TIM, CBNT	0	Bvery Other Mouth	
Civiologheir dokie(Additional) PAISA Code (TSP3B Q	Measurement Permit	ego esseñaga	No. of the last	1.12 PR	247 - 104 12 12 12			7,		PERMIT	24hr FP(
MODERATE NO. BETTER	Accelronent Sample				100 100	NOD1-9		PRICENT.	G	As meded	As required by the parent
Griodephala debis(Additional) ARM Code (1971)	Mangurement Porodi	শ্বিক কি প্ৰা		2103,163				7,		PERMIT	24hr FPC
DAY CHRONIC STATE	Requirement Sample	· 31.			VOD.	NODI-9		PER+ CIRYT	0	At needed	As required by the perrula
maphales prometas(Rostine) ARM Code THRC P	Mountonment Parasit		Programme some	No. of the second				X		SMONTHS	
In Sie No: BPD-61 DAY CHRONIC STATE	Requirement Sample			· Value	(Mis.)	NODI-9	是智慧	CODE	Q;st	Every Other	
meghnies promrim(Additional)	Metaupenest Peculi	* * * * * * * * * * * * * * * * * * *		12.58				7,		PERMIT	24hr FPC
DAY CHRONIC STATES	Ragniroment Sample				(1)	NBOT-9		CENT.	0	As needed	As required by the permit
trephelas promeius(Additional) RM Cade TSPAC R	Mermentent Pemph		'ತಿ ಇ ಇವುಬಳ್ಳು	1000000				Z		PERMIT	24hr FPC
OR SUR No. BUTD-ON	Renumera -	OUTOBO BUTTO		-	Udbs.	NOD 1 9		CBAT	Ą,	ye stored	As required by the permit

**ENTER NOD=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THE REPORTING PERIOD. BYTER NODE-S IN THE RESULTS COLUMN IS NO DEPRYITIVE TESTS ARE REQUIRED.

I certify under pensity of law that this discusses and all attackments were prepared under my direction or supervision is securdance with a system designed to make qualified personnel property gather and evaluate the information to be not not operated and an amountment were prepared more the system of the person of persons who makes the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my stands and belief, true, accurate, and complete. I am sware that there are significant penalties for submitting takes information, including the possibility of fine and imprisonment for becoming validations.

WALES OF SAME IN A STREET OF SAME IN S		ma ånammerå er (10m sesi ilimbilisi	PROPERTY THE PROPERTY OF THE PERSON.
NAMED THE CHARGE OF EXPERITIVE OFFICER OF VALUE OF VOICE	INDIVATURE OF PRINCIPAL EXECUTIVE OFFICER CE	A LONG AND A STATE OF THE STATE	
CATEGORIA -	TO ASSESS OF	VONDERSON VOISNA	BLEFFICKENO DATE LYVINGED
STEPHEN SZCZEPKOWSKI 0-			
	tephen szczeskowski	777 7877676	.
MAINT AND DESCRIPTION OF THE PARTY OF THE PA	STORY TOWN TOWN	<u> 727-787-7978</u>	66-11-10
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all	eliteriumania hamila		
to the factor of the second section of the sectio			

***************************************	Phot (MCE)	(MG/L)		T55 (MG/L)	Total (MG/L)	Phosphore (MG/L)	pH (SU)	Peraji Colifican Bacteria (B/100ML)	DRC (Por Dissippet) (MCVL)	
Code	50056	50092	00530	30530	20046	90665	00490	74055	508.68	50060
Mos. Sh	PLW-61	四(10-01	131D-01	EPB-01	现的特	ED-61	BM-01	EPD-01	10-A	EFD-61
1 2	.762						7.47.5		1.9	5.01
	723	<u> </u>		< 2			7.87.4		2,5	5.01
3	. 676			<2			7,87,5	4	2.7	<.01
1	-673	2.2	<2	< 2	0.05	0.1	7.8 7.6	<1	2.7	<01
5	.681			42	_		7.77.4	21	175	10.01
6	.647			< 2			7.6 7,2	<1	3 2	<.01
7	.653									1.01
8	.680									
9	668			<2			7.77.5	< 7	210	<.01
10	.637	< 2	<۵	< 2	0.77	0.1	7775	<	7 3	<.01
11	.620			< 2			7.775	2	2.1	
12	.672			<2		***************************************	7.67.4	<1	2. 1	501
13	.649			< 2			7.7.7.3	21	2.4	<.01
14	6.678					<u> </u>			_##£	<,01
15	.673									
16	.624			< 2			7572	<1	1.4	
17	.650			< 2				21	1, 2	501
1B	.662	< 2	<2	22	1.0	0.04	767.4	21	4	101
19	668			< 2		0.0.7		~ /	걸대는	<.0/
20	.652			<2			2573	21	-4017-1	<.01
22	.724						CO (14)	~ .	204	<.01
22	.685						7		-	
23	,607	<2	<2	< 2	0.1	0.04	7,8 7,6		~= -+	
24	.548			< 2		0-7				< 01
25	.573			22				< 	40	بلصخ
26	617		-	< 2			* . / .	<u>~!</u>		<i>≺.01</i>
27	. 633			< 3				S! 		<.01
28	681						7.37.0	<u> </u>	1.9	<u> 5.01.</u>
29	.568						—— <u> </u>			
30		< 2	<2	<2	0,31	0.1	7071			
31	599			22	~				3.3	<.01
Total	20.208			~ ~~			7.8 7.5	<)	2.8	< 0 l
Mo. Avg.	0.652		-							

PSANT STAFFRICE		•	- .	
Day Shift Opensor	Chance	Chattliante Nox	13840	. R BUONO
Decision State Operator	Class	A 4 A Codificate No.	2772 + 512 Phone	
Night Shift Operator	Claire	Contillente Nec	******	H GUETHER & JOHN;
Lind Openiog				444
Absent	Cine	B Creditions Not	7874	3 SZCZKPKOWSKI
		•	· · · -	

Permit Humber: Monitoring Period	PLOD 4789 Proc. OCT 0 1 2006	Tex OCT 3 1 2005	Pacificy:	Mid County WWYF

	Onygea, Dissolved (DO) (MGAL)	Chloreform (UG/L)	CBODS (MG/L)	TRS (MG/L)	Assemal Studge Production, Total (GPD)	Reseases)				
Code	QQ9()D	32106	80982	00530	49019	46578				
Mog. She	RFD-61	EPO-01	PAT-01	P(P-0)	0731-01	OTB-02	1	†		 -
1	6,7									1
2	6.9				6250					1
3	7.0				6,250			1		
4	7.3		1100	280	6,25			1		1
- 5	7.0	98						1		1
6	7,2				18.75)	·	1		
1										
1										
9	6,9				25,000					
10	7.0				وي ورك					
11	6.9	67				·]				
12	7. 3				6,250	0.75				
13	6.9		-		25,000					
14					,					
15										
16	6.9	l			13,500	Y .				
17	7.1				18,750		L .		 	
38	6.4				12,500					
19	14				6,250					
20	8.0	53								
23										
22	<u> </u>						7			
24	7.1									
25	6.7	60			6,250					
26	66				6,250					
77	6.2				12,500					
28	6.7				6,250	0.75				
29										
30										
31	7.3	54			18.750					
	7,4				35.00 0	,				
Total				í	175000	1,5			-	
Mo. Ave.			T		1258	0.05				

HANT STAFFAG:					
Day Shilk Operator	Char	C	Certificate Nor	13840	R SUONO
Evening Shift Operator	Chor:	A+A	Certificate Not	2772 + 512 Name	M GUNTHER R JOHNS
Night Shift Opcomer	Close:		Certificate No.	Moneye	£
Lead Opermor	Class:	_8	Confidence Med	7874 N	9 SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTIO

ISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report for Department of Ravironmental Protection, Wasterneter Compliance Realisation Section, MS 3551, 2600 Binir Steam Road, Tallahuman, Pul 32379-2400-PERMITTEE NAME: Mid-County Services, inc. PERMIT NUMBER FL0034789 MAILING ADDRESS: 200 Weathersfield Avenue Alumoute Springs, PL 32714 LMIP: Pasi REPORT: CLASS SIZE: N/A GROUP: Domestic PACETTY Mid County WWTF LOCATION: 2399 Spealsh Vista Drive MONTTORING GROUP NUMBER: D-001 Denedis, FL MONPYORING GROUP DESC. Buisting surface, beloding influent COUNTY: Pineline NO DISCHARGE FROM STEE NOV 3 0 2006 Protes NOV 0 1 2006 MONITORING PERIOD Parameter Ouzilty or Concentration No. Proquency of Quantity or Loading Units Units Sample Type Augivels Rv. Plow (D-001) Sample .678 MGD MONTHLY CALC Mearurement PARM Code 50050 MOD Permit 0.9 Monthly Calculation Mon. Sile No. PLW-01 Flow (D-001) Receivement (Ag.Avg.) Samole 0.618 5X/week MGD Masursman meter PARM Code 50050 Permit 5 Days/Week Flow Totalizer Report in Mon. Ship No. PLW-CI Registration (Maraye) BCO, Carbonascour 5 day, 20C Sample 49 MG/L MONTHLY Measuryment CALC PARM Code 90082 Y Permi NOL 5.0 Monthly Calculation Mon. Site No. EPO-01 Requirement (An Ava.) BOD. Carbonaseons 5 day, 20C Sample MG/L WEEKLY 16HR FPC Meseurement PARM Code 80082 Pennik SIGAL, 10.0 16-hr. FPC Weakly Mon. Ste No. 20 D-01 Requirement Solids, Total Suspended Sample MG/L MONTHLY CALC Magazazzani PARM Code 00550 Y 5.0 MG4_ Permit Mouthly Calculation. Mon. Sim No. 200-01 Receivement (ASIAYA) Solds Total Suspended Second . ~ ک < Mentalstret MG/L OWEEKLY 16HR FPC MSL PARM Code 00530 7.35 75 10.0 16-bs. FPC Mon. Site No. HPD-01 Olo Ave. I corelly under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to sessure that qualified personnel properly gather and evaluate the information tubusited. Based on my inquiry of the person or persons who message the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my innovinted and ballef, was, nonvents, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonments for knowing violations.

NAMEDALITY OF PRINCIPAL EXECUTIVE OFFICER OF AUTHOR	RIZED ACENT	SCNATURE OF PRINCI	PAL EXECUTIVE OFFICER	JE AUTRORUZIO AGENT	THE EPHONE NO	DATE (YYMM/DD)
STEPHEN SZCZEPKOWSKI	Stephu	secons	kowski	727-787-7879	·	06-12-20
COMMENT AND THE ANAMONI OF ANY SIZE AMONG					,	

One CBOD sample of 12 is a result of using methodol to keep nitrates low...

Methonal is CBOD. Methonol feed rate was reduced.

Mid County WWTP

MONITORING GROUP NUMBER: D-001
MONITORING PEREDD From: NOV 0 1

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentr	niou	Units	No. Ex.	Proquency of Analysis	Sample Type
Solide, Total Suspended	Sample Measurement						2,0	MG/L	0	5X/week	GRAB
PARM Code (053)) Man.Bile No. BPS-01	Permit Requirement			t signed i			5:0 (Mar.)	Med	1 2 2	5 Days/Week	Gmb.
Nitroges, Total	Sample Messurement				2.57			MG/L	0	HONTHLY	CALC
PARM Code 00600 y Mon.Ske No. EPD-01	Permit Requirement			1.0	3.Q (An.Avg.)			MEAL		Monthly	Calculation
Vigrogen, Total	Semple Messurement				1.0	1.0	1.4	MG/L	0	WEEKLY	16hr FP
PARM Code 99600 (dog Sin No. RPD-01	Paprili Regulatores				(No.kyr)	(Weekly Avg.)	16.61 (N/sac./).	MOA		Weekly	16-hr. FPC
Scoophorns, Total (at P)	Sample Magastroment				0.5			MG/L	0	MONTHLY	CALC
PARM Code 00665 Y Hos.Site No. EPD-01	Penalt Requirement				(Ac ave)			MOC		Monthly	Calculation
hosphorus, Total (m P)	Затріс Межитальни				0.63	0,63	0.73	MG/L	0	WEEKLY.	lohr FPC
ARM Code 00565 [fon-Site No. EFD-01	Persoit Reguirement				1.25 (Molava)	1.5 (Waskiy Avg.)	10 (Max.)	MGL		Weekly	16-br. PPC
H	Sample Mousturement				6.0	S. D		su	0	Sx/WEEK	MET'ER
ARM Code 00400 lon-Site No. BPD-01	Poensit Reguleratum				6.0 (Mis.)	8.5 (Max.)		δÚ		5 Days/Week	Maier
oliform, Feesl, % less than steetion	Sample Magaurement				100			7,	0	MONTHLY	CALC
ARM Code 51005 on Sim No. HFD-01	Permit Regulerment				Min)			CENT		Monthly	Calculation
oliform, Peosi	Sample Magazzement				۷			#100m	0	5x/ week	CRAB
ARM Code 74055] on Sile No. SPD-01	Persalt Requirement			4	25 (Max.)			4/100941.		7 Days/Work	Cleab
etal Residual Chlorine (Por sinfection)	Sample Monsurement				1.0			MG/L	0	5x/WEEK	METER
LRM Code 50060 A	Permit Requirement				1.0 (.ntin.)			MOAL		5 DaywWeek	Meter
tal Residual Chlorine (For chlorination)	Sample Measurement				<0.01			MG/L	0	5x/ NEEK	GRAB
RM Code 50050 ps.Sits No. BFD-01	Parenti Responsement				0.01 (Max.)			MG/L		5 Days/Week	Omb
yges, Dissolved (DO)	Sample Manustranent		 		6.7	· · · · · · · · ·	7	kg/l.	0	5x/ WEEK	GRA E
ARM Code 60300 on Sine No. RFD-01	Permil Regulternent				5.0 0/ib.3			MGAL		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD - Prom: NOV. 0

PERMIT NUMBER: PL0034789

	 								MOV O V ZOOD			
Parameter		Quantity	Quantity or Loading Units		Qua	lity or Concentr	etion	Units	No. Ex.	Frequency of Analysis	Sample Type	
Chloroform	Sample Manageroment				73			UG/L	0	MONTHLY	CALC	
PARM Code 32106 Y Monustic No. 870-0	Permit Recommendent			7.0	Report (An Avg.)			UQVL		Monthly	Calculation	
Chloroform	Sample Monstroment				59			UG/L	0	WEEKLY	GRAB	
PARM Code 32106 Monusius No. BPD-01	Permit Requirement				Bacan Orlo Arra			une.	179	Weekly	Grab	
Total Pinat)	Sample Magairement	0.678		MGD					0	MONTHLY	CALC	
ABM Code 50050 P	Permit Recuberness	(AEAVE)		MECHO				10 mg 80	44.0	Monthly	Calculotion	
Cow Yotal Plant)	Sample Megatromant	0.726	0.618	MCD					0	5x/HEBK	METER	
ARM Code 50050 Q Con Size No. FLW-01	Permet Requirement	Report (3-Mo.Avg.)	Report (Mo Avg.)	1,33						5. Days (Week	Flow Totaliza	
treest Capacity, IMADPPermitted Capacity) x 80	Sample Measurement				8/			×	0	HONTHLY	CALC	
ARM Code ODISO Ion Silo No. PCW-01 .	Permit Recoirement		Programme and the second secon					(39/T		Monthly	Calculation	
OD, Carbonaceous 5 day, 20C	Sempte Measurement				220	****		MG/L	0	MONTHLY	16 HR FP	
ARM Code 80082 G Ioo.Sta No. ENP.01	Permit Requirement				Report (Mis.Avg.)			34(34C		Monthly	16-hr. PPC	
slide, Total Surpended	Sample Meaguranact		,		570			MG/L	0	MONTHLY	16 HR F1	
VRM Code (USS) () os:Sito No. (NP-0)	Permit Requirement			100	Report (Mo.Avg.)			MGA.		Monthly	16-hz, FPC	
	Sample Measurement				2,65	<u> </u>						
VRM Code 46529 P 00.81is No. 0714-02	Permit Requirement				Report	2 12 3 (5,903)	ar Ford and Property	INCHE:	<u> </u>	DAILY Daily	CALC Culculation	
sound Shodge Production, Total	Carralia	262,500		GALLON	(Mo.Total.)				0	MONTHLY	CALC	
ARM Code 49019 P 08-30s No. 07H-01	Permit Requirement	Roport (Mo. Total)		Chillops				23.0	Ĭ	Monthly	Calculation	

DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHARGE MONITORING REPORT - PART A DRAFT

all this report to: Department of Boylonzamial Protection, Westerwater Compliance Bysh. When Counnie

of Seption, MS 3551, 2600 Blair Stone Road, Talinharese, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

CLASS SIZE:

FL0034789

MARING ADDRESS: 200 Weathersfield Avenue Altamonte Sarings, FL 32714

LBIT:

Pret N/A

REPORT: GROUP:

Toxicity Demestic

PACILITY: LOCATION: Mid County WWT?

2299 Spealah Vista Drive

Dusedin, FL

MONITORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Bristing surface water discharge

COUNTY:

Pletelles

NO DISCHARGIS FROM SITE:

MONITORING PERSOD

Proce NOV 10 1

NOV 3 0 2006

Parameter		Quantity o	r Loading	Units	Qu	lity or Concentr	ntica	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONEC STATES Coriodaphuis dubis(Routine)	Sample			·····				ž.		EVERY 3 months	
PARM Code 78 P3B P Mon.Site No. BPD-01	Measurement Permit Requirement			ুন্দ নিট্ন	100 (Nin.)	NODI-9		CBAI	0	Byery Other Month	
7-DAY CHRONIC STATES Carlodaghaia dubis(Addisonal)	Sample Measurement							X		PERMIT	24hr FPC
PARM Code (TBP3B Q Mon.Situ No. BRD-01	Parmit Requirement				(Alla)	NODI~9		PER- CENT	0	As notifed.	As required by the permit
7-DAY CHRONIC STATE	Sample				221			7,		PERMIT	24hr FPC
Ceriodaphnia dabla(Addisuonai) PARM Code TEP3B R Mon.530 No. EFO-01	Measurement Perusit			2 d	(00) (AMD.)	NODI-9		PER- CID(T	0	As needed	As required by the permit
-DAY CHRONIC STATES	Requirement Sumple				Sa, 1 Dental			7,		SWERY HS	
*Imapheles procestes(Routine) *ARM Code TBP6C P *Fon.Site No. BPO-61	Measurement Fermit Requisement			4	,09 (Min.)	NODI-9		PIO.	0	Every Other Month	
-DAY CHRONIC STATE	Sample				(A) (A)			Z	Π	PERMIT	24hr FPC
Pimepinine promolen(Additional) PARis Code TBPSC Q Mon.Site No. 220-01	Monsurement Permi				(ABA)	NODI-T		PER.	0	As needed	As required by the permit
-DAY CHRONIC STATES Imephales promoke(Additional)	Requirement Sample				V-000-2-8-1-2			7.		PERMIT	24hr FP
PARM Code TBPSC R Mon Sile No. EPD-01	Mensurment Paradi Requirement				105 (Max.)	NODI-9		CBM	0	As aceded	As required by the permit

[&]quot;IF A SECOND DEPORTIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

I certify under pensity 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 gainer and evaluate the information automitted. Based on my inquiry of the person or persons who seems the system, or those persons directly responsible for gathering the information, the information automitted is, to the best of my knowledge and ballef, true, accorate, and complete. I am aware that there are significant ponalties for submitting thise information, including the possibility of fine and imprisonment for knowling violations.

NAMESTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		OFFICER OR AUTHORIZED AGENT	TELEPEONE NO DATE (YYAMADD)
STEPHEN SZCZEPKOWSKI	Stephen Szcza	skuski 7	27-787-7478 0612-20

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

^{**}ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

ENTER HODI-S IN THE RESULTS COLUMN IF NO DEPONITIVE TESTS ARE REQUIRED.

Prose NOV 0 1 2006 To: NOV 3 0 2006

Pacificy: Mid-County WWTP

	Oxygen, Dissolved (DO) (MG/L)	Chierosbern (UGPL)	CEODS (MGAL)	(PONG EET	Annual Startes Production, Total (GPD)	Rainfall (BACHES)				
Code	89808	32106	30082	08530	.49019	46520			<u> </u>	<u> </u>
icro. Site	18FD-01	ERD-01	BAN-01	外中	OTH-01	OTB-02	-2	-		
ì	7,5				<u> </u>				-	
2	7.0									 -
3	7.7								 	
4					ļ			 -	 	
5					 	1.25			 	
6	7.4			 	 	1. 4.0			 	
7	7.6		ļ	 	├				 	
8	7.1	1	 	 	 	 		 	 	
9	7.5	80			 				 	
10	7,3	 		 	 	 			1	
11	<u> </u>	 	 	 	 			 	 	
12	 	 	 	 	 	 		1	-	1
14	8.1			 	 	1.4			1	1
15	6.7		220	570	-	1-1			1	
16	6.7	65	1 000	J 75		1	1			
17	6.9		-							
18	/ - 04	 	 							
19	1	1								
20	6.8	1				<u> </u>			ļ	
21	8.9	30					7			1
22	7.1									
23	8.1									<u> </u>
. 34										_
න							<u> </u>	ļ		-
26						ļ				
27	7.9			 	 -	 	 	ļ	 	
28	7,9	1	1			4	 	 		
29	7.5	61				<u> </u>		4		
30	7.1						 	ļ	<u> </u>	
31						 	<u> </u>			
Total	A	_				-		-		
Mo. Av	ь.					1		1		1

PLANT STAFFFICE Day Shift Operator	Ches:	C Confficute No.	13840	R BUONO
ag Shift Opensor	Class;	A + A Confidence No.	2772 + 512 H	h Ginther R Johns
Night Shift Optimier	Clouse	Considerate No.	Name:	
Lond Operator	Climate	B One Section No.	7874 Name	3 SZCZRPKOWSKI

NOV 0 1 2006 THE MOY 3 0 2006

Profile: Mil-Comp WWIP

	Pow (MGD)	(JRGV.) CBODS	TSS (MG/L)	TSS (MG/L)	Missogen, Total (MG/L)	Phosphores (MG/L)	při (SV)	Pecal Coliforn Bacteria (2/10/04L)	TRC (For Disinfest.) (MG/L)	TRC (For Decidor.) (MG/L)
Code	50000	80082	90530	99530	#9600	2065	00460	74055	50960	30060
Mon. 5th	技事 和	四小句	RFD-01	ETB-01	17)-61	BPD-81	EPD-01	EFD-01	BPA-OI	题的-链
1	.6ad	, , , , , , , , , , , , , , , , , , , ,		< 2			77 6.8	<1	2.3	<.01
2	.605			<2			7.46.8	4	2.5	<.01
3	5.78			<1			7571	4	1.9	<.01
4	.617									
5	.664									
6	.642			< 1			7.67.3	<	2.0	<.01
7	.687			4			7872	< 1	1.0	<.01
8	.628	12	< <u> </u>	<	7.4	0.73	7-97.4	<1	2,5	<.01
9	.632			< 1			7.67.2	<1	1,6	<.01
19	.580			۷,			747.1	<	2.4	4.01
11	.663								[
12	.587									
13	.603			< 1			7.976	<·1	3.3	<.01
14	.590			1.6			8,0 7,8	<1	3,1	<.01
15	.692	6	< L	<	1.3	0.63	8.0 7.9	< 1	2.7	<.01
5	.661			<			7.9 7.4	< [3.1	5,01
17	.593			< 1			7.6 7.0	<	3,2	<.01
18	.616									
19	601									
20	.568	< 2	<1	<	0.77	0,53	7.87.4	\ \	49	<.01
23	,568			<			7.37.1	4	0.3	<.01
22	.577			1,2			7.87.7	4	1.0	<.01
23	637			<			8.066	٧	0.5	4.01
24	.565			_<			7,56.0	<	2.6	<01
25	.606									
26	.656									
27	.621			< 1			757.4	4	3.4	4.01.
28	.634	24	<	2	0.51	0.63	7,47,2	<		<. 0j
29	.623			<			7,7 7,4	<1	3. D	<.01
30	.625			<			7.7.75	< 1	2.8	2.01
31									70.	
Togal	18.55					***				
Mo. Avg.	.618					183 <u>194</u> 114 115 115 115 115 115 115 115 115 115				

Dan Milk Operator	Clean	C Codifican No.	13840 N	R BUONO
S 4 Side Openier	Chief	A + A Cuttique No.	2772 + 512 Name	M GUNTHER R JOHNS
Might Shift Operator	Charic	Confidence Mar	Num	
Xand Operator	Chara	B Confficient Max	7874 Neme	S SZCZROWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed small this report to: Department of Environmental Protection, Westewater Compliance Systems Society, MS 3551, 2600 Blair Stone Road, Talkshasese, FL 238 4007
PERMITTER NAMIS: Mid-County Services, Inc.
PERMIT NUMBER PL0034789
MALINO ADDRESS: 200 Westersfield Avenue

Alternous Springs, PL 32714

LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Describe
PACELITY: M6d County WWTF
LOCATION: 2299 Spanish Vista Drive MONITORING GROUP NUMBER: D-001

10N: 2299 Spanish Vista Drive MONTTORING GROUP NUMBER: D-001
Dutadia, FL MONTTORING GROUP DESC: Skieting surface, including influent

COUNTY: Pinelius NO DESCHARGE FROM SITE: DEC 0 1 2006 To DEC 3 1 2006

MONITORING PERIOD PRODE: DEC 0 1 2006 To DEC 3 1 2006

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentr	atlon	Units	No. Ex.	Progessoy of Analysis	Sample Type
Plow (D-001)	Sample Massurement	0.681		MGD		,			0	MONTHLY	CALC
PARM Code 50050 Y Moc. Site No. FLW-01	Percult Requirement	0.9 (As. Avg.)		MGD				S. 4		Monthly	Calcidation
Flow (D-001)	Sumple Measurement	0.612		MGD					0	5X/week	meter
FARM Code 50050 ! Mon.Sits No. FLW-01	Pernuit Requirement	(Mo.Avg.)		MCD				1 P T 4		5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Moseurement				1.5	•		MG/L	0	MONTHLY	CALC
PARM Code 80082 Y Mon.Site No. EFD-01	Permit Requirement		W		5.0		ak se lala 11 di	MON		Monthly	Calculation
BOD, Carbonnoscus 5 day, 20C	Sample Montoromant				0,6	0.6	2.4	MG/L	0	MEEKTA	16HR FPC
PARM Code 80082 1 Montfile No. (LPD-0)	Permit Raquisument			· · · · · · · · · · · · · · · · · · ·		Wester Ave.	(10.0 (34.03)	MOJE.		Weskly	16-hr PPC
Solids, Total Suspended	Sumple Measurement		1		< 2			MG/L	0	MONTALY	CALC
PARM Orde 00550 Y Moo.Site No. 8PD-01	Permit Requirement				(AD.AVE.)			MOL	34 / A	Monthly	Calculation
Solids, Total Suspended	Sample Measurement		,		<	< 1	< <i> </i>	MG/L	0	Weekly	16HR FFC
PARM Code 00530 (Mos.Sita No. EPD-0)	Permit Requirement			7,544	6.25 (MO.AVE.)	(Wooldy Avg.)	Ipe (Max)	NOL	V :	Weekly	16-tu. PPC

I certify under penalty of law that his document end all attackments were prepared under my direction or supervision in accordance with a system designed to same that qualified personsel property gather and evaluate the information submitted. Based on my laquiry 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 are aware that there are significant possible for submitting false information, including the possibility of fine and impresonment for knowing violations.

STEPHEN SZCZEPKOWSKI Stephen Szczepkowski Stephen Szczepkowski 727-787-7978 07-12-21			. .				
STEPHEN SZCZEPKOWSKI STOCKE STOCK STOCK STOCK SZCZEPKOWSKI	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR	AUTHORZZED ACTORT	SECONATURE OF PRENCIPAL ED	CECUTIVE OFFICIER OR AUTHOR	KIZZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STEPHEN SZCZEPKOWSKI	Stept	ken Ergresk	avski	727-787	1-7978	07-12-21

COMMENT AND EXPLANATION OF ANY YEOLATIONS (Reference all attratuments have):

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: DOLE 0 1 2006 To

PERMIT NUMBER FL003478

Parameter		Quantity o	x Loading	Units	Qua	lity of Concentr	Concentration		No. Ex.	. Analysis	Sample Type
Solida, Total Suspended	Sample Measurement						2	MG/L	0	5X/week	GRA B
PARM Code 00530 1 Mon.Sice No. EPS-01	Permit Requirement						\$0 (Max.)	MGA		5 Days/Week	Grab:
Nitrogus, Total	Sample Monutement				2./			MG/L	0	MONIHLY	- CALC
PARM Code 00690 Y Mag.Sile No. EPD-0	Permit Regulæment				(Aq.Avg.)			Mist.		Monthly	Coloulation
Nitrogen, Tutai	Sample Measurement				1.5	1,5	2,7	MG/L	0	WEEKLY	16hr FPC
PARM Code 90600 1 Montale No. EPD-01	Poznit Regularmost				(Ma.Ave.)	(Wookly Aye)	6.0 (Nax)	MGA		Waskiy	16-hr. RPC
Phosphores, Total (as P)	Sample Measurement				0.5			MG/L	0	MONTHLY	CALC
PARM Code 00665 Y Mcz. Sito No. EPD-D	Permit Regulternuot				l.i) (An.āvg.)			MOL	**	Monthly	Calculation
Phosphonis, Total (es P)	Sample Measurement				0.45	0.45	0.69	MG/L	0	WEEKLY.	16hr FPC
PARM Code 00555 1 Mon.Sim No. ISPD-01	Permit Requirement				(Mo Ave.)	(Wookly Aye.)	20	MG/L		Weakly	16-br. FPC
PH	Sample Measurement				6.5	8.0		SU	0	5x/WEEK	METER
PARM Code 00400 1	Poemit Requirement				6.0 (Min.)	8.5 (Msz.)	end nei Apir. Manis Aketaenillar II.	SU		5 Days/Week	Meler
Coliform, Pecal, % less than Setaction	Sample Managrouncet				100			7.	0	MONTHLY	CALC
PARM Code 51005 1 Mon.Site No. EFD-01	Permit Recognisated	A STATE		#3 8 W.	75 (Mis.)			CENT		Monthly	Calculation
Coliform, Pecel	Sample Measurement		`		<			#100m	0	5x/ week	GRA B
PARM Code 74055 I Mon Site No. BPD-01	Permit Requirement			11.7	25 (Max.)			N/100MG		7 Days/Work	Grab
Total Residuel Chlorine (Por Disinfection)	Sample Measurement				1.2			MG/L	0	5x/WEEK	METER
PARM Code 50060 A Mon.8ite No. EPA-01	Permit Requirement				1.0 (Mm.)			MOVL		5 Days/Week	Mater
Total Residual Chlorine (For Dechlorination)	Sample Measurement				<0.01			MG/L	0	5xy. Week	GRA B
PARM Code 50060 1 Mon-Site No. EPO-01	Permit Requirement				O.Gl (Max.)			MGAL		5 Days/Week	Grab
Oxygen, Discolved (DO)	Sample Mangaressent				7.2			MG/L	0	5x/ Week	GRAB
PARM Code 00300	Permit Requirement			10	CONTRACTOR			MOL	N.	5 Deys/Week	Greb

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACELITY:

Mid County WWIF

MONITORING GROUP NUMBER: D-601
MONITORING PERSOD Fixes: ____

DEC 0 1 2008

PERMIT NUMBER: PL0034789 DEC 3 1 2006

Parameter		Quantity o	r Loading	Units	Qua	Quality or Concentration			No. Bx.		Sample Type
Calarafocus	Sample Measurement				71			UG/L	0	MONTHLY	CALC
PARM Code 32106 Y Mod-Site No. BPD-01	Persoit Requirement			1.31.3	Report (An AVR)			UÇ⁄I.		Monthly	Calculation
Chloroform	Semple Management				57			UG/L	0	WEEKLY	GRA 8
PARM Code 32106 L Mont. Site No. BPG-01	Permit Requirement				Marie Land			000		Weekly	Grab
Plow (Yotal Plant)	Sample Magazinement	0.681		MGD					0	MONTHLY	CNC
PARM Code 50050 P Mon. No. FLW-01	Permit Regularment	0.9 (Ac.Ave.)		MECEL		· "不有的数				Monthly	Caloniation
Plow Total Flant)	Sample Manusement	0,627	0.612	MGD			,		0	5x/WEEK	MET'ER
PARM Code 50050 Q Mos. Sto No. FLW-01	Permit Requirement	Report (3-Mo.Avg.)	(Mo.Ave.)	¥000						S Days West	Flow Totalises
Percent Capacity, TMADE/Permitted Capacity) x 00	Sataple Messurvoiere				70			X	0	Monthly	CALC
PARM Code 00180 I	Permit Recuirement							CENT	, X.	Monthly	Calculation
SOD, Carbonassons 5 day, 20C	Sarapie Measuremest				150			MG/L	0	MONTHLY	16 HR FPC
PARM Code 80082 G Vice Star No. INPO	Permit Regultument				(Mo,Arg.)			MOK		Monthly	16-hr. PPC
iolids, Total Suspended	Sample Measurement				240			MG/L	0	MONTHLY	16 HR FE
PARM Code 00530 G . Mco. Bits No. BNF-01	Permit Requirement				Report (Mc.Ang.)			MG4.		Monthly	16-br: PPC
Rainfall	Sample Measurement				3			INCHE	0	DATE.Y	CALC
PARM Code 46529 P	Permit Requirement				Report (Mo.Total.)	र करत अवस्थित सम्ब	aller market and the S	DICHOS	ľ	Daily	Calculation
Annual Shidge Production, Total	Sample Meanument			GALLON		·			0	MONTHLY	CALC
PARM Code 49019 P	Permit Requirement	Report (Mo. Total)			数. 图像. "你					Montaly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION D

large monitoring report - part a draft

When Completed mail this report for Department of Bavironments Protectics, Wastewater Compilence Evaluation Section, MS 3551, 2600 Binir Stone Road, Talahanne, FL 32399-2400

- 6	MIT	THE	N/A1	LEB.
FEE	MI.	.IBP	NA.	ale:

Mid-County Services, Inc.

PERMIT NUMBER

CLASS RIZE:

PLA034789

MAILING ADDRESS: 200 Weathersfield Avenue Altamonte Springs, PL 32714

LIMIT:

Flant N/A

REPORT: GROUP:

Toxicity Domestic

PACELITY: LOCATION: Mid County WWTP

2299 Spanish Vista Drive Dunedin, FL.

MONITORING GROUP NUMBER: D-001 MONITORING GROUP DESC:

Existing surface water discharge

COUNTY:

Pinciles

NO DISCHARGE FROM SITE MONITORING PERIOD

DEC 0 1 2006 To

Parameter		Quantity	x Loading	Units	ts Quality or Concentration					No. Ex.	Proquency of Analysis	Sample Type
7-DAY CHBONIC STATES Carledaphain dubin(Routine)	Sample Measurpasest				100			X		EVERY 3 months	1	
PARM Code TBP3B P Mon.8las No. EFD-01	Permit Requirement				(Mag.)			CIPT	0	Byery Other Month		
7-DAY CRIBONIC STATES Oxforiginal duble(Additional)	Sample Measurement				,			X		PERMIT	24hr FPC	
PARM Code (18258 Q Mon. Skip No. 8270-01	Permit Receivement			1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 04m3	NODI-9		CENT	0	As needed	As required by the permit	
7-DAY CHRONIC STATRE Cariodaphula dubia(Additiqual)	Sample Measurement							78		PERMIT	24hr FPC	
PARM Code TBP3B R Mon-Sile No. EFD-0t	Persoli Requirement				100 (Min.)	MODI-9	1.5	CBVI	0	As seeded	As required by the permit	
7-DAY CHRONIC STATES Pimephales prometee(Routine)	Sample Measurement				100			7.		TYERY 3MONTHS		
PARM Code TBP6C P Mon. Sile No.: SPD-01	Permit Regulrecurat				(Min.)	\$10.576128.05.05		CONT	(O' s	Rvery Other Mooth		
7-DAY CHRONIC STATES Pirosphales promises(Additional)	Sample Management	·	, ,					*		PERMIT	24hr FPC	
PARM-Code TBPSC Q Mondide No. BFD-01	Permit Regulareren				Mh	- W0D1+9		CERT	0	Az naedad	As required by the permit	
7-DAY CHRONIC STATES Plesophales promotus(Additional)	Sample Messurement							3		Permit	24hr FPC	
PARM Code TBPSC R Mon.Side No. EPD-01	Permit Recuienment			1.00	0	NODI-9		CE S	Ö	As seeded	As required by the permit	

^{*#} A SECOND DEFEVITIVE TEST IS REQUIRED. BYTER THE RESULT IN AN EMPTY ROW.

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

						·	
NAMESTITLE OF PRINCIPAL EXECUTIVE O	NYTICER OR AUTHORIZED AGENT	SMINATURE OF PRO	NCPALEXBOUTIVE OFFICES	OR AUTHORIZED AGENT	ON SHOWER JET	DATE (YYAMMOD)	
STEPHEN SZCZEPKOWSKI	step	hun Szer	esponshi 7	27-787-7978	· o-	7-12-21	
COMMENT AND EXPLANATION OF A							

^{**}RYTER NODE-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

ENTER NODE IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

DEC 0 1 2006 - DEC 3 1 2006

	Phy (MCD)	ONGVT) CBODE	TSS (MG/L)	795 (MGC/1)	Marogen, Total (MGA)	Phosphores (MIGE.)	ph (SU)	Petal Coliform Bacteria (W100ML)	TRC (For Disimbot) (MICAL)	TRC (For Decision) (MGFL)
Code	50050	80862	00530	09538	99680	00665	00400	74055	50060	50066
Mon. Sin-	FE-18-81	EFD-01	EF90-091	BPB-01	用)4	Bird-01	EFD-01	EFD-01	用人员	EPD-4
1	-698			< 1			7.8 7.5	41	3.2	4,01
. 2	.610									
3	.614			<u> </u>				·		
4	.539			<			7.87.6	<	3.3	<,0/
5	.537	٧ د	< 1	2	1,5	0.59	807.7	41	3.0	<.01
6	.568			<1			7975	<	2.6	<.01
7	.532			<u> </u>			7.674	<	3.1	<.01
8	.482			<		a	7.77.0	<	2,9.	<.01
9	.382									
10	.611									
11	.604	2.4	<	<u> </u>	2.7	0.69	7.8.7.7	<]	1.7	<.01
12	, 578			_ < _			7.87.6	<	1.7	<.01
13	.585			<			7.77.4	<	1.2	<.01
14	.617			<			7.67,3	<	1.4	١٥, >
1,5	.576			<u> </u>			7.47.2	<1.	1.6	<.01
16	.612									
17	.623				ļ					
12	.610		<u> </u>	1 < 1	, , ,	2 2 1	7.67.4	<	3,4	<.01
19	.563	< 3	<	2	1././.	0.34	7.77.5	<	2.8	< .01
20	.577		<u> </u>	<			7.67.2	<	3,2.	<.01
21	617			<			7,5 6,5	< 1	3.4	701
72	.635			< 1			7.3.6.9	< 1	2.8	<.01
23	.679		 							
24	-648		 	 			701			
25	.729			<		A 15	7.96.8	< 1	4,0	<.01
26	.629	<2	<	2	0.50	0.17	7.77.2	<1	2.9	<.01
27	.608	<u> </u>	ļ		ļ		7772	<1	3, 2	2.01.
29	613		 	[5]	-		7.5 7.3	<	2,7	< .0/
	.669			_ <	<u> </u>		7,57,3	<	2,	<.01
30 31	.683	<u> </u>	}							
	. 718 18.966		<u> </u>	-	<u> </u>					
Total			1	<u> </u>						
Mo. Ayg.	1612									

PLANT STARFESS: Day SME Operator	Class:	C+ C Chaliffonte Mice	13840 + 14129	R BUONO J FINEHIRSH
Breefing Shift Operator	Ches:	A + A Confficure Mr.	2772 + 512 N	H GUSTHER R JOHNS
Night Shift Operator	Charac	Conflicts No.	- House	,
Land Openhia	Ciesta	B Codition No.	7874 Manus	S SZCZEPKONSKI

onalt Number: H.0034789 Fine DEC 0 1 2006 Re DEC 3 1 2006

Women	ing Patitol	140mm —			#F0 *					
	Carygen, Dissolved (DO) (MG/L)	CManaform (UG/L)	CBODS (MIG/L)	TSS (MO/L)	Studge Production, Total (GPD)	Rainfell (BNCHES)	-			
Code	00300	32106	80062	00530	49019	46529				
Mos. She	EPD-01	EPO-01	PHI-01	ANF-01	OTH-01	OTH-42				
i	7.9							i —		
2						·	<u> </u>			
3										
4	7.5				18,750					
5	7.7		150	240						
6	7.7	59			18,750					
7	7.4			1	12,500	<u></u>				
8	8,3		<u> </u>	<u> </u>	12,500		<u> </u>			
9				<u> </u>						
10										
11	7.6	63			12,500					
12	7,6				6,250	<u> </u>				
13	7. 入			<u> </u>	12,500		<u> </u>		<u> </u>	
14	7.人				<u> </u>		<u> </u>	<u> </u>		ļi
12	7,4	<u> </u>		 		ļ	<u> </u>	<u> </u>	<u> </u>	ļ
16	A		<u> </u>	 			<u> </u>		<u> </u>	<u> </u>
17			<u></u>	↓			<u> </u>	 		
18	7.4		<u> </u>	<u> </u>	18,750	<u> </u>	<u> </u>	 		
19	8.0		<u> </u>	<u> </u>	6,250	 	 	 		
20	7.6	59		 	10.0		<u> </u>	 		ļ
21	8.0.				12,500		 	 	-	<u> </u>
22	8.7		 _	 	10 700	1.0		 	 	<u> </u>
23	1		 	 	18,750		 	 	 	
25	 0 /-	 	 	 		15	 	+	 	
26	8,6		 	 	10	1.5	 	 		
27	7.5	45	 	 	18,750		 	 		
28	7.6	1-73	 	 	12,500		 	 -	 	
29	7.5	 	 	 	12,500			 	 	
30	1,0			 	12,500			 		
31	1	 	 	 	12,500	0,50		 	 	
Total	 			-	218.750	3	7:1			
Mo. Avg.	 	1			7056	0.1			-	
		<u> </u>	<u> </u>		1030	V. /			<u> </u>	

Day Shift Opensor	Class:	C + C Certificate No.	13840 + 14129	R BUONO J FINEHIRSH
Evening Shift Operator	Class	A + A Confices No.	2772 + 512 House	M GUNTHER R JOHNS
Night Shift Operator	Class:	Certificate No:	Name -	
Lead Operator	Class:	B Certificate No.	7874 Name	S SZCZEPKOWSKI

2007

25.30.440 (4) OPERATIONS REPORTS DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report tot December of Sevicomental Protection, Westswater Compliance Svalention Section, MS 3331, 2600 Bink Stone Road, Talkaheares, FL 32399-2400 PERMITTER NAME: Mid-County Services, Inc. PERMIT NUMBER PL0034789 MAILING ADDRESS: 200 Weathersfield Avenue AMERICON Springs, PL 52714 FILE COP VILASS SEZE: Final REPORT: Manualy

FACILITY: Mid County WWTF LOCATION: 2399 Spenish Vista Drive

Denedia, FL

MONTTORING GROUP NUMBER: 7-401 MONITORING GROUP DESC:

Bulsting surface, including influent

N/A

COUNTY:

Pinelles

NO DISCHARGE FROM BITTLE MONITORING PROPIOS PROPIOS IAN D 1 2007 To

LANCE & COOK

Domestic

GROUP:

Parameter Plow (D-001)		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Prequency of Analysis	Sample Type
	Sample Measurement	0.682		MGD					0	MONTHLY	CALC
PARM Code 50050 Y Mos.Site No. PLW-01	Pennit Receimment	0.9 (AU_AYE)		MGO			12.00			Mortily	Calculation
Plow (D-001)	Sample Massurement	0,633		MGD					0	5X/week	meter
PARM Code 50050 Mossille No. PUV-01	Peralit Requirement	(Ma-Ave.)		INCID						5 Days/Wook	Flow Totalized
BOD, Carbonapeous 5 day, 20C	Sample Measurement				1.5			MG/L	0	MONTHLY	CALC
PARM Code 10082 Y Mostatie No. EPD-01	Permit Requirements			i gara	5.0 (As.Avs.)	4.11	18. 12.3 July 1	MCAL.		Monthly	Calculation
BODA, Christophonous 5 day, 20C	Secupts Measurement				1.3	1,3	6.4	MG/L	0	MEEKLY	16HR FPC
PARM Cade 80092 Monthle No. (EPC-01	Permit Repulcturent					Street Ave.	10.0	MOL.		Weekly	16-br. PPC
Solids, Total Suspended	Sample Managrenous	-			くえ			MG/L	0	MONTHLY	CALC
PARM Code 00534 Y Mos.Bite No. EFD-91	Portait Nacadescripts				(And va)		As the reserve	MG/L	$\{\xi_i\}_{i=1}^{k}$	Monthly	Calculation
Rullia, Total Suspended	Sample Meanwenant	ľ			< [<1	<	MG/L	0	WEEKLY	15HR FPC
PARM Code 00530 1 Mon.Site No. NFO-01	Permit Receivement			7 7	(MILAVE)	(Weskly Avg.)	1000 (Max.)	HOL		Weakly	Id-ba FRC

Courtify under penalty of law that this document and all attachments were prepared order my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who amongs the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bell of, true, unwase, and complete. I am avere that there are significant possible for exhabiting fishe laboration, including the possibility of this sad imprisonment for knowledge violations.

	•		•		
NAMED TILE OF PRINCIPAL EXECUTIVE OF	COME ON AUTHORIZED AGENT	STORATURE OF	PRINCIPAL EXECU	TIVE OFFICER OF AUTHORIZED AGENT	THE SPECONE NO DATE (YY/MONCOD)
STEPHEN SZCZEPKOWSKI	Stephen	Sicrea	kovski	727-787-7978	07-02-26

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all ethicitations blee):

Low cl2 residual on the 30th was caused by

Hach c1 17 malfunctioned, and was reset.

FACILITY:

Mid County WWTP

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: JAN 0 1 2007 To

PERMIT NUMBER: PL8034789

Parameter		Quantity	or Loading	Units	7	7.			JAN 3 1 2007			
Solids, Total Suspended		~~~	w executing	Onto	Qu	ality or Concen	tration	Units	No		Sample T	
Podus, Total Suspended	Sample								Ex		1_	
PARM Code 00030 1	Measurement Parnet	···		<u> </u>			2.4	MG/L	10	5X/week	GRAB	
400.586 No. RPB-DI	Requirement			100		·	338	MGC	+~	L		
Stroges, Total	Sample	***************************************		<u> </u>			(MEX.)			5 Days/Week	Grab	
	Measurement				1.8			MG/L	+-	-	-	
ARM Code 00600 Y	Permit			 			<u> </u>		10	MONTHLY	CALC	
fon. Site No. BPD-01	Regulement		1		3.0 (As.Avg.)			MGA	-	Monthly	Calculate	
itrogue, Total	Sample			 	(218-779.)						Cascalate	
ARM Code 00600 1	Messurement			1	0.60	0.60	0.89	MG/L	0 ا	WEEKLY		
COLLEGE No. EPO-01	Permit			3.3	5 K	43			10	1	16hr	
tosphorus, Total (48 P)	Regularisant				(MOANE)	(Weekly Ayr.)	6.0 (Max.)	MOL	1	Weelcly	16-hr. P	
	Sample					111111111111111111111111111111111111111	(00.00)	+	+			
ARM Code 00665 Y	Measurement Permit		<u> </u>		0.44	1	1	MG/L	10	him samene se	1	
on Site No. EPO-O	Requirement				1.0		1 7 4 2 2 7 7 7 12 12 12	MOL	+~	MONTHLY	CALC	
rosphorus, Total (as P)	Sample				(AnAve)			174416		Monthly	Calculat	
	Measurement				60 /			-	 		ļ	
LRM Code 00665	Permit		-		0.1	0.1	0.28	MG/L	10	MERKLY.	1.6hr 1	
og Sie No. BRID-01	Remainment				1.23	1.5	1.0	MG/L	 ~~	Weekly	1.6-hr. FP	
t .	Saraple	· · · · · · · · · · · · · · · · · · ·	 		(Modye)	(Weakly Avg.)	(Max.)			1/ Delita	1.O+DF. PP	
	Measurement		1		6.7	7.9						
VRM Code 00400	Perralt				6.0	1,4		SV	0	5x/WEEK	METER	
ce Site No. EPD-01 Misora, Pecal, & less than	Requirement				(Min.)	8.5		8U		5 Days Week	Meter	
Musorus, rocal, % lites than Section	Sample				(WAR)	. (Max.)	in the same of					
RM Code 51005 1	Mustarement		<u> </u>		100		1	7	0	MONTHLY	CALC	
CILSIU No. RFD-01	Permit				78 (1.78 P. 12)	1 0 00 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	real real real		\perp		CALC	
Liform, Pros.	Requirement .				(Mis.)			PER- CHNT		Monthly	Calculation	
	Somple Measurement		1	7			7 - 1 1871 A. S. 4877	- Vest (1				
RM Code 74055	Permit			1	< 1		ĺ	#100m	\cap	5x/ week	GRAB	
M. Site No. BFD-D1	Requisement				25			MIODAGE	4			
al Residual Chicrine (For	Sample				(Max.)	<u> </u>	*			7 Days/Week	Grab	
tinfection)	Measurement			1	<u> </u>			200 /2				
RM Code 50060 A	Permit				0.5			MG/L	11	5x/NEEK	METER	
2.80 No. BPA-U	Requirement	. [1.0			MG/L		5 Doys/Week		
al Residual Chlorine (For	Sample		<u> </u>	<u> </u>	(Min.)				•	2 Dolanses	Meter	
nicrination)	Measurement	j		- 1	<0.01							
LM Code 50060	Parreit							MG/L	01	SXY WEEK	GRAB	
Ste No. EPD-01	Retainment			1	0.01			MUAL		5 Days/Wesk	Omb	
goa, Dissolved (DO)	Sample				(Mar)		1 1		1		W130	
EM Code 00300 j	Measurement	l	ļ.]	7.0	Į	T	MG/L	$\overline{}$			
Site No. SPD-01	Petak				The second named in column 2 is not a se				\mathcal{Q}	5x/ WEEK	GRAB	
E-MA DLTI-()	Requirement				Odin.i.	s stan – katili	T	MGAL	7	5 Days/Wesk	Grab	

PACILITY:

MIA COURTY WWTF

MONITORING PERIOD . Prom: IAN 0.1 2007. To

PERMIT NUMBER: FL0034789

JAN 3 1 2007 Parameter Quantity or Loading Units Quality or Concentration Units No. Prequency of Sample Type Auslynis Ex. Сыского Sumple 69 Massurament UG/L MONTHLY CALC PARM Code 32106 Y Personal Property lies Roport UG/L · Monthly Calculation Mon.Site No. RPD-01 Requirement (ALAVE) Chloroform Semole 54 0 Monute WEEKLY GRA B. PARM Code 32106 Perpark DAL Local Wookiy Grab Mon. She No. EPD-01 Requirement (Mo.Aya) Flow Sample 0.633 (Total Plant) MGD Measurement! 0 MONTHLY CALC Calculation PARM Code 50050 P Permit MOD 0.9 Monthly Man. Bile No. FLW-01 Requirement Plow Sumble 0.62 (Total Plant) MCD 5x/WEEK METER PARM Code 50050 Q Permit MOD Report Report S Days/West Flow Totalbar Mon. No. PLW-01 Requirement (3-Mo AVE) (MOAVE) Percent Capacity, Samo (TMADP/Permitted Capacity) x Measurement 69 MONTHLY CALC PARM Code 90(80 1 Parmi Report Mountally Calculation Moo. Sta No. FLW-01 Requerement CINT BOD, Carbonaceous 5 day, 20C Sample 370 16 HR EPC Мовиленен 0 MONTHLY PARM Code 80082 Permit Rispost MOL Mosthly le-kr FPC Man Stor No. EVELOI Requirement (MO ANL) Solids, Total Suspended Septe MG/L CONTHLY 16 HR FPC PARM Code 90630 Report (M4-AVL) Permit MOL Monthly 16-br. FPC Mos Ste No. INPO Receivement Rainfall Meangranack 0 INCHE DAILY. CALC PARM Code 46529 P Person Report HOLES Dully Calculation Microsofthe No. OTH 02 Requirement (Mo.Total.) Annual Studge Production, Total Sample GALLONS Menucone MONTHLY CALC PARM Code 49019 P Percel Report Super II 1.1 Moothly Calculation Moniton No. OTH-01 Remirement (Matous)

DEFARTMENT OF ENVIRONMENTAL PROTECTION.

CHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Section, MS 3551, 2500 Stair Stone Road, Talkshausen, PL 32399-2406 PERMITTER NAME: Mid-County Services, Inc. PERMIT NUMBER PE-0034789 MARLING ADDRESS: 200 Westhersfield Avenue Altamonte Springs, PL 32714 LIMID Real REPORT Texter CLASS SIZE N/A OROUP: Domestic PACILITY: Mid County WWTF LOCATION: 2299 Spezish Vinta Drive MONITORING GROUP NUMBER: D-001 Dansdin, Ft. MONTTORING GROUP DESC: Builting series water discharge COUNTY: Pinelias NO DISCHARGE FROM SITE:

JAN 0 1 2007 To JAN 3 1 2007 MONITORING PERIOD Parameter Quantity or Loading Units Quality or Concentration Units No. Presumer of Sample Type Analysis Ex. 7-DAY CHRONIC STATES Cample FVERY the Corlodonimia dubia (Routine) NODEA Management 2 PARM Code/TBPSB Permit CHYT Every Office NODI-9 Mos. Sits No. EPD-01 Ó Remirement Month 7-DAY CHRONIC STATRE Sample Z Chrisdenhola dubis (Additional) Moteuremon PERMIT 24hr PPC PARM Code TBPSB Parcel PER. As peeded :<u>:</u>. As required by Mon. Mile No. IR D-01 0 NOD I-9 CENT the permit 7-DAY CHRONIC STATES Sample Cariodaphula dubis (Additional) Measurement X PERMIT 24hr FPC PARM Code TBPSB R Permit Al needed As required by Mon. Blas No. 8FD-01 NODI-9 Resultement Ď CENT Milai the parent 7-DAY CHRONIC STATES Samelo X SMUNTHS Pismeshales promotes (Routine) Medewermen Δ on I^{-q} PARM Code TRPSC P Persolt Every Other Q. Micro Side No. 3370-01 Rogaliemout (Min.) NOD I +9 CHIT Month 7-DAY CHRONIC STATES Somols Pimeniales grounding (Aridicional) PERMIT 24hr FPC Manuferent PARNE Code TBPGC Mondia No. 8PD-01 Penalt CHNT As needed As required by NBD I+9 0 Restilement 7-DAY CHRONIC STATES the permit Sumble Pimephalia promeins (Additiousi) Measurement PERMIT 24br FPC PARM Code TEPSC R As moderal As required by NOD 149 Mon Ste No. EPD-41 CENT the permit

*E' A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THIS RESULT IN AN EMPTY ROW.

**ENTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

ENTER NODE-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

t certify under penalty of law that this descenses and all attackments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly guiter and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for guitering the information, the information submitted is, to the best of my knowledge and belief, true, accounts, 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/THE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE		the second of the second	
ACTION ACTION AND ACTION ACTIONS ACTIO	NT SKRIATURE OF PAINCRAL EXECUT	TYB CIPPICED OR AUTHORIZED AGENT	THE PROVENO DATE (YYAMADD)
STEPHEN SZCZEPKOWSKI ST	shur Ircresponski	737-787-7978	07-02-26
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Befores)	till attachments hamil		

DARLY SAMPLE RESULTS - PART'S

JAN 9 1 2007 >= JAN 8 1 2007

	Plaw (\$460)	CBODS (MG/L)	759 (MG/L)	T35 (MG/L)	Migrogen, Total (MCIL)	Phosphores (MO/L)	р Н (\$U)	Femi Collors Bacteria (N/190ME)	TRC (Por Dissense) (AGML)	TRC (Por Dechlor.) (MG/L)
Code	500,50	89 0K2	00530	08039	90600	09665	00466	74955	50060	59060
Mon. Str	P.W.	HD-61	5FD-03	DB-04	RED-01	2HD-04	5FD-01	EPD-01	EPA-OI	RFD-64
1	, 757			< 1			7.6 6.9	۷.	3.6	<.01
2	, 669			<			7.6 7.2	< 1	3.7	<.01
3	,744	6.4	41	<	0.89	0.16	7.67.4	~ [3,3	401
4	. 714			<			7.57.3	V	2.8	<.01
5	,699			<			7.57.3	4	2.9	<.0/
6	.693									
7	.746									
8	:631			<			7.77.3	<1	3, 2	<,01
9	.581	< 2	4	<	0.56	0.28	7.87.7	<	3,0	<.01
10	.550			1.4			7.97.4	4]	1.6	<.01
23	.605			2.4			7.67.4	<1	2.8	<.01
12	.635			<			7.57.4	<	3,5	<.01
13	.674									
14	.671									
ß	, 635			<			7.67.4	<1	3.7	<.01
16	.626	42	< 1	4	0,33	0.035	7.67.4	2	2.2	<.01
17	,601			<			7.67.4	<	1,7	<.01
12	.592			<			747.0	<1	1.6	<.01
19	.598			<			7.37.1	< 1	2.3	<.01
20	,650									7 🕠 ;
21	,703									
22	.638			V			7.77.4	<1	3,4	< .01
23	.608	٧ ٦	<	ર	0.62	0.043	7.87.7	<	2,5	<,01
24	,571			<			7,975	</td <td>0.5</td> <td><,01</td>	0.5	<,01
25	.574			< 1			7.86.7	<	2.8	<,01
26	,503			<			7.87.3	<1	2,8	<,0L
27	.641									<u> </u>
28	.601									—— `
29	,538			4			7.87.4	<1	2.8	∠.01
30	,551			<			7.87.3	<1		
31	.617	۲۵	41	<	0.58		7.976	2	0.5 a,3	< 01
Total	19,616			Î					-3/3	<,01
MO AVE	0.633			-	<u>-</u>		-			
	0.000							-		

PLANT STAFFENG: Day Shift Openius	Ches	C+ C Confidente Mix	13840 + 14129	R BUONO J FINEHIRSH
Secolog State Operator			2772 + 51.2 H	
Hight Stillt Opmany	Chare	Conflictor No.	Name	
Louid Optomory	Clima	5 Confficute Nec	7874 House	S SZCZEPROWSKI

DAILY SAMPLE RESULTS - PART B

Peccult Nanabuc: PL0034789 Paccel Pac

Wednesday	and talent	170	JENIN II	CITIC NE		71111				
	Oxyges, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBODS (MG/L)	TSS (MGA.)	Assumi Studge Production, Total (GPD)	Rainfull (RACHES)				
Code	00800	32106	80082	06530	49019	46529				
Mon. Sinn	EPP-01	EPD-01	P4F-01	NP-01	OTH-91	OTH-02				-
1	7.5					0.85				
2	7.1				12500				 	†~~
3	7,6		370	220					1	
4	7.4	50			12500	0.25			— —	1
5	7.4 8.0				18750				†	†
6					6250		·			
7						0,40			 	1
8	7,4				12,500					
9	7.6				13.500					1
10	7.6	47			13.SX			1	1	
11	7.8				6250					
12	8,4				12,500					1
13						·,				
14			<u></u>							
15	7,0				25000	•				
16	7.0				12500				1	
17	7.1	60			6,250					
18	7.4			ļ	6720					
19	7.9			<u> </u>						
20										
21						TRACE	· · · · · · · · · · · · · · · · · · ·			
22	8.3				25000	0.2	7			
23 24	7.7				12500			<u> </u>		
25	7.9	7/	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	 	१९२०	0,7			<u> </u>	
26	7.7			<u> </u>	10-					
27	8,0			ļ	18750		·····			
28	-			 		0.6				
29 29					100 00					
30	7.5				18750			<u> </u>	-	
31	8.3	112		 	12500			<u> </u>		
	8.0	43			12500		- 2 Barrier			
Total		<u> </u>			167,500	3	···			
Mo. Avg.		,	·		8468	0.1				

Day Sick Operator	Class:	C + C Certificate No.	13840 + 14129 M	R BUONO J FINEHIRSH
Evening Shift Operator	Class	A + A Contilicate Max	2772 + 512 Name	M GUNTHER R JOHNS
Might Shift Operator	Ches	Contificate Nex	Name:	
Load Operator	Clean	B Confidence Nuc	7874	3 SZCZEPKONSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Savisonmental Protection, Wastewater Compliance Eveluation Section, MS 3551, 2600 Blair Stone Road, Tallahamen, FL 32399-2400

	Mid-County Services, Inc. 200 Westhersfield Avenue	PERMIT NUMBER	PL0034799			
	Alternonia Springs, PL 32714	LIMIT: CLASS SZZE:	Pinti NA	REPORT: GROUP:	Monthly 5th Monthly	.
FACILITY:	Mid County WWTF	- 		QKQGF.		
LOCATIONS	2299 Spanish Vista Drive Dunadis, Pl.	MONITORING GROUP NUMBER:	D-00) Bristing synface in allow	Kna Talinant	* 4 C	(\$ - 3)

COUNTY:

Plactics

NO DESCHARGE FROM SITTE

FFR 0 1 2007 To

FEB 2 8 2007

Parameter		Quantity of	x Lording	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Prequency of Analysis	Sample Type
Plow (D-001)	Sample Measurement	0.677		MGD		,	T		0	MONTHLY	CALC
PARM Code \$0050 Y- Mon.Site No. FLW-01	Permit Regalization	0.9 (An.Ave.)		MGD					\$ P	Monthly	Calculation
Plow (D-001)	Sample Measurement	0.609	·	MGD					0	5X/week	meter
PARM Code 50050 1 Mon.Site No. PLW-01	Perutt Requirement	Report (Ma.Avg.)		MICES					14.	5 Days/Work	Flow Totalizer
BOO, Carbonaceous 5 day, 20C	Sumple Manustracus				1.3	•		MG/L	0	MONTHLY	CALC
PARM Code 80061 Y Mon Site No. EFD-01	Permit Requirement			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S.O	Sant addy		MC/L		Monthly	Calculation
BOD, Carbonaneous 5 day, 20C	Sample Measurement				< 2	< 2	<2	MG/L	0	WEEKLY	16HR FPC
PARM Code 80082 Manual to No. NPO-01	Permit Requirement					(Wester Ave.)	10.0	MOIL		Weekiy	16-br. FPC
Solids, Total Suspended	Semple Mensurement				< 2			MG/L	0	MONTHLY	CALC
PARM Code 00550 Y Vocasine No. 8870-01	Permit Regargement				(An Ave.)			MOL		Montkly	Calculation
Solids, Total Suspended	Sample Maganranjent		,		<	<	< 1	MG/L	0	WEEKLY	16HR FFC
PARM Code 00530 I Mcn. Site No. EPD-G1	Permit Regularment			1 (2.45) 1 (2.45)	(Mo A)r)	(Weekly Avg.)	1Q.) (Max.)	MOL		Weekly	16-hr. PPC

I certify under pentity of low that this document and all attachments were prepared under my disection or sepervision in accordance with a system designed to assure that qualified personnel property 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 was swere that there are significant penaltities for submitting false information, including the possibility of fine and imprintment for knowledge and belief, true, accurate, and complete. I was swere that there are significant penaltities for submitting false information, including the possibility of fine and imprintment for knowledge and belief, true, accurate, and complete.

NAMES TITLE OF PRINCIPAL EXECUTIVE OFFICES	OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUT	TIVE OFFICIER OF AUTHORIZED ACCENT	TELEPHONE NO DATE (YY/MM/DD)
STEPREN SZCZEPKOWSKI	Slephen	Szeneskowski	727-787-7978	07-03-22
	· · · · · · · · · · · · · · · · · · ·	···		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachment large):

There was a very brief spike in CL2 residual, on 2-16-07.

CL2 pump was air bound and was reprimed.

PACILITY:

Mild County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: FEB 0 1 2007

Parameter		Quantity or	Loading	Units	Qua	ity or Concentr	rtion	Units	No. Ex.	Prequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement						Q	MG/L	0	5X/week	GRA B
PARM Code 00530 1 Mon Site No. BPB-01	Poznit Requirement			151			5/9 (Max.)	NGA		5 Days/Weak	Chalo
Nitrogen, Total	Sample Measurement				1.69			MG/L	0	MONTHLY	CALC
PARM Code 00600 Y Mon.Ster No. BPD-01	Permit Requirement				(An Avg.)			MG/L		Monthly	Calculation
Nitroges, Total	Sample Mosserement				0.80	0.80	1.4	MG/L	0	WEEKLY	16hr Fro
PARM Code 90600 1 Montaine No. B/D-01	Pertuit Requirement				(No.Avg.)	(Weekly Avg.)	(Seaz.)	HOL	7	Weekly	I6-lic. FPC
Phosphorus, Total (as P)	Sample Measurement				0.39			MG/L	0	MONTHLY	CALC
PARM Code 00665 Y Mon.Sim No. BPD-01	Permit: Requirement			3.7	(An.eve.)			MO/L		Monthly	Calculation
Phosphorus, Total (as P)	Semple Measurement				0,22	0.22	0.46	NG/L	0	WEEKLY.	16hr FPC
PARM Code 00665 1 Mon.Sim No. BED-01	Permit Requirement				L25 (Mo.Avg.)	(Weekly Avg.)	20 30.5	MG/L		Weekly	16-lur. FPC
pH	Sample Motourement				7.0	7.9		នប	0	5x/WEEK	METER
PARM. Code 00400 !	Parmit Requirement			11,1002,10	6.0 (Min.)	8.5 (Max.)	en en de season en en	\$U		5 Days/Week	Meter
Coliform, Pecal, % less than detection	Sample Measurement				100			7	0	MONTHLY	CALC
PARM Code 51005 1 Mon.Site No. BFD-01	Formit Requirement				75 (Min.)	45		3		Mosthly	Calculation.
Coliforn, Fecal	Sample Measurement		•		<			∦1 00m	0	5x/ week	GRA B
PARM Cods 74055 1 Moustin No. BFD-01	Permit Requirement			123	25 (Mex.)			#/IOOME		7 Days/Work	Grab
Total Residual Chlorine (Por Disinfection)	Sample Monument				0.7			MG/L	1	5x/WEEK	METER
PARM Code 50000 A Mon.Site No. RFA-01	Permit Requirement				1.0 (Min.)			MOVL		5 Days/Week	Meter
Total Residual Chlorine (Por Dechlorination)	Sample Measurement				<0.01			MG/L	0	5x/ WEEK	GRA B
PARM Code 50060 1 Mon.Sine No. EFD-01	Pernet Requirement				0.01 (Max.)	Vicinities	en e	MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sarapis Measurement				6,2			MG/L	0	5x/ WBEK	GRA B
PARM Code 00300 Mon.Sim No. 8FD-01	Persolt Requirement			37.1	3.8 (145)			MG/L		5 Deys/Week	Grab

PACILITY:

Mid County WWTF -

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD Proce: EEB 0 1 2007 To

PERMIT NUMBER: PL003478 EEB 2 R 2007

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.		Sample Type
Chioroform	Sample Monterment				66			UG/L	0	MONTHLY	CALC
PARM Code 32106 Y Most Site No. EPO-01	Persell Requirement			2.07 3	Raport (An.Avg.)			UGAL		Monthly	Calculation
Chloroform	Sunspie Monscrument	***************************************			39	<u> </u>	<u> </u>	UG/L	0	WEEKLY	GRAB
PARM Code 32106 t Mon. She No. BPG-01	Paguit Requirement				Deposit Colo. Acad			UGAL	i il	Weckiy	Grab
Plow (Total Plant)	Sample Messurement	0.677		MGD					0	MONTHLY	CALC
PARM Code 50050 P Mon.Site No. 77.W-01	Permit Requirement	O.9 (Ap.Avg.)		Nector 1				到 解 25g		Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0,625	0.609	MGD			•		0	5x/WEEK	MBTER
PARM Code \$0059 Q Men.Siz No. PLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	493 0					10 (c) 10 (c)	J Days West	Flow Totaliser
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement				69			Z.	0	Honthly	CALC
PARM Code 60180 1 Mos. Sim No. FLW-01	Penalt Requirement			() () () () ()				CENT		Mouthly	Calculation
BCD, Carbonaccous 5 day, 20C	Sample Measurement				170		<u> </u>	MG/L	0	MONTHLY	16 HR FPC
PARM Code 80082 G Mon.Sign No. INFO1	Permit Requirement			yVast. Edi	Report (Mg.Avg.)			MÖAL		Monthly	16-br. FPC
Solids, Total Suspended	Sample Meseurement				250			MG/L	0	MONTHLY	16 HR FP
PARM Code 90930 G Mos. Ste No. 8NP-91	Permit Reculrement				(Ma Ava.)			MGT		Monthly	16-lay PPC
Rainfall	Sample Measurement				1,35	_		INCHE	0	D. 4 2 2 2 2	
PARM Code 46529 P Mon.Sitz No. OTH-02	Permit Requirement				Report (Mo.Total.)	es pro final Same	Armon Appleage ()	DECRES		DATEY Daily	CAT.C. Calculation
Ammad Shudge Production, Total	Sample Measurement	231,2 <i>50</i>		GALLON	\$231,2 <i>5</i> 0				0	MONTHLY	CALC
PARM Code 49019 P Mondies No. 0711-01	Permit Requirement	Report (Mo.Total)						: ************************************		Moathly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION L. ARANGE MONITORING REPORT - PART A DRAFT

When Completed mad this report for Department of Environmental Protection, Wasternater Compliance Section, 543 3551, 2600 Blair Stone Road, Tallahassee, Pt. 32399-2400

PERMITTER NAME: Mid-County Services, Inc.

MAILING ADDRESS: 200 Westbersfield Avenue

Altumonte Springs, PL 32714

PERMIT NUMBER

FL0034789

LIMITE CLASS RIZE:

NA

REPORT: GROUP:

Today Domestic

PACILITY: LOCATION: Mile County WWTP

2299 Spenish Vieta Drive

Dunadin PL

MONETORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Existing surface weter discharge

COUNTY:

Piculian

NO DESCRIANCE PROM STYLE MONITORING PERIOD Prints

FEB 0 1 2007 To

FEB 2 8 2007

Parameter		Quantity of	r Loading	Unite	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATES Oxfodephila dubia(Routine)	Sample Meastreasoni				>100			Z	0	Every Months	•
'ARM Code TRP38 P don No. BPD-01	Parmit Residentes			17.7						Byene Other Month	
-DAY CRIRONIC STATRE Oxiologimin dubin(Additions!)	Manaple Managementant				,			X	G	PERMIT	24hr FPC
PARM Code TBP98 Q Mon. Rice May 2009-01	Paranit Recorderment	· · · · · · · · · · · · · · · · · · ·				NODI-9		CENT		As needed	As required by the permit
-DAY CHRONGC STATRE Intodephale dubis(Additionsi)	despie Magnetories							7.	0	PERMIT	24hr FPC
MRM Code (1875) R Sep. Ma. No. 1870-04	Permit Regularment				100	NOD1-9		CENT	1	As needed	As required by the permit
-DAY CHRONIC STATE (temphales promotes (Rossies)	Sample Measurement				700			X	0	SMONTHS	
ARM Code TBP6C P	Parmit Receivement				ML					Byery Other Month	
DAY CHRONIC STATES impleies promise (Additional)	Sample Menusyanan	·						X	0	PERMIT	24hr FPC
ARM Code TBRCC Q	Peccali Remitment					Ned 1+9				As needed	As required by the permit
DAY CHRONIC STATES Imaginates promotes (Additional)	Bampin Mesongeneni							z	0	PERMIT	24hr FPC
ARM Code TRING R Age Sta No. BRD-01 NF A SECOND DEPEN	Permit Remirement			* 64		NODI-8		CENTR	7 4.4.	As meeded	As required by the purmit

on children legal as recomment extend the resolution by similar body. **ENTER HODI-C IN THE RESULTS COLUMN IP NO DISCHARGE OCCURRED DUKING THIS REPORTING PERIOD. ENTER HODING IN THE RESULTS COLUMN IF NO DEPINITIVE TESTS ARE REQUIRED.

I cortify made: personly of how that this describes and all attractances were properly made: my direction or improvision in accordance with a system designed to uncore that qualified personnel properly guitar and evaluate the information ariumitted. Based on my inquiry of the person or persons who message the system, or those persons directly responsible for gathering the information, the information astemitted in, to the best of my knowledge and belief, area, assuments, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and impristment for knowledge violations.

NALISHER BY THE TRIBLE BY	THIVE CHIECON ON AUTHORIZED ACTIVIT					
AND STATE OF SUBSICIONAL BASIC	ALLAR CALLETON ON VALLACIMENT YOUNG.	MONATURE OF PRINCIPAL	BURCUTIVE OPPICIER OR ALT	HORIZAD AGENT	THE REPRESIDE NO	DATE (YYMM/DD)
		^	والتراماني وواحدان والمراها			
STEPHEN SZCZEPKOW	SKI X /. ./,	raneskowski	· -	17-787-	7070	
The same of the sa	- Menny	son estource		11-181-	7776	11-03-22
COMMENT AND BYEN ANATON	AL AND AND ADDRESS OF THE ASSESSMENT OF THE ASSE	1 71.				

DATEY SAMPLE RESULTS - PART IS

FER 0 1 2007 THE FER 9 8 2007

	Plow (MGD)	CBODS (MG/L)	133 (MGAL)	155 (MO/L)	Neiprygen. Think (MCG/L)	Phosphores (MGL)	P±1 (\$EU)	Fecal Colidorn Bacseria (8/190ML)	TRC (For Disimbot.) (MG/L)	TRC (Par Decision.) (MG/L)
Code	50950	10062	00538	09530	90690	00665	00400	74055	50000	.50060
340n. 500	PLW-III	田7)-61	BPD-01	EFB-01	END-01	229D-01	EPD-01	ERD-01	EPA-OI	1370-04
1	.665			<			7.773	<	2.3	<.01
2	.615			<			757.2	<1	2.8	<.01
3	,588		T							
4	,620									
5	.573	< 2	< 1	4	0.13	0.1	7.97.2	21	0.5	<.01
6	.576			41			7.8 7.4	<	2.3	<.01
7	,5.61			<			7.67,2	<1	2.5	<,01
8	.590			< 1	2.4		7.2.7.1	41	2.3	4.01
9	.579						7.37.1	<1	1,1	<.01
10	.607									
11	.593								, ,	
12	.575	<2	<	2	1.4	0.27	7.52.4	<	2.4	4,01
13	.626			<			7.57.2	<	2.0	<.01
14	.618			2			7.672	<1	2.5	4,01
15	.589			< 1			7.67.3	<	2,1	<,01
16	,490			<			7.47,1	<	0.7	<.01
17	.659			<u> </u>						
12	,587									
19	,584			<			7,27,0	<	1.7	<.01
20	.612			<			7.47,0	<	1.8.	5,01
21	.649	<2	<	<	0.88	0.035	7.47.1	<)	3.0	<.01
22.	.624			<1			7,5,7,1	<	3.2	<.01
23	,608		<u> </u>	2			7,67,4	۷	2.7	<.01
24	.653		<u> </u>							
25	.658									
26	.665			<			7.77.6	<1	2.7	<.01
77)	.628	< 2	<	<]	0.73	0,46	7.67.4	<	2,3	4.01.
28	.666			<			7.7 7.4	<1		5.01
29							I			
30							I			
31										
Total	17.058									
Mo. Ayg.	0.609									

PLANT STANFORG: Day SMR Operator	(See	C+ C Confiferto Nex	13840 + 14129	R BUONO J FINEHIRSH
Decaing Shift Operatur	Chuc	A + A Confficer Mg	2772 + 512 None	M GUETNER R JOHNS
Night Shift Operator	Cities	Confidence Hist	- Manage	
Lead Openius	Cine	B Conditions Mic	7874 Name	\$ SZCZEPKOWERT

DAILY SAMPLE RESULTS - PART B

PL0034789

FEB 0 1 2007 FEB 2 8 2007

Parilly: Mid County WWTF

	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBODS (MG/L)	TSS (MG/L)	Annual Studge Production, Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	20082	90530	49019	46529				
Mon. Sine	10-0 1	EFD-01	Per-01	BNP-01	OTH-01	O778-02				
Į.	6.2									
2	6.9				12,500					
3						0.50				—
4										
5	8.0				18,750					
5	7.2	46			6.250					
7	7,0				12,500					
В	6.5							1		
9	6.2				12,500					
10										
13			~ ************************************					- -		
12	8.7	j	170	250	25,000			 		-} -
13	7.8	36			6,250					
14	7.4				6,250					
15	7.1				12,500	0.25				
16	7.8				6,250			_	··-	-
17						0.50	-			
18			· .					+		-
19	6.2				18.750	7.00		1		
20	7.0		,		6,250					
21	6.8				18,750			—		
22	6.2	39			25,000	;	7	1		
23	6.3				6,250					
- 24							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 -		
25								1		
24	6.8				25,000	0.10				+
27	7.3				6,250			†		
28	7.5	35			6.250			1		 -
29								1	-	
30								1		 -
31								+	- -	
Total					23/250	1.35	-	-		1
Ma Ave					23/,250 8259	0.05	-			

PLANT STAFFING: Day Shift Operator	Ches:	C + C Ossisticate No.	13840 + 14129	R BUONO J FINEHIRSH
Evening Shift Operator		A + A Certificate No.		M GUNTHER R JOHNS
Night Shift Operator	Class;	Certificate No:	Name :	
Lend Operator	Ches	B Contillinate No.	7874 Name	S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail t	his report for Department of Environmental Protection,	Wastawater Compliance Byalention Seci	lon, MS 3551, 2600 Blair Sto	ne Roud, Tallahamos, PL 32399-1	400		
1 mounts (DD N/M/D)	Mid-County Services, Inc. 200 Wasthersfield Avenue	PERMIT NUMBER	FL0034789				
	Alternosio Springs, PL 32714	LIMIT:	Plant	REPORT:	Monthly	2" 2" (
FACILITY:	Mid County WWTP	CLASS SIZE:	N/A	GROUP:	Domestic		
LOCATION:	2299 Spanish Vista Drive Damedia, FL	MONITORING GROUP NU MONITORING GROUP DIS		nding infraent			

COUNTY: Pinelian NO DESCRIARGE FROM SITE: MAR 0 1 2007 To MAR 3 1 200

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Proquency of Ausiysis	Sample Type
Flow (D-001)	Sample Measurement	0.668		MGD		`			0	MONTHLY	CALC
PARM Code 50050 Y Mon-She No. PLW-01	Permit Requirement	0.9 (An.Ayg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.634		MGD					0	5X/week	meter
PARM Code 50050 Most Site No. PLW-01	Pernik Requirement	Report (Mo.Avg.)		MGD						5 Days/Work	Flow Totalizer
BOD, Carbonacerus 5 day, 20C	Sumple Mossurement				1,23			MG/L	0	MONTHLY	CALC
PARM Code 80062 Y Mon.Str No. EFD-01	Permit Regainsmont			1 2 14. 1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5.0 (An Ave.)	s is a laterer	40 - 122	MO/L		Monthly	Culculation
SOD, Cartonaceous 5 day, 20C	Sample Monreroment				< 2 ·	くみ ・	< 2.	MG/L	0	WEEKLY	16HR FPC
ARM Code 50062 1 double No. EPD-01	Permit Regulment			3 -93		A.((Westly Avg.)	10.0 4 · · · (MAN) · · · ·	MCA.		Weekly	16-kr. FPC
Solids, Total Suspended	Sample Messurement				< 2			MG/L	0	MONTHLY	CALC.
ARM Code 00530 Y Acadie No. EPD-01	Permit Receipement				AL AVA			MOL	45.54	Monthly	Calculation
iolids, Total Suspended	Sample Measurement		- 14 - 15 in 16		< 1	<	< 1	MG/L	0	WEEKLY	LOHR PPC
PARM Code 00530 1 Kon Sile No. BPD-01	Permit Requirement				6.24 (Mo.Ave.)	(Westly Ave.)	(M)K()	MOGAL		Weoldy	16-bs FFC

I certify under penalty of law that this document and all attachments were proposed under my discotion or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or possess who manage the system, or those persons discotly responsible for gathering the information, the information submitted is, to the best of my local-side, true, accurate, and complete. I am aware that these are algorithms for submitting this information, including the possibility of fine and imprisonment for knowing violations.

NAMESTILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	- Profit London	SEGNATURE OF PRINCIPAL EDGE	and a American Ad	Tomas de la casa	TELEPHONE NO	
The state of the s	WITHOUT WHEN I	INDIVIOUS OF PRINCE ALL BARC	ATTAN OLENCER (AK.)	W. THORNEO WORK!	1 STONIOUS NO	DATE (YYAMM/DD)
STEPHEN SZCZEPKOWSKI	Step	They sier export	aki	727-787-7	978 C	70425

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

PACELITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001

MONITORING PERSOD Rose: MAR 0 1 2007 T

PERMIT NUMBER: FL0034789 MAR 3-1-2007

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Prequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement						4.0	MG/I.	0	5X/Heek	GRA B
PARM Code 00530) Mon.Site No. EPB-01	Permit Requirement						SiQ (Max.)	MOIL.	1	5 Days/Week	Grab:
Nitrogen, Total	Sample Messurement				1.5			MC/L	0	MONTHLY	CALC
PARM Code 00600 Y Mon.Site No. BPD-01	Permit Requirement				1.0 (As.KYE)			MEAL		Monthly	Calculation
Vitrogeo, Total	Sumple Measurement				1.0	1.0	1,4	MG/L	0	NEBKLY	16hr FPC
PARM Code 00600 1 Monsin Noverdu	Permit. Regulament			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	178 (16 Am)	(Weekly Avg.)	"6.0	MG/L		Weekly	16-hr, PPC
isosphorus, Total (as P)	Sample Measurement				ó. 4		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MG/L	0	MONTHLY	CVFC
PARM Code 00663 Y Mod. Site No. EPTD-01	Permit Requirement				(An Axe)			MGL		Monthly	Calculation
Prosphorus, Total (ns P)	Sample Measurement				0.23	0.23	0.37	MG/L	0	MEEKTA.	Löhr FFC
PARM Code 00665 1 Mos.Site No. SPD-01	Permit Requirement				1,25 (Mo.kvg.)	(Workly Avg.)	20 (Mar.)	MG/L		Weekly	16-lar. PPC
H	Sample Messurement				6.8	8.3		SŲ	0	SK/WEEK	METER
PARM Code 00400 Nos.Site No. EPD-01	Parmit Regulerment				6.0 (Min.)	8.5 (Max.)		รับ		5 Days/Week	Мецет
Coliform, Pecal, % loss than execution	Sample Measurement				100			Z	0	MONTHLY	CALC
ARM Code 51005 1 dos.Sits No. EFD-01	Permit Requirement				75 (Min.)			CENT	1, U.S.	Monthly	Culculation
Coliform, Pical	Saziple Measoroment				<			#1.00m	0	5x/ week	CRAB
PARM Code 74(5) 5 Non-Site No. BPD-01	Permit Requirement				25 (Max.)			W1000AL		7 Days/Week	Grab
otal Residual Calorine (For Nainfection)	Sample Measurement				1.0			MG/L	0	5x/WEEK	METER
ARM Code 50060 A Aon. Stu: No. BPA-01	Permit Requirement				1.0 (Min.)			MG/L		5 Days/Week	Moter
out Resident Chlorine (Por echlorination)	Sample Mossurement				<0.01			MG/L	0	5xy WEEK	GRAB
ARM Code 50060 1 (Pormit Regulatores				0.01 (Max.)	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		MOAL		5 Days/Week	Grab
Aygen, Dissolved (DO)	Sample Measurement				6.7	* 10 10 10 10 10 10 10 10 10 10 10 10 10	15	MG/L	0	5x/ WEEK	GRAB
'ARM Code 00300 1 don She No. HFD-01	Permit Requirement				S.O.	1970年表前第		MGA.		5 Days/Week	Grado

When Complisted until files report to: Department of Environmental Protection, Wasterneter Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

PL0034789

MAILING ADDRESS: 200 Weathersfield Avenue Altantonio Springs, PL 32714

LIMIT: CLASS SEE: Plant NA

REPORT: GROUP.

Toxicity

PACELITY: LOCATION: Mid County WWTF 2299 Spenish Vista Drive

MONITORING GROUP NUMBER: D-001 MONTORING GROUP DESC:

Extering surface water discharge

Domestic

COUNTY:

Phoelias

Demodia, FL.

NO DISCHARGE PROM SITE:

MONITORING PERIOD

Box MAR 0 1 2007 To

MAR 3 1 2007

Parameter		Quantity of	x Loading	Unita	Qua	lity or Concent	ation	Units	No. Bx.	Proquescy of Analysis	Sample Type
7-DAY CHRONIC STATEB Carlodiquals dubla(Routine)	Sample Measurement							*		FV RRY Months	
PARM Code TBP3B P Mog. Sign No. BPD-01	Permit Requirement			13.10	(Mb)	NODT-9		CINT	0	Every Other Month	
7-DAY CHRONIC STATRE Carlodeghain dable(Additional)	Semple Meneuromest							Z		PERMIT	24hr FPC
PARM Code TBP9B Q Mgn.Siiu No. BPD-01	Permit Requirement				(04)	NODI-9		YER- CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATES Cadodaphula dubis(Additional)	Sample Massurement							Z		PERMIT	24hr FPC
PARM Code 78P3B R Moo, Side No. BFD-01	Permit Requirement			15 No. 15	(Min.)	NODI-9		PER- CENT	0	As seeded	As required by the permit
7-DAY CHRONIC STATRE Pissephales promelus(Restine)	Sample Manusement							ž		EVERY 3MONTHS	
PARM Code TBP5C P Mgs, 8te No. 8PD-01	Percent Repartment				(OB. Oddie.)	•+1 00 K		CEY	0-	Every Other Month	
7-DAY CHRONIC STATRE Placephales promotes (Additional)	Sample Manustrations				·			7,		PERMIT	24hr FPC
PARM-Code TBP6C Q Mos. Sta No. BPD-61	Pecuals Requirement				7 (10) 2 (0)	MOD 1-79		CENT	0	As needed	As required by the permit
7-DAY CHRONEC STATES Placephales prometer (Additional)	Sample Mesaprement							7		PERMIT	24hr FPC
PARM Code TBP6C R Mos. Site No. EFD-01	Ponnit Rogulrement				100 040-3	NODI-9		PER.	ő	'As needed	As required by

*IF A SECOND DEPORTIVE TEST II REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

**BYTER NODI-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THE REPORTING PERIOD.

ENTER NODE-) IN THIS RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

I certify under penalty of law that this document and all attachments were properly gather and evaluate to 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 bellef, true, accurate, and complete. I am aware that there are nignificant penalties for submitting take information, including the puzziellity of fine and imprisonment for impri

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SECONATURE OF PRINCIPAL EXECUTIVE OFFICIAL OR AUTHORIZED AGENT	SLIPHONENO DATE (YYAGA/DD)
STEPHEN SZCZEPKOWSKI	Stephen Szczeskowski 727-787-7978	070425
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference as	attackments here's	

PACILITY:

Mid County WWTF

MONTTORING GROUP NUMBER: D-001
MONTTORING PERIOD From: MAR 0 1 2007 To

PERMIT NUMBER: FL0034789 MAR 3 1 2007

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentr	ation	Units	No. Bx.	Frequency of Analysis	Sample Type
Chiloroform	Sample Measurement				64		Ţ	UG/L	0	MONTHLY	CALC
PARM Code 32106 Y Mot She No. EFD-01	Percuit Requirement			1. 7.3	(An Avg.)			UGIL	7	Monthly	Calculation
Otloroform	Sample Monaronema				41	4.17		UG/L	0	WEEKLY	GRA B
PARM Code 32106 1 Mon.Site No. RFD-01	Proposit Reconstruction			7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bester (Me-Aye.)			DOM		Wookly	Grab
Plow (Total Plant)	Sample Measurement	0.668		MGD	Tip Company		,		0	MONTHLY	CALC
PARM Code 50050 P Mgg_Stie No. FLW-01	Perpolt Recuirement	(An Ave.)		MCED					90 S	Mostly	Culculation
Flow (Total Pant)	Sumple Most prement	0,626	0.634	MGD				1	0	5x/WEEK	METER
PARM Code 50050 Q Mon. Site No. PLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Ma:Avr.)	MOD					(2) (c) (1) (c)	5 Days/Week	Plow Totalizer
Percent Capacity, (TMADRPermitted Capacity) x 100	Sample Measurement				70			Z,	0	MONTHLY	CALC
PARM Code 90150 1 Mon.Site No. FLW-01	Permit Requirement							PHR- CENT		Monthly	Calculation
BOD, Carbonaccous 5 day, 20C	Semple Measurement				110			MG/L	0	MONTHLY	15 HR FPC
PARM Code 80082 G Mon.Stre No. SNF-01	Permit Requirement				Report (Mo, Avg.)			MOA		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Messurement				460	111111111111111111111111111111111111111		MG/L	0	MONTHLY	16 HR FPO
PARM Code (10530 G Man Sine No. INP-01	Permit Requirement	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			Report (Mo.Avg.)			MCA.		Monthly	16-hr. PPC
Rainfali	Sample Monsurement				1.4				0	_	
PARM Code 46529 P Mon.Bits No. 0714-02	Pennit Requirement			19 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Report (Mo.Total.)	in Bullion factors	are draward, was	INCHES INCHES	Ÿ	DA LLY Daily	CALC Calculation
Annual Shidge Production, Total	Sample Manuferment	250,000		GALLON					0	MONTHLY	CALC
PARM Code 49019 P Mon-Site No. OTH-01	Pormit Requirement	Report (Mo.Total)		(Salbarra				, V	1.11	Moathly	Celoulation

DATLY SAMPLE MESILES - PART B

Periods Periods MAR 0 1 2007 W MAR 3 1 2007

	Plow (MGD)	(MG/L)	TSS (MICHE.)	TES (MG/L)	NGroges, Total (MGS.)	Planghous (MCEL)	più (SIJ)	Collabora Bacteria (8/1988/01)	TRC (Par Distributed.) (MG/L)	TRC (Dashid (MGA
Cods	50050	80862	00530	09539	90690	99655	99490	74055	50060	5096
ica, She	理事会	MED-64	EFD-01	配 45	班到-年	ERT-81	HD-01	EFD-01	BFA-OI	BPD-4
1	.663			< (8.07.0	< 1	2,9	<.0
2	,622			2			7.57.3	<1	2,9	<.0
3	.590						7.5		- × /	12.0
4	635									
5	.558			<			797.7	<1	2.7	-
6	.576			< 1			8.07.6	<1	1.0	4.0
1	,605			< 1			8,274	< 1	3,0	<.0
8	,584	<2	<	<	0.55	0,035	7.67.3	</td <td>3.1</td> <td><.0</td>	3.1	<.0
9	,610			2			7.6 7.3	<1		<.0
10	.650	777					1.0 1.3		2,7	<.0
П	.678	······································		-						
12	.667			2			7,57.4	<1	3.7	
3.3	.673	< 2	< 1	<	1.3	0,1	7.7 7.4	<	3.5	<,0
14	.632			< \			7.87.5	<1	3.0	5.0
12	635			<			7.5 7.4	<		< 01
.6	645			<			7.5 7.2	21-1	3.1	<.0
17	.600						40 119		3,0	<.01
18	-611									
19	617			<			8,37.5	< /		
20	.624			4			8.37.3	<	1.2	<.01
21	. 639	< ス	<1	2	1.4	0.035	7.67.4		2,7	<.01
22	648			<1			7,26.9	</td <td>3,1</td> <td><.01</td>	3,1	<.01
23	.650			<			7.16.8	< 1	3.2	<.01
24	667						116.V	<u> </u>	2,5	<.01
25	686									
26	614			<			75 7.3			
27	639			1.4			737.2	$\frac{\leq 1}{\leq 1}$	3.2	<01
		<2	<		0.70					4.01
29	.666			< 1			7.37.2	< /	3,0	<.01
30	667		-	< 1			7.6 7.3	< /	3.1	<,01
31	675						1472	<11	-> '\	501
ound /	9.660						-			
ATE C	1.634			-	·					

D Vill Columns	C)	C+ C Continue No.	13840 + 14129	R BUDNO J FINEHIRSH
Frening State Operator	Cheny	ATA COMPANY	2772 + 51.2 Name	A BIONO J FINEHIRSH
Highe Shell: Opcoder	Chees:		Page 1	M GUNTHER R JOHNS
Lead Operator	-		Mark Mark	
•		Castificane Mgc	7874	8 SZCZEPROUSET

DAILY SAMPLE RESULTS - PART B

Pennit Number: Monitoring Period

PLO034789
Proce MAR 0 1 2007 For MAR 3 1 2007
Page MAR 0 1 2007

	Oxygen, Dissolved (DO) (MG/L)	Cirlomform (UG/L)	CBODS (MG/L)	TSS (MC/L)	Annual Sludge Production, Total (GPD)					
Code	00300	32106	80083	90530	49019	46529		1		
Mon. She		EPD-01	INF-04	NP-01	OTH-01	OTB-02	1	1		
1	8.1 7.3									
2	7.3				18750					
3						0.9				
4										
5	7,3				25,000					
6	6,7	· ·			6,250				<u> </u>	
7	7.1				18,750			1		
8	7,1				6,250					
9	7.2	3.3			18,750			1		
10										
11							-			
12	7.2				6,250		_			
13	8.1		110	460	12,500					
14	7,4	44			18,750					
15 16	7.6.				6,250	0.25			.	
17	7.2				12,500	0.25		Ŀ		1
18										
19	V-2 7-				6,250					
20	7,5				6,250					
21	6.8 8.3				12,500					
22	7.3	7777			12,500					
23	7.5	44			6,250					
- 24	1:3				6,250					
25										
26	7.5									
27	7.8	- +			2,500					
28	7.3				6,250	<u> </u>				
29	7.4	44			2.500					
30	7,6				2,500			· ·		
31	- 11.9				8,750					
Total					(2) 0.00	· / · / · /				
Mo. Avg				- 17	50,000	1.4				
- 4					065	0.05				

HANT STAPPENG				
Day Shift Operator	Chest:	C + C Oertificate Nor	13840 + 14129 N	R BUONO J FINEHIRSH
Evening Shift Optrator				
- Andrews	Class.	A + A Continue No.	2772 + 512 Name	M GUNTHER R JOHNS
Night Shift Operator	Ches:	Cartificate No.		2. 0000
	-	CB the last	Name	_
Lead Operator	Class:	B Certificase No.	7874	
		COMPLETE PER	7074 Name	S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A DRAFT

When Campleton a	und this report to: Department of Savironmental Project	sion, Warmwater Compliance Evaluation Section.	, MS 3551, 2600 Blab 5	Stone Road, Talinhanson, FL 32399-240	0
	MB: Mid-County Services, inc.	PERMIT NUMBER	PL0034789		33 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
MAILING ADDR	BSS: 200 Weathersfield Avenue Akaznoste Springs, FL 32714	LIMOT: CLASS SIZE:	Pinal N/A	REPORT: """ OROUP:	Montaly Domestic
PACELITY: LOCATION;	Mid County WWTF 2299 Spanish Vista Drive Dunedin, FL	MONITORING GROUP NUME MONITORING GROUP DESC		nebding influent	

COUNTY: Pholika NO DISCHARGE FROM STEE APR 0 1 2007 To APR 3.0 2007

Parameter		Quantity o	Loading	Units	Qua	lity or Concentr	y or Concentration Units			Proquency of Analysis	Sample Type
Plow (D-001)	Sample	0.674		MGD					0	MONTHLY	CALC
PARM Code 50050 Y Mon.Sits No. PLW-01	Measurement Permit Requirement	0.9 (An.Avr.)		MOD					615.	Monthly	Calculation
Flow (D-001)	Sample Measurement	0.617		MGD					0	5X/week	meter
PARM Code 50050 1 Mas.Site No. PLW-01	Permit Requirement	Reput (Mo.Avg.)		WOD						5 Days/Week	Flow Totalizer
BOD, Carbossosous 5 day, 20C	Sample Monograment				1.2			MG/L	0	MONTHLY	CALC
PARM Code 80082 Y Masu8ite No. 8FO-01	Permit Requirement		v	r 10 072	5.0 1920 (ALAM) (201		9	MGAL		Monthly	Culculation
BOD, Carboneous 5 day, 20C	Sample Measurement				0.5	0.5	2.1	MG/L	0	WEEKLY	16HR FPC
PARM Code \$0082 Monation No. EFFD-01	Percekt Requirement			10 - 2 	40.48	(Worksy Axe)	10.0	MOA.		Weekly	16-br. FPC
Solids, Total Surpenderi	Sample Measurement		`.		0.08			MG/L	0	MONTHLY	CALC
PARNI Code 00530 Y Mos. Site No. 200-01	Permit Requirement			4	(AD AVE)		(12.7) (\$2.5) (12.5)	MOX		Monthly	Calculation
Solds, Total Suspended	Sample Montrement				1	1	4	MG/L	0	WEEKLY	16HR FPC
PARUs Code 20530 1 Man.Site No. BFD-01	Permit Requirement		17. A. (17.4)	2 50	625 (Mo-Avg.)	(Weekly Avg.)	(Max.)	NCAL	3.1	Weekly	10-bs, FPC

I certify under penalty of law that this downsent and all attachments were prepared under my disection or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Seased on my inquiry of the person or persons who cannot use tissues, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, according a not impressed that there are significant penalties for submitting the information, including the possibility of time and impressed mental there are significant penalties for submitting the information, including the possibility of time and impressed mental there are significant penalties for submitting the information.

		AUTHORIZED AGENT TELEPROP	END DATE (YYMAADD)
NAMEDITITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF	AUTHORIZAD AURENT	PHO [MIB(I () MPPOD)
AMODUMY ANDTERNALICUT	Stephen Szczoskowski	727-787-7978	07-05-21
STEPHEN SZCZEPKOWSKI	supplier sicrostation	141-101,1710	
COMMERCIAL AND SOCIAL AND SOCIAL COMMERCIAL	(Reference all attachments batch:		

FACILITY:

Mid County WWTP

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD Phase: APR 0 1 2007 To

PERMIT NUMBER: FL0034789 APR 3 0 2897

Parameter		Quantity o	x Loading	Loading Units	Qua	lity or Concentr	ation	Units	No. Ex.	Prequency of Austysis	Sample Type
Solids, Total Suspended	Sample Measurement						2	MG/L	0	5X/week	GRA B
PARM Code 00530 Mea.Site No. BFB-01	Pormit Requirement			15 (F)			SID (Max.)	1402.		5 Days/Week	Grab
Nitrogen, Total	Sample Maasurement	-			1.5			MG/L	0	MONTHLY	CALC
PARM Code 00600 Y Manufite No. BPD-0;	Permit Requirement				(ALAYE)	ការ ១១៤ គ្នា		MOL		Monthly	Calculution
vitrogen, Total	Sample Meassrement				1,4	1,4	1,6	MG/L	0	MEEKLY	16hr Fro
PARM Cods 00600 1 Vicusitio No. SPD-01	Pormit Requirement				(Mo Avg.)	(Wookfy Avg.)	60 (Maz)	MOR		Weekly	16-hz, PPC
Phosphores, Total (as P)	Sample Measurement				0.33			MG/L	0	MONTHLY	CALC
ARM Code 00665 Y Mon. Sip No. SPD-DI	Parmit Requirement				LO (Ap.8ve)			MOAL		Mosibly	Calculation
hosphorus, Total (as P)	Sample Manuscreent				0.29	0,29	0.54	MG/L	0	WEEKLY.	lGhr FPC
ARM Code 00665 1 Hos. Site: No. EPD-01	Permit Requirement				(Moutive)	1.5 (Weekly Avg.)	30 (Max.)	MEL		Weekly	16-br, PPC
ARN Code 00460 1	Sample Measurement				6.8	7.6		SU	0	5x/WEEK	METER
Ann. Site No. SFD-01 Coliforn. Pecal, % Jose than	Poemit Requestment				6.0 (Min.)	8.5 (b/ax)	ena seriore	3 U		5 Days/Week	Meter
Medical Pecal, % Jose Inan Medical ARM Code 51005 1	Sumple Measurement				100	L		Z	0	Monthly	CALC
lon Site No. 2FD-0) oliform, Fecal	Permit Respulsment			2	73 (MIA)			CENT		Monthly	Calculation
ARM Code 74055	Sample Measurement Permit				< <u> </u>			#100m	0	5x/ week	GRA B
lou.Site No. BFD-01 otal Residual Chlorine (For	Requirement Saranie			. 1	25 (Max.)			MIDOREL		7 Days/Week	Gurp
Histofection) ARM Code 50050 A	Measurement Permit				2,3			MG/L	0	5x/WEEK	METER
(on Site No. EFA-0) bial Residual Chlorine (For	Requirement	·			(Mb.)			MG/L		5 Days/Weck	Meter
oral residual Chlorine (For redslerination) ARM Code 50060	Sample Measurement		 		<.01			MG/L	0	5x/ Heek	GRA B
Arm Cobs 34400 los Site No. RFD-01 hypen, Dissolved (DO)	Parsak Regularment	Y.			0.01 (Max.)			MG/L		5 Days/Wesk	Omb
ARM Code 00300 I	Sample Measurement	tar • tara	فعف مصاحبه مبيات وسيا		6.2			KG/L	0	5x/ Week	GRAB
ion_Size No. BFD-01	Permit Requirement				5.0 (M9h)			MG/L		5 Days/Wack	Onub

PACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERSOD Proces APR 0 1 2007 To

Parameter		Quantity of	or Loading	Units	Que	lity or Concent	ration	Units	No. Ex.	Prequency of Analysis	Sample Type
Chloroform	Sample Messuperneut				63	T		UG/L	0	MONTELY	CALC
PARM Code 32106 Y Mon. Site No. SPD-01	Portuk Recutirement			1.37.3	Report (Ast.Avg.)			UGAL		Monthly	Culculation
Caleroform	Sample Measurement		<u> </u>		51	1		UG/1	0	WEEKLY	GRAB
PARM Code 32106 L Mon.Site No. BPO-01	Pornit Reguirement			3.3	Report (Mo.Ave.)	A TYPE OF W		03/1	2. (*) . (*)	Workly	Grab
Plow (Total Mant)	Sample Measurement	0.674		MGD			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	MONTHLY	CALC
PARM Code 50050 P Mog. 8tte No. 75, W-01	Permit Requirement	D.9 (Alaye)		MOR				Kalen.		Monthly	Culculation
Flow (Total Plant)	Sample Messurement	0.620	0.617	MGD			M 42 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2		0	5x/WEEK	METER
PARM Code 50050 Q Mon Site No. 17, W-01	Perneit Roquirement	Report (3-Mo.Avz.)	Report (Mo.Avg.)	W/W				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 更 相名	3 Days/Week	Flow Totalizar
Percent Capacity, TMADPPPormitted Capacity) x 00	Sample Measurement				69			8	O	MONTHLY	CALC
PARM Code 00180 1 Mop.Site No. FLW-01	Permit Requirement	1.40			e le			PER-)	Monthly	Calculation
SOD, Carbonaceous 5 day, 20C	Sample Measurement				130		7 . 23 . 23 . 23	MG/L	D	MONTHLY	16 HR FPC
PARM Code 80082 () Vice Site No. BNF-01	Permit Regulmenent			5.44 es 1 e. julio	Report (Mo,Arg.)			MOL	<u> </u>	Monthly	16-hr. PPC
Jolick, Total Suspended	Sample Measurement				280			MG/L	0	MONTHLY	16 HR FP
PARM Code 00530 G Mon.Site No. INP-01	Permit Requirement				Report (Md Avg.)			SAGAL:		Mondaly	16-hr. EPC
Coinfall	Sample Measurement		· · · · · · · · · · · · · · · · · · ·		1.85	<u> </u>					
PARM Code 46529 P	Permit Requirement				Respect (Mo. Testal)		**************************************	INCHES INCHES	Ų.	DAILY Daily	Calculation
Anaual Shadge Production, Yotal	Serunia	250.000		GALLON					0	MONTHLY	CALC
PARM Code 49019 P Manufille No. OTH-OL	Permit Requirement	Report (Ma.Total)		Clubon					ž	Montkly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION.

CHARGE MONITORING REPORT - PART A DRAFT

When Campbried smill this report to: Department of Environmental Protection, Wasterwater Compliance Svaluation Section, MS 3551, 2600 Blair Stone Road, Tallahance, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

PL0034789

MAILING ADDRESS: 200 Weethersfield Avenue Altamonte Springs, FL 32714

LIMIT: CLASS SIZE: Plant N/A

REPORT GROUP:

Texleity Domestic

PACILITY: LOCATION: Mid County WWTF

2299 Spanish Vista Drive Draedin, FL

MONITORING GROUP NUMBER: D-801

MONITORING GROUP DESC:

Existing surface water discharge

COUNTY:

Pinellis

NO DISCHARGE FROM STEE

MONITORING PERSOD

Prom: APR 0 1

APR 3 0 2007

Parameter		Quantity or Loading		Units	Qua	lity or Concentr	ation	Units	No. Bx.	Proquency of Analysis	Sample Type
7-DAY CHRONIC STATES Oriodaphain duble (Routing)	Sample Monsurement	7 · · · · · · · · · · · · · · · · · · ·	,		7 100	<u> </u>		7		EVERY edition E	•
PARM Code TBP38 P Mos. Siss No. BPD-01	Permit Requirement				Me)			PER. CBNT	0	Every Other Month	
7-DAY CHRONIC STATRE Ceriodapheis dubis(Additional)	Sample Manusement							%		PERMIT	24hr FPC
PARM Code TBP3B Q Mon.8is No. EPD-01	Permit Requirement			. 6! 9!\$19 2 (\$ 19) 9/3 (\$ 2)	100 Oda	NOD1-9		PER- CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATES Cartodaphuis dabis(Additional)	Sample Mongurtayoni							X		PERMIT	24hr FPC
PARM Code TBP3B R Mon. Site No. EFD-01	Pennit Regulretzeni			3,72.04. 32.7	(Alb.)	NODI-9		PENT CENT	0	As needed	As required by the permit
7-DAY CHRONIC STATRE Pinaphales promiss (Routine)	Sample Manusment				7 100			×		3MONTHS	
PARM Code TBP6C P Mon.Site No. EPD-01	Perceit Requirement			130	(Min.)	en e	3	CIRAL MES	O.	Bivery Other Month	
7-DAY CHRONIC STATRE Pimphales promoles (Additional)	Sample Megaurement							7.		PERMIT	24hr FPC
PARM Code TBP6C Q Mon.Bles No. EPD-01	Permit Requirement				10) 0.0m	. P+1 00W		CENT	0	As seeded	As required by the permit
PLAY CHRONIC STATER Plansphales promelus (Additional)	Semple Measurement				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			7		PERMIT	24hr FPC
PARM Code TRPSC R Mos. Site No. BFD-01	Permit Ramirement			湖湖	MALLY V	NODI 49		CRINT	ð	As needed	As required by

^{*}IF A SECOND DEPONITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

t curify under pountry of law that this document and all attachmous 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 person who manage the system, or those persons directly responsible for gathering the information, the information reducitied is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are eigenflicent possibles for submitting false information, including the possibility of fine and imprecement for knowledge stocking the possibility of fine and imprecement for knowledge stocking.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER (28 AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICIAL	OR AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MW/DD)
Stephen Szczepkowski	Stephen Increskowski	727-7877978	2 07-05-21
COMMENT AND EXPLANATION OF ANY VID	LATIONS (Reference all attachments here):		

^{**}ENTER NODI-C IN THE RESULTS COLUMN IP NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

ENTER NODE IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

DAILY SAMPLE RESULTS - PART B

FL0034789

Pros __APR 0 1 2007

APR 3 0 2007

Pacificy: Mid County WWTF

	Oxygen. Dissolved (DO) (MG/L)	Chlosuform (UO/L)	CBODS (MG/L)	TSS (MO/L)	Annusi Sindge Production, Total (GPD)	Rainfall (RNCHES)				
Code	30300	32106	20082	90530	49019	46529				
Micra. Site	EPD-01	EPD-01	BNF-01	INF-61	OTH-01	OTH-02				
1										
2	7.2		130	280	6,250					<u> </u>
3	7.4	51			18,750					
4	7,6				12,500			<u> </u>	<u> </u>	
5	7.6				18.750					
6	7.3									
7								<u> </u>		
8										
9	7.7				12,500				ļ	<u> </u>
10	7.6	56	<u> </u>		12,500					
11	7.3			<u> </u>	12,500	0.5			<u> </u>	
12	8.0				6,250					
13	6.2				18.750		<u> </u>	ļ		
14						0.35			<u> </u>	
15										
16	8.1				25000					
17	7.8	43		<u></u>	12,500					
12	8.3			<u> </u>	12.500					
19	6.4									
20	7. <i>5</i>			ļ	18,750					
21				ļ					<u> </u>	
22										
23	7,4			<u> </u>	18,750			ļ <u>.</u>		
24	7,2	5.5		1	13,500		<u> </u>	<u> </u>		
25	8.2	<u></u>			6,250					
26	8.0			ļ	6,250					
27	8.5				13'200'	,				
2 B	!			 						
29				ļ	<u>, </u>					
30	7.4				6,250					
31										
Total)	250,000	i.85				
Mo. Avg.					1632	0.06				

Day Shift Operator	Charic	C > C Confiscers No.	13840 + 14129	R BUONO J FINEHIRSH
Evening Shift Operator	Chess	A + A Certificate No.	2772 + 512 N	M GUNTHER R JOHNS
Night Shift Operator	Ches	Certificate No.	Name	
Lead Optimize	Clause	_B Confidente No.	7874 Name	S SZCZEPKOWSKI

DAILY SAMPLE RESULTS - PART B

PAR APR 0 1 2007 TO APR 3 0 2007

Parity: Mil-Comy WWIP

	Plow (MCD)	CBOOS (MGAL)	TSS (MG/L)	TSS (MG/L)	Ninogra, Thusi (MG/L)	Phosphores (MOL)	pH (SU)	Feesi Colliform Bacteria (2/100441.)	TRC (For Disinfect.) (MGPL)	TRC (Por Dechlor.) (MG/L)
Code	50050	80082	00530	00530	90690	80665	00400	74955	20060	50060
Max. She	FLW-81	EFD-64	EFD-04	FIE 01	HED-01	EFD-81	EPD-01	EFD-0t	EFA-01	EFF)-(R
1	.666								1	
2	.661	2.1	21	<	1.6	0.20	7371	<1	3.3	<.01
3	.617			<			7,47,2	41	3.1	<.01
4	.624			<			7,46,9	<	2,9	<.01
3	.600			<			7.56.8	<	3. 2	<.01
6	.567			4			7572	41	3.7	4.01
7	.590									
8	.589									
9	,587	42	4	< 1	1, 1	0.28	74.7.4	4	3.4	<.01
10	.633			<			7.67.4	<1	3.4	<.01
11	.687			<			7.57.3	<1	3.0	5.01
12	.659			4			7.47.2	<	3,2	<,01
13	,654			<			7.47.2	41	3.1	5.01
14	706									
15	,631									
16	.595	<2	<	<	1.4	0,14	7,47.2	<	3.2	<.01
17	.592			<			7.3 7.2	<1	3.0	<.01
18	.585			<			7.37.1	<1	2.7	<.01
19	,550			< 1.			7.47.1	<1	2.3	<.01
20	.583			<			7.37.1	<1	2.4	<.01
21	634									_
22	.645									
23	.618	< 2	4	2	1.4	0.54	7,67.4	4	3.1	< .01
24	.593			<			7.67.3	<1	2,9	<.01
25	.612	,		<			7,57,4	<1	2.9	<,01
26 Z)	1571			<			7.57.2	<	2.8	4.01
i1	,635			<			7.67.2	<	3.2	< ,01.
29	626						· .			
30	1627									
30	. 563			<			7,37,2	<	3.0	<.01
Total	18.501									
Mo. Avg.	0.617				I					

PLANT STAPPING: Day Side Opening	Chur	C+ C Confidence No.	13840 - 14129	R BUONO J FINEHIRSH	
Evening Milk Operator	Chance	A + A Coffice No.	2772 + 512 Name:	M GUNTHER R JOHNS	-
Might Shift Operator	Chare	Codificate No:	Nunc.		
Lend Operator	Ches	B Confilence Her	7874 News	S SZCZEPROMSKI	

69/21/2087

10:25

7277872565

GIM

DEPARTMENT OF ENVIRONMENTAL PROTECTION SCHARGE MONITORING REPORT - PART A DRAFT

PERMITTE NAME: Mid-County Services, Inc.

MALING ADDRESS: 200 Weathers field Avenue Altamonte Springs, FL 32714 PERMIT NUMBER

FL0034789

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Mid County WWTF 2299 Spenish Vista Drive

Dunedin FL MONITORING GROUP DESC:

MONITORING GROUP NUMBER: D-001

Existing surface, including influent

COUNTY:

Piocitas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 5-1-07

To \$-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Analysis	Sample Type
Flow (D-001)	Sample Measorement	0.672		MGD					0	Monthly	CALC
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.9 (AsiAve.)		MOD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0,580		MED					0	5 X / Week	Meter
PARM Code 50050	Permit Reminement	Report (Mo.Avg.)		MOD						5 Days/Week	Flow Potelizer
BOD, Carbonneconus \$ day, 20C	Sample Measurement				1.24			MG/J.	0	Monthly	CALC
PARM Code 80082 Y Mon. Site No. EFD-01	Permit Requirement				5.0 {An.Avg.}			MG/L		Monthly	Calculation
BOD, Carbonacemer 5 day, 20C	Sample Measurement				0.44	0.44	2.2	MGAL	0	Weekly	16-tu FPC
PARM Code 80082 1	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weakly Avg.)	10.0 (Max.)	MGL		Weekly	l6-hr. FPC
Salids, Total Suspended	Sample Measurement				0.1			Men.	0	Monthly	CALC
PARM Code 00530 Y Mon Site Na. EFD-01	Permit Requirement		-		5.0 (ArlAvg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				<1	<1	<1	MOL	Ð	Weekly	16-hr FPC
PARM Code 00530 1 Mon Site No. EED-01	Pernét Requirement				6.25 (Mô.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MGT		Weekly	16-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 decigned to assure that qualified personnel properly gather and evaluate the information submitted. Based on ray 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 bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprinonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SKINATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYAMADD)
STEPHEN SZCZEPKOWSKI		7277877978	07/06/25
1			

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

10

10:59

09/21/2007

DEPARTMENT OF ENVIRONMENTAL PROTECTION: "SCHARGE MONITORING REPORT - PART A DRAFT

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TI/hom * hammalasa d	in a fill of his managed docu	Demonstrated and all Provides a result	محالا محادمه وسالا أمهم	managa Comples and Kar	disk Contine ME 7	261 1606 Dinie Ciana Danii	Tellahassec, FL 32399-2400
77 41 477 1 478 1 431 4 4 6 6	DOMESTIC LINES OF THE PROPERTY.	Pediminical of Elivironia	THE FIGURE OF CHE WINDS	CARGI COMBUDILLICS EM	<u> </u>	プンし、2000 いだい ごがいじ 大仏型	L 184401855CC, FL 32349-2400

PERMITTEE NAME: Mid-County Services, Inc.

MAILING ADDRESS: 200 Weathersfield Avenue

200 Weathers Teld Avenue Attamonte Springs, Fl. 32714 PERMIT NUMBER

FL0034789

Finel

N/A

LIMIT; CLASS SIZE: REPORT: GROUP: Toxicity
Domestic

PACILITY: LOCATION:

V: Mid County WWTF
DN: 2299 Spenish Vista Drive

2299 Spanish Vesta Dunedin, FL MONITORING GROUP NUMBER: D-001 - MONITORING GROUP DESC: Existing

Existing surface water discharge

COUNTY:

Pinellas

NO DISCHARGE FROM SITE: MONITORING PERIOD From: 5-1-07

To 5-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Saropic Type
7-DAY CHRONIC STATRE Ceriodaphnia dubes(Resetine)	Sample Nicasurement				NODI=9			PER- CENT	0	Every Other Month	
PARM Code TBP3B P MontSite No. BPD-01	Permit Requirement				100 (Mia.)			PER: CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubis(Additional)	Sample Mensurement				NOD#=9			PER- CENT	6	As needed	As required by the permit
PARM Code TBP3B Q Mon.Site No. EFD-01	Permit Requirement				190 (Man.)			PER- Cent		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceclodaphnia dubis(Additional)	Sample Measurement				NOD!=9			PER- Celvi	0	As needed	As required by the permit
PARM Code TBP3B R Man Site No. BFD-01	Permit Requirement				100 (Min.)			PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Primephales prometas (Routine)	Sample Measurement				NOD!≈9			PER- CENT	0	Every Other Month	
PARM Code TBP6C P Mon.Site No. EFD-01	Permit Requirement				100 (Min.)			PER- CIENT		Every Other Month	
7-DAY CHRONIC STATRE Pimeobales prometes (Additional)	Sample Measurement				NODI=9			(FNI)	0	As nosdoul	As required by the permit
PARM Code TBP6C Q. Mon Site No. EFD-01	Permit Requirement				100 (Min.)			PER. CIENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimenhales promelas(Additional)	Sample Measurement				NODI-9			PER- CENT	a	As needed	As required by the permit
PARM Code TBF6C R Mon.Site No. EFD-01	Pennit Roquirement				(Min.)			PER-		As neceed	As required by

^{*}IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

I confify 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. 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.

HAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICIAR OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYAAMADD)
STEPHEN SZCZEPKOWSKI		7277 877 978	07/06/25

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

^{**}ENTER NODI-C IN THE RESULTS COLUMN IF NO DESCHARGE OCCURRED DIRING THIS REPORTING PERIOD.

SMYTER NODI-9 IN THE RESULTS COLLAIN IF NO DEPINITIVE TESTS ARE REQUIRED.

MID COLINT

89/21/2007

10

DISCHARGE MONITORING REPURT - PART A DRAFT (Confinued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001 MONITORING PERIOD From: 5-1-07

PERMIT NUMBER: FL0034789 To 5-31-97

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentra	ntion	Units	No. Ex.	Prequency of Analysis	Sample Type
Chlorofara.	Sample Measurement				60			CG/L	0	Monthly	CALC
PARM Code 12106 Y Mod.Site No. EPD-01	Permit Requirement				Report (An Avg.)			UGAL		Monthly	Calculation
Chlorofunn	Sample Measurement				51			ueit	0	Wockly	Grab
PARM Code 32 105 I Mod Sita No. EPD-01	Permit Requirement				Report (Mo.Avg.)			UUL		Weekly	Grah
Flow (Total Plant)	Sample Massurenyeni	0.672		MOD					0	Monthly	CALC
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.9 (Allary)		MOED						Monthly	Calculation
Flow (Total Pignt)	Sample Measurement	0.617	0.580	MGD					0	5 X / Week	Meter
PARM Code 50050 Q Mon Site No. FLW-61	Pemilt Reguirement	Report (3-Mo,Avg.)	Report (Mo.Avg.)	MOD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				69			PER- CENT	0	Monthly	CALIC
PARM Code 00180 1 Mon.Size No. PLW-01	Pennit Requirement				Report			PER- CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				120			MGAL	0	Monthly	15-hr FPC
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		1		Report (Mo.Avg.)			MON.		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				200			MG/I.	O	Monthly	16-br FPC
PARM Code 00530 G Man. Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			M0/1.		Monthly	t6-hr. FPC
Ruinfall	Sample Measurement				0.3			INCHES	0	Daily	CALC
PARMI Code 46529 P Man, Site No. OTH-02	Perdeit Requirement				Report (Mo,Total.)			INCHES		Daily	Calculation
Annual Studge Production, Total	Sample Measurement	243,750		Gallons					8	Monthly	CALC
PARM Code 49019 P Mos. Site No. O'TH-01	Pennit Requirement	Report (Ma.Total)		Gallout						Monthly	Cidentation

DISCHARGE MUNITURING REF. A FRANT A DRAFT (COMMISSE)

FACILITY:

Mid County WWTF

MONITORING ORGUP NUMBER: D-601 MONITORING PERIOD From: 5-31-67

PERMIT NUMBER: FL0034789

MID COUNT

10 3-31-01	ľo	5-31-07
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Parameter		Quantity or Loading	Units	Qua	lity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
olids, Total Suspended	Sample Measurement			····		<1	MG/L	6	5 X / Week	Grab
ARM Code 00530 1	Permit		_			5.0 (Max.)	MIGAL		5 Days/Week	Grab
on Site No. EFB-01 Impen. Total	Requirement			13	<u> </u>	[egax.).	MOL	ū	Monthly	CALC
	Measurement						-			
RM Cade 80600 Y	Permit			3.0			MGL		Mainthly	Calculation
on.Sise No. EPD-01 rogen, Total	Requirement Sample			(An Avg.)	1.4	1.9	MOAL	0	Weekty	16-hr PPC
antien, energ	pleasurement									
RM Code 00600 1	Permit			3.75	4.5	6.0	MOL	[]	Weekly	L6-At. FPC
on,Site No. BFD-01	Requirement			(Mo.Avg.)	(Weekly Avg.)	(Max.)	MOVL	0	Monthly	CALC
osphones, Total (as P)	Sample Measurement	l l	Ī	0.33			MUL	١ '	Munny	CALC
ARM Code 00665 Y	Portult		- 	1.0			MG/L	<u> </u>	Monthly	Calculation
ion Site No. PFD-01	Requirement	·		(An Avg.)	l					<u> </u>
hosphanus, Total (63 P)	Sample			0.34	6.34	0,5B	MG/L	0	Weekly	Ló-hr PPC
1011 m 1. mme/d 1	Measurement Permit			1,25	3.5	2.0	MOVL	{	Weekty	16-br. FPC
ARM Code 90665 i ion.Site No. EFD-01	Requirement		1	(M(o.Ayg.)	(Weekly Avg.)	(Max.)	11.02		Hearing	1
R R	Sample			6.9	8.0		ŭ	9	5 X / Week	Moter
	Measurement							_		Meter
ARM Code 00400 I	Permit			6.0	8.5 (Max.)		รบ	1	3 Days/Week	Missist
Ion.Site No. EPD-01 coliform, Feoal, 16 less than	Requirement Sample			(Mh).)	[9933.]		94	C	Monthly	CALC
election	Measurement			, ,,,,		1				
ARM Code 51005 1	Permit			75			PER- CENT		Monthly	Calculatio
fon Site No. EPD-01	Requirement			(Mln.)			W 100 345	.0	7 X / Week	Grab
klifam, Focal	Sample		ì	<1		ì	# FOOT PAT	."	7 X.7 Week	Grad
ARM Code 74055	Measurement Permit		- 	25		 	#/4003/fL	1	7 Days/Week	Grab
And Site No. EFD-01	Requirement	Ì	i	(Max.)		L	1		<u> </u>	<u> </u>
otal Residual Calarina (For	Sample			1.6			MOA	Ð	5 X / Week	Meler
Disinfection)	Measurement				-	 	MONE	┼	5 Days/Week	Mater
PARM Code 5006D A	Permit	Ī		1.0 (Min.)			ox Ar		> DONE WEEK	Marica
for Site No. EFA-01 Total Residual Chlorine (Por	Requirement Sample			<0.01		 	MGA	0	5 X / Week	Grab
bechlorination)	Measurement	1								
ARM Code 50060	Permit			10.0]	MG/L		5 Days/Weck	Grafe
don Site No. RPD-01	Requirement			(Max.)	<u> </u>	<u> </u>	MO/L	+	# 12 (TI)	
Daygen, Dissolved (DO)	Sample	ļ		6.3	1	1	MEST	0	5 X / Week	Grat
PARM Code 60300 1	Measurement Pennit			5.0	 		MO/L	1	5 Days/Week	Grab
Mon Sile No. EPD-01	Requirement			ndin.)	1	1		l	- grugarstana	1

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7277872565

L NEAL MID COUNT PAGE 69

PAGE 02/06

DAILY SAMPLE RESULTS - PART B

Permit Number. Monitoring Period

F),0034789

From: 5-1-07 To: 5-31-07

Facility. Mid County WWTF

	Oxygen. Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production,	Roinfall (INCHES)				
	<u> </u>				Total (GPD)		L		İ	İ
Code	9 0300	32106	80082	00530	49019	46529				
Mon, Site	EFD-(1)	EFD-01	INF-01	INF-01	OTH-01	OTH-02	 	-	 	1
1	7.6				12,500				1	
2	7.0	48			(8,750			† · · · · · ·		
3	7.0				12,500					
4	7,4				12.500					
5										
- 6						0.3				
7	7.3				12,500					
8	6.4		120	200	12,500					
9	7.6	14			6.250				1	
10	6.9				6.250					
11	7.4				12,250					
12										
13										
14	7.2				12,500					
15	6.4				12,500					
16	6.3				6,250			L		
17	7.1	54								
18	6.8			l l	12,500					
19					12,500					
20										<u> </u>
21	6.9				12,500					
22	7.2	58			6,250		· · · · · · · · · · · · · · · · · · ·			
23	7.0				6,250					
24	7.2				6,250					<u></u>
25	7,1				12,500					
26										
27										
28	7.2									
29	6.9				31,250					
30	7.0	53			6,250					
31	7.7									
Total					243,750	1				
Мо. Лив.					7,863					

LANT STAFFING: Day Shift Openagi	Class:	C+C	Certificate No:	13840 + 14129	Name:	R BUONO + J FINEHIRSH	
ay bank openio	-			19410 1 14127		K DOOLO : 77 BYZZEROJY	•
ivening Shift Operator	Class:	<u> </u>	Cortificate No:	2772 + 512	Name:	M GUNTHER + R JOHNS	
Tight Shift Operator	Class:		Certificate No:		Name:		
end Operator	Class:	B	Certificate No.	7874	Name:	S SZCZEPKOWSKI	

09/23/2007 10:59

8136261030

L NEAL

PAGE 18

PAGE 01/05

09/21/2007 18:25

7277872565

MID COUNT

DAILY SAMPLE RESULTS - PART B

Permit Number: Menitoring Period

FL0034789 From: 5-1-07

To: 5-31-07

Facility: Mid-County WWTF

	Flow (MGD)	(MG/L)	TSS (MG/L)	TSS (MG/L)	Ninogen, Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Feoral Coliform Bacteria (W100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechler.) (MG/L)
Code Mon. Si	50050	80082	00530	00530	00600	00665	00400	74055	50(160	50060
		EFTO-01	EFD-01	BFB-01	EPD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1 2	.548	2.2	<1	<1	0.97	0.32	7.5 7.2	<1	3.2	<.01
	.580		[]	<			7.4 7.3	<1	3.4	<.01
	.572			<1			73 72	<1	3.)	<,01
4	.597			<1			7.4 7.0	<1	3.1	5.01
5	.632									
6	.626								·	
7	.533		1	< <u>i</u>			7.2 7.1	<1	2.!!	<.01
5	.547	2	<1	<1	1.3	0.27	7.5 7.2	<1	2.0	<,01
9	.593			<1			7.5 7.2	<1	1.8	<.01
10	.568			<1			7.4 7.3	<1	2.5	<01
11	.569			41			7.4 7.1	<1	3.(<.01
12	.564								-	
13	.642		·							
14	.612			<1			7.6 7.3	<1	2.6	<.01
15	.578	-		<1			7.5 7.3	4)	2.3	<.01
16	-577	⊲	ব	<1	1.9	0.58	7.4 6.9	<u><1</u>	1.6	<01
17	.566			<1			7.4 7.1	<1	3.2	<.01
18	,579			<1			7.4 7.1	<1	3.0	<.01
19	.567				~					
20	.574									
21	.579	Q	<1	<1	1.9	0.38	7.6 7.3	<1	3.1	<0)
22	.565			<1			8.0 7.4	<u> </u>	2.5	<01
23	.577			- 			7.4 6.9	<1	2.7	<.01
24	.545			ৰ			7.5 7.4	<1	2.8	<.01
25	.582			<1			7.5 7.2	<1	2.2	<01
26	.576									
27	.588									
28	.599			<1			7.6 7.3	<1	28	<01
29	.580	4	<1	<1	1.0	0.14	7.6 7.3	<1	3.0	<.01
30	.570			<1			7,5 7,3	<1 →	2,6	<.01
31	.569			<			7.4 7.2	<1	2,5	<u> </u>
Total	17.984			<u> </u>						
io. Avg.	.580								W-11/2	

PLANT STAFFING:						
Day Shift Operator	Class.	C+C	Conflicate No:	13840 + 14129	Name:	R BUONO + J FINEHIRSH
Evening Shift Operator	Class:	A+A	Contificate No:	2772 + 512	Name;	M GUNTHER + R JOHNS
Night Shift Operator	Class:		Certificate No:		Name:	
ead Operator	Class:	В	Certificate No:	7874	Name:	S SZCZEPKOWSKI

DELANTIMENT OF ENVIRONMENTAL PROTECTION! WHARGE MONITORING REPORT - PART A DRAFT

When Comp. Imail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

MAILING ADDRESS: 200 Weathersfield Avenue

PERMIT NUMBER

FL0034789

Altamonte Springs, FL 32714

LIMIT: CLASS SIZE: Final

REPORT:

Monthly

FACILITY: LOCATION: Mid County WWTF

N/A

GROUP:

Domestic

2299 Spanish Vista Drive

Dunedin, FL

MONITORING GROUP NUMBER: D-001 MONITORING GROUP DESC:

Existing surface, including Influent

COUNTY:

Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: 6-1-07

To 6-30-07

Parameter		Quantity o	Quantity or Loading		Qua	ality or Concentra	tion	Units	No. Ex.	1 4	Sample Type
Flow (D-001)	Sample Measurement	0.673		MGD					0	Monthly	CALC
PARM Code 50050 Y	Permit	0.9		MGD						Monthly	Calculation
Mon.Site No. FLW-01	Requirement	(An.Avg.)		l1		[1	, ,	•	ļ
Flow (D-001)	Sample Measurement	0.672		MGD					0	5 X/ Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Weck	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.2			MG/L	0	Monthly	CALC
PARM Code 80082 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calemation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	MG/L	0	Weekly	16-hr FPC
PARM Code 80082 1 Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo,Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				0.1			MG/L	0	Monthly	CALC
PARM Code 00530 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L,		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				<1	<1	<1	MG/L	0	Weekly	16-hr FPC
PARM Code 00530 1	Permit				6.25	7.5	10.0	MG/L		Weekly	16-hr. FPC
Mon.Site No. EFD-01	Requirement				(Mo.Avg.)	(Weekly Avg.)	(Max.)	_		<u> </u>	<u> </u>

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.

AME/ITTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI		7277877978	07/06/25

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

DISCHARGE MONITORING REP

PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001 MONITORING PERIOD From: 6-1-07

PERMIT NUMBER: FL0034789

To 6-30-7

Parameter		Quantity or Loading	Units	Qua	ality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2	MG/L	0	5 X / Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-01	Permit Requirement				† *	5.0 (Max.)	MG/L		5 Days/Weck	Grah
Nitrogen, Total	Sample Measurement			1.3		(iviax.)	MG/L	0	Monthly	CALC
PARM Code 00600 Y Mon.Site No. EFD-01	Permit Requirement			3.0 (An,Avg.)		· · · · · · · · · · · · · · · · · · ·	MG/L		Moπthly	Calculation
Nitrogen, Total	Sample Measurement			2	2	3.3	MG/L	0	Weckly	I6-hr FPC
PARM Code 00600 I Mon.Site No. EFD-01	Permit Requirement			3.75 (Mo.Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement			0.33	(machij ringi)	(17184.)	MG/L	0	Monthly	CALC
PARM Code 00665 Y Mon.Site No. EFD-01	Permit Requirement			1.0 (An.Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.3	0.3	0.38	MG/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-01	Permit Requirement			1.25 (Mo,Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. FPC
pН	Sample Measurement			6.8	7.7	(Man)	SU	0	5 X / Week	Meter
PARM Code 00400 1 Mon.Site No. EFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		ŠU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			100	(1,14,2)		%	0	Monthly	CALC
PARM Code 51005 I Mon.Site No. EFD-01	Permit Requirement			75 (Min.)			PER- CENT	······································	Monthly	Calculation
Coliform, Fecal	Sample Measurement			< 1		· · · · · · · · · · · · · · · · · · ·	# 100 ML	0	7 X / Week	Grab
PARM Code 74055 1 Mon.Site No. EFD-01	Permit Requirement			25 (Max.)		· · · · · · · · · · · · · · · · · · ·	#/100MT,		7 Days/Week	Grab
Total Residual Chlorinc (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 X / Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			1.0 (Min.)		· · · · · · · · · · · · · · · · · · ·	MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			<0.01			MG/L	0	5 X / Week	Grab
PARM Code 50060 1 Mon.Site No. EFD-01	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.4			MG/L	0	5 X / Week	Grab
PARM Code 00300 I Mon.Site No. EFD-01	Permit Requirement			5.0 (Min.)		-	MG/L		5 Days/Week	Grah

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001

MONITORING PERIOD From: 6-1-07

PERMIT NUMBER: FL0034789

To 6-30-07

Parameter		Quantity o	r Loading	Units	Quality o	r Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement				60		UG/L	0	Monthly	CALC
PARM Code 32106 Y Mon.Site No. EFD-01	Permit Requirement				Report (An.Avg.)		UG/L		Monthly	Calculation
Chloroform	Sample Measurement			,	76		ĽG/L	0	Weekly	Grab
PARM Code 32106 1 Mon.Site No. EFD-01	Permit Requirement				Report (Mo.Avg.)		UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.673		MGD				0	Monthly	CALC
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD					Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.623	0.672	MGD				0	5 X / Week	Meter
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				69		PER- CENT	0	Monthly	CALC
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Requirement				Report		PER- CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	,			180		MG/L	0	Monthly	16-hr FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				400		MG/L	0	Monthly	16-hr FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement				11.95		INCHES	0	Daily	CALC
PARM Code 46529 P Mon.Site No. OTH-02	Permit Requirement	·			Report (Mo.Total.)		INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	218,750		Gallons			····	0	Monthly	CALC
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)		Gallons					Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION D

ARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

CLASS SIZE:

FL0034789

MAILING ADDRESS: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

LIMIT:

Final N/A

REPORT: GROUP:

Toxicity Domestic

FACILITY: LOCATION:

COUNTY:

Mid County WWTF

2299 Spanish Vista Drive Dunedin, FL

MONITORING GROUP NUMBER: D-001 MONITORING GROUP DESC:

Existing surface water discharge

Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6-1-07 6-30-07

Parameter		Quantity or Loading		Quality or	Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement			NODI=9		PER- CENT	0	Every Other Month	
PARM Code TBP3B P Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP3B Q Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP3B R Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement			NODI=9		PER- CENT	0	Every Other Month	
PARM Code TBP6C P Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP6C Q Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP6C R Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit

^{*}IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/06/25

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

^{**}ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

DAILY SAMPLE RESULTS - PART B

Permit Number:

FL0034789

Facility: Mid-County WWTF

	ing Period	From: 6-1-07	•	•	To: 6-30-07		•			
	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen, Total (MG/L)	Phosphorus (MG/L)	рН (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1	.622	1		<1			7.7 6.9	<]	2.8	<.01
2	.914									
3	.713									
4	.671			<1			7.5 6.9	<1	2.2	<.01
5	.716			<1			7.5 7.3	<l< td=""><td>2.4</td><td><.01</td></l<>	2.4	<.01
6	.646	<2	<i< td=""><td><1</td><td>3.3</td><td>0.29</td><td>7.5 7.3</td><td><1</td><td>2.2</td><td><.01</td></i<>	<1	3.3	0.29	7.5 7.3	<1	2.2	<.01
7	.626			<1			7.5 7.4	<i< td=""><td>2.8</td><td><.01</td></i<>	2.8	<.01
8	.688			<1			7.4 7.2	<1	2.7	<.01
9	.624									
10	.636									
11	.652			<1			7.5 7.2	<l< td=""><td>3.3</td><td><.01</td></l<>	3.3	<.01
12	.652	<2	<1	<1	2.1	0.12	7.5 7.3	<l< td=""><td>2.6</td><td><.01</td></l<>	2.6	<.01
13	.739			<1			7.6 7.0	<1	2.5	<.01
14	.660			<1			7.4 7.0	<l< td=""><td>2.7</td><td><.01</td></l<>	2.7	<.01
15	.671			<1			7.4 7.2	<i< td=""><td>3.0</td><td><.01</td></i<>	3.0	<.01
16	.680									
17	.643									
18	634	<2	<1	<1	0.72	0.27	7.3 7.2	<1	2.8	<.01
19	.644			2			7.4 7.1	<1	2.8	<.01
20	.657			<1			7.5 7.3	<1	2.9	<.01
21	.626			<1			7.4 7.1	<i< td=""><td>3.7</td><td><.01</td></i<>	3.7	<.01
22	.673		 ·	<1			7.5 7.0	<1	3.0	< 01
23	.696									
24	.683									
25	.665	<2	<1	<1	1.9	0.38	7.5 7.3	<i< td=""><td>3.0</td><td><.01</td></i<>	3.0	<.01
26	.647			<1			7.5 7.3	<1	3.0	<.01
27	.654			<1			7.6 7.0	<1	2.8	<.01
28	.633			<1			7.6 6.9	<i< td=""><td>2.5</td><td>i0.></td></i<>	2.5	i0.>
29	.696			<1	İ		7.4 6.8	l>	2.7	<.01
30	.708									
31	0									[

PLANT STAFFING: Day Shift Operator	Class:	C + C	Certificate No:	13840 + 14129	Name:	R BUONO + J FINEHIRSH
Evening Shift Operator	Class:	A + A	Certificate No:	2772 + 512	Name:	M GUNTHER + R JOHNS
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No:	7874	Name:	S SZCZEPKOWSKI

Total

Mo. Avg.

20.169

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FL0034789 From: 6-1-07

To: 6-30-07

Facility: Mid County WWTF

5			00.6	l mag is seen		D : 4 11	r	 	T
	Oxygen, Dissolved	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge	Rainfall (INCHES)			
	(DO) (MG/L)				Production, Total (GPD)			 	
Code	00300	32106	80082	00530	49019	46529			
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02			
1	6.4				6,250	2.5			
2						3.25			
3									
4	6.6				12,500			 <u> </u>	
5	7.4								
6	7.4		180	400	18,750			<u> </u>	
7	7.3	66			12,500			 <u></u>	
8	7.2				12,500				
9									
10								<u> </u>	
11	6.7				18,750			<u> </u>	<u> </u>
12	7.2				12,500	0.4			
13	7.4	64			6,250	1.75			
14	7.3				12,500	0.25			
15	7.2				12,500			<u> </u>	
16									
17									
18	6.8				12,500				
19	7.3	85			6,250	0.25			
20	7.4				6,250			<u> </u>	
21	7.3				12,500				
22	6.9				6,250	1.75			
23								 <u> </u>	
24									
25	7.4				6,250				
26	7.6	89			18.750			 <u> </u>	
27	7.2					0.1			
28	7.3					0.5			
29	7.2					0.5			
30					25,000	0.7			
31				T					
Total			<u></u>		218,750	11.95			
Mo. Avg.					7,292	0.4			

PLANT STAFFING: Day Shift Operator	Class:	C + C	Certificate No:	13840 + 14129	Name:	R BUONO + J FINEHIRSH
Evening Shift Operator	Class:	<u>A + A</u>	Certificate No:	2772 + 512	Name:	M GUNTHER + R JOHNS
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No-	7874	Name:	S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION D

ARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee. FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

MAILING ADDRESS: 200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER

FL0034789

REPORT:

Monthly

FACILITY:

Mid County WWTF

LIMIT:

CLASS SIZE:

N/A

Final

GROUP:

Domestic

LOCATION:

2299 Spanish Vista Drive

MONITORING GROUP NUMBER: D-001 MONITORING GROUP DESC:

Existing surface, including Influent

COUNTY:

Pinellas

Dunedin, FL

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7-1-07 To 7-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.663		MGD					0	Monthly	CALC
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (D-001)		0.645		MGD					0	5 X/ Week	Meter
PARM Code 50050 ! Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.24			MG/L	0	Monthly	CALC
PARM Code 80082 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	MG/L	0	Weekly	f6-hr FPC
PARM Code 80082 1 Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr, FPC
Solids, Total Suspended	Sample Measurement				0.1			MG/L	0	Monthly	C ALC
PARM Code 00530 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				<1	<1	<1	MG/L	n	Weekly	16-hr FPC
PARM Code 00530 Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC

1 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.

STEPHEN SZCZEDKOWSKI 7277877978	
STEPHEN SZCZEPKOWSKI 7277877978	07/08/27

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

DISCHARGE MONITORING REP

- PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001 MONITORING PERIOD From: 7-1-07

PERMIT NUMBER: FL0034789

То 7-31-7

Parameter		Quantity or Loading	Units	Qua	ality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2	MG/L	0	5 X / Week	Grab
PARM Code 00530 ! Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	мдл.		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			1.25			MG/L	0	Monthly	CALC
PARM Code 00600 Y Mon Site No. EFD-01	Permit Requirement			3.0 (An.Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			1.13	1.13	1.5	MG/L	0	Weekly	16-hr FPC
PARM Code 00600 1 Mon.Site No. EFD-01	Permit Requirement			3.75 (Mo.Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement			0.42		N. TULY	MG/L	0	Monthly	CALC
PARM Code 00665 Y Mon.Site No. EFD-01	Permit Requirement			1.0 (An.Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.35	0.35	0.52	MG/L	0	Weekly	16-hr FPC
PARM Code 00665 I Mon Site No. EFD-01	Permit Requirement			1.25 (Mo.Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. FPC
рН	Sample Measurement			6.8	7.8	·	SU	0	5 X / Week	Метет
PARM Code 00400 1 Mon.Site No. EFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			100			%	0	Monthly	CALC
PARM Code 51005 1 Mon.Site No. EFD-01	Permit Requirement			75 (Min.)			PER- CENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			< 1			# 100 ML	0	7 X / Week	Grab
PARM Code 74055 I Mon.Site No. EFD-01	Permit Requirement			25 (Max.)			#/100MT.		7 Days/Week	Grah
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			MG/L	0	5 X / Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			1.0 (Min.)			MG/L	ļ	5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			<0.01			MG/L	Ô	5 X / Weck	Grab
PARM Code 50060 1 Mon.Site No. EFD-01	Permit Requirement		·	0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.5		7."1	MG/L	0	5 X / Week	Grab
PARM Code 00300 1 Mon.Site No. EFD-01	Permit Requirement			5.0 (Min.)			MG/L	 	5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001

MONITORING PERIOD From: 7-1-07

PERMIT NUMBER: FL0034789

To 7-31-07

Parameter		Quantity o	r Loading	Units	Quality	or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement				61		UG/L	0	Monthly	CALC
PARM Code 32106 Y Mon.Site No. EFD-01	Permit Requirement				Report (An.Avg.)		UG/L		Monthly	Calculation
Chloroform	Sample Measurement				86		UG/L	0	Weekly	Grab
PARM Code 32106 1 Mon.Site No. EFD-01	Permit Requirement				Report (Mo.Avg.)		UG/L		Weekly	Grab
Flow (Total Plant)	Sample Measurement	0.663		MGD				0	Monthly	CALC
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.9 (An,Avg.)		MGD					Monthly	Calculation
Flow (Total Plant)	Sample Measurement	0.625	0.645	MGD				0	5 X / Week	Meter
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				69		PER- CENT	0	Monthly	CALC
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Requirement				Report		PER- CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150		MG/L	0	Monthly	16-hr FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)		мсл.		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				260		MG/L	0	Monthly	16-lu FPC
PARM Code 00530 G- Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement				6.55		INCHES	0	Daily	CALC
PARM Code 46529 P Mon.Site No. OTH-02	Permit Requirement				Report (Mo.Total.)		INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement	237,500		Gallons				0	Monthly	CALC
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)		Gallons					Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION I

HARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

FL0034789

MAILING ADDRESS: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Toxicity Domestic

FACILITY: LOCATION: Mid County WWTF

2299 Spanish Vista Drive Dunedin, FL

MONITORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Existing surface water discharge

COUNTY:

Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7-1-07 To 7-31-07

Parameter		Quantity or Loading	Units	Quality or	Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement			NODI=9		PER- CENT	0	Every Other Month	
PARM Code TBP3B P Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP3B Q Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP3B R Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement			NODI=9		PER- CENT	0	Every Other Month	
PARM Code TBP6C P Mon.Site No. EFD-01	Permit Requirement		1	100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP6C Q Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP6C R Mon.Site No. EFD-01	Permit Requirement		:	100 (Min.)		PER- CENT		As needed	As required by the permit

^{*}IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/08/27

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

^{**}ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

Permit Number: Monitoring Period FL0034789

From: 7-1-07

To: 7-31-07

Facility:

Mid-County WWTF

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen. Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1	.692									
2	.674	<2	<1	</td <td>1.5</td> <td>0.14</td> <td>7.4 7.2</td> <td><1</td> <td>2.8</td> <td><.01</td>	1.5	0.14	7.4 7.2	<1	2.8	<.01
3	.651			<1			7.4 7.2	<l< td=""><td>3.0</td><td><.01</td></l<>	3.0	<.01
4	.644			<1			7.5 7.0	<l< td=""><td>3.7</td><td><.01</td></l<>	3.7	<.01
5	.556			<1			7.3 6.9	<1	4.0	<.01
6	.705		1	<1			7.2 6.8	<l< td=""><td>3.0</td><td><.01</td></l<>	3.0	<.01
7	.673									
8	.665									
9	.671	<2	<1	2	1.2	0.40	7.5 7.2	<1	3.2	<.01
10	.619			<1			7.67.3	<1	3.3	<.01
11	.620			</td <td></td> <td></td> <td>7.6 7.4</td> <td><1</td> <td>2.7</td> <td><.01</td>			7.6 7.4	<1	2.7	<.01
12	.653			<1			7.6 7.5	<1	3.1	<.01
13	.640			2			7.67.2	<1	3.3	<.01
14	.668									
15	.657			·					:	
16	.618	<2	<1	<l< td=""><td>1.2</td><td>0.32</td><td>7.5 7.3</td><td><1</td><td>3.1</td><td><.01</td></l<>	1.2	0.32	7.5 7.3	<1	3.1	<.01
17	.650			<1			7.7 7.5	<l< td=""><td>2.9</td><td><.01</td></l<>	2.9	<.01
18	.629		1	<1			7.67.5	<1	2.8	<.01
19	.629			<1			7.6 7.3	<1	3.2	<.01
20	.611			<1			7.8 7.4	<1	2.8	<.01
21	.643									
22	.639		<u> </u>							
23	.629	<2	<1	<1	1.3	0.39	7.7 7.3	<1	3.1	<.01
24	.631			<1	:		7.7 7.5	<1	3.8	<.01
25	.634			<1			7.6 7.5	<1	3.4	<.01
26	.631			<1			7.6 7.4	<1	3.3	<.01
27	.574			<i< td=""><td></td><td></td><td>7.6 7.3</td><td><1</td><td>3.2</td><td><.01</td></i<>			7.6 7.3	<1	3.2	<.01
28	.623	•								
29	.611	<2	<1		44	.52				
30	.595			<1			7.6 7.5	<l< td=""><td>2.7</td><td><.01</td></l<>	2.7	<.01
31	364			<1			7.5 6.8	<1	0.1	<.01
Total	20.005									
Mo. Avg.	.645.									

PLANT STAFFING: Day Shift Operator	Class:	C + C	Certificate No:	13840 + 14129	Name:	R BUONO + J FINEHIRSH	
Evening Shift Operator	Class:	A + A	Certificate No:	2772 + 512	Name:	M GUNTHER + R JOHNS	
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:	В	Certificate No:	7874	Name:	S SZCZEPKOWSKI	

Permit Number:

FL0034789

Monitoring Period From: 7-1-07

To: 7-31-07

Facility:

Mid County WWTF

6	Ovuce-	Chlorofo	CDODS	Tee Aces		D : 6 ::	<u> </u>			
	Oxygen, Dissolved	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge	Rainfall (INCHES)	ļ	1		1
1	(DO) (MG/L)	(0.0/0)	(1410/12)]	Production,	(Eatting)	Ì	1	1	}
					Total (GPD)	<u></u> .		}		
Code	00300	32106	80082	00530	49019	46529				
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02			†	
1										
2	7.4		150	260	18,750					
3	7.2	120			6,250				<u> </u>	
4	7.6					.25			†	†
5	1.7				18,750					· · · · · · · · · · · · · · · · · · ·
6	7.2				18,750			 	 	
7										
8										
9	7.4				25,000			 		
10	6.5	80				-		 	 	
11	7.1				12,500			1		·
12	7.2				6,250	_		 	 	
13	7.5				12,500	.75		 	 	
14									-	ļ
15										
16	7.0				12,500			+-	-	 -
17	6.6	81			6,250	.85				
18	7.1				6,250		····	 	 	
19	6.7				6,250					ļ
20	7.3				6,250			 	ļ	
21					0,200	.10				
22						.10				
23	6.5				18,750	.10				
24	7.1	75			12,500	.10	············			
25	6.8				12,500					
26	7.0				12,500					
27	7.3				14,300					
28	7.3						, _ .=.			
29										
#	7.0	75								
30	7.0	75			18,750					
31	7.2				6,250	4.50				
Total					237.500	6.55				
Mo. Avg.					7,661	0.21				

PLANT STAFFING: Day Shift Operator	Class:	C + C Certificate No:	13840 + 14129	Name:	R BUONO + J FINEHIRSH
Evening Shift Operator	Class:	A + A Certificate No:	2772 + 512	Name:	M GUNTHER + R JOHNS
Night Shift Operator	Class:	Certificate No:		Name:	
Lead Operator	Class:	B Certificate No:	7874	Name:	S SZCZEPKOWSKI

DEPARTMENT OF ENVIRONMENTAL PROTECTION

HARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

CLASS SIZE:

FL0034789

MAILING ADDRESS: 200 Weathersfield Avenue

LIMIT:

Final

N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Mid County WWTF

2299 Spanish Vista Drive

Altamonte Springs, FL 32714

Dunedin, FL

MONITORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Existing surface, including Influent

COUNTY:

Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8-1-07 To 8-31-07

Parameter		Quantity of	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.668		MGD					0	Monthly	CALC
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.827		MGD					0	5 X/ Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0.8			MG/L	0	Monthly	CALC
PARM Code 80082 Y Mon,Site No. EFD-01	Permit Requirement				5.0 (An,Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	MG/L	0	Weekly	16-hr FPC
PARM Code 80082 1 Mon.Site No. EPD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				0.1			MG/L	0	Monthly	C ALC
PARM Code 00530 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				<1	</td <td><1</td> <td>MG/L</td> <td>0</td> <td>Weekly</td> <td>16-hr FPC</td>	<1	MG/L	0	Weekly	16-hr FPC
PARM Code 00530 1 Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-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)
STEPHEN SZCZEPKOWSKI		7277877978	07/08/27
1			

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

FILE COPY



DISCHARGE MONITORING REP

- PART A DRAFT (Continued)

Mid County WWTF

MONITORING GROUP NUMBER: D-001 MONITORING PERIOD From: 8-1-07

PERMIT NUMBER: FL0034789

To 8-31-7

Parameter		Quantity or Loading		Qua	llity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2	MG/L	0	5 X / Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			1.3			MG/L	0	Monthly	CALC
PARM Code 00600 Y Mon.Site No. EFD-01	Permit Requirement			3.0 (An.Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement		·	2.7	2.7	4.2	MG/L	0	Weekiy	16-hr FPC
PARM Code 00600 1 Mon.Site No. EFD-01	Permit Requirement			3.75 (Mo.Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement			0.3			MG/L	0	Monthly	CALC
PARM Code 00665 Y Mon.Site No. EFD-01	Permit Requirement			1.0 (An.Avg.)			MG/L		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.32	0.32	0.86	MG/L	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-01	Permit Requirement			1.25 (Mo.Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. FPC
рН	Sample Measurement			6.7	7.7		SU	0	5 X / Week	Meter
PARM Code 00400 I Mon.Site No. EFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		su		5 Days/Week	Meter
Coliform, Fecal, % less than detection	Sample Measurement			100			%	0	Monthly	CALC
PARM Code 51005 1 Mon.Site No. EFD-01	Permit Requirement			75 (Min.)			PER- CENT		Monthly	Calculation
Coliform, Fecal	Sample Measurement			< 1			# 100 ML	0	7 X / Week	Grab
PARM Code 74055 1 Mon.Site No. EFD-01	Permit Requirement			25 (Max.)			#/100ML		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.3			MG/L	Q	5 X / Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			<0.01			MG/L	0	5 X / Week	Grab
PARM Code 50060 1 Mon.Site No. EFD-01	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grah
Oxygen, Dissolved (DO)	Sample Measurement			6.3			MG/L	0	5 X / Week	Grab
PARM Code 00300 1 Mon.Site No. EFD-01	Permit Requirement			5.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001 MONITORING PERIOD From: 8-1-07

PERMIT NUMBER: FL0034789 To 8-31-07

Parameter		Quantity	or Loading	Units	Qua	Units Quality or Concentration			Frequency of	Sample Type
Chloroform	Sample							Ex.	Anafysis	
	Measurement				64		UG/L	0	Monthly	CALC
PARM Code 32106 Y	Permit				Report		UG/L	-		
Mon.Site No. EFD-01	Requirement				(An.Avg.)	1	UG/L		Monthly	Calculation
Chloroform	Sample				96		UG/L	+_		
DIDLE C. C. Adda.	Measurement				1		UG/L	0	Weekly	Grab
PARM Code 32106 1 Mon.Site No. EFD-01	Permit				Report		UG/L	1	337 77	
Flow	Requirement				(Mo.Avg.)	l i	00/0		Weekly	Grab
(Total Plant)	Sample	0.668		MGD				0	Manthly	4114
PARM Code 50050 P	Measurement			<u> </u>		İ		"	Monthly	CALC
Mon.Site No. FLW-01	Permit	0.9	ł	MGD				1	Monthly	C-1, 1, 1
Flow	Requirement	(An.Avg.)					1		Monthly	Calculation
(Total Plant)	Sample	0.708	0.827	MGD				0	5 X / Weck	Maria
PARM Code 50050 O	Measurement Permit	-		<u> </u>					J X / WCCK	Meter
Mon.Site No. FLW-01	Requirement	Report	Report	MGD					5 Days/Week	Flow Totalizer
Percent Capacity,	Sample	(3-Mo.Avg.)	(Mo.Avg.)	·					J. DRYSH TYCEK	i riow rotanizet
(TMADF/Permitted Capacity) x	Measurement				79		PER- CENT	0	Monthly	CALC
100							CLIVI			
PARM Code 00180 1	Permit		·	T	Report		PER-			
Mon.Site No. FLW-01	Requirement			1	,		CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample				150		MG/L	0	37	
14 PM C + 00000	Measurement					;	1	ا ۲۰۱	Monthly	16-hr FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit				Report		MG/L		Manthly	161
	Requirement				(Mo.Avg.)		1		Monthly	16-hr. FPC
Solids, Total Suspended	Sample				250		MG/L	0	Monthly	(c) Proc
ARM Code 00530 G	Measurement							0	withinity	16-hr FPC
'ARM Code 00530 G Mon.Site No. INF-01	Permit				Report		MG/L	_	Monthly	16-hr, FPC
ainfail	Requirement				(Mo.Avg.)		i		ricininy	10-nr, PPC.
Catilian	Sample			1 1	11.95		INCHES	0	Daily	CALC
	Measurement							١	Daily	CALC
ARM Code 46529 P	Permit				Report		INCHES			
Ion.Site No. OTH-02	Requirement				(Mo.Total.)		INCHES		Daily	Calculation
annual Sludge Production, Total	Sample			Gallons	(310110411)					
	Measurement				l	İ	1 1	0	Monthly	CALC
ARM Code 49019 P	Permit	Report		Gallons						
fon,Site No. OTH-01	Requirement	(Mo.Total)		ľ	ì	[İ	Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION D

YARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

FL0034789

MAILING ADDRESS: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

LIMIT: CLASS SIZE: Final N/A REPORT: GROUP: Toxicity Domestic

FACILITY: LOCATION:

Mid County WWTF

2299 Spanish Vista Drive

Dunedin, FL

MONITORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Existing surface water discharge

COUNTY:

Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8-1-07

To 8-31-07

Parameter		Quantity or Loading	tity or Loading Units		Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement			>100		PER- CENT	0	Every Other Month	
PARM Code TBP3B P Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP3B Q Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP3B R Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement			>100		PER- CENT	0	Every Other Month	
PARM Code TBP6C P Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP6C Q Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP6C R Mon,Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit

^{*}IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/08/27

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

^{**}ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD. ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

Permit Number: Monitoring Period

FL0034789

From: 8-1-07

To: 8-31-07

Facility: Mid-County WWTF

Code		Firm (MCD)	CDODE	700 0 400	7700 A 10 N .				·····		
Mon-Size FLW-01 EFD-01 EDD-01		Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen, Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Bacteria		TRC (For Dechlor.) (MG/L)
1 1.226	Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
2	Mon. Site	FLW-01	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
3	1	<u> </u>	_		<1			7.1 6.8	<1	1.3	<.01
4 9988	2	1.395			<1			7.1 6.7	<1	3.0	<.01
5 8.856	3	.986			<1			7.2 6.7	<1	3.5	<.01
6 .777 <2	4	.988									
Table Tabl	5	.856									
8 792	6	.777	<2	<1	<1	2.6	.16	7.4 7.2	<i< td=""><td>3.1</td><td><.01</td></i<>	3.1	<.01
9 806	7	.824		1	<1			7.4 6.9	<1	3.0	<.01
10	8	.792			<1			7.4 6.9	<1	2.9	<.01
11	9	.806			<1			7.3 6.9	<1	3.1	<.01
12	10	.894			<1			7.2 6.7	<1	2.9	<.01
13	11	.863									
14 .765 <1	12	.854									
15	13	.778	<2	<1	<l< td=""><td>4.2</td><td>.10</td><td>7.4 7.3</td><td><1</td><td>2.9</td><td><.01</td></l<>	4.2	.10	7.4 7.3	<1	2.9	<.01
16 .786 <1	14	.765			<1			7.6 7.3	<1	2.8	<.01
17 881 <1	15	.747			<1			7.4 7.3	<1	2.9	<.01
18 .790 19 .795 20 .745 <2	16	.786			<1			7.6 7.2	<1	3.3	<.01
19 .795 .	17	.881			<1			7.4 6.9	<1	2.9	<.01
20 .745 <2	18	.790								***	
21 .710 <1	19	.795									
22 .685 <1	20	.745	<2	<l< td=""><td>2</td><td>3</td><td>.16</td><td>7.5 7.4</td><td><1</td><td>2.7</td><td><.01</td></l<>	2	3	.16	7.5 7.4	<1	2.7	<.01
23 .726 <1	21	.710			<1		·	7.5 7.4	<1	2.8	<.01
24 .685 <1	22	.685			<1		-	7.67.4	<1	2.7	<.01
25 .753 26 .791 27 .751 <2	23	.726			<l< td=""><td></td><td></td><td>7.5 7.3</td><td><1</td><td>2.5</td><td><.01</td></l<>			7.5 7.3	<1	2.5	<.01
26 .791 27 .751 <2	24	.685			<1			7.4 7.2	<1	2.3	<.01
27 .751 <2	25	.753									
28 .757 <1	26	.791									
29 .840 <1	27	.751	<2	<1	<1	1.1	.86	7.67.4	<l< td=""><td>2.4</td><td><.01</td></l<>	2.4	<.01
29 .840 <1	28	.757			<1			7.6 7.4	<1	2.2	<.01
30 .750 <1	29	.840			<1		· · · · · · · · · · · · · · · · · · ·	7.7 6.9	<1		<.01
31 .783 <1 7.77.2 <1 2.2 <.0 Total 25.641	30	.750			<1		1				<.01
	31	.783			<1			7.7 7.2			<.01
Mo. Avg. 827	Total	25.641									
	Mo. Avg.	.827				1				<u>_</u>	

PLANT STAFFING: Day Shift Operator	Class:	C+C Certificate No:	_13840 + 14129 Na	ame:	R BUONO + J FINEHIRSH
Evening Shift Operator	Class:	A + A Certificate No:	2772 + 512 Na	ame:	M GUNTHER + R JOHNS
Night Shift Operator	Class:	Certificate No:	Na	ame: _	
Lead Operator	Class:	B Certificate No:		ame:	S SZCZEPKOWSKI

Permit Number: Monitoring Period FL0034789 From: 8-1-07

To: 8-31-07

Facility: Mid County WWTF

fi		Cu c I	ancos			B 1 2				
	Oxygen, Dissolved	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge	Rainfall (INCHES)				
	(DO) (MG/L)		(MOL)		Production,	(EACHES)				
					Total (GPD)			<u> </u>		
Code	00300	32106	80082	00530	49019	46529				
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1	6.5				12,500	4.25				
2	6.9				12,500	2.00				
3	6.9				12,500					
4										
5			<u> </u>						1	
6	7.2				12,500					
7	6.7	110	150	250	6,250					
8	7.2				6,250	.85				
9	6.9				6,250	.25				
10	7.1				18,750	.30		Ī		
11										
12										
13	7.0				18,750					
14	6.6	92			12,500			<u> </u>		
15	7.0				12,500					
16	7.3				12,500	1.0				
17	6.5				6,250			<u> </u>		
18			· ·-					1		
19		····								
20	7.6		,		18,750					
21	6.6	95			12,500					
22	6.4		•		12,500				· .	
23	7.0	Ϊ							1	
24	6.3				18,750	.25				
25							·.			
26						.85				
27	7.2	86			12,500	.15				
28	6.7				6.250					
29	7.0				6,250	1.55				
30	7.1									
31	6.5				12,500	.50			1	
Total			;		250,000	11.95		<u> </u>		
Mo. Avg.				1	8,065	0.4				

PLANT STAFFING:						
Day Shift Operator	Class:	C + C	Certificate No:	13840 + 14129	Name:	R BUONO + J FINEHIRSH
Evening Shift Operator	Class:	A + A	Certificate No:	2772 + 512	Name:	M GUNTHER + R JOHNS
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No:	7874	Name:	S SZCZEPKOWSKI

DEFAR IMENT OF ENVIRONMENTAL PROTECTION VHARGE MONITORING REPORT - PART A DRAFT

When Com, A mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

FL0034789

MAILING ADDRESS: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Mid County WWTF

Dunedin, FL

2299 Spanish Vista Drive

MONITORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Existing surface, including Influent

COUNTY:

Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: 9-1-07

9-30-07

Parameter		Quantity of	or Loading	Units	Qu	ality or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.652		MGD					0	Monthly	CALC
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.724		MGD					0	5 X/ Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.3			мдл.	0	Monthly	CALC
PARM Code 80082 Y Mon,Site No. EFD-01	Permit Requirement		·		5.0 (An,Avg.)			МG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.5	7.5	18	MG/L	2	Weekly	16-hr FPC
PARM Code 80082 1 Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				0.12			МСЛ.	0	Monthly	C ALC
PARM Code 00530 Y Mon.Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				0.45	0.45	1.8	MG/L	0	Weekly	16-hr FPC
PARM Code 00530 1 Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weekly	16-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)
STEPHEN SZCZEPKOWSKI		7277877978	07/10/23

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

#1 methanol pump timing gear broke feeding extra methanol, leading to high CBOD on September 17th and 24th. The problem was found. September 25th and switched to #2 methanol pump.

FILE COPY

DISCHARGE MONITORING REP

PART A DRAFT (Continued)

FACILITY

Mid County WWTF

MONITORING GROUP NUMBER: D-001 MONITORING PERIOD From: 9-1-07 PERMIT NUMBER: FL0034789

To 9-30-7

Parameter		Quantity or Loading	Units	Qua	ality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.2	MG/L	0	5 X / Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			1.3		······································	MG/L	0	Monthly	CALC
PARM Code 00600 Y Mon.Site No. EFD-01	Permit Requirement			3.0 (An.Avg.)			MG/L		Monthly	Calculation
Nitrogen, Total	Sample Measurement			1.3	1.3	1.8	MG/L	0	Weekiy	16-hr FPC
PARM Code 00600 1 Mon.Site No. EFD-01	Permit Requirement			3.75 (Mo.Avg.)	4.5 (Weekly Avg.)	6.0 (Max.)	MG/L		Weekly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement			0.3			MG/L	0	Monthly	CALC
PARM Code 00665 Y Mon.Site No. EFD-01	Permit Requirement			1.0 (Ап.Avg.)			MGAL		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.4	0.4	0.68	MG/L,	0	Weekly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-01	Permit Requirement		1	1.25 (Mo.Avg.)	(Weekly Avg.)	2.0 (Max.)	MG/L		Weekly	16-hr. FPC
pH	Sample Measurement			6.7	7.8		SÜ	0	5 X / Week	Meter
PARM Code 00400 1 Mon.Site No. EFD-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Weck	Meter
Coliform, Fecal, % less than detection	Sample Measurement		1	95		·	%	0	Monthly	CALC
PARM Code 51005 1 Mon.Site No. EFD-01	Permit Requirement			75 (Min.)			PER- CENT		Monthly	Calculation
Coliform, Fecal PARM Code 74055	Sample Measurement			3			# 100 ML	0	7 X / Week	Grab
PARM Code 74055 1 Mon.Site No. EFD-01 Total Residual Chlorine (For	Permit Requirement			25 (Max.)			#/100ML		7 Days/Week	Grah
Disinfection)	Sample Measurement			1.7			MG/L	0	5 X / Weck	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement		<u> </u>	1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination) PARM Code 50060 1	Sample Measurement			<0.01			MG/L	0	5 X / Week	Grab
Mon.Site No. EFD-01	Permit Requirement			0.01 (Max.)		The state of the s	MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.4			MG/L	0	5 X / Week	Grab
PARM Code 00300 1 Mon.Site No. EFD-01	Permit Requirement		<u> </u>	5.0 (Min.)			MG/L		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0034789

MONITORING PERIOD

From: 9-1-07

To 9-30-07

Parameter Chloroform		Quantity	or Loading	Units	Qua	lity or Concentration	Units	No. Ex.		Sample Type
	Sample Measurement				62		ÜG/I,	0	Monthly	CALC
PARM Code 32106 Y Mon.Site No. EFD-01 Chloroform	Permit Requirement				Report (An.Avg.)		UG/L		Monthly	Calculation
	Sample Measurement				77		UG/L	0	Weekly	Grab
PARM Code 32106 1 Mon.Site No. EFD-01	Permit Requirement				Report (Mo.Avg.)		UG/L		Weekly	Grah
Flow Total Plant)	Sample Measurement	0.652		MGD				0	Monthly	CALC
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD					Monthly	Calculation
Total Plant)	Sample Measurement	0.732	0.724	MGD				0	5 X / Week	Meter
Mon.Site No. FLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, TMADF/Permitted Capacity) x 00	Sample Measurement				81		PER- CENT	0	Monthly	CALC
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Requirement				Report		PER- CENT		Monthly	Calculation
OD, Carbonaceous 5 day, 20C	Sample Measurement				250		MG/L	0	Monthly	16-hr FPC
ARM Code 80082 G 4on.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	16-hr. FPC
olids, Total Suspended	Sample Measurement				280		MG/L	0	Monthly	16-br FPC
ARM Code 00530 G fon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	16-hr. FPC
ainfal l	Sample Measurement				3.4		INCHES	0	Daity	CALC
ARM Code 46529 P fon.Site No. OTH-02	Permit Requirement				Report (Mo.Total.)		INCHES		Daily	Calculation
nnual Sludge Production, Total	Sample Measurement	250,000		Gailons	(s. : Otal.)			0	Monthly	CALC
ARM Code 49019 P fon Site No. OTH-01	Permit Requirement	Report (Mo.Total)		Gallons					Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION P HARGE MONITORING REPORT - PART A DRAFT

When Complement and this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

FL0034789

MAILING ADDRESS: 200 Weathersfield Avenue

Altamonte Springs, FL 32714

LIMIT: CLASS SIZE: Final N/A

REPORT GROUP:

Toxicity Domestic

FACILITY: LOCATION: Mid County WWTF

2299 Spanish Vista Drive

Dunedin, FL

MONITORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Existing surface water discharge

COUNTY:

Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 9-1-07 To 9-30-07

Parameter		Quantity or Loading	Units	Quality or	Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement			NODI=9		PER- CENT	0	Every Other Month	
PARM Code TBP3B P Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP3B Q Mon.Site No. EFD-01	Permit Requirement		į.	100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP3B R Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement			NODI=9		PER- CENT	0	Every Other Month	
PARM Code TBP6C P Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI≈9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP6C Q Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP6C R Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit

^{*}IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

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)
STEPHEN SZCZEPKOWSKI		7277877978	07/10/23

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

^{**}ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD. ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

Permit Number: Monitoring Period FL0034789

From: 9-1-07

То: 9-30-07

Facility:

Mid-County WWTF

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen, Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1	.835									
2	.747									
3	.756			«ا		·	7.6 7.4	<1	2.3	<.01
4	.736	<2	<1	<1	1.4	.68	7.6 7.4	<1	2.7	<.01
5	.744			≼l			7.67.4	<1	2.7	<.01
6	.724			<1			7.6 7.3	<1	2.9	<.01
7	.702			<1			7.5 7.4	<1	2.8	<.01
8	.731						<u></u>			
9	759.									
10	.733	<2	<1	<1	.54	.13	7.8 6.7	<1	3.2	<.01
1 i	.707			<l< td=""><td></td><td>·-</td><td>7.7 7.0</td><td><1</td><td>2.9</td><td><.01</td></l<>		· -	7.7 7.0	<1	2.9	<.01
12	.691			<1			7.7.7.1	<1	2.5	<.01
13	.676	-		2.2			7.5 7.0	<1	2.6	<.01
14	646			<1			7.4 6.8	<1	2.3	<.01
15	.741									
16	.722									
17	.700	18	<1	2.2	1.8	.39	7.2 6.8	<1	2.3	<.01
18	.704			<i< td=""><td></td><td></td><td>7.2 6.9</td><td><1</td><td>1.7</td><td><.01</td></i<>			7.2 6.9	<1	1.7	<.01
19	.660			2.2			7.3 6.9	<1	2.1	<.01
20	.667			<1			7.3 6.8	<1	2.2	<.01
21	.698			2			7.2 6.7	<1	1.9	<.01
22	.709				- 1					
23	.815									
24	.794	12	1.8	2.2	1.5	.30	7.2 6.7	3	1.9	<.01
25	.765			2			7.4 6.8	<i< td=""><td>1.9</td><td><.01</td></i<>	1.9	<.01
26	.724			<1			7.6 7.0	<1	2.3	<.01
27	.740			<1	· · · · · · · · · · · · · · · · · · ·		7.5 6.9	<1	2.3	<.01
28	.683			<1			7.5 6.8	<1	2.8	<.01
29	.707									
30	.696								·	
31										
Total	21.712	1								
Mo. Avg.	.724	1							<u>_</u>	

PLANT STAFFING: Day Shift Operator	Class:	C+C Certificate No:	13840	Name:	R BUONO
Evening Shift Operator	Class:	A+A Certificate No:	2772 + 512	Name:	M GUNTHER + R JOHNS
Night Shift Operator	Class:	Certificate No:		Name:	
Lead Operator	Class:	B Certificate No:	7874	Name:	S SZCZEPKOWSKI

Permit Number: Monitoring Period FL0034789 From: 9-1-07

To: 9-30-07

Facility: Mid County WWTF

	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	80082	00530	49019	46529				
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
1						.15				
2										
3	6.7									
4	7.2		250	280	12,500					
5	7.4	96			12,500					
6	6.8					·				
7	6.6				12,500					
8					12,500					
9						.85				
10	6.7				18,750					
11	7.2	72	-		18,750					
12	6.8				12,500					
13	7.4				6,250	.25				
14	7.2	-		ĺ	12,500				1	
15										
16										
17	6.8				18,750					
18	6.5	62			18,750					
19	6.8				18,750					
20	7.0				6,250	.25				
21	6.7				25,000					
22						.20				
23			•			1.50				
24	6.6				12,500	.20				
25	6.5				6,250			1		
26	6.7	76			6,250			1		
27	7.8				6,250	·				
28	6.4				12,500					
29										
30										
31			·							
Total	21.712 MG				250.000	3.4	·		<u> </u>	
Mo. Avg.	724	<u> </u>			8,333	.11			<u> </u>	

PLANT STAFFING: Day Shift Operator	Class:	C + C	Certificate No:	13840	Name:	R BUONO
Evening Shift Operator	Class:	<u>A + A</u>	Certificate No:	2772 + 512	Name:	M GUNTHER + R JOHNS
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No:	7874	Name:	S SZCZEPKOWSKI

MID COUNT

12:24

DEPARTMENT OF ENVIRONMENTAL PROTECTION	*CHARGE MONITORING REPORT - PART A DRAFT
•	

When Completed mail this report to: Department of Environmental Protection, Wastevator Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Talizbassee, Ft. 32399-2409

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

FL0034789

MARLING ADDRESS: 200 Weathersfield Avenue Altumonia Springs, FL 32714

LIMIT:

Final

CLASS SIZE:

NA

REPORT: GROUP:

Monthly

Demostic

FACILITY: LOCATION: Mid County WWTF

2299 Spanish Vista Drive Dunesin, FL

MONITORING GROUP NUMBER: D-001 MUNITURING GROVED DESC:

Existing surface, including Influent

COUNTY:

Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERSOD From: 10-1-07

To

10-31-07

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sажріс Туре
Flow (D-001)	Sample Measurement	0.657		MGD					0	Mondily	CALC
PARM Code 50050 Y	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.706		MCD					0	5 X/ Week	Meter
PARM Code 50056 Mon Site No. FLW-01	Permit. Requirement	Report (Mo.Avg.)		MGD			1.1			5 Dors/Weak	Plow Fotalizor
BOD. Carbonaterous 5 day, 20C	Sample Measurement				1.33			MG/L	0	Monthly	CALC
PARM Code 86082 Y Mon Site No. EFD-01	Penni Requirement				1.0 (An Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement)	0.52	0.52	2.6	MG4.	0	Weekly	16-hr FPC
PARM Code 80052 I Mov. Site No. EFD-01	Pemuit Requirement				6.25 (Mo.Avg.)	7.5 (Wooldy Avg.)	10.0 (Max.)	NG/L		Vicekly	16-br. FPC
Solids, Tutal Suspended	Sample Measurement				0.15			мал.	0	Monthly	CALC
PARM Code 10530 Y Man Site No. EFD-01	Pennit Requirement				5.0 (An.Avg.)			MGA		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			· · · · · · · · · · · · · · · · · · ·	0.40	0.40	2	MG/L	0	Weakty	16-tz FPC
PARM Code 00530 Mon Site No. EFD-01	Permit Requirement				625 (Mo.Avg.)	7.5 (Waskiy Avg.)	10.0 (Max:)	NGC.		Weekly	16-hr. FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision is accordance with a system designed to assure that qualified personnel properly 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 bellef, but, 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.

PRAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YYMMUD)
STEPHEN SZCZEPKOWSKI		7277877978 07/11/19

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

12:15

12/31/2007

MID COUNT

12:24

DISCHARGE MONITORING RE(T - PART A DRAFT (Continued)

FACILITY.

Mid County WWTF

MONITORING CROUP NUMBER: DADI MONITORING PERIOD From: 10-1-97

PERMIT NUMBER: FL0034789 To 10-31-07

Paremeter		Quantity	or Loading	Units	Qu	ality or Concentr	ration	Units	No.		Sample Type
Solids, Total Suspended	Sample		T			Т	1 3.		Ex.		
PARM Cude 00570 - 1	Measurement					1	2.2	MOAL	D	5 X / Week	Grab
Mon Sho No. EFB-01	Requireraent						5:0 (Max.)	MOA	+-	5 Days/Week	Grab
Nitrogen, Total	Sample Measurement				1.33	1	(14723.)	MG/L	10	Monthly	CALC
PARM Code 00600 y Mod Side No. BED-01	Permit Requirement	/	Figure .	-	3.0			MGA.	-	Monthly	Catculation
Vitragen, Total	Sample				(An Avg.):	0.74	1.2	MG/L			
PARM Cede 00600	Measurement Permit	22		 	1.75	1.5			0	Weekly	16-hr I-PC
Mon Site No: (PFD:0) Phospherus, Total (as P)	Recultement Sample				(Mo.Avg.)	[Weekly Arg.)	6:0 (Max.)	MGA		Weekly	16-hr. FPC
PARM Code 00665	Measurement			<u> </u>	0.33			MG/L	0	Monthly	CALC
Mon Site No. EFD-01	Permit Requirement				(An Avg.)			NG/L	-	Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement				0.5	0.5	0.69	NGA,	n	Weskty	16-to FPC
PARM Code 00665 Man Site No. EFD-01	Permit Requirement				1.25	15	2.0	MOAL	-	Workly	LG-hr, FPC
nt!	Sample Measurement		- · · · · · · · · · · · · · · · · · · ·	-	(Mo Avg.)	(Weekly Avg.)	(Max.)	SU	0	5 X / Week	
PARM Code 69409 1 Vian Sila No. EPD-04	Pcimit.	11.1 427	Color Color	+	6.0	8.5		SD			Meter
Coliform, Feral, % less than	Requirement Sample				(Min.)	(Max.)	* · · · · · · · · · · · · · · · · · · ·			5 Days/Week	Meter
Ictection PARM Code 51035 1	Measurement Permit							*	0	Monthly	CALC
Vlaz:Site No. EFD-01 Coliform, Fecal	Requirement Sample				75 (Min.)			PER: CENT		Monthly	Calculation
Bara y	Measurement				<1			# 100 MIL	0	7X/Work	Grah
Hoo Site No. EFD 01	Permit Requirement				25 (Max.)			#/100Mg.		7 Days/Week	Orab
otal Residual Charine (for Disinfection)	Sample Measurement				1.6			MGA.	0	S X / Week	Meter
'ARM Cude 10060 A Mon Site No. EFA-81	Pennit Requirement	,			1,0			MOL		5 Days/Week	Meter
otal Residual Chlorine (For lechlorination)	Sample Measurement				(9/in.)			MOJE	0	5 X / Week	Grab
ARM Code 50060 1 for Site No. EFD-01	Pormil		×		0.01			MG/L			
Oxygen, Dissolved (DO)	Requirement Sample				(Marc)					5 Days/Week	Giah
*ARM Code 00300 j	Measurement Penalt							MG/I.	0	5 X / Week	Grah
den. Site No. EFD-01	Requirement				5.0. (Min.)			MG/L	·	5 Days/Week	Grab

8136261030

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-901

MONITORING PERIOD

From: 10-1-07

PERMIT NUMBER: FL0034789

10-31-07

Parameter	7	Quantity	or Loading	77-21-	,			_			
bloroform	Sample	Quadity	or roading	Units	l Qu	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Samule Ty
	Measurement]		62	1	Ţ	CG/L	EX.	Monthly	CALC
ARM Code 32106 Y Ion Site No. EPD 01	Permit Requirement		11.25.00		Report		ļ	COA.			
hlər o form	Sample				(Ari Ave.)					Monthly	Culculation
ARM Code 32106 1	Measurement Permit			Vivigo ver	<u></u>		L	ŲQ/L	0	Weekly	Grab
on Site No. 200-01	Requirement Sample	0.400			Report (No Avg.)			HOY.		Weekly	Grab
otal Plant)	Measurement	0.657	-	MGD			<u> </u>		0	Monthly	CALC
ARM Code 50050 P on Site No. Fl. W.OL	Permit Requirement	0.9 (An Ave.)		MOD			<u> </u>	 		Monthly	
uw otat Plant)	Sample	0.753	0.705	niGD	to a la la la la la la la la la la la la l			1			Calculation
ARM Codé 50050 O	Measurement Fermit	Report	Rejort	MGD					°	5 X / Week	Meter
on Sile No. FLW-BI reent Capacity,	Roquinement Sample	(J-Mo Avg)	(Moave)							5 Days/Week	Flori Totalia
MADF/Pennitted Capacity) x	Measurement				84			PER- CENT	0	Monthly	CALC
RM Code 00180 1 on Site No. FLW-01	Petmit			1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Report						
D. Carbonaceous 5 day, 20C	Requirement Sample							PER- CENT		Monthly	Calculation
JRM Code 80082 G	Measurement Pennit				190			MG/L	0	Monthly	16-hr FIY:
on Site No. INP-01	Requirement	*			Report			MGA,		Monthly	16-br. FPC
lids, Total Suspended	Sample Measurement				3-10		<u> </u>	MG/L	0		
RM Code 00530 G m Sile No. INF-01	Pertil				Report					Monthly	16-hr FPC
nfall	Requirement Sample				(Mo.Avg.)			MO/L		Monthly	16-hr FPC
RM Code 46529 p	Measurement				4.4			NOTES	0	Daily	CALC
in Site No. OTH 402	Permit Requirement				Report			INCHES		Daily	Calvata
nual Studge Production, Total	Sample Measurement	237,000		Gallons	(Mo.Total.)		<u> </u>				Culculation
RM Codo 49019 P o Site No. OTH-01	Permit	Report		Oatlons -		er grjan i sk			ij	Moothly	CALC
ar-oute 140' O141-01	Requirement	(Mo.Total)								Monthly	Calcutation

12:15

12/31/2007

12/31/2007

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DEPARTMENT OF ENVIRONMENTAL PROTECTION CHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Westervaler Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

MAILING ADDRESS: 200 Weathershold Avenue

Aftamonte Springs, PL 32714

PERMIT NUMBER

FL0034789

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Toxicity Domestic

FACILITY: **LOCATION:** Mid County WWTF 2299 Spanish Vista Driva Dunedin Fl.

MONITORING GROUP NUMBER: D-601 MONTORPIC GROUP DESC:

Existing surface water distributes

COUNTY:

Pinellas

NO DISCHARGE FROM SITE: MONTTORING PERIOD From: 10-1-07

10-31-07

Parameter				Units	Qual	ity or Concentra	tion	Units	No. Ex.	Frequency of Austysis	Sample Type
7-DAY CHRONIC STATRE Ceriodophnia dubia(Routine)	Sample Measurement				>100			PER- CENT	0	Every Other Month	
PARM Code TEP36 P Mon Site No. DED-01	Permit Requirement				(Min.)			CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dabia(Addibenal)	Sample Measurement				NDDI=9			PER- CENT	0	As occided	As required by the permit
PARM Code (BP3B Q Mon.SiteNo.EFD-01	Petroit Requirement			1.	100 (Miss.)			PER CENT		Asneeded	As required by
7-DAY CHRONIC STATRE Ceriodaphnia dubis (Additional)	Sample Messurement				NOD1-9			PER- CENT	ŋ	As needed	As required by the permit
PARM Code TBP3B R Mos Sile No. EFD 01	Pennii Requirement				100 (Min.)		-	PER- CENT		As needed	As required by
7-DAY CHRONIC STATRE Piratephales promelas (Routine)	Sample Measurement				>1(10			PER- CENT	0	Every Other Month	
PARM Code TBP6C P Mos Site No. EFD-01	Permit Requirement				100 (Min.)			PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas (Additional)	Sample Measurement				N'OD !=9			PER- CENT	Ü	As needed	As required by the normal
PARM Gode TBP6C Q Mon She No. EFD-01	Permit Requirement				100 (Min.)			PER- CENT		As needed	As required by
7-DAY CHRONIC STATRE Punephales geomeles (Additional)	Sample Measurement				NODI - 9			PER- CENT	0	As seeded	As required by
PARM Code TBP6C R Mon. Site No. EFD-01	Peimil Regulirement				100 (Min.)			PER- CLEVIT		As needed	As required by

^{&#}x27;IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

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 (YVIMM/BITI)
STEPHEN SZCZEPKOWSKI		7277877978	07/11/19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attackments here);

^{**}ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD. ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

L NEAL MID COUNT PAGE 02

PAGE 03/04

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FL0034789 From: 10-1-07

Ta: 10-31-07

Facility: Mid-County WWTF

,	Flow (MOD)	CBODS (MO/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen, Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria	TRC (For Disin but.) (MC/L)	TRC (For Decision.) (MG/L)
Code	50050	80082	00538	00530	00600	00665	00400	(#/100ML)		
Mon, Sit		EFD-01	EFD-01	FFB-01	EFD-01	EFD-01	EFD-01	74055 BFD-01	50060 EFA-01	50060 EFD-01
-	.667	2.6	<1	<u> </u>	0.95	0,19	7.6 7.0	<1	2.1	<.01
2	,687	· · · · · · · · · · · · · · · · · · ·		<1	****		7.5 7.0	41	2,9	<.01
3	.687		1	2			7.6 7.1	<1	2,0	<.01
4	.890		 	</td <td></td> <td></td> <td>7.5 6.9</td> <td>c)</td> <td>2.5</td> <td><01</td>			7.5 6.9	c)	2.5	<01
5	188.		<u> </u>	रा			7.2 6.8	<)	2.6	<01
6	.813		f	> -						
7	862				-		 -			
1 8	.793	<2	2	2,2	1	0,45	7.3 6.8		2.8	<.01
9	765			<1			7.4 6.5	<1	2.5	<.01
10	.728	~~~ ~~~~~~		া			7.5 7.0	41	1,6	<.01
Ť1	.560			रा			7.4 6.8	<1	1.7	10.>
12	709			<1			7.6 6.8	<1	2.4	<.01
13	698						 			
14	,705						+			~ ~~
15	719	<2	<1	<1	1.2	0.69	7.57.4	<1	2.5	<.01
16	641			۲۱			7.5 7.3	</td <td>2,4</td> <td><.01</td>	2,4	<.01
:7	.658			د ا	•		7.5 7.3	<1	2.4	<.01
18	699			<1			7,4 7.2	<1	2.5	<.01
19	.705			<1			7,4 7.2	<1	2.5	<.01
20	.683									
21	.729									
22	.677			<1			7,4 7.2	<1	2.3	<.01
23	.648	<2	<1	<1	0.86	0.61	7.5 7.2	<1	2,2	<.01
24	.669			<1			7,5 7,4	<1	2.2	<.01
25	,650			<1			7,5 7.3	<	2.2	<.01
26	.618			<1		7	7.5 7.3	<1	2,2	<.01
27	.651									
28	.684									
2.3	657			<1			7.5 7.3	<1	2.5	<,01
30	.640	<2	</td <td>2</td> <td>0.63</td> <td>0.56</td> <td>7.5 7.4</td> <td>ব</td> <td>2.3</td> <td><.01</td>	2	0.63	0.56	7.5 7.4	ব	2.3	<.01
31	631			2			7.5.7.4	<1	2.3	₹.01
Total	21.901									
Mo, Ivg	.706		-			-				

PUANTSTAFFING				
Day S'ritt Operator	Class:	C+C Cortificate No:	13840 Name:	R BUONO
Evening Shift Operator	Chass:	A + A Certificate Not	2772 + 512 Name;	M GUNTHER + R JOHNS
Might 5mft Operator	Class:	Certificate No:	Name:	
Load Operator	Class:	B Continente No:	7874 Name:	S SZCZEPKOWSKI

8136261030 7277872565

L NEAL MID COUNT PAGE 03

PAGE 04/04

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period Fl,0034789 From: 10-1-07

To: 10-31-07

Facility: Mid County WWTF

	Oxygen, Dissolved (DO) (MG/L)	Chlowforn (UCi/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	80082	00530	49019	46529	1			-}
Mon. Site	EFID-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02	 		- -	 -
	7.3		190	340	12,500	· · · · · · · · · · · · · · · · · · ·		- 	- 	
2	7,4	73			6,250		<u> </u>			
3	7.6			1	6,250	· · · · · ·				
4	7.2			***************************************	6.250	3.5	<u></u>		 -	- -
5	7.9				6,250	0,10				
6										-
7								 -		
8	7.7				12,500			 		
9	7.9	71			6,250			 		- [-
10	8.0				12,500			1		
11	7.6				12,500	<u>_</u>		-		+
12	6.4				12,500			 		
1,3								 		+
14										
15	6. B				6,250					
16	7.7	64			12,500	1		 		
17	7.1				5,250					
18	7,8				12,500					
19	7.2				6.250					
20										1
21								1		
22	7.8				18,750			1		
21	6,8				6,250	0.50		1		1
2/1	7.7	75			25,000	0.30		1		
21	7.0				12.500					
2/,	7.1				12,500					
1										†
28									 	
20	7.0			1	2,500				·	1
3f1	6.7				5.250			 	 	
3:	7.7	53			6.250			 		
Total				12	37,500	4.4				1
lo. Alg				7.	.661	0.14			+	

PLANT STAFFING; Day Shift Operator	~					
, ,	Class:	Cic	Cenificate No:	13840	Nume;	R BUONO
Evening Shift Operator	Class;	<u> </u>	Confficute No:	2772 + 512	Name:	M GUNTHER A R JOHNS
Night Shift Operator	Class:		Certificate No:		Name:	
end Operator	Class:	В	Continente No:	7874	Name:	S SZCZEPKOWSKI

PAGE

DEPARTMENT OF	ENVIRONMENTAL	PROTECTION
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YCHARGE MONITORING REPORT - PART A DRAFT

01/84 When Completed mail this report to: Department of Caviranmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Biair Stone Road, Tallehassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc. MAILING ADDRESS: 200 Worthersfield Avenue

Pinclies

PERMIT NUMBER

FL0034789

LIMIT: CLASS SIZE: Finel NA

REPORT; GROUP:

Monthly Domestie

FACILITY: LOCATION

COUNTY:

Mid County WWIF 2299 Spanish Vista Drive Dunedin, Pt.

Alternomic Springs, FL 32714

MONITORING GROUP NUMBER: D-801

MONITORING OROUP DESC:

Existing surface, including influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11-1-07 To

£1-39-07

Parameter		Quantity or Loading		Units	Qua	lity or Concentn	ation	Units	No. Ex.	Prequency of Analysis	Sample Type
Flow (D-081)	Sample Measurement	0.654		MOD					.0	Monthly	CALC
PARM CHOC STORE Y Mon Site No. FLW-01	Period Requirement	(An Avg.)		3460						Monthly	Caledation
Flow (D-001)		0.554		MCD					٥	5 X/ Wesk	Meter
PARM Code 50050 1	Podnit Raquirament	Mepon (Mo.Avg.)		MgD					The C	5 Days Wook	Flow Totalize
BOD, Carbonnocous 5 day, 20C	Sample Measurement				0.9			Mart.	0	Monthly	CALC
PARM CIGO BOILE Y	Permi Requirement	建 原。			(Ah Ave)			MOT		Monuth	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		<u> </u>		4	<2	<2	MOC	0	Workly	16-hr FRC
PARM Code 80082 Monisor no EPD-01	Period Régulitations	· · · · · · · · · · · · · · · · · · ·		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	6.25 (Mo.AVE)	7.5 (Weskly Avg.)	10.0 (Mac.)	MOL		Weekly	16-hi, PPC
Splids, Total Suspended	Sample Measurement				0.65		·	160371,	0	Monthly	C ALC
PARM Code 00310 Y Mon Site No. EFD EU	Pennit Rejeliement				5.0 (An Ave.)		No.	MOL		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				</td <td><1</td> <td><1</td> <td>мал.</td> <td>0</td> <td>Weekly</td> <td>16-hr FPC</td>	<1	<1	мал.	0	Weekly	16-hr FPC
PARM Code 00330 1	Permit Requirement	A START IN THE ATT THE REAL AND THE ATTER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.25 x(Mo.Avg.)	(Weekly Avg.)	10:0 (ivex.)	MGL		Wockly	16-hr, FRC

I certify under penulty of less that document and all attachments were prepared under ray 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 guidering the information, the information submitted is, to the best of my toppriedge and belief, tree, accurate, and complete. I am aware that there are algorithman penalties for submitting false information, including the possibility of fire and imprisonment for knowing violations.

	NAMENTILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONENO	DATE (YYMUNDD)
ļ	STEPHEN SZCZEPKOWSKI	7277877978	07/12/17
			ŀ

C OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments hare):

12/31/2007 12:15

12:07

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ATD COUNT

DISCHARGE MONITORING REY T-PART A DRAFT (Continued)

Mid County WWTF

MONITORING GROUP NUMBER: 13-901 MONITORING PERIOD From: 11-1-07

PERMIT NUMBER: FL0034789 To 11-30-07

Parameter		Quantity or Loading		Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Szmple Typo
Solids, Total Suspended	Sample Measurement						2.0	MG/I.	0	5 X / Week	Grab
PARM Code 80330 1	Permit				Si di Propinsi di		5.0	MGAL		4 BayelWark	Crah
Vitrogen, Fotal	Keguisement. Sample	<u> </u>	1959 112 and 15 for each	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.75	<u> </u>	(Max.)	MG/L	D	Monthly	CALC
PARM Code 00600. Y	Measurement Periol		就能 ^不 分,更强化		30			MGL		Monthly	Calculation
Non-Site No. EPD-01 Nitrogen, Total	Requisinent.	Carried Control) - M-140-413	(An Ave)	250			کیا		
	Simple	i			0.65	0.65	1.#	MGR.	0	Weekly	16-hr FPC
PARM Code 00800 1 Mari Sile No. EFD-01	Peroth Requirement				3.75 (Ma,Ayg)	(Weekly Are.)	6.0 (Afax.)	ME/L		Weekly	16-W FPC
Phosphorus, Total (as P)	Sample Measurement				0.33			MG/L	0	Monthly	CALC
PARM Code 00665 Y Mon.Site No. EFD/01	Pennit Requirement				(Air Ave.)			N(GA)		Montuly	. Calculation.
Phosphonis, Total (as P)	Sample Measurement				0.5	0.5	0.58	MGA.	D	Waekly	16-bi FPC
PARM Code 00665	Permit Requirement.				1 25 (Ma.Nve.)	(Workly Ave.)	2.0 (&lax.)	MOA.		Weeldy	16 lit. FPC
рЯ	Sample Measurement	<u> </u>	AND THE PERSON OF THE PERSON O		6.6	1.6	- sivias.	80	0	5 X / Week	Meter
PARM Code 00400 · 4	Permit.			C. C. N. Ger	6.0*	83		su	26° 77	5 Days Work	Meler
Mod Site No. EFD-04 Coliform, Fecal, % less than	Satuple	Signatur (gerin), sagi	<u>). (4. 8 x 20 440 x 30)</u>	74 Y. C. 1.2	(N(th.)	(Max.)	<u> 1898 11 7, 1, 1911, 1</u>	5%	0	Monthly	CALC
detection PARM Code \$1005	Petmit Petmit			1,744,74	15			PER-		Monthly	Calculation
Mon Site No. EFD-01- Colliform, Fecal	Requirement Sample			1986. 	(Min)	<u> </u>		FIXEML	0	7 X / Week	Grab
PARM Code 74055	Measurement	EAT THE STATE	Kajfejit e i i i e		25.500			S/100M/II	1.1.7	7 Days/Wock	Grah
Mon Site No EFD-61	Requirement	e jedicija i kalida.			(Max)						1
Total Residual Chlorine (Fes Disinfection)	Sample Measurement				1.0			MGA.	0	5 X / Wesk	Meter
PARM Code 50060 A Mon Site No. EFA-01	Pernul Requirement	oten ilian shijishini sh			1.0 (Min.)		4.	, MOL		5 Days/Week	Meler
Fotal Residual Chlorine (For Dechlorination)	Sample Measurement				<0.01		<u> </u>	MGiL	0	5 X / Wesk	Grab
PARM Code 50050	Perialt							yen	7.09	5 Days Wook	Gialt .
Mon. Sag No. EED at Oxygen, Disselved (DO)	Requirement Sample	A CALLETTE DA ESTRE	超過過過一時必要的	er Ye wî	(Mai) 6.5			MG/L	0	5 X / Week	Grah
PARM Code 00300	Messurement Pérofit Requirément				5.00	建筑		MITE	- 1 - 1	5.Days/Work	Grefi

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MID COUNT

FACILITY: Mid County WWTF MONITORING GROUP NUMBER: D-991

PERMIT NUMBER: PL0034789

MONITORING PERIOD From: 11-1-07

11-30-07

Parameter		Quantity or L		Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Chloraform	Sample Measurement				62			UGL	0	Monthly	CALC
PARM Code 12(05 Y Main Sila No. EFDVOL	Permit				Rephri (An Avg.)			UOL	35 T	Monthly	Calculation
Chloraform	Sample Measurement				54			UGL	0	Weekly	Genb
PARM Code 32106 1 Mon Sine No. PFD-01	Pennit Requirement				Report (Mo-Avg.)			UOJ.		Wexily	Gn ₂ b
Flow Total Plant)	Sample Measurement	0.654		MGD					0	Monthly	CALC
PARM Code 50050 P Man Sité No. FLW-01	Pennit Requirement	0.9 (An Avg.)		Мор						Monthly	Calculation
Flow (Total Mant)	Sample Measurement	0.662	0.554	MOD					0	5 X / Wark	Meter
PARM Code \$00.00 Q Met/Sile No. FLW-01	Permit Requirement	Réport El-Mo-Avel	Report (Nis Avg.)	. Wid						5 Nays/Week	· Holy Fololizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				74			PER- CENT	Ó	Monthly	CALC
PARM Code 00180 1	Permit Requirement				Report			PER. CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		·		260			MOK	0	Monthly	16-hr FPC
PARM Code 80982 G Mon Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			МОЛЬ		Monthly	16-Jw. PPC
Solids, Total Suspended	Sample Measurement				280			MG/L	0	Monthly	16-hr FPC
PARNI Code 00339 G Mon Site No. DRP-01	Permit Reguliement				Report (Ma Avg.)			MGE		Monthly	16-hrs FTC
Rainfall	Sample Measurement	1.0000000000000000000000000000000000000			0.75			INCHES	0	Daily	CALC
PARM Code 46525 P- Mon She No. OTH DE	Postniti Requirement				Report (Mo. Total)	With the B		ONTHES		Duily	Calcufation
Annual Studge Production, Tetal	Sample Measurement	200,000		Gallons					0	Monthly	CALC
PARM Code 40019 P Mon. See No. OTTE 01	Permit Requirement	Report (No Trecal)		Calcina					\$ 49 .1 7 (3).	Monthly	Calculation

MID.

12/31/2007

DEPARTMENT OF ENVIRONMENTAL PROTECTIO	N(CHARGE MONITORING REPORT - PART A DRAFT
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When Cornelated	imail this report to: Department of Environmental Protection,	Wastewater Compliance Evaluation Sect	ion, MS 3551, 2600 Bis	er Stone Road, Tallahasses, I	FI: 32 399-24 00
AY DED CARROLLER	I THINK TOUS LEGALE IN: THE DESTRUCTOR OF THE MORRISHERS AND SECOND	in tall the state of the state			

PERMITTEE NAME: Mid-County Services, Inc. MAILING ADDRESS: 100 Weathers field Avenue

Attenuante Springs, FL 32714

PERMIT NUMBER LIMIT: CLASS SIZE:

Fine NA

FL6034789

REPORT: GROUP:

Tuxicity Domestic

FACILITY: LOCATION:

COUNTY:

Mid County WWTF 2299 Spanish Vista Drive

Depedin, FL.

Pioclias

MONITORING GROUP OFSC

MONITORING GROUP NUMBER: D-001 Existing aurites water discharge

NO DISCHARGE FROM SITE: MONITORING PERIOD

From: #1-1-07

11-30-07

Parameter		Quantity o	or Loading Unit		Qua	ition	Units	No. Ex.	Frequency of Analysis	Sample Type	
7-DAY CHRONIC STATE	Sample				NOD:=9			PER- CENT	0	Every Other Month	
Ceriodophuis dubis(Routise) PARM Code TBP3B P Mas She No. EFD-01	Measurement Permit Requirement	सहस्र व अस्ति । स्टब्स			(Mile)			PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphala dubla(Additional)	Sample Measurement				NODI*9			PER- CENT	0	As needed	As required by the permit
PARM Code TRPIR Q	Perofit Regulterient			电影演	(Min.)			PER CEXT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodanheia dubia(Additional)	Sample Measurement				NODI≃9			PER- CENT	0	As needed	As required by the permit
PARM Code TBP3B R Mon She No. EPD-01	Permil Regurencen				100 (Min.)			PER CENT		As needed	As required by the permit
7-DAY CHRONIC STATE	Sample Measurement				NODI=9]		PER- CENT	ŋ	Every Other Month	}
Pintephales prometar(Rowine) PARM Code TBPSC P	Permit Requirement				108 (&/Un.)			CEXT		Every Other Month	
Mon.Sim No. EFD-01 7-DAY CHRONIC STATE	Sample				NODJ=9			PFG.	D	As needed	As required by the permit
Pimephales promelas (Additional) PARM Code PBP6C Q	Permit Requirement				(Min.)			PER: CUNT		As needed	As required by the permit
Mousie No. EFO-01 7-DAY CHRONIC STATE	Sample		1		NCDF-9			PFR- CENT	0	As needed	As required by the permit
Pimephales promotes (Additional) PARM Code TBP6C R Mon.Site No. EFG-01	Measurement Permit Requirement	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7			100 (Viter)		1 20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CENT :		As needed	As required by the permit

^{*}IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW. **ENTER NODE-C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

ENTER WODI-9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

I certify ender genalty 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 praperty gather and evaluate the information submitted. Based on my inquiry of the 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, one, accurate, and complete. I am aware that these are significant possibles for submining false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNAT	TURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED ADENT	TELEPHONE NO	DATE (YYARMIDD)
STEPHEN SZCZEPKOWSKI		7277877978	07/12/17
Strate and Science and Strate and			

8136261030

L NEAL MID COUNT

PAGE 02 PAGE 01/02

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FL0034789 From; 11-1-07

To: 11-30-07

Facility: Mid-County WWTF

		comme d	T							
	Flow (MGI))	CBODS (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen, Tetal (MG/L)	Phosphorus (MG/L)	pH (SU)	Focal Coliform Bacteria (#/100ML)	TRC (For Disinibal) (MG/L)	TRC (For Deahler.) (MG/L)
(:oda	50050	80082	00530	00530	00600	00665	00400	74055	50010	50060
Mon, Sit	e PLW-01	BFD-01	EFD-01	57B-01	EFD-01	EFD-01	EFD-01	SFD-01	EFA-01	EFD-01
	.631			ব			7.5 7.3	<1	2,]	<.01
2	.597			<1			7.6 7.3	<1	2.0	<.01
3	.615					1				
4	.627	···			-			-		
. 5	.594			<1			7.45 7.4	<1	2,1	<.01
6	.603	⋖	<1	<	0,76	0.53	7.6 7.4	<1	2.1	<.01
7	.555			বা			7.6 7.4	ì	2.4	<.01
8	.546			<1			7.4 6.E	ব	1.0	<.01
9	.530			<1			7.3 6.8	<1	1.5	<.01
0	.573									
	.634									
12	.596	<2	<1	2	0.51	0.35	7.3 7.2	<1	2.1	<.01
13	.593			2		77.	7,4 7,2	<)	1.7	<.01
14	.576			<1			7.4 7.2	<1	2.3	<.01
15	590			<1			7.5 7.0	<1	2.4	<.01
16	.527			<1			7.4 6.9	≺ 1	1.6	<.01
17	.570									
18	.636									
19	.583	<2	<1	<1	1,1	0.58	7.2 6.6	4	2,2	<.01
20	630			<1			7.4 7.2		2.0	<.01
21	.596		1	<1	"		7.4 7.1	<1	3.0	<.01
22	.600			<1			7.4 7.0	<1	5.0	<.01
2.5	.592			2			7.3 6.8	<1	2.8	<,01
21	392									i
25	.620						1			
26	.638	a	<1	<1	0.24	0.49	7.4 7.0	<1	3,1	<.01
2	.572			<1			7.6 7.1	<1	2.3	<.01
28	.589			<1			7.5 7.1	ব	2.6	<.01
2!/	.612			₹1			7.4 7.0	<1	2.7	<.01
30	.586			<1		-	7.5 7.0	<1	3.0	<.01
3:							-			
Total	16.631 MC	-	-				<u></u>			
Mo Avg.	.554						+			

	PLANT STAFFING: Day Shift Operator	Cines:	C+C Cer	tificate No:	13840	Name:	R BUONO
	•	O+14K1,		vitaciate (40'	13040	tacutur.	K 60030
	Evening Shift Operator	Class:	A · A Con	tificate No:	2772 - 512	Vame:	M GUNTHER + R JOHNS
	Night Shift Operator	Class:	Cen	tificate Vo:		Name;	
-	Poug Chemiot	Class:	B Con	tificate No:	7874	Vame:	S SZCZEPKOWSKI

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L NEAL MID COUNT

PAGE 02/02

DAILY SAMPLE RESULTS - PART B

		ing Period	From: 11-1-0	7		To: 11-30-07		racinty:	Mid County W	WIF		
		Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBODS (MG/L)	TSS (MG//L)	Annual Sludge Production, Total (GPD)	Reinfall (INCHES)					, , , , , , , , , , , , , , , , , , ,
	Code	00300	32106	80082	00530	49019	46529					
	Mon, Site	EFD-01	EFID-01	1NF-01	INF-01	OTH-01	OTT-1-02					
]	7,1				6,250						
	2	7.3				12,500						
	3											
	4				<u> </u>			<u> </u>				
	5	6.5				18,750					\Box	
	6	6.6										
	7	6.5	50		ļ	6.250	·\	<u> </u>				
	8	6,9				12,500						
	9	6,7				25000						
	i0											
	11						··					
	12	7.0		260	280	6,250						
	13	7.0	52			12,500					T	
	14	6.7				12.500		ļ	`			
	15	7.0		·				<u> </u>				
	16	8.0				12.500						
ر.	17											
\	18											
	19	6,7				12,500						
	29	7,7	56									
	21	6.8										
	22	7.1		· · ·	ľ			-				
	21	7.5			:	12.500						
	2.4											
	25											
	26	7.0				12,500		_				
	2-	7.2	56							Ī	T	
	28	7.1				12.500	.75				1	
	29	7.3				12.500						
	30	8.2				12,500					1	
	31						•					
	Total				Ì	200.000	.75			-	_	
	Mo. Avg.					.667			1		-	
	PLANT STA Day Shift Op	CTRICE	_		Contricate No:	13840			BUONO			
	Evening Shift	•	-		Certificate No:	2772 + 512			GUNTHER + R.	OHNS		
,	Night Shift O	•	Ciass:		Centificate No:		Nam					
	Lend Operato	T	Class:	B (Certificate No:	7874	Nam	ne; <u>S</u> :	SZCZEPKOWSK	J		

DEPARTMENT OF ENVIRONMENTAL PROTEC

N DISCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

CLASS SIZE:

FL0034789

MAILING ADDRESS: 200 Weathersfield Avenue Altamonte Springs, FL 32714

LIMIT:

Final N/A

REPORT GROUP:

Monthly Domestic

FACILITY: LOCATION: Mid County WWTF

2299 Spanish Vista Drive

Dunedin, FL

MONITORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Existing surface, including Influent

COUNTY:

Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: 12-1-07

12-31-07 To

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Analysis	Sample Type
Flow (D-001)	Sample Measurement	0.651		MGD					0	Monthly	CALC
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Calculation
Flow (D-001)	Sample Measurement	0.603		MGD					0	5 X/ Week	Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo,Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0.92			MG/I.	0	Monthly	CALC
PARM Code 80082 Y Mon,Site No. EFD-01	Permit Requirement				5.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0.8	0.8	3.2	MG/I.	0	Weekly	16-hr FPC
PARM Code 80082 E Mon.Site No. EFD-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Weekly Avg.)	[0.0 (Max.)	MG/L,		Weekly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				0.2			MG/L	0	Monthly	C ALC
PARM Code 00530 Y Mon.Site No. EFD-01	Permit Requirement				5,0 (An,Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				0.5	0.5	2	MG/L	0	Weekly	16-hr FPC
PARM Code 00530 I Mon.Site No. EFD-01	Permit Requirement				6,25 (Mo.Avg.)	7.5 (Weekly Avg.)	10.0 (Max.)	MG/L		Weckly	16-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)	\neg
STEPHEN SZCZEPKOWSKI		7277877978	08/1/22	

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

DISCHANGE MOBILOR

ADDONI - PAKTA DKAFT (COMMUNE)

CILITY:

Mid County WWTF

MONITO AG GROUP NUMBER: D-001 MONITORING PERIOD From: 12-1-07

PERMIT NUMBER; FL0034789

To 12-31-07

Parameter		Quantity or Loading	Units	Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.2	MG/I	0	5 X / Week	Grab
PARM Code 00530 I Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement			1.23			MG/I	0	Monthly	CALC
PARM Code 00600 Y Mon.Site No. EFD-01	Permit Requirement			3.0 (An, Avg.)			MG/I		Monthly	Calculation
Nitrogen, Total	Sample Measurement			1.0	1.0	1.8	MG/I	-()	Weekly	16-hr FPC
PARM Code 00600 I Mon.Site No. EFD-01	Permit Requirement			3.75 (Mo.Avg.)	4.5 (Weekly Avg.)	6,0 (Max.)	MG/I		Weckly	16-hr. FPC
Phosphorus, Total (as P)	Sample Measurement			0.33			MG/i	0	Monthly	CALC
PARM Code 00665 Y Mon.Site No. EFD-01	Permit Requirement			1.0 (An.Avg.)			MC/I		Monthly	Calculation
Phosphorus, Total (as P)	Sample Measurement			0.4	0.4	0.91	MG/L	0	Weckly	16-hr FPC
PARM Code 00665 1 Mon.Site No. EFD-01	Permit Requirement			1.25 (Mo.Avg.)	1.5 (Weekly Avg.)	2.0 (Max.)	MG/I.		Weekly	16-hr. FPC
рН	Sample Measurement			6.7	7,6	······································	SU	0	5 X / Week	Meter
PARM Code 00400 I Mon.Site No. EFD-01	Pennit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Meter
Coliform, Fecal. % less than detection	Sample Measurement			90			9	0	Monthly	CALC
PARM Code 51005 1 Mon.Site No. EFD-01	Permit Requirement			75 (Min.)			PER- CENT		Monthly	Calculation
Coliform. Fecal	Sample Measurement			3			# 100 ML	0	7 X / Week	Grab
PARM Code 74055 1 Mon,Site No. EFD-01	Permit Requirement			25 (Max.)			#/[DOM].		7 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1,1			MG/[.	0	5 X / Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement		<u> </u>	1.0 (Min.)			MG/L		5 Days/Week	Meter
Total Residual Chlorine (For Dechlorination)	Sample Measurement			<0.01			M(i/I	n	5 X / Week	Grab
PARM Code 50060 Mon.Site No. EFD-01	Permit Requirement			0.01 (Max.)			MG/L		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement			6.9			MG/L	0	5 X / Week	Grab
PARM Code 00300 1 Mon.Site No. EFD-01	Permit Requirement			5.0 (Min.)			MG/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTE!

IN DISCHARGE MONITURING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, 17, 32399-2400

LIMIT:

PERMITTEE NAME: Mid-County Services, Inc.

PERMIT NUMBER

FL0034789

MAILING ADDRESS: 200 Weathersfield Avenue Altamonte Springs, FL 32714

CLASS SIZE:

Final N/A

REPORT: GROUP:

Toxicity Domestic

FACILITY: LOCATION: Mid County WWTF

2299 Spanish Vista Drive

Dunedin, FL

MONITORING GROUP NUMBER: D-001

MONITORING GROUP DESC:

Existing surface water discharge

COUNTY:

Pinellas

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: 12-1-07

12-31-07

Parameter		Quantity or Loading Units		Quality or	Units	No. Ex.	Frequency of Analysis	Sample Type	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement			NODI=9		PER- CENT	0	Every Other Month	
PARM Code TBP3B P Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP3B Q Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PIR- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP3B R Mon,Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement			NODI=9		PER- CENT	0	Every Other Month	
PARM Code TBP6C P Mon.Site No. EFD-01	Pennit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9		PER- CENT	0	As needed	As required by the permit
PARM Code TBP6C Q Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement			NODI=9		PER- CENT	n	As needed	As required by the permit
PARM Code TBP6C R Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit

^{*}IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

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	ON HONGELET	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI		7277877978	08/1/22

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

^{**}ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

Permit Number: Monitoring Period FL0034789

From: 12-1-07

To: 12-31-07

Facility: Mid-County WWTF

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen, Total (MG/L)	Phosphorus (MG/L)	pH (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
1	.676									
2	.649									
3	.595	<2	<1	<1	1.0	0.083	7.5 7.1	<1	2.5	<.01
4	.500			<1		-	7.67.1	<1	2.2	<.01
5	.555			<l< td=""><td></td><td></td><td>7.4 7.0</td><td><l< td=""><td>1.5</td><td><.01</td></l<></td></l<>			7.4 7.0	<l< td=""><td>1.5</td><td><.01</td></l<>	1.5	<.01
6	.567			<i< td=""><td></td><td>-</td><td>7.4 7.2</td><td><1</td><td>2.2</td><td><.01</td></i<>		-	7.4 7.2	<1	2.2	<.01
7	.591			<l< td=""><td></td><td></td><td>7.5 7.3</td><td><l< td=""><td>2.2</td><td><.01</td></l<></td></l<>			7.5 7.3	<l< td=""><td>2.2</td><td><.01</td></l<>	2.2	<.01
8	.618				-			<u> </u>		
9	.613						····			
10	.579			<1			7.5 7.4	<1	2.4	<.01
11	.611			<1			7.5 7.3	<1	2.3	<.01
12	.573	3.2	<1	<1	0.87	0.91	7.5 7.3	<l< td=""><td>2.0</td><td><.01</td></l<>	2.0	<.01
13	.590			2			7.5 7.1	<i< td=""><td>2.2</td><td><.01</td></i<>	2.2	<.01
14	.625		<u> </u>	<j< td=""><td></td><td></td><td>7.5 7.2</td><td><l< td=""><td>1.7</td><td><.01</td></l<></td></j<>			7.5 7.2	<l< td=""><td>1.7</td><td><.01</td></l<>	1.7	<.01
15	.649									
16	.587									
17	.528			2			7.6 7.4		2.7	<.01
18	.552			<l< td=""><td></td><td></td><td>7.6 7.4</td><td><l< td=""><td>2.6</td><td><.01</td></l<></td></l<>			7.6 7.4	<l< td=""><td>2.6</td><td><.01</td></l<>	2.6	<.01
19	.568	<2	<1	<1	0.32	0.28	7.6 7.3	< j	1.2	<.01
20	.603		<u> </u>	<1			7.4 7.2	<}	2.0	<.01
21	.598		<u> </u>	<1			7.3 6.7	<1	2.1	<.01
22	.613									
23	.641	<2	2		1.8	0.43				
24	.621			<1			7.4 7.2	<l< td=""><td>2.4</td><td><.01</td></l<>	2.4	<.01
25	.531			<1			7.5 7.3	3	2.3	<.01
26	.595			<1			7.5 7.0	<1	1.1	<.01
27	.608			<l< td=""><td></td><td></td><td>7.2 7.0</td><td><1</td><td>2.7</td><td><.01</td></l<>			7.2 7.0	<1	2.7	<.01
28	.650			<1		·	7.3 7.1	<1	1.9	<.01
29	.670									
30	.667									
31	.677			2.2			7.6 7.1	<1	1.8	<.01
Total	18.697 MG			<u></u> [
Mo. Avg.	.603									

					<u></u>		
PLANT STAFFING: Day Shift Operator	Class:	C + C	Certificate No:	13840	Name:	R BUONO	
Evening Shift Operator	Class:	A + A	Certificate No:	2772 + 512	Name:	M GUNTHER + R JOHNS	
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:	В	Certificate No:	7874	Name:	S SZCZEPKOWSKI	

Permit Number: Monitoring Period 11.0034789

From: 12-1-07

To: 12-31-07

Facility:

Mid County WWTF

	Oxygen, Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	80082	00530	49019	46529				
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				<u> </u>
1										
2										
3	7.7				12500					
4	6.9	57			25000					
5	7.9				18750			1		
6	7.1									
7	7.5				25000	-				
8										
9										
10	7.0				31250					
11	7.3				12500					
12	7.0		190	270	12500					
13	7.2	33			_		· · · · · · · · · · · · · · · · · · ·			
14	7.2				18750	.25				
15						1.1			1	
16										1
17	8.1				25000					
18	8.0				12500					
19	7.9									
20	7.6	51			6250	.50				
21	7.3				25000				 	
22										
23										
24	8.5	55	-	···-	18750					
25	7.6				_					
26	7.4				6250					
27	7.5				25000					
28	7.0				6250			1	T	
29								1		
30										
31	7.7				12500					
Total					300000	1.85				
Mo. Avg.					9677	0.06	·	† 		İ

PLANT STAFFING: Day Shift Operator	Class:	C + C	Certificate No:	13840	Name:	R BUONO	
Evening Shift Operator	Class:	A + A	Certificate No:	2772 + 512	Name	M GUNTHER + R JOHNS	
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:	В	Certificate No:	7874	Name:	S SZCZEPKOWSKI	

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

25.30.440 (5) INSPECTION REPORTS

Test Year Ended December 31, 2007



Florida Department of Environmental Protection

Southwest District 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926 Charlie Crist Governor

> Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary - Designee

Mr. Patrick Flynn, Regional Manager Mid-County Services, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714

Re:

Compliance Evaluation Inspection

Mid-County WWTF

Facility ID No. FL0034789

Pinellas County

Dear Mr. Flynn:

The above-referenced wastewater treatment facility was inspected on April 17, 2007. The type of inspection conducted was a Compliance Evaluation Inspection and, overall, the facility was Significantly Out of Compliance. A copy of the inspection is attached. Please note that a Compliance Evaluation Inspection is a non-sampling inspection designed to verify permittee compliance with all the inspection evaluation areas of a facility.

The Department requests a written response within 30 days of receipt of this letter addressing the outstanding items indicated by asterisk. Please direct any questions to the undersigned at (813) 632-7600, extension 335 or via e-mail: michele.duggan@dep.state.fl.us.

Sincerely,

Michele Duggan Environmental Specialist Domestic Wastewater Section

MD/mdd

Attachment

cc: Shannan Bogdanov, FDEP with attachment

Jeff Hilton, P.E., FDEP via e-mail Scotty Haws, Utilities, Inc. via e-mail

Steve Szczepkowski, Utilities, Inc. via e-mail

Kelly Levy, PCEM via e-mail

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION @ = Optional Name and Physical Location of Facility WAFR ID: Entry Date/Time County Mid-County WWTF FL0034789 Pinellas 04/17/07 1245 hours 2299 Spanish Vista Drive @ Exit Date/Time Phone Dunedin, FL 34698-9438 Names of Field Representatives Title Phone Steve Szczepkowski Lead Operator Name and Address of Permittee or Designated Representative Title Phone @ Operator Certification# Patrick Flynn Regional Director (407) 869-1919 Mid-County Services, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714 Inspection Type Samples Taken(Y/N): No @ Sample ID#: Samples Split (Y/N): Were Photos Taken(Y/N): Yes @ Log book Volume: @ Page **◯** Domestic Industrial FACILITY COMPLIANCE AREAS EVALUATED IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "
PERMITS/ORDERS FACILITY OPERATIONS. EFFLUENT/DISPOSAL SELF MONITORING
PROGRAM FACILITY OPERATIONS 1. ♦ Permit NE 3. Laboratory IC. 6. Facility Site Review SC 9. ◆Effluent Quality 2. Compliance Schedules 4. Sampling iC 7. Flow Measurement IC 10. ♦ Effluent Disposal 11. Residuals/Sludge SC Ю NC 5. ♦ Records & Reports 8. Operation & Maintenance 12. Groundwater 13. Other: Significant-Out-Of-Compliance Facility and/or Order Compliance Status: Out-Of-Compliance Recommended Actions: Letter District Office/Phone Number Name and Signature of Inspector Date 05-02-07 (813) 632-7600, ext. 335 Michele Duggan @ Signature of Reviewer District Office/Phone Number Date (813) 632-7600, ext. 392 05-02-07 Thomas Gucciardo Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI) YR/MO/DA Transaction Code NPDES Number Insp Type Inspector Fac Type 8 0 ADDITIONAL NPDES COMMENTS Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, \:ASI, =:ANI

Inspection Code (Field 2): S: State, J: Joint EPA/State-EPA Lead, T: Joint State/EPA-State Lead, L: Local Program

Every other field is self explanatory

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

INSPECTION FINDINGS

Facility Name:

Mid-County WWTF

Facility ID No.:

FL0034789

Inspection Type:

Compliance Evaluation Inspection

Inspection Date:

April 17, 2007 1245 hours

PERMIT

Domestic Wastewater Permit No. FL0034789 was issued February 7, 2006, revised April 6, 2006, and will expire February 6, 2011.

COMPLIANCE SCHEDULES

The Department issued Warning Letter No. WL06-0022DW52SWD on November 9, 2006 for effluent quality exceedances of total nitrogen single sample maximum, monthly average and annual average limits, total phosphorus single sample maximum and monthly average limits, fecal coliform single sample maximum and percent non-detectable limits, CBOD5 single sample maximum limit and toxicity in *Ceriodaphnia dubia* reproduction. The Department and representatives of Mid-County Services, Inc. met on December 7, 2006. During the meeting, Mid-County representatives indicated that a number of facility upgrades were implemented to ensure that the facility met its effluent quality limits. These upgrades included rehabilitation of the denitrification filters, the installation of two new blowers, installation of a new chlorine pump and the replacement of simplex chlorine pumps with duplex pumps. Additionally, Mid-County representatives indicated that operational and managerial changes were also made to improve facility performance. While there are permit limit exceedances cited in this letter, the issues in the warning letter appeared to be resolved at this time. The Department will submit a resolution of the warning letter issues under a separate cover.

LABORATORY

A contract laboratory performs analyses. The laboratory was not evaluated.

SAMPLING

- 1. *The daily calibration of dissolved oxygen meter was not recorded.
- 2. *The monthly direct calibration of the inline chlorine meter was also not recorded.
- 3. *The handheld chlorine meter, used to calibration the inline meter and to take the daily dechlorinated chlorine residual, was calibrated with gel standards. This meter must be directly calibrated with primary standards on a daily basis.

RECORDS AND REPORTS

 *A review of the Discharge Monitoring Reports (DMRs) for the 10-month period of June 2006 through March 2007 indicated that the monthly average daily flow was not reported in January 2007. Mid-County WWTF FL0034789 – Pinellas County Page 2 of 4

- 2. *A review of the DMRs for the 10-month period of June 2006 through March 2007 indicated that the volume of residuals removed from the facility was not reported in December 2006.
- *A review of the ambient monitoring results, from September 2000 through July 2006, indicated that the antecedent weather conditions and chains of custody for all sampling events were not included. Please submit all supporting information with each ambient monitoring data submittal.
- 4. *A review of the ambient monitoring results, from September 2000 through July 2006, indicated that there were inconsistencies between the actual sampling dates and the dates on the ambient DMR forms. For example, the data collected on sampling date June 15, 2005 was submitted on a DMR dated July 1 30, 2005. Please submit the data with the actual sampling date, not a date range or month.
- 5. *A review of the ambient monitoring results, from September 2000 through July 2006, indicated that several sampling results were reported with sample values as undetected even though these values were greater than the minimum detection limit (MDL) reported. For example, on July 26, 2006, the fecal coliform result reported was 10 U, the MDL reported as 1. The Department cannot verify either number since the raw data sheets from the laboratory were not included. Due to questions concerning data and sampling dates, please submit raw laboratory data sheets with each submittal.

FACILITY SITE REVIEW

- 1. Facility grounds appeared well maintained. Painting and rehabilitation of piping and tanks was observed.
- 2. While there was a slight odor detected within the facility grounds, it did not extend into the Doral Mobile Home Park.

FLOW MEASUREMENT

A v-notch weir to sonic meter with totalizer at the end of the dechlorination tank measures effluent flow. The flow meter calibration was dated March 23, 2007 and was, therefore, current.

OPERATION AND MAINTENANCE

- 1. The facility appeared well operated and maintained. The rehabilitation of the denitrification filters was observed and the installation of the new odor-control structure was observed.
- *Since November 2006, a number of low total chlorine residual readings, both true readings and false, were reported to the Department. Mid-County staff members attributed the low readings to chlorine supply pump malfunctions. Please indicate how this issue will be resolved.

EFFLUENT QUALITY

- 1. The final effluent was clear with no visible foam or solids. The total residual chlorine was 4.55 mg/L and the pH was 7.15 SU. Both readings were within permit limits.
- *A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for Total Nitrogen annual average was exceeded in June and July 2006.
- 3. *A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated permit limit for CBOD₅ single sample maximum was exceeded once in August, once in September and once in November 2006.
- 4. *A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for fecal coliform single sample maximum was exceeded once in July 2006.
- *A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for fecal coliform bacteria percent non-detectable was exceeded in July 2006.
- *A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for total chlorine residual was not met twice in January, and once in February 2007.
- 7. A review of the toxicity test results submitted from April 2006 to February 2007 indicated that the effluent was not chronically toxic to C dubia or P promelas.
- 8. A review of the ambient monitoring data, submitted from September 2000 to July 2006, indicated the following:
 - a) *The pH values recorded were within the range expected (6.0 8.0) with the exception of one data point for the upstream station (pH = 1.8) for the sampling date of August 2005. While this may have been an instrument or reporting error (a pH of 7.16 was reported at the downstream station), please notify the Department immediately if a pH of less than 5.0 is encountered anytime within the creek.
 - b) *All dissolved oxygen values were consistently above the 62-302, F.A.C., Surface Water Quality Criterion (5.0 mg/L) with the exception of three upstream results and one downstream result. The outfall did not fall below 5.0 mg/L during the sampling dates.
 - c) *Fecal coliform concentrations were consistently low or undetected in the outfall. Coliform concentrations were similar upstream and downstream with several results exceeding the 62-302, F.A.C., single sample maximum of 800 CFU/100 mL.
 - d) The BOD data submitted was consistently below detection in the outfall. Similar values were reported at the upstream and downstream stations. One data point was reported with a MDL of 60 mg/L. This MDL exceeds the target MDL for BOD as referenced in

Mid-County WWTF FL0034789 – Pinellas County Page 4 of 4

Chapter 62-4.246(4), F.A.C. If an MDL for a particular analysis exceeds the target MDL required by the Department, Mid-County Utilities, Inc. should submit an explanation from the laboratory in conjunction with the data submittal.

- e) *The total nitrogen values for the data submitted were calculated (TN = TKN + NO₂-NO₃). Between September 2000 and July 2006, the outfall value exceeded the permitted single sample maximum limit six times. The average of the reported ambient data points also exceeded the permitted annual average limit. In addition, the downstream station concentration was consistently higher than the upstream station concentration, suggesting the outfall has impact on downstream nutrient levels. High outfall measurements coincided with high downstream measurements.
- f) *Total ammonia in the outfall is consistently low; however, NO₂NO₃ levels in the outfall are consistently high.
- g) *Total phosphorus in the outfall was consistently higher than the stream background. The outfall values exceeded the permit single sample maximum limit once during the ambient period. The ambient data average was very close to the permitted annual average limit of 1.0 mg/L. The predominant form of phosphorus in the outfall is biologically-available ortho-phosphate.
- h) Chlorophyll-a values were similar between the upstream and downstream locations and consistently below the 30th percentile value (3.0 µg/L) for typical Florida streams (Friedemann, M & J. Hand, 1989)¹. In this case, the nutrients that are being added to the stream may have an effect farther downstream.

EFFLUENT DISPOSAL

Effluent is disposed of by permitted discharge to Curlew Creek. No deficiencies were noted.

RESIDUALS/SLUDGE

Residuals are transported to AMS, Inc. RMF for further treatment. No deficiencies were noted.

GROUNDWATER

There is no ground water monitoring requirement for this facility.

OTHER

On April 10, 2007, the Department received a complaint regarding a manhole located at the intersection of Hammock Pines Blvd and Summerdale Drive. This manhole accepts flow from the Kohl's shopping center. The Hammock Pines Homeowners Association was concerned that if overflowed, it would cause upstream back-ups in the Hammock Pines Condominium. The Department understands that Ken's Bushhog previously serviced this manhole. The manhole was inspected on April 17, 2007 and was not overflowing at the time, nor did it exhibit evidence of prior overflow.

¹ Friedemann, M. & J. Hand. 1989. Typical water quality values for Florida's lakes, streams, and estuaries. *Standards and Monitoring Section*, Bureau of Surface Water Management.

MID COUNTY SERVICES, INC.

AND AFFILIATED COMPANIES
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@uiwater.com

May 31, 2007

Ms. Michele Duggan FDEP - Southwest District Wastewater Section 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926

RE: Mid-County WWTF

Facility ID# FL0034789

Pinellas County CEI Response

Dear Ms. Duggan:

Our office is in receipt of your letter in regards to the above referenced inspection held on April 17, 2007. The outstanding items noted in the inspection have been reiterated in bold with the utility's corrective response following:

Sampling

The daily calibration of the dissolved oxygen meter was not recorded.

Operations staff has started a daily dissolved oxygen calibration log. (Please see attachment "A").

The monthly direct calibration of the inline chlorine meter was also not recorded.

Monthly direct calibration of the inline chlorine meter was initiated on May 17, 2007.

The handheld chlorine meter, used to calibrate the inline meter and to take daily dechlorinated chlorine residual was calibrated with gel standards. This meter must be directly calibrated with primary standards on a daily basis.

Daily direct calibration of the handheld chlorine meter using primary standards has been initiated. The utility requests that the Department consider a less frequent primary standard calibration of the equipment. The utility would rather utilize our contract laboratory to perform the procedure for better accuracy and safety. A second handheld unit could be purchased buy the utility and used in rotation while the other is being calibrated with primary standards. All laboratory documentation would be kept in a log.

Ms. Duggan Mid-County WWTF - ID# FL0034789 CEI Response Page Two

Records and Reports

A review of the Discharge Monitoring Reports (DMRs) for the 10-month period of June 2006 through March 2007 indicated that the monthly average daily flow was not reported in January 2007.

Enclosed, please find a revised page 5 of the January 2007 (DMR) reporting the monthly average daily flow. (Attachment "B")

A review of the DMRs for the 10-month period of June 2006 through March 2007 indicated that the volume of residuals removed from the facility was not reported in December 2006.

Enclosed, please find a revised page 5 of the December 2006 (DMR) reporting the volume of residuals removed from the facility. (Attachment "C")

A review of the ambient monitoring results from September 2000 through July 2006 indicated that the antecedent weather conditions and chain of custody for all sampling events were not included. Please submit all supporting information with each ambient monitoring data submittal.

Enclosed, please find a copy of the latest ambient monitoring results with chain of custody and raw data included. (Attachment "D") All future monitoring results will have the chain of custody and raw data included.

A review of the ambient monitoring results from September 2000 through July 2006 indicated that there were inconsistencies between the actual sampling dates and the dates on the ambient DMR forms. For example, the data collected on sampling date June 15, 2005 was submitted on a DMR dated July 1-30, 2005. Pleas submit the data with actual sampling date, not a date range or month.

Operations staff has been informed of reporting the actual date of sampling as directed. Please note that the current DMR's have no form for reporting ambient monitoring. Results are now attached to the corresponding DMR with the actual date of sampling. The contract laboratory has also been directed to sample early in the month.

A review of the ambient monitoring results from September 2000 through July 2006 indicated that several sampling results were reported with sample values as undetected even though these values were greater than the minimum detection limit (MDL) reported. For example, on July 26, 2006, the fecal coliform result reported was 10 U, the MDL reported as 1. The Department cannot verify either number since the raw data sheets from the laboratory were not included. Due to questions concerning data and sampling dates, please submit raw data sheets with each submittal.

Ms. Duggan Mid-County WWTF - ID# FL0034789 CEI Response Page Three

Enclosed, please find a copy of the July 26, 2006 ambient monitoring report including the raw data from the laboratory. Also in the attachment, please find the laboratory's explanation of the skewed MDL reporting. (Attachment "E").

Operations and Maintenance

Since November 2006, a number of low total chlorine residual readings, both true readings and false, were reported to the Department. Mid-County staff members attributed the low readings to chlorine supply pump malfunctions. Please indicate how this issue will be resolved.

The chlorine monitoring system had been replaced in April, 2006. New chlorine controlling equipment had to be re-programmed to increase the chlorine feed rate at the low end of the scale.

Effluent Quality

A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent limit of Total Nitrogen annual average was exceeded in June and July 2006.

As explained in prior correspondence, one blower was taken out of service, rebuilt, and placed back into service on July 21, 2006. The Total Nitrogen limit then declined thereafter. The annual average Total Nitrogen had been exceeded due to a lower dissolved oxygen content in the aeration basins prior to the repair.

A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated permit limit for CBOD5 single sample maximum was exceeded once in August, once in September, and once in November 2006.

Due to the overall clarity of the effluent, it is suspected that the methanol feed for nutrient removal had been inadvertently overfed at the time contributing to the high CBOD results. Operations personnel are utilizing daily process control procedures to monitor nutrient levels and keep methanol dosage rates optimal to prevent further occurrences.

A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for fecal coliform single sample maximum was exceeded once in July 2006.

As stated in prior correspondence, operations personnel had inadvertently taken fecal coliform samples at the "V" notch weir after dechorination prior to August, 2006. The permit requires that samples be taken after disinfection and prior to dechorination. This most likely attributed to the hits. All operators were then counseled on permit conditions and the proper locations for all parameters.

Ms. Duggan Mid-County WWTF - ID# FL0034789 CEI Response Page Four

A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for fecal coliform bacteria percent non-detectable was exceeded in July 2006.

Please see the response noted above.

A review of the DMRs submitted for the 10-month period of June 2006 through March 2007 indicated that the effluent permit limit for total coliform residual was not met twice in January, and once in February 2007.

New chlorine controlling equipment had to be re-programmed to increase the chlorine feed rate at the low end of the scale.

A review of the ambient monitoring data submitted from September 2000 to July 2006 indicated the following:

The pH values recorded were within range expected (6.0 - 8.0) with the exception of one data point for the upstream station (pH=1.8) for the sampling date of August 2005. While this may have been an instrument or reporting error (a pH of 7.16 was reported at the downstream station), please notify the Department immediately if a pH of less than 5.0 is encountered anytime within the creek.

Enclosed, please find a revised ambient monitoring report for August 31, 2005. Also in the attachment is an explanation of the error from the laboratory. (Attachment "F"). Operations staff will notify the Department immediately upon knowledge of a reported 5.0 pH within the creek.

All dissolved oxygen values were consistently above the 62-302 FAC Surface Water Quality Criterion (5.0 mg/L) with the exception of three upstream results and one down-stream result. The outfall did not fall below the 5.0 mg/L during the sampling dates.

With the effluent permit limit condition for dissolved oxygen being met on a constant basis at the outfall, it is suspected that the surface waters may have had an anomaly such as plant or animal contamination causing the low result downstream.

Fecal coliform concentrations were consistently low or undetected in the outfall. Coliform concentrations were similar upstream and downstream with several results exceeding the 62-302 FAC single sample maximum of 800 CFU/100 mL.

Please see the response noted above.

The total nitrogen values for the data submitted were calculated (TN = TKN \pm NO2, NO3). Between September 2000 and July 2006 the outfall value exceeded

Ms. Duggan Mid-County WWTF - ID# FL0034789 CEI Response Page Five

the permitted single sample maximum limit six times. The average of the reported ambient data points also exceeded the permitted annual average limit. In addition, the downstream station concentration was consistently higher than the upstream station concentration, suggesting the outfall has impact on downstream nutrient levels. High outfall measurements coincided with high downstream measurements.

Since the utility has made changes in operations personnel at the facility, there has been much improvement in meeting permit requirements in all areas of monitoring. Staff will continue to monitor process control thoroughly on a daily basis to maintain optimal effluent water quality discharging to the creek.

Total ammonia in the outfall is consistently low; however, NO2NO3 levels in the outfall are consistently high.

Operations staff will continue to monitor daily process control parameters to optimize the methanol dosage in keeping the total nitrogen levels within permit limits.

Total phosphorus in the outfall was consistently higher than in the stream background. The outfall values exceeded the permit single sample maximum limit once during the ambient monitoring period. The ambient data average was very close to the permitted annual average limit of 1.0 mg/L. The predominant form of phosphorus in the outfall is biologically available orth-phosphate.

Operations staff will continue to monitor daily process control parameters to optimize the ferric sulfate dosage in keeping the phosphorus levels with permit limits.

If you should have any questions, or require further information, please do not hesitate to contact me at (407) 869-8588, ext. 234 or Email at slhaws@uiwater.com.

Sincerely,

MID-COUNTY SERVICES, INC.

Scotty L. Haws

Regional Compliance Manager

EC: Patrick C. Flynn, Regional Director

Mike Wilson, Regional Manager

Lee Neal, Area Manager

Steve Szczepkowski, Lead Operator

Page 5 of 6 CEI Response Mid-County WWTF 05 31 07 (2)

EXHIBIT "A"

MID-COUNTY 2299 SPANISH VISTAS DR. DUNEDIN, FL 34698-9438

MONTH	YKAR

DO METER CALIBRATION

DATE	ID	ALT X 100	START Z	SALINITY	END %	MG/L	TEMP.
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EXHIBIT "B"

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

PACILITY:

Mid County WWTF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD From: JAN 9-1 2007
To JAN 3-1 2007

PERMIT NUMBER: PL0034789

D		T			37AC - 1 2001					JAN 3-1-20 07				
Parameter		Quantity o	or Loading	Units	Qua	lity or Concentra	ttion	Units	No. Ex.	Frequency of Analysis	Sample Type			
Chloroform	Sample				69					 	ļ			
PARM Code 32106 Y	Measurement Permit							UG/L	0	MONTHLY	CALC			
Mon.Site No. EFD-01	Requirement				Report (Az.Avg.)			UG/L		Monthly	Calculation			
Chloroform	Sample				7			 -	 	 	 			
PARM Code 32106 1	Measurement Permit				54			UG/L	0	WEEKLY	LOBAB			
Mon.Site No. EFD-01	Requirement				Report (Mo.Avg.)			UO/L		Weekly	Grab			
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PARM Code 50050 P Mon.Site No. PLW-01	Permit Requirement	0.9 (An.Avg.)	·	MOD			· · · · · · · · · · · · · · · · · · ·		1	Monthly	CALC Calculation			
Flow	Sample	(2 1 2 3		 		·							
(Total Plant)	Measurement	0.621	0.633	MGD	<u> </u>			1	0	5x/WEEK	METER			
PARM Code 50050 Q Mon,Site No. PLW-01	Permit Requirement	Report (3-Mo.Avg.)	Report (Mo.Avg.)	MGD					1	5 Days/Week	Flow Totalizer			
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PARM Code 00180 1	Permit						· · · · · · · · · · · · · · · · · · ·	%	0	MONTHLY	CAUC			
Moe.Site No. FLW-01	Requirement				Report			PER- CENT		Monthly	Calculation			
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PARM Code 80082 G	Measurement Permit							NG/L	0	MONTHLY	14 ER FPC			
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PARM Code 00530 G	Measurement Permit				330			MG/L	0	MOETHLY	16 ਸ਼ੁਰ ਵਾਅ			
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	Measurement		Į.		131	1		INCHES	0		1			
PARM Code 46529 P	Permit			·	Report			INCHES	 	DAILY Daily	CALC Calculation			
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-	Measurement	262,500	ļ	GALLON	s262,500				0	MONTHLY	0477			
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Mon.Site No. OTH-01	Requirement	(Mo.Totai)		·	<u> </u>					Modern	(acumuon			

EXHIBIT "C"

DISCHARGE MONITORING REPORT - PART A DRAFT (Continued)

PACILITY:

Mid County WWIF

MONITORING GROUP NUMBER: D-001
MONITORING PERIOD Ross: DEC 0 1 2008-

PERMIT NUMBER: PL0034789

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Parameter		Quantity of	x Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type					
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PARM Code 32106	Magazana Perpuk	10.00	e de la companya de la comp	- Charles	<u>57</u>			UG/L	0	WEEKLY	GRAB			
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PARM Code 00 (80 Mon.Site No. PLW-0)	Person			3 - 100				PER	0	Monthly	CALC			
BOD, Carbonaccous 5 day, 20C	Sample		***			ال الم		CENT	 					
PARM Code 20062 G	Measurement Permit				150			NG/L	0	HONTHLY	16 HR FPC			
Mon, Site No. INP-01 Solids, Total Suspended	Recognization and				Report (Mo.Ays.)			MOAL]	Monthly	la-hr. FPC			
	Sample Megteranegt				240			NG/L	0	MONTHLY	16 HR FP			
PARM Code 00536 C Mon. Ste No. BNP-01	Persek				Report (Mc.Avg.)		1. jain 19	MOAL		Monthly	16-hr. PPC			
Reinfell	Sample		,						 		 			
PARM Code 46529 P	Meeturement Parist				3			INCHES	0	DATLY	CALC			
Mon.Site No. OTH-02	Parales and			1 1	Report (Mo.Total.)	्र <i>े जिस</i> ्हा		INCHES		Daily	Calculation			
Annual Studge Production, Total	Sample Management	218,750		GALLON					0	MONTHLY	CALC			
PARM Code 49019 P Mos. Site No. OTH-01	Permit Requirement	Report (Mc. Total)		Callege	Art. Art. 188					Monthly	Calculation			

EXHIBIT "D"



9613 Primoss Paim Avenin Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

Client:

Utilities, Inc. Semi-Annual Report No.:

T072762

Project Name: Project Number: Date Sampled:

03/09/2007

Date Received:

3/9/07 12:45

Date Reported:

04/10/2007

Attention:

David Winkler

Phone Number:

8002721919

Address:

200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name:

Semi-Annual

Approved By:

If there are any questions involving this report, the above named should be contacted

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the lest results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages =

Client: Utilities, Inc.

Project Name: Semi-Annual

Report No.: T072762

Date/Time Received: 3/9/07 12:45

Sample Cross Reference Information

Lab Code: T072762-01

Client Sample Number: Outfall

Site: Mid County Surface Water

Matrix: Water

Analysis **Test Description** Analysis Method Prep Method Analytical Batch ID Preo Batch ID Date/Time Analysi Ammonia (es N) F350 1 NONE WCT031407NH3 03/14/2007 15:00 BOD (5-day) E405.1 NONE WCT690907BOD 03/09/2007 09:00 ENE Fecal Coliform (MF) SM9222D NONE MICTB30907FC 03/09/2007 13:30 JCH Nitrate + Nitrite (as N) SM4500NO3-F NONE WCT030907NO3 03/08/2007 12:56 ENE Ortho-phosphate (as P) E365.1 NONE wct031007eoe300 03/10/2007 11:52 Total Collorn (MF) SM9222B MICTOS0907TC NONE 03/09/2007 13:00 Total Kjeldahl Nitrogen (as N) PB03/2107TPTKN 03/21/2007 E351.2 NONE WC7032207TKN 03/22/2007 (08:18 LSP Total Phosphorus (as P) E385.4 NONE WC7032307TP 03/23/2007 07:31 LSP P80321077PTKN 03/21/2007 Total Suspended Solids (TSS) E160.2 NONE wc#031307868 03/13/2007 09:00 DTN

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided

Leb Code: T072762-03

Client Sample Number: Downstream Mid Depth

Site: Mid County Surface Water

Matrix: Water

Tast Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	,	Analyst	Prep Batch (D	Prep Date/Time
Ammonia (es N)	E350,1	NONE	WCT031407NH3	03/14/2007 1	6:00	LSP		
800 (5-day)	E405.1	NONE	WCT8309078/0D	03/09/2007 0	9:D0	ENE		
Chilorophyli A	SM10200H	NONE	wc1031107chloro	03/11/2007 1	1:00	JH	P9030907CH	03/10/2007
Fecal Coliform (MF)	SM9222D	NONE	MICT030907FC	03/09/2007 1	3:30	JCH		
Vitrate + Nitrité (es N)	SM4500NO3-F	NONE	WCT030907NO3	03/09/2007 1	2:56	ENE		
Ortho-phosphale (as P)	E365.1	NONE	wct03100?epa300	03/10/2007 1	1:52	AJ		
otal Collors (MF)	SM92228	NONE	MCT030007TC	03/09/2007 1:	3:00	JCH		
'otal Kjeldehl Nitrogen (ea N)	E351_2	NOME	WCT032207TKN		B-18	LSP	PB032107TPTKN	03/21/2007
otal Phosphorus (as P)	E365.4	NONE			7:31	LSP	PB032107TP7KN	03/21/2007
otal Suspended Solids (TSS)	E160.2	NONE	wc1031307hm		9:00	DTN		1012 112001

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided

Lab Code: T072762-06

Client Sample Number: Upstream Mid Depth

Site: Mid County Surface Water

Matrix: Water

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Dete/Time
Ammonia (as N)	E350.1	NONE	WCT0314071#13	03/14/2007 16:00	LSP		
BOD (5-day)	E405.1	NONE	WCf0309078023	03/09/2007 09:00			
Chiomphy); A	SM10200H	NONE	wct031107chtore	03/11/2007 11:00		PB030907CH	03/10/2007
ecal Collionn (MF)	SM9222D	NONE	MICTO30907FC	03/09/2007 13:30			00 (0200)
Vitrate + Nitrite (as N)	SM4500NO3-F	NONE	WCf030907NO3	03/08/2007 12:56			
Ortho-phosphale (as P)	E365.1	NONE		03/10/2007 11:52			
otal Coliforn (MF)	SM9222B	NONE	MICT030907TC	93/09/2007 13:00			
otal Kjeldahi Nitrogen (as N)	E351.2	NONE	WCY032207TKN	03/22/2007 08:16		PB032 to7 TPTKN	03.21/2007
olal Phosphorus (as P)	E365.4	NONE	WC70323071P	03/23/2007 07:31	- • /	PB0321077PTKN	03/21/2007
otal Suspended Solids (TSS)	E160.2	NONE	wct931367bss	03/13/2007 09:00		2 3332 331 37 384	03/4//2007

If the Analytical Batch ID and Prep Batch ID is nell, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Definitions:

Writer matrix refers to all aqueous matrices except drinking water, including but not limited to, wastewater, ground water, surface water, aqueous wastes

Soil matrix refers to all non-aqueous matrices, including soils, solids, sludges, semi-solids, and non-aqueous waste samples

All results in mg/kg or % are reported in dry weight basis, unless notated otherwise. All results in mg/L are reported in wet weight basis

MDI. Method Estection I milt, without correction for dilution or moisture content

Adjusted Reporting Limit is the MDL accounting for all dilutions and moisture content caldiations

PGE is defined to be 4 times the MDL, for all results qualified with an inqualifier

Sampling Methods; PaPump, CaComposte, CaGrab

Client: Utilities, Inc.

Report No.: T072762

Project Name: Semi-Annual

Date/Time Received: 3/9/07 12:45

Quality Assurance Report

		Method Bl	anks				
		Miscellaneous A	nelytes	· · · · · · · · · · · · · · · · · · ·			
QCBatchID	Description Description		Qualifier				
MICTU30907FC	Fecal Collorn (MF)	Pre Filter	SM92220	1.0	1.0	cfu/100mi	ม
MICT030907FC	Fecal Collform (MF)	Post Filter	SM9222D	1.0	1.0	ctu/100mi	U
MICT030907FC	Fecal Colliorn (MF)	Method Blank	SM92220	1.0	0.1	cful100m)	U
			nalytes				
CCBatchiD	Anelyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
MICT0309071C	Total Coliform (MF)	Pre Filter	SM9222B	1.0	1.0	ctu/100ml	U
MICT030907TC	Total Colforn (MF)	Post Filter	SM9222B	1.0	1.0	cfu/180ml	U
MICT030907TC	Total Colform (MF)	Method Blank	SM92228	1.0	1.0	cfu/100ml	ឋ
000-4			nalytes		_	 -	
ACRISCOS)	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct031007epe300	Ortho-phosphate (as P)	Method Blank	E365.1	0.052	0.052	mg/L	U
		Miscellaneous Ar	relytes				
QCBetchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct031107chioro	Chlorophyil A	Method Blank	SM10200H	1.0	1.0	mg/m3	Ù
 		Miscellaneous An	atytes				
QCB _{etch} ID	Analyte	QC Sample Type	Method	MDt.	Result	Units	Qualifier
wC1031307tss	Total Suspended Solids (TSS)	Method Blank	E160.2	1.0	1.0	mg/L	Ŋ
· · · · · · · · · · · · · · · · · · ·		Miscellaneous An	alytes	·····	··		
DCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
VCT032207TKN	Total Kjeldahi Nitrogen (as N)	Method Blank	E351.2	0.038	0.038	mg/L	U
V			Riytes	·	 		
2CBatchiO	Anabde	QC Sample Type	Method	MDL	Result	Units	Qualifier
VCT032307YP	Total Phosphorus (as P)	Method Blank	E365.4	0.035	0.035	mg/L	u

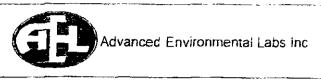
Quality Assurance Qualifiers:

The estimated measurements of uncertainty can be provided upon request This is the last page of the analytical report.

The compound was analyzed for but not detected.

Advanced Environmetal Laboratories 9610 Princess Palm Ave, Tampa, FL 33619

		14/A TED			(813)630-4327		
SITE		WATER	SAMPLING	ISITE			
NAME: UTILITIE	S INC.		}		MID COU	NTY	
		S/	 Ampling E				
SAMPLE NUMBER	1-04	-03	-02	-07	-06	105	-01
CAMBIELOCATION	Drun	MID	Sotom	up _	Mid	Bottom	ECC.
SAMPLE LOCATION	Street	-	┼──-	Strom	 	1	Etta
SAMPLE TIME	0907	10908	10909	1975	० से ५	0937	0955
SAMPLE DATE	7 9 67	-		-			
SAMPLE DEPTH	Surface	5	Cattom	Surface	Mid"	Brottom	outfall prestuc
TOTAL DEPTH/sehoo	1		9"/9"	115		2,4 /28	
TEMP CELSIUS	20,0	19,7	19.8	19.3	18.7	19.1	23.9
D.O. mg / L	(24	2.50 ZI	6,27	4.90	7.19	7.21	6.58
D.O. % sat.	NA-						S. I
CONDUCTIVITY	730	709	702	501	498	497	X 759
SALINITY ppt.	0.3	0.4	6.3	0.2	0.2	O,Z	0.5
oH su	7.19	תו	7.13	7.40	7.}2	7.25	7.13
TURBIDITY NTU'S	1.30	1.00	1.10	1.00	1.30	0.85	1.20
RCL / CL2	NA-						
HELD CONDITIONS: VIND DIRECTION: IVERALL FIELD COM	N / NW / NE	:/S/SW/	SE / NONE	PRVEIOUS	S RAINFAL	L: YES OR	NO
IELD REMARKS:							
MPLED BY: (PRINT) / SI				AMPLER'S	12	0	ATE /17
FILIATION:/ ADVANCED	ENVIRONME	NTAL LABORA	TORIES S	IGNATURE		4	



Advances Environmental Labs 9610 Princess Paim Ave. Tampa, F: 33619

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16. Were samples acc	ented into the laborate)rv ²					
Comments:							
<u></u> _							1 -

From:ADVANCED ENVIRONMENTAL LABS 813 630 4817

04/25/2007 12:49 #X63 P.016/016

/anced

Environmental Laboratories, inc.

8601 Southpoint Plany, - Jacksonnise, FL 32216 - 904 363.8350 - Fex 904.363,8354 - E62574

9810 Princase Palm Ave. • Temps, FL 33619 • 813 630 9816 • Fax #13,830,4327 • E84589

2105 AW 67th Piece, Ste. 7 - Generolle, FL 32606 - 362.367,1800 - Fax 382 367.0060 - E82620 528 S. North Lake Bird., Sec. 1018 - Alternorie Springs, FL 32701 - 407.637,1384 - Fax 407.037,1587 - E83076

LAB NUMBER: T072762

CHENT NAME	Utilities, Inc.	PROJECT NAME:	12701 • 407.037	7.1994 • Fax 407.93	1597 - E63076							Page		_ of		
ADDRESS	200 Weathersfield Ave.				Semiannu	al		BOTTLE	T =	Т =						
Altemo	The Commission Ave.	P.O. NUMBER/PROJECT	NUMBER:					SIZE	1000 mil Plastic	1000 mt Plastic	250 mL Plastic	투양	₹.2	T	T	
- CHE	nte Springs, FL 32714	PROJECT LOCATION		Mid Co.	t. 0			& TYPE	5 ₹	§ ₹	8 8	250 mL. Plastic	100 ML Plastic	1000mL Q		
	800-272-1919	FAX:		MIG-COL	inty Surfa	ce wate) r	AR		 	+ ``-	1 7 4	= -	<u> </u>	<u> </u>	
ONTACT:	David Winkler	SAMPLED BY						7			1	1		1	10	
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		Field Peramet	ers: pH	, salinity, 7	emp, Turi	b. DO	secchi	1 ' ' 1	œ i	F	ブニ	0	$\overline{\Omega}$	0	E	
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V.W=waste water								1 8	ŀ			j		=	73	Æ
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Client: Utilities, Inc.

Report No.: 1072762

Project Name: Semi-Annual

Date/Time Received: 3/9/07 12:45

Lab Code: T072762-03

Date/Time Sampled: 03/09/2007 09:08

Client Sample ID: Downstream Mid Depth

Sample Type:

Phon Mid County Strategy Mid-

Sampled By: Shannon Beaman

Site: Mid County Surface Water

Sampling Method: G

Matrix: Water

Shipping Method: AEL Pick-up

Analytes:	Dilution	Adjusted MDL_	Adjusted PQL	Results	Units	Qualifier(s)	Mathod	Parameter Comment	Lab
Ammonia (as N)	1	0.039	0.16	0.039	mg/L	υ	E350.1		7
BOD (5-day)	1	2.0	2.0	2.8	rng/L O2		E405.1		7
Chlorophyll A	1	1.0	1.0	1.5	mg/m3	υ	SM10200H		
Fecal Colliform (MF)	10	10	10	320	cfu/100mt		SM9222D		7
NRrate + Mitrite (as N)	1	0.072	0,29	9,11	mg/L) ,	SM4500NO3-F		7
Ortho-phosphate (as P)	1	0.052	0.21	0.30	mg/L		E365.1		7
Total Coliform (MF)	100	100	400	700	cfu/100ml		SM9222B		7
Total Kjeldshi Nitrogen (as N)	1	0.038	0.15	0.81	mg/L		£351.2		7
Yotal Phosphorus (as P)	1	0.035	0.14	0.20	mg/L	-	£365.4		Ţ
Total Suspended Solids (TSS)	1	1.0	1.0	2.0	mg/L		E160.2		T

The reported value is between the laboratory method detection limit and the laboratory preciscal quantitation limit.

U The compound was analyzed for but not detected.

T DOH certification #E84589 (AEL-Temps) (Ft. NELAC Certification)

Client: Utilities, Inc.

Report No.: T072762

Project Name: Semi-Annual

Date/Time Received: 3/9/07 12:45

Lab Code: T072762-01

Date/Time Sampled: 03/09/2007 09:55

Client Sample ID: Outfall

Sample Type:

Sampled By: Shannon Beaman

Site: Mid County Surface Water

Sampling Method: G

Shipping Method: AEL Pick-up

Matrix: Water

Analytes:	Dilution	Adjusted MOL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	طها
Ammonia (as K)	1	0.039	0.16	0.839	mg/L	U	E350.1		7
BOD (5-day)	1	2.0	2.0	7.4	ma/L O2		E405.1		ŗ
Fecal Coliform (MF)	1	1.0	1.0	1	cfu/100ml	U	SM9222D		τ
Nitrate + Nitrite (as N)	1	0.072	0.29	0.072	ma/t	บ	SM4500NO3-F		ī
Ortho-phosphate (as P)	1	0.052	0.21	0.45	mg/L		E365.1		τ
Total Collions (MF)	1	1.0	4.0	1	cfu/100mi	U	SM9222B		7
Total Kjeldahi Mitrogen (as N)	1	0.038	0.15	0.69	mp/L		E351.2		7
Total Phosphorus (se P)	1	0.035	0.14	9.2	mg/L		E365.4		T
Total Suspended Solids (TSS)	1	1.0	1.0	1.0	mg/L	U	E180.2		ſ

The compound was analyzed for but not detected.

DOH curtification #E84589 (AEL-Tamps) (FL NELAC Condication)

Advanced Environmental Laboratories, Inc. 9610 PrincessPalm Avenue
Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

Jan - March 2007

Lab Sample ID: T072762-03

Date/Time Sampled: 03/09/07 0908

Site Name: Downstream Mid Depth

Location ID: Test Site #2 DEP Comqap: 980174

Parameter Monitored D.O. (Field)	Storet Code	Units	Pres.	Analysis Method	Analysis	Data	Detection	DOH
H (Field)	00299	mg/L	N/A	DEP SOP 92	Result	Qualifier	Limits	Lab ID
alinity (Field)	00400	Units	N/A		6.24		N/A	E84589
	N/A	mg/L	N/A	DEP SOP 92	7.17		N/A	
emperature (Field)	00010	C°	N/A	DEP SOP 92	0.4		N/A	E84589
urbidity (Field)	82079	NTU	N/A	DEP SOP 92	19.7		N/A	E84589
BOD	N/A	mg/L		DEP SOP 92	1.0		N/A	E84589
hlorophyll-a	N/A	mg/m3	Ice	SM 5210B	2.8			E84589
ecal Coliform	74055	CFU/100mL	Ice	SM 10200H	1.0	U	2.0	E84589
itrogen, Ammonia	00610		Ice	SM 9222D	320		1.0	E84589
itrate + Nitrite	00615	mg/L	H2SO4	EPA 350.1	0.039	U	10	E84589
rtho-Phosphate	N/A	mg/L	Ice	SM 4500NO3F	0.11	- U	0.039	E84589
KN		mg/L	Ice	EPA 365.1	0.30		0,047	E84589
otal Coliform	N/A	mg/L	H2SO4	EPA 351.2			0.052	E84589
otal Phosphorous	31501	CFU/100mL	lce	SM 9222B	0.81		0.048	E84589
SS	N/A	mg/L	H ₂ SO ₄	EPA 365.4	700		001	E84589
omments:	N/A	mg/L	Ice	EPA 160.2	0.20		0.043	E84589
······································	U = The compound a	was analyzed for but not	detected	DFA 100.2	2		2.0	E84589

i = The reported value is between the laboratory detection limit and the laboratory practical quantitation limit.



Advanced Environmental Laboratories, Inc. 9610 PrincessPalm Avenue Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

Jan - March 2007

Lab Sample ID: T072762-05

Date/Time Sampled: 03/09/07 0937

Site Name: Upstream Bottom

Location ID: Test Site #1
DEP Comqap: 980174

Parameter Monitored	Storet Code	Units	Pres.	Analysis	Analysis	Data	Detection	DOH
D.O. (Field)	00299			Method	Result	Qualifier	Limits	Lab ID
pH (Field)	00400	mg/L	None	DEP SOP 92	7.21		N/A	E84589
Salinity (Field)	N/A	Units	None	DEP SOP 92	7.29		N/A	E84589
Temperature (Field)	00010	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Secchi Depth	N/A	<u> </u>	None	DEP SOP 92	19.1		N/A	E84589
Comments:	N/A	inches	None	DEP SOP 92	26		N/A	E84589

P.//

Advanced Environmental Laboratories, Inc. 9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Samples Filtered: Monitoring Period: No

Jan - March 2007

Lab Sample ID: T072762-06

Date/Time Sampled: 03/09/07 0936

Site Name: Upstream Mid Depth

Location ID: Test Site #1

DEP Comqap: 980174

Parameter	Storet	\ !	Pres.	Analysis	Analysis	Data	Detection	DOH
Monitored	Code	Units	Added	Method	Result	Qualifier	Limits	Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	7.19		N/A	E84589
oH (Field)	00400	Units	N/A	DEP SOP 92	7.32		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.2		N/A	E84589
femperature (Field)	00010	Co	N/A	DEP SOP 92	18.7		N/A	E84589
urbidity (Field)	82079	טזא	N/A	DEP SOP 92	1.30		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0	U	2.0	E84589
Chlorophyll-a	N/A	mg/m3	Ice	SM 10200H	1.0		1.0	E84589
ecal Coliform	74055	CFU/100mL	Ice	SM 9222D	230		10	E84589
Vitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.039	υ	0.039	E84589
Nitrate + Nitrite	00620	mg/L	Ice	SM 4500NO3F	0.11	i	0.047	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.068	i	0.052	E84589
'KN	N/A	mg/L	H ₂ SO ₄	EPA 351.2	0.52		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	600		100	E84589
Total Phosphorous	N/A	mg/L	H2SO4	EPA 365.4	0.035	U	0.035	E84589
SS	N/A	mg/L	Ice	EPA 160.2	2.0	 	2.0	E84589

Comments:



i= The reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

U = The compound was analyzed for but not detected.

Advanced Environmental Laboratories, Inc.

9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.;

FL0034789

Sampling Period:

Jan - March 2007

Lab Sample ID: T072762-07

Date/Time Sampled: 03/09/07 0935

Site Name: Upstream Surface

Location ID: Test Site #1

DEP Comqap: 980174

Parameter Monitored	Storet Code	Units	Pres, Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6,9		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	7.4		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	ပံ	None	DEP SOP 92	19.3		N/A	E84589

Comments:



EXHIBIT "E"

CASE NARRATIVE Inorganic Analysis

Laboratory Reference No./SDG#: T068252

Client/Project: Utilities, Inc - Mid County Surface Water

I. RECEIPT

All acceptance criteria were met.

II. HOLDING TIMES

- A. Sample Preparation: All holding times were met.
- B. Sample Analysis: All holding times were met.

III. METHOD

Analysis: All acceptance criteria were met.

IV. PREPARATION

Sample preparation proceeded normally.

V. ANALYSIS

- A. Calibration: All acceptance criteria were met.
- B. Blanks: All acceptance criteria were met.
- C. Spikes: All acceptance criteria were met.
- D. Duplicates: All acceptance criteria were met.
- E. Serial Dilution: All acceptance criteria were met.
- F. Samples: Sample analyses proceeded normally.
- G. Other: The report generated for the surface water sampling part D had an incorrect MDL (Method Detection Limit) listed for the Effluent pre-creek sampled 07/26/2006. The fecal coliform was the analysis with the incorrect MDL. The report has been amended the original mistake was a typing error. The Project Manager will be diligent in the future in the final review process to prevent this from reoccurring. The analysis performed on the fecal coliforms was analyzed with to great a dilution; therefore raising the MDL. The analysts have been informed that the dilutions in the future must performed with the MDL beginning 1.0 to prevent them from exceeding the MCL (Maximum Contaminant Level).

I certify that this data package is in compliance with the terms and conditions agreed to by **Advanced Environmental Laboratories**, **Inc.** and by the client, both technically and for completeness, except for the conditions detailed above. The Laboratory Manager or his designee, as verified by the following signature, has authorized release of the data contained in this hard copy data package and in the computer-readable data submitted on diskette:

Sect 18 1 / 1/2 1 000 1 122/2001

Lanamie Hesiin, Project Manager

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

Client:

Utilities, Inc.

Project Name:

Semi-Annual

Project Number:

Report No.:

T068252

Date Sampled:

07/26/2006

Date Received:

Date Report Amended: 05/21/07

7/26/06 15:55 08/11/2006

Date Reported:

Attention:

David Winkler

Phone Number: 8002721919

Address:

200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

> Project Name: Semi-Annual

Approved By:

Tammie Heslin, Project Manager

f there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless natated otherwise in the body of the report.

Total Number of Pages =

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.

Report No.: T068252

Project Name: Semi-Annual

Date/Time Received: 7/26/06 15:55

Lab Code: T068252-01

Date/Time Sampled: 07/26/2006 12:00

Client Sample ID: Outfall

Sample Type:

pie ib. Collaii

Sampled By: Shannon Beaman

Site: Mid-County Surface Water

Sampling Method: G

Matrix: Water

Shipping Method: AEL Pick-up

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Ammonia (as N)	1	0.026	0.10	0.44	mg/L		E350.1		T
BOD (5-day)	1	2.0	2.0	2.0	mg/L O2	U	E405.1		Ť
Fecal Coliform (MF)	10	10	10	10	cfu/100ml	U	SM9222D		r
Nitrate + Nitrite (as N)	1	0.027	0.11	0.12	mg/L		SM4500NO3-F		T
Ortho-phosphate (as P)	1	0.058	0.23	1.9	mg/L		E300.0		T
Total Coliform (MF)	10	10	40	10	cfu/100ml	U	SM9222B		T
Total Kjeldahl Nitrogen (as N)	1	0.048	0.19	1.1	mg/L		E351.2		T
Total Phosphorus (as P)	1	0.043	0.17	0.78	mg/L		E365.4		T
Total Suspended Solids (TSS)	1	2.0	2.0	2.0	mg/L	U	E160.2		7

The compound was analyzed for but not detected.

⁷ DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Client: Utilities, Inc.

Report No.: T068252

Project Name: Semi-Annual

Date/Time Received: 7/26/06 15:55

Lab Code: T068252-02

Date/Time Sampled: 07/26/2006 10:56

Client Sample ID: Downstream Mid-depth

Sample Type:

Site: Mid-County Surface Water

Sampled By: Shannon Beaman

Matrix: Water

Sampling Method: G

Shipping Method: AEL Pick-up

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s) Method	Parameter Comment Lab	
Ammonia (as N)	1	0.026	0.10	0.29			Comment Lab	
• •					mg/L	E350.1	1	
BOD (5-day)	1	2.0	2.0	2.0	mg/L O2	E405.1	T	
Chiorophyli A	1	1.0	1.0	1.3	mg/m3	SM10200H	τ	
Fecal Coliform (MF)	10	10	10	430	cfu/100mi	SM9222D	7	
Nîtrate + Nitrite (as N)	1	0.027	0.11	0.27	mg/L	SM4500NO3-F	τ	
Ortho-phosphate (as P)	1	0.058	0.23	0.49	mg/L	E300.0	τ	
Total Coliform (MF)	10	10	40	510	cfu/100ml	SM9222B	7	
Total Kjeldahl Nitrogen (as N)	1	0.048	0.19	1.4	mg/L	E351.2	7	
Total Phosphorus (as P)	1	0.043	0.17	0.32	mg/L	£365.4	Т	
Total Suspended Solids (TSS)	1	2.0	2.0	3.0	mg/L	E160.2	7	

DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Client: Utilities, Inc.

Report No.: T068252

Project Name: Semi-Annual

Date/Time Received: 7/26/06 15:55

Lab Code: T068252-03

Date/Time Sampled: 07/26/2006 11:34

Client Sample ID: Upstream Mid-depth

Sample Type:

Site: Mid-County Surface Water

Sampled By: Shannon Beaman

Matrix: Water

Sampling Method: G

Shipping Method: AEL Pick-up

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Ammonia (as N)	1	0.026	0.10	0.23	mg/L		E350.1		r
BOD (5-day)	1	2.0	2.0	2.0	mg/L O2		E405.1		T
Chlorophyll A	1	1.0	1.0	1.0	mg/m3	U	SM10200H		7
Fecal Coliform (MF)	10	10	10	310	cfu/100ml		SM9222D		7
Nitrate + Nitrite (as N)	1	0.027	0.11	0.27	mg/L		SM4500NO3-F		T
Ortho-phosphate (as P)	1	0.058	0.23	0.080	m g/L	ì	E300.0		T
Total Coliform (MF)	10	10	40	440	cfu/100ml		SM9222B		T
Total Kjeldahl Nitrogen (as N)	1	0.048	0.19	0.41	mg/L		E351.2		7
Total Phosphorus (as P)	1	0.043	0.17	0.17	mg/L	i	E365.4		7
Total Suspended Solids (TSS)	1	2.0	2.0	2.0	mg/L	U	E160.2		r

The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

U The compound was analyzed for but not detected.

T DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Client: Utilities, Inc.

Report No.: T068252

Project Name: Semi-Annual

Date/Time Received: 7/26/06 15:55

Sample Cross Reference Information

Lab Code: T068252-01 Site: Mid-County Surface Water Client Sample Number: Outfall Matrix: Water Analysis Pren Analysis Method Date/Time **Test Description** Prep Method Analytical Batch ID Analyst Date/Time Prep Batch ID Ammonia (as N) E350.1 NONE wct080106nh3 08/01/2006 09:50 BOD (5-day) NONE WCT072706BOD E405.1 07/27/2006 09:00 JCH Fecal Coliform (MF) SM9222D NONE MICT072606FC 07/26/2006 16:15 GDB Nitrate + Nitrite (as N) SM4500NO3-F NONE wct072706no3 07/27/2006 14:37 LSP E300.0 NONE Ortho-phosphate (as P) wci072606epa300 07/28/2006 08:52 AJK Total Coliform (MF) SM9222B NONE MICT072606TC 07/26/2006 16:15 GOB Total Kjeldahl Nitrogen (as N) E351.2 METHOD wct073106tkn 07/31/2006 11:50 LSP pb072806tptkn 07/28/2006 Total Phosphorus (as P) F365.4 METHOD wct073106to 07/31/2006 15:26 pb072806lptkn 07/28/2006 Total Suspended Solids (TSS) E160.2 NONE wct072706tss 07/27/2006 09:30

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T068252-02

Client Sample Number: Downstream Mid-depth

Site: Mid-County Surface Water

Matrix: Water

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	Analyst	Prep Batch ID	Prep Date/Time
Ammonia (as N)	E350.1	NONE	wct080106nh3	08/01/2006 09:50		-	
BOD (5-day)	E405.1	NONE	WCT072706BOD	07/27/2006 09:00	JCH		
Chlorophyll A	SM10200H	NONE	WCT073106CHL	07/31/2006 15:00	BLT		
Fecal Coliform (MF)	SM9222D	NONE	MICT072606FC	07/26/2006 16:15	GDB		
Nitrate + Nitrite (as N)	SM4500NO3-F	NONE	wct072706np3	07/27/2006 14:37	LSP		
Ortho-phosphate (as P)	E300.0	NONE	wci072806epa300	07/28/2006 08:52	AJK		
Total Coliform (MF)	SM9222B	NONE	MICT072606TC	07/26/2006 16:15	GDB		
Total Kjeldahl Nitrogen (as N)	E351.2	METHOD	wct073106tkm	07/31/2006 11:50	LSP	pb072806lptkn	07/28/2006
Total Phosphorus (as P)	E365.4	METHOD	wct073106tp	07/31/2006 15:26	AJ	pb072806tptkn	07/28/2006
Total Suspended Solids (TSS)	E160.2	NONE	wci072706tss	07/27/2006 09:30	DTN		

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T068252-03

Client Sample Number: Upstream Mid-depth

Site: Mid-County Surface Water

Matrix: Water

				Prep			
Test Description	Analysis Method	Prep Method	Analytical Batch ID	Date/Time	Analyst	Prep Batch ID	Date/Time
Ammonia (as N)	E350.1	NONE	wct080106rh3	C8/01/2006 09:50	AJ		
BOD (5-day)	E405.1	NONE	WCT072706BOD	07/27/2006 C9:00	JCH		
Chlorophyll A	SM10200H	NONE	ACT073106CHL	07/31/2006 15:00	BLT		
Fecal Coliform (MF)	SM9222D	NONE	MIGT072666FC	07/26/2006 16:15	GDB		
Nitrate + Nitrite (as N)	SM4500NO3-F	NONE	wct072706na3	07/27/2006 14:37	LSP		
Ortho-phosphate (as P)	E300.0	NONE	wct07280€epa300	07/28/2006 08:52	АJК		
Total Coliform (MF)	SM92228	NONE	MIGT572606TC	07/26/2006 16:15	GDB		
Total Kjeldahl Nitrogen ras Nj	E351.2	METHOD	wit07310€#n	07/31.2006 11:50	_\$ P	p 6 4772846tpt=n	17.28.2016
fotal Phosphorus (as P)	£365.4	METHOD	wci673106/p	57/31/2006 15:26	AJ	p.5071806tptkn	67,28,200€
Total Suspended Solids (TSS)	E160.2	NONE	พระดิที่2ชีนีย์ tss	07/28/2006 10:30	DTN		

If the Analytico, Batch ID and Prep Batch (Dis not), the analytis was not performed by AEL, and the original report from the subcontracted leocratory was be provided gontaining this information.

Definitions:

Water matrix refers to unaqueous matrices except conking water, noteding but not imited to, wastewater, pround water, surface water advectors wastes

Box matrix refers to 49 hour-legal use controllers, indicating coust, solutes, subtges, semi-upides, and non-acceptables which samples

As read to an inguigation care reported in dry weight basis, unless notated otherwise. Alt results in my Eura reported in wet which cases. Who Method Desertion Limit is from content or discretion or arm pot treined content.

Aquistud Reporting Land is the MDL accounting for the fitutions and milisture co. fent traduitions

PQL is defined to be 4 times the MCL, for all results qualified with an 1' qualifier.

Sampling Methods, P=Pump, C-Camposite, C=Grab

Analytical Report

Client: Utilities, Inc.

Report No.: T068252

Project Name: Semi-Annual

Date/Time Received: 7/26/06 15:55

Quality Assurance Report

Method Blanks

		Method Bla	anks				
		Miscellaneous An	alytes		· · · · · · · · · · · · · · · · · · ·		
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
MICT072606FC	Fecal Coliform (MF)	Pre Filter	SM9222D	1.0	1.0	cfu/100ml	U
MICT072606FC	Fecal Coliform (MF)	Post Filter	SM9222D	1.0	1.0	cfu/100ml	U
MICT072606FC	Fecal Coliform (MF)	Method Blank	SM9222D	1.0	1.0	cfu/100ml	U
		Miscellaneous An	alytes		<u></u>		
QCBatchID	Analyte	QC Sample Type	Method	MOL	Result	Units	Qualifler
MICT072606TC	Total Coliform (MF)	Pre Filter	SM9222B	1.0	1.0	cfu/100mł	U
MICT072606TC	Total Coliform (MF)	Post Filter	SM9222B	1.0	1.0	cfu/100mi	Ü
MICT072606TC	Total Coliform (MF)	Method Blank	SM9222B	1.0	1.0	cfu/100ml	U
		Miscellaneous An	alytes				
QCBatchiD	Analyte	QC Sample Type	Method	. MDL	Result	Units	Qualifier
WCT072706BOD	BOD (5-day)	Method Blank	E405.1	2.0	2.0	mg/L O2	U
	***	Miscellaneous An	alytes				
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct072706tss	Total Suspended Solids (TSS)	Method Blank	E160.2	2.0	2.0	mg/L	U
		Miscellaneous An	alytes				
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct073106tkn	Total Kjeldahl Nitrogen (as N)	Method Blank	E351.2	0.048	0.048	mg/L	U
·		Miscellaneous An	alytes	<u>, </u>			····
QCBatchiD	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct073106tp	Total Phosphorus (as P)	Method Blank	E365.4	0.43	0.43	mg/Kg	U
		Miscellaneous An					
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct080106nh3	Ammonia (as N)	Method Blank	E350.1	0.026	0.026	mg/L	U

Quality Assurance Qualifiers:

The estimated measurements of uncertainty can be provided upon request

This is the last page of the analytical report.

U The compound was analyzed for but not detected.

Advanced Environmental Laboratories, Inc. 9610 PrincessPalm Avenue Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

F1.0034789

Sampling Period:

July - December 2006

Lab Sample ID: T068252-01

Date/Time Sampled: 07/26/06 1200

Site Name: Effluent Pre-Creek

Location ID: Outfall 001

DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	6.15	Quantici		Lab ID
H (Field)	00400	Units	N/A	DEP SOP 92	6.90		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92			N/A	E84589
emperature (Field)	00010	C°	N/A		0.4		N/A	E84589
urbidity (Field)	82079	NTU		DEP SOP 92	31.0		N/A	E84589
SOD	N/A		N/A	DEP SOP 92	0.80		N/A	E84589
ecal Coliform		mg/L	Ice	SM 5210B	2.0	U	2.0	E84589
Nitrogen, Ammonia	74055	CFU/100m1.	lce	SM 9222D	10	U	10	E84589
	00610	mg/L	H2SO4	EPA 350.1	0.44	Ü	0.026	E84589
Nitrate Nitrite	00615	mg/L	Ice	SM 4500NO3F	0.12			
)rtho-Phosphate	N/A	mg/L	Ice	EPA 365.1	1.9		0.027	E84589
`KN	N/A	mg/L	H ₂ SO ₄	EPA 351.2		 	0.052	E84589
otal Coliform	31501	CFU/100mL	Ice		1.1	 	0.048	E84589
otal Phosphorous	N/A			SM 9222B	10	U	10	E84589
SS	N/A	mg/L	Hl2SO4	EPA 365,4	0.78		0.043	E84589
omments:		mg/L was analyzed for but not	Ice	EPA 160.2	2.0	U	2.0	E84589

Advanced Environmental Laboratories, Inc. 9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - December 2006

Lab Sample ID: T068252-02

Date/Time Sampled: 07/26/06 1056

Site Name: Downstream Mid Depth

Location ID: Test Site #2
DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter		T			Date Report Amended: 05/21/2007									
Monitored	Storet Code	17-14-	Pres.	Analysis	Analysis	Data	Detection	DOH						
		Units	Added	Method	Result	Qualifier	Limits	Lab ID						
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	6.19		N/A	E84589						
pH (Field)	00400	Units	N/A	DEP SOP 92	6.8		N/A							
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.3	 	N/A	E84589						
Temperature (Field)	00010	C°	N/A	DEP SOP 92	28.7	 		E84589						
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.0	 	N/A	E84589						
BOD	N/A	mg/L	Ice	SM 5210B	2.0	 	N/A	E84589						
Chlorophyll-a	N/A	mg/m3	Ice	SM 10200H			2.0	E84589						
Fecal Coliform	74055	CFU/100mL	Ice		1.3	U	1.0	E84589						
Ni tro gen, Ammonia	00610	mg/L	H ₂ SO ₄	SM 9222D	430		10	E84589						
Nitrate + Nitrite	00615			EPA 350.1	0.29		0.026	E84589						
Ortho-Phosphate	N/A	mg/L	Ice	SM 4500NO3F	0.27		0.027	E84589						
IKN		mg/L	<u> Ice</u>	EPA 365.1	0.49		0.052	E84589						
	N/A	mg/L	H ₂ SO ₄	EPA 351.2	1.4		0.048							
Fotal Coliform	31501	CFU/100mL	Ice	SM 9222B	510	 		E84589						
Fotal Phosphorous	N/A	mg/L	H2SO4	EPA 365.4			100	E84589						
fss —	N/A	mg/L	lce	EPA 160.2	0.32		0.043	E84589						
Comments:	11 The compound	was anah and for him		EFA 100.2	3.0	<u> </u>	2.0	E84589						

U - The compound was analyzed for but not detected.



9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Samples Filtered:

No

Monitoring Period:

July - December 2006

Lab Sample ID: T068252-03

Date/Time Sampled: 07/26/06 1134

Site Name: Upstream Mid Depth

Location ID: Test Site #1

DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter	Storet		Pres.	Analysis	Analysis	Data	Detection	DOH
Monitored	Code	Units	Added	Method	Result	Qualifier	Limits	Lab ID
D.O. (Field)	00299	mg/l.	N/A	DEP SOP 92	6.26		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	6.80		N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	N/A	DEP SOP 92	28.9		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.4		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0		2,0	E84589
Chlorophyll-a	N/A	mg/m3	lce.	SM 10200H	1.0	U_	1.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	310		10	E84589
Nitrogen, Ammonia	00610	mg/L	H:SO4	EPA 350.1	0.23		0.026	E84589
Nitrate + Nitrite	00620	mg/L	Ice	SM 4500NO3F	0.27		0.027	E84589
Oπho-Phosphate	N/A	mg/L	lce	EPA 365.1	0.080	i	0.052	E84589
TKN	N/A	mg/L	H2SO4	EPA 351.2	0.41		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	440		100	E84589
Total Phosphorous	N/A	mg/L	II:SO₄	EPA 365.4	0.17	i	0.043	E84589
TSS	N/A	mg/L	lce	EPA 160.2	2.0	υ	2.0	E84589

Comments:

4. The reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

1) The compound was analyzed for but not detected.



Advanced Environmental Laboratorics, Inc. 9010 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - December 2006

Lab Sample ID: T068252-04

Date/Time Sampled: 07/26/06 1057

Site Name: Downstream Bottom

Location ID: Test Site #2

DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres.	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.24	<u> </u>	N/A	E84589
pH (Field)	00400	Units	_ None	DEP SOP 92	6.8	<u> </u>	N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.3		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.7		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	21		N/A	E84589

Comments:



9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - December 2006

Lab Sample ID: T068252-05

Date/Time Sampled: 07/26/06 1057

Site Name: Downstream Surface

Location ID: Test Site #2
DEP Compap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres.	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.05		N/A	E84589
oH (Field)	00400	Units	None	DEP SOP 92	6.9		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.3		N/A	E84589
emperature (Field)	00010	C°	None	DEP SOP 92	28.6		N/A	E84589

Comments:

- 1

9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - December 2006

Lab Sample ID: T068252-06

Date/Time Sampled: 07/26/06 1135

Site Name: Upstream Bottom

Location ID: Test Site #1

DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.Ö. (Field)	00299	mg/L	None	DEP SOP 92	6.37		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	6.90		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.9		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	1.4		N/A	E84589

Comments:



9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - December 2006

Lab Sample ID: T068252-07

Date/Time Sampled: 07/26/06 1133

Site Name: Upstream Surface

Location ID: Test Site #1

DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres.	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	6.17	6.6	N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	6.8	7.2	N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2	0.2	N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.9	28.6	N/A	E84589

Comments:



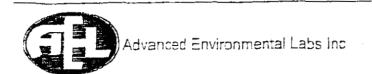


9610 Princess Palm Ave, Tampa, FL 33619

Phone (813)630-9616 / Fax (813)630-4327

		WATER	SAMPLING	LOG	· · ·				
SITE NAME: Utillities I	nc.			SITE LOCATIO	N	Mid Coun	ty		
10	2000E	SA	MPLING D	ATA					
SAMPLE NUMBER	-05	60	-04	707	50	40	-01		
SAMPLE LOCATION	Stream	Down Stream	00ಬಗ Stream	Upstream	Upstream	Upstream	Outfall		
SAMPLE TIME	1055	10%	1057	1133	1134	1135	1200		
SAMPLE DATE	7/26/2006						7/26/2006		
SAMPLE DEPTH	ا لا لادان Surface	/o" Mid	Par Alice Bottom	Surface	9" Mid	About Bottom	NA		
TOTAL DEPTH/sehcci	Nq	Na	1'9"	14	NA	1,7"	Nq		
TEMP CELSIUS	28,4	78.7	z8.7	28.9	285	28.9	31.0		
D.O. mg / L	4,05	6.19	C,24	4.17	4.26	637	4.15		
D.O. % sat.	NA	NA	NA	NA	NA	NA	NA		
CONDUCTIVITY	NA	NA	NA	NA	NA	NA	NA		
SALINITY ppt.	03	0.3	0,3	0.2	0,2	0.2	D.4		
pH su.	6,50	6,80	6.80	6.80	680	6,90	4.90		
TURBIDITY NTU's	1.2	1,0	1.1	1.1	1.4	1.1	` 80		
RCL / CL2	NA	NA	NA	NA	NA	NA	NA		
FIELD CONDITIONS: 900 / TIME: 145 / CLOUD COVER: 15 %									
OVERALL FIELD CON	DITIONS:_	<u> </u>	д	YPE OF SA	MPLING:	sw) ww/	DW /		
FIELD REMARKS:									
					, -				
					· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>-</u>		
AMPLED BY: (PRINT) / SHANNON BEAMAN SAMPLER'S DATE: FFILIATION:/ ADVANCED ENVIRONMENTAL LABORATORIES SIGNATURE: 7/26/2006									





Advanced Environmental Labs 9610 Princess Palm Ave. Tampa, FL 33619

ate/Time Rcvd:	1/26/06 15	155 Log	-In request numb	per:	080	152	<u> </u>	
Received by:		714	Completed	by:	<u> </u>	M		
ooler/Shipping								
ourier BAEL DC	lient 🗆 UPS 🗅 Por	y Express □ FedE	x 🗖 AES 🗆 ASAI	P D Other (desc	:rib e): _			
ype: D'Cooler D'Bo	x D Other (describe)						
ooler temperature:	identify the cooler a	nd document the ten	nperature blank or	ice water measu	ıremer	nt		
Cooler ID								
Temp (°C)	0:							
Temp taken from	Sample Bottle	☐ Sample Bottle	D Sample Bottle	Sample Bottle	$\neg \neg$	D Cooker		
	☐ IR gan	D Cooler D IR gan	D Cooler	□ Cnoter □ IR gum		D IR gran		
Temp measured with	D):	enner	D Therma ID):	moneus (alua				
ny discrepancies sho	uld be explained in f	·	tion below.		VPC	1 110	I MA	7
		CHECKLIST			YES	NO	NA	7
1. Were custody se	als on shipping contain	ner(s) intact?			 			1
	pers properly included							1
		t (ink, signed, match i	abels)?	· · · · · · · · · · · · · · · · · · ·	_			1
4. Did all bottles at	rive in good condition	(unbroken)?						
5. Were all bottle la	abels complete (sample	#, date, signed, analy	ysis, preservatives)?		ښد			
6. Did the sample la	abels agree with the cir	ain of custody?						
7. Were consect bot	tles used for the tests i	ndicated?						
		iques indicated on the	iabel?					
	cived within holding					1 -		
10. Were all VOA vi						1 1		
11. Were there air bu			= No.100 = T	I Tit tor				
12. Were samples in 13. Was the cooler in			ODE: LINUICE LIE	SLUE ICE	$\overline{}$			
14. Were sample pHs	<u> </u>		V'M charked have	naiveto)			-	
15. Were the sample			VOR CHESTER Dy	in yara)				
16. Were samples acc				<u>'</u>				
17. Was it necessary t					<u></u>			
7								
omments:	1000					·		_
								- 6

	Advanced
الله الله	Advanced Environmental Laboratories, Inc.
	6601 Smithpoint Pkwy + Jacksonville +U 32216 + 904 363 9350 + Fax 904 363 9354 + E82574
	1 Shift Concess Paim Ave + Fampa FL 33619 - B13 630 9616 - Fax 813,630,4327 - E84589

LAB NUMBER: 7068252

	hat 7 Chinesis Palm Ave + Lang 2106 N.V 67th Place See 7 + Go	oinesville Ft 32606 • 352 367 150	x 613,630,432 30 • Fex 352.3	7 • E845B9 67 0050 • E82620								Page		of		
GUENT NAME.	Utilities, Inc.	16 - Allamonte Springs, FL 32701 PROJECT NAME.	+ 407,937,159		miannual			BOTTLE	νĒ ä	E ij	atic m	itic m	를 H	F 4		IL A
COCKESS:	200 Weathersfield Ave.	P.O. NUMBER/PROJECT NUM	BER:					& TYPE	500 Heechil Plastic	1000 ml Plastic	250 mL Plastic	250 mL Plastic	100 ML Plastic	1000mL GA		R
Altamoi	nte Springs, FL 32714	PROJECT LOCATION:	<u>,, , , , , , , , , , , , , , , , , , ,</u>	Mid-Coun	ty Surfac	e water		AR						<u> </u>	(0	1
SHC HE	800-272-1919	FAX						N E						Ø	ei.	N
CONTACT:	David Winkler	SAMPLED BY		S.BEA	MAN			AQ	1	<u> </u>	$\overline{\omega}$ ×	l I	! 	+	et	
GIANDAID B	TURN AROUND TIME	Field Peramete		suspecul Instru		o, DO, s	ecchi	L U Y I S R	BOD	TSS	TKN, NH3 TP,NOX	ОР	FC/TC	Chlorophyll-a	d parameters	M B
								SD						O	Field	R
(AW) waste wa	tor SW-surface water GW=groun	nd water (NV+desiking water	Grab	OIL SAME	A*#¥ PLING	SO##oil	SL=skudge NO		Ice	lce	S	Ice	T	Ice	<u> </u>	
SAMPLE ID	MAPLE ID SAMPLE DESCRIPTION		Camp	DATE	TIME	MATRIX	COUNT	Preserv	L				en a de la companya d			
	Outfa	all	G	7/26/0	1200	w	5		Χ	Х	X	Х	Х		Х	-()(
	Downstrear	n-bottom	G		1057	w	0	11							X	如
	Downstream-	-mid-depth	G		1656	w	6		X	X	X	Х	Х	X	X	(<i>i</i>)
	Downstream	n-surface	G		1057	w	0	1. A. A. A. A. A. A. A. A. A. A. A. A. A.							×	15
	Upstream	-bottom	G		1135	w	0								X	$\downarrow \!$
	Upstream-r	nid-depth	G		1134	w	6		X	X	X	Х	Х	Х	X	03
	Upstream-	-surface	G		1133	w	0			 					X -	+=
					1.3.5				A							
-lca:	H≈(HCi) S÷(H2SO4 N¤(HNC	3) T-(Sodium Thiosulfate)		_ 			·	24. 35	R	l alinguish by:	Date	Time	Received by	/: Dal		ıme
Shorment	Melhod Via.	SAMPLED	Sample I	Kit	Cooler#				1 =	3	7/26/04		- he	by		35
Ret			AB _		D/I				3							
<u>'</u>	ViaVia	uC [] sent	Trip Bl.	eceived					14		<u> </u>	L	L	revised		

0.16

CASE NARRATIVE Inorganic Analysis

Laboratory Reference No./SDG#: T068252

Client/Project: Utilities, Inc - Mid County Surface Water

I. RECEIPT

All acceptance criteria were met.

- II, HOLDING TIMES
 - A. Sample Preparation: All holding times were met.
 - B. Sample Analysis: All holding times were met.
- HI. METHOD

Analysis: All acceptance criteria were met.

IV. PREPARATION

Sample preparation proceeded normally.

- v. Analysis
 - A. Calibration: All acceptance criteria were met.
 - B. Blanks: All acceptance criteria were met.
 - C. Spikes: All acceptance criteria were met.
 - D. Duplicates: All acceptance criteria were met.
 - E. Serial Dilution: All acceptance criteria were met.
 - F. Samples: Sample analyses proceeded normally.
 - G. Other: The report generated for the surface water sampling part D had an incorrect MDL (Method Detection Limit) listed for the Effluent pre-creek sampled 07/26/2006. The fecal coliform was the analysis with the incorrect MDL. The report has been amended the original mistake was a typing error. The Project Manager will be diligent in the future in the final review process to prevent this from reoccurring.

Date: 5/21/3001

I certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental Laboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. The Laboratory Manager or his designee, as verified by the following signature, has authorized release of the data contained in this hard copy data package and in the computer-readable data submitted on diskette:

Tammie Heslin, Project Manager

EXHIBIT "F"

CASE NARRATIVE **Inorganic Analysis**

Laboratory Reference No./SDG#: T058779

Client/Project: Utilities, Inc - Mid County Surface Water

ſ. RECEIPT

All acceptance criteria were met.

II. HOLDING TIMES

- Sample Preparation: All holding times were met. A.
- В. Sample Analysis: All holding times were met.

III. **METHOD**

Analysis: All acceptance criteria were met.

IV. **PREPARATION**

Sample preparation proceeded normally.

٧. **ANALYSIS**

- Calibration: All acceptance criteria were met. A.
- B. Blanks: All acceptance criteria were met.
- C. Spikes: All acceptance criteria were met.
- D. Duplicates: All acceptance criteria were met.
- E. Serial Dilution: All acceptance criteria were met.
- F. Samples: Sample analyses proceeded normally.
- Other: The report generated for the surface water sampling part D had an incorrect pH and turbidity values reported G. for the creek upstream sampled 08/31/2005. The field sheets were filled out incorrect and the Project Manager did not catch the correction made by the field sampler indicating that the two field analysis were switched. The port was amended and the Project Manager will be more diligent in the future in the final review process to prevent this from reoccurring.

I certify that this data package is in compliance with the terms and conditions agreed to by Advanced Environmental Laboratories, Inc. and by the client, both technically and for completeness, except for the conditions detailed above. The Laboratory Manager or his designee, as verified by the following signature, has authorized release of the data contained in this hard copy data package and in the computer-readable data submitted on diskette:

n Date: 5/21/2001

Fammie Heslin, Project Manager

9610 Princess Palm Avenue Tampa, Florida 33619 (813) 630-9616 FAX (813) 630-4327

Client:

Utilities, Inc.

Project Name:

Quarterly

Project Number:

Report No.:

T058779

Date Sampled:

08/31/2005

Date Received:

8/31/05 14:30

Date Reported:

10/06/2005

Attention:

David Winkler

Phone Number:

8002721919

Date Report Amended: 05/21/07

Address:

200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Quarterly

Approved By:

Tammie Heslin, Project Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards: unless notated otherwise in the body of the report.

Total Number of Pages =

Analytical Report

Client: Utilities, Inc.

Report No.: T058779

Project Name: Quarterly

Date/Time Received: 8/31/05 14:30

Lab Code: T058779-01

Date/Time Sampled: 08/31/2005 09:10

Client Sample ID: Outfall

Sample Type:

Sampled By: Shannon Beaman

Site: Mid County Surface Water

Sampling Method: G

Matrix: Water

Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)		Parameter Comment	Lab
Ammonia (as N)	1	0.026	0.10	0.026	mg/L	U	E350.1		7
BOD (5-day)	1	2.0	2.0	2.0	mg/L O2	υ	E405.1		T
Chlorophyfi A	1	1.0	1.0	0	mg/m3		SM10200H		
Nitrate (as N)	1	0.027	0.11	4.3	mg/L		SM4500NO3-F		7
Nitrite (as N)	1	0.034	0.14	0.034	mg/L	U	SM4500NO3-F		T
Ortho-phosphate (as P)	1	0.052	0.21	1.1	mg/L		E365.1		7
Total Kjeldahl Nitrogen (as N)	1	0.048	0.19	1.3	mg/L		E351.2		T
Total Phosphorus (as P)	1	0.043	0.17	1.4	mg/L		E365.4		T
Total Suspended Solids (TSS)	1	2.0	2.0	2.0	mg/L	U	E160.2		T

The compound was analyzed for but not detected.

DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Analytical Report

Client: Utilities, Inc.

Report No.: T058779

Project Name: Quarterly

Date/Time Received: 8/31/05 14:30

Lab Code: T058779-02

Date/Time Sampled: 08/31/2005 09:27

Client Sample ID: Downstream - Mid Depth

Sample Type:

Site: Mid County Surface Water

Sampled By: Shannon Beaman

Matrix: Water

Sampling Method: G

Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Ammonia (as N)	1	0.026	0.10	0.026	mg/L	U	E350.1	:-	7
BOD (5-day)	1	2.0	2.0	2.0	mg/L O2	U	E405.1		T
Chlorophyll A	1	1.0	1.0	2.1	mg/m3		SM10200H		7
Nitrate (as N)	1	0.027	0.11	0.68	mg/L		SM4500NO3-F		T
Nitrite (as N)	1	0.034	0.14	0.034	mg/L	υ	SM4500NO3-F		7
Ortho-phosphate (as P)	1	0.052	0.21	0.35	mg/L		E365.1		T
Total Kjeldahl Nitrogen (as N)	1	0.048	0.19	0.67	mg/L		E351.2		r
Total Phosphorus (as P)	1	0.043	0.17	0.27	mg/L		E365.4		T
Total Suspended Solids (TSS)	1	2.0	2.0	2.0	mg/L	U	E160.2		7

The compound was analyzed for but not detected.

⁷ DOH cerufication #E84589 (AEL-Tampa) (FL NELAC Certification)

Analytical Report

Client: Utilities, Inc.

Report No.: T058779

Project Name: Quarterly

Date/Time Received: 8/31/05 14:30

Lab Code: T058779-03

Date/Time Sampled: 08/31/2005 10:05

Client Sample ID: Upstream - Mid Depth

Sample Type:

Site: Mid County Surface Water

Sampled By: Shannon Beaman

Matrix: Water

Sampling Method: G

Shipping Method: AEL Pick-up

Miscellaneous Analytes

Analytes:	Dilution	Adjusted MDL	Adjusted PQL	Results	Units	Qualifier(s)	Method	Parameter Comment	Lab
Ammonia (as N)	1	0.026	0.10	0.026	mg/L	U	E350.1		r
BOD (5-day)	1	2.0	2.0	2.0	mg/L O2	บ	E405.1		r
Chlorophylf A	1	1.0	1.0	1.0	mg/m3	U	SM10200H		T
Nitrate (as N)	1	0.027	0.11	0.21	mg/L		SM4500NO3-F		7
Nitrite (as N)	1	0.034	0.14	0.034	mg/L	U	SM4500NO3-F		T
Ortho-phosphate (as P)	1	0.052	0.21	0.14	mg/L		E365.1		7
Total Kjeldahi Nitrogen (as N)	1	0.048	0.19	0.87	mg/L		E351.2		7
Total Phosphorus (as P)	1	0.043	0.17	0.13	mg/L	i	E365.4		T
Total Suspended Solids (TSS)	1	2.0	2.0	2.0	mg/L	U	E160.2		T

The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

The compound was analyzed for but not detected.

⁷ DOH certification #E84589 (AEL-Tampa) (FL NELAC Certification)

Advanced Environmental Laboratories, Inc. Analytical Report

Client: Utilities, Inc.

Report No.: T058779

Project Name: Quarterly

Date/Time Received: 8/31/05 14:30

Sample Cross Reference Information

Lab Code: T058779-01						Sit	e: Mid County	Surface Water
Client Sample Number: Outfail							x: Water	,
Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	,	Analyst	Prep Batch ID	Prep Date/Time
Ammonia (as N)	E350.1	NONE	wci091205nth3-4	09/12/2005 15	:22	AJK		
BOD (5-day)	E405.1	NONE	wci090105bod	09/01/2005 12	:00	VI		
Chlorophyll A	SM10200H	NONE					PBOLDCH	09/13/2005
Nitrate (as N)	SM4500NO3-F	NONE	wct090105no3-1	09/01/2005 15	:17	AJK		33.74.2333
Nitrite (as N)	SM4500NO3-F	NONE	wci090105no3-1	09/01/2005 15	:17	AJK		
Ortho-phosphate (as P)	E365.1	NONE	wct090205op	09/02/2005 09	:29	AJK		
Total Kjeldahi Nitrogen (as N)	E351.2	NONE	wct091305ikn-3	09/13/2005 10	:52	AJK	pb091005tptkn	09/10/2005
Total Phosphorus (as P)	E365.4	NONE	wct091405tp3	09/14/2005 17	:13	AJK	pb091005tptkn	09/10/2005
Total Suspended Solids (TSS)	E160.2	NONE	wct090605tss	09/06/2005 11	:00	DTN	•	

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T058779-02

Client Sample Number: Downstream - Mid Depth

Site: Mid County Surface Water

Matrix: Water

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysi: Date/Tin		Analyst	Prep Batch ID	Prep Date/Time
Ammonia (as N)	E350.1	NONE	wct091205nh3-4	09/12/2005	15:22	AJK		· -
BOD (5-day)	E405.1	NONE	wct090105bod	09/01/2005	12:00	VI		
Chlorophyll A	SM10200H	NONE	WCT091305CH	09/13/2005	10:15	BIB	PB090105CH	09/01/2005 09:25
Nitrate (as N)	SM4500NO3-F	NONE	wct090105no3-1	09/01/2005	15:17	AJK		
Nitrite (as N)	SM4500NO3-F	NONE	wct090105no3-1	09/01/2005	15:17	AJK		
Ortho-phosphate (as P)	E365.1	NONE	wct090205op	09/02/2005	09:29	AJK		
Total Kjeldahl Nitrogen (as N)	E351.2	NONE	wd091305tkn-3	09/13/2005	10:52	AJK	pb091005tptkn	09/10/2005
Total Phosphorus (as P)	E365.4	NONE	wci091405lp3	09/14/2005	17:13	AJK	pb091005lplkn	09/10/2005
Total Suspended Solids (TSS)	E160.2	NONE	wc1090605tss	09/06/2005	11:00	DTN		

If the Analytical Batch ID and Prep Batch IDis null, the analysis was not performed by AEL, and the original report from the subcontracted laboratory will be provided containing this information.

Lab Code: T058779-03

Client Sample Number: Upstream - Mid Depth

Site: Mid County Surface Water

Matrix: Water

Test Description	Analysis Method	Prep Method	Analytical Batch ID	Analysis Date/Time	3	Analyst	Prep Batch ID	Prep Dale/Time
Ammonia (as N)	E350.1	NONE	wct091205nh3-4	09/12/2005 1	15:22	AJK		
SOD (5-day)	E405.1	NONE	wct090105bod	09/01/2005 1	12:00	VI		
Chlorophyli A	SM10200H	NONE	WCT091305CH	09/13/2005 1	10:15	BIB	PB090105CH	09/01/2005 09:25
Nitrate (as N)	SM4500NO3-F	NONE	wcl090705no3-1	09/01/2005 1	15:17	AJK		
Nitrite (as N)	SM4500NO3-F	NONE	wct090105no3-1	09/01/2005 1	15:17	AJK		
Ortho-phosphate (as P)	E365.1	NONE	wd090205op	09/02/2005 0	9:29	AJK		
Total Kjeldahl Nitrogen (as N)	E351.2	NONE	wctC913G5tkn-4	09/13/2005 1	1:14	AJK	pb691505(ptkn	09/10/2005
Total Phosphorus (as P)	E365.4	NONE	NCI091405tp4	09/14/2005 1	7:41	AJK	550910651ppp	39, 10, 2005
Total Suspended Solids (TSS)	E160.2	NONE	ACIC90605tss	C9,06,2005 1	1:30	DTN		

if the Analytical Batch ID and Prep Batch IDis nuil, the analysis was not performed by AEL, and the original report from the succentracted laboratory will be provided containing this information.

Definitions

Water matrix refers to all aquedus matrices except drinking water, including but not limited to, wastewater, ground water, surface water, aquedus wastes. Soil matrix refers to all non-aquedus matrices, including soils, soilds, sludges, semi-soilds, and rich-aquedus waste samples.

All results in mg/kg or Mare reported in dry weight basis, unless notified otherwise. All results in mg/L are reported in set height basis.

MOL. Method Detection Light, without correction for diffusion or moisture content

Adjusted Reporting Emit is the MDE accounting for all adultors and the sture content cuctuations

POE is defined to be 4 times the MOE, for all results quelified with an 1 year fier.

Sampling Methods, P=Pump, G+Composite, G+Grad

Analytical Report

Client: Utilities, Inc.

Report No.: T058779

Project Name: Quarterly

Date/Time Received: 8/31/05 14:30

Quality Assurance Report

Method Blanks

		metrica Di	unks				
		Miscellaneous A	nalytes		·	···	
QCBatchiD_	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct090105bod	BOD (5-day)	Method Blank	E405.1	2.0	2.0	mg/L Q2	Ų
		Miscellaneous A	nalytes				 -
QCBatchfD	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct090605tss	Total Suspended Solids (TSS)	Method Blank	£160.2	2.0	2.0	mg/L	U
		Miscellaneous Ar	nalytes			· <u></u>	
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifler
wct091205nh3-4	Ammonia (as N)	Method Blank	E350.1	0.026	0.026	mg/L	U
		Miscellaneous Ar	nalytes				
QCBatchiD	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
WCT091305CH	Chlorophyll A	Method Blank	SM10200H	1.0	1.0	mg/m3	U
		Miscellaneous Ar	nalytes				
QCBatchID	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct091405tp3	Total Phosphorus (as P)	Method Blank	E365.4	0.043	0.043	mg/L	T
		Miscellaneous Ar	nalytes		<u>-</u>		
QCBatchiD	Analyte	QC Sample Type	Method	MDL	Result	Units	Qualifier
wct091405tp4	Total Phosphorus (as P)	Method Blank	E365.4	0.043	0.043	mg/L	U

Quality Assurance Qualifiers:

The estimated measurements of uncertainty can be provided upon request

This is the last page of the analytical report.

Yalue reported is less than the method detection limit.

U The compound was analyzed for but not detected.

Advanced Environmental Laboratorics, Inc. 9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Ctient:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - Sept. 2005

Lab Sample ID: T058779-01

Date/Time Sampled: 8/31/05 0910

Site Name: Effluent Pre-Creek

Location ID: Outfall 001

DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter	Storet		Pres.	Analysis	Analysis	Data	Detection	DOH
Monitored	Code	Units	Added	Method	Result	Qualifier	Limits	Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	5.18		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	7.16	!	N/A	E84589
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	0.5		N/A	E84589
Temperature (Field)	00010	Co	N/A	DEP SOP 92	30.6		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	.65		N/A	E84589
BOD	N/A	mg/L	lce	SM 5210B	2.0	U_	2.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	**		1	E84589
Nitrogen, Ammonia	00610	mg/L	H ₂ SO ₄	EPA 350.1	0.026	U	0.026	E84589
Nitrate + Nitrite	00615	mg/1.	Ice	SM 4500NO3F	4.3		0.027	E84589
Ortho-Phosphate	N/A	mg/L	lce	EPA 365.1	1.1		0.052	E84589
TKN	N/A_	mg/L	H2SO4	EPA 351.2	1.3		0.048	E84589
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	**		10	E84589
Total Phosphorous	N/A	mg/L	H ₂ SO ₄	EPA 365.4	1.4		0.043	E84589
TSS	N/A	mg/L	lce	EPA 160.2	2	U	2.0	E84589

Comments:

U - The compound was analyzed for but not detected

** To be resampled.

9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - Sept. 2005

Lab Sample ID: T058779-02

Date/Time Sampled: 8/31/05 0927

Site Name: Downstream Mid Depth

Location ID: Test Site #2

DEP Comqap: 980174

Date Report Amended: 05/21/2007

			Date Report Amended: 03/21/2007								
Parameter	Storet		Pres.	Analysis	Analysis	Data	Detection	НОС			
Monitored	Code	Units	Added	Method	Result	Qualifier	Limits	Lab ID			
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	5.03		N/A	E84589			
pH (Field)	00400	Units	N/A	DEP SOP 92	7.0		N/A	E84589			
Salinity (Field)	N/A	mg/L	N/A	DEP SOP 92	.2		N/A	E84589			
Temperature (Field)	00010	C°	N/A	DEP SOP 92	28.8		N/A	E84589			
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.5		N/A	E84589			
BOD	N/A	mg/L	Ice	EPA 405.1	2.0	U	2.0	E84589			
Chlorophyll-a	N/A	mg/m3	lce	SM 10200H	2.1		1.0	E84589			
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	**		10	E84589			
Nitrogen, Ammonia	00610	mg/L	H2SO4	EPA 350.1	0.026	Ū	0.026	E84589			
Nitrate + Nitrite	00615	mg/L	Ice	SM 4500NO3F	0.68		0.027	E84589			
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.14		0.052	E84589			
TKN	N/A	mg/L	H2SO4	EPA 351.2	0.67		0.048	E84589			
Total Coliform	31501	CFU/100mL	Ice	SM 9222B	**	<u> </u>	100	E84589			
Total Phosphorous	N/A	mg/L	H2SO4	EPA 365,4	0.27		0.043	E84589			
TSS	N/A	mg/L	lce	EPA 160.2	2	Ŭ	2.0	E84589			

Comments:

U = The compound was analyzed for but not detected.

F. The reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

^{**} To be resampled.

Advanced Environmental Laboratories, Inc. 9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Samples Filtered:

No

Monitoring Period:

July - Sept. 2005

Lab Sample ID: T058779-03

Date/Time Sampled: 8/31/05 1005

Site Name: Upstream Mid Depth

Location ID: Test Site #1

DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter	Storet		Pres.	Analysis	Analysis	Data	Detection	DOH
Monitored	Code	Units	Added	Method	Result	Qualifier	Limits	Lab ID
D.O. (Field)	00299	mg/L	N/A	DEP SOP 92	4.85		N/A	E84589
pH (Field)	00400	Units	N/A	DEP SOP 92	7.27		N/A	E84589
Salinity (Field)	N/A	mg/L	_N/A	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	01000	C°	N/A	DEP SOP 92	29.0		N/A	E84589
Turbidity (Field)	82079	NTU	N/A	DEP SOP 92	1.8		N/A	E84589
BOD	N/A	mg/L	Ice	SM 5210B	2.0	U	2.0	E84589
Chlorophyll-a	N/A	mg/m3	Ice	SM 10200H	1.0	U	1.0	E84589
Fecal Coliform	74055	CFU/100mL	Ice	SM 9222D	**		10	E84589
Nitrogen, Ammonia	00610	mg/L	H-SO4	EPA 350.1	0.026	U	0.026	E84589
Nitrate Nitrite	00620	mg/L	Ice	SM 4500NO3F	0.21		0.027	E84589
Ortho-Phosphate	N/A	mg/L	Ice	EPA 365.1	0.14	T	0.052	E84589
TKN	N/A	mg/L	H2SO4	EPA 351.2	0.87		0.048	E84589
Total Coliform	31501	CFU/100mL	lce	SM 9222B	**		100	E84589
Total Phosphorous	N/A	mg/L	H2SO4	EPA 365.4	0.13	T :	0.043	E84589
TSS	N/A	mg/L	lce	EPA 160.2	2.0	U	2.0	E84589

Comments:

1+ The reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

(i) The compound was analyzed for but not detected.

** To be resampled.



9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - Sept. 2005

Lab Sample ID: T058779-04

Date/Time Sampled: 8/31/05 0925

Site Name: Downstream Bottom

Location ID: Test Site #2

DEP Comgap: 980174

Date Report Amended: 05/21/2007

Parameter	Storet		Pres.	Analysis	Analysis	Data	Detection	DOH
Monitored	Code	Units	Added	Method	Result	Qualifier	Limits	Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	5.06		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	7.0		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.9]	N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	18		N/A	E84589

Comments:

· i.i. i

9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - Sept. 2005

Lab Sample ID: T058779-05

Date/Time Sampled: 8/31/05 0930

Site Name: Downstream Surface

Location ID: Test Site #2

DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter Monitored	Storet Code	Units	Pres. Added	Analysis Method	Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	5.1		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	7.1		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	28.8		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	6		N/A	E84589

Comments:

Advanced Environmental Laboratories, Inc. 9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - Sept. 2005

Lab Sample ID: T058779--06

Date/Time Sampled: 8/31/05 1000

Site Name: Upstream Bottom

Location ID: Test Site #1

DEP Comqap: 980174

Date Report Amended: 05/21/2007

Parameter	Storet		Pres.	Analysis	Analysis	Data	Detection	DOH
Monitored	Code	Units	Added	Method	Result	Qualifier	Limits	Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	4.96		N/A	E84589
pH (Field)	00400	Units	None	DEP SOP 92	7.26		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	29.2		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	30		N/A	E84589

Comments:

3

9610 PrincessPalm Avenue

Tampa, FL 33619

Surface Water Monitoring Report - Part D

Client:

Utilities, Inc.

Facility Name:

Mid-County WWTF

Facility No.:

FL0034789

Sampling Period:

July - Sept. 2005

Lab Sample ID: T058779-07

Date/Time Sampled: 8/31/05 1010

Site Name: Upstream Surface

Location ID: Test Site #1

DEP Comqap: 980174

Date Report Amended: 05/21/2007

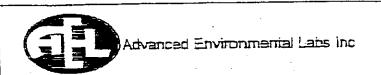
Parameter Monitored	Storet Code	Units	Pres. Analysis Added Method		Analysis Result	Data Qualifier	Detection Limits	DOH Lab ID
D.O. (Field)	00299	mg/L	None	DEP SOP 92	4.91		N/A	E84589_
pH (Field)	00400	Units	None	DEP SOP 92	7.18		N/A	E84589
Salinity (Field)	N/A	mg/L	None	DEP SOP 92	0.2		N/A	E84589
Temperature (Field)	00010	C°	None	DEP SOP 92	29		N/A	E84589
Secchi Depth	N/A	inches	None	DEP SOP 92	6		N/A	E84589

Comments:

FIELD SAMPLING LOG FOR R. WASTE WATER

Page # ____

	SURFACE W.	AIER, WASI	E WAILK OZ	DKIINTING	WAILK		
PROJECT: M;	d Courty U	filibie Inc	156	SAMPLI	er: \$ /\$	lapson	AEL
ANGERICA SE SE TOTO SE SERVERO				\$\$			
	uk Lown all Streem	and the latest terms of th	Down Stream	W.	Stream	Stream	
THE REAL PROPERTY.							
DAFE	9105 8/31	611	DIZE	8/31	6/31	9/3/	
SAMPLE	5 ld.	A.d	11 SAL	Surfer	Mil	Bettur	
DEPTH	324	, Cleoth	Butter	No.	DEN	A CONTRACTOR	
TO MANY				Mag		1/0/	- ا
D.O. mg/E	57/0	3,05	7			4.94	9 (3
Conductivity 9(1				-3\$ <i>5</i>		356	SB
pH su	7.16 701	9.00	6.87	5419.	-1,8-	Z.	wh Sla
RCL						NA	PH 567
Field Conditions:	Clood)	at what time	4-O AA	_ Cloud cove			
Wind Direction:	NA Previo	ous Rainfall:	2 Wind	Speed (mph/i	cnots) /	<u>/A</u>	
Overall Field condi	tions: Guad	_ Type of sam	oling: circle on	e ((W)(WW)	(DW)		
Sample method: cir			•				
•		hepth is	Ca a N	a 0.06	١٨		
Field comments: _	74.0	neyru is	James	PEPF	<u> </u>		
							
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			 _				
<u> </u>							
							
	_			C-10	1/		
Sampler signature:			Date _	<u> </u>	(05		



Advanced Environmental Labs 9610 Princess Paim Ave. Tampa, FL 33619

Date/Time Royd:	8/31/5, 143	0 Log-	in request number	. TOS89	77	3					
	νT		Completed by	_		· · ·					
Cooler/Shipping		- :			. '						
		v Evnnage Forffy	TAFS TIASAPI	□ Other (describ	æ)r						
Type: 12 Cooler 🗆 Box											
Cooler temperature:	Identify the cooler at	nd document the ten	mperanture blank or ic	e waier measure	ment						
Copier ID	•			•	1						
Temp (°C)	n°C						*.,				
	□ Sampia Bottle	D Service Bottle	□ Sermic Bottle	D Samue Bottle		D Sample:	bottle				
Temp taken from	D Croix	D Coole D R gan	DR. sum	□ Comina □ IR pens		Crois DB: gan	·				
Temp-massured	🗆 Themoneum (com	□ Thermoneus (exter		D'Thermore (en	- 1		mezz (zmrz				
with	ID): .	ID):	ID):	1 mr							
Other information	n:										
Any discrepancies sha		the "Comments" sec	ciion beisw.	-							
· · · · · · · · · · · · · · · · · · ·		CHECKLIST		. 1	YES	NO	NA				
1. Were custody s	eals on shipping conta	inex(s) invect?	<u> </u>			İ					
	ance property include						Ī				
	apers properly filled o		hinois)?			1					
	nive in good condition				<u> </u>	1					
	papeje comóges (samó		iyais, przezvanives)?		_						
6. Did the sample	laich agree with the t	hain of costody?				ļ ·					
1	oties used for the tests		·			<u> </u>					
	unis inseranțui peț		e laicel?	1		<u> </u>					
	zaivad witim holiting		·								
	visis checked for the p		7	<u> </u>		<u> </u>					
11. War über mi	onioles present in fac	VOA vizis?				<u> </u>					
			COMEDNOICE DE	LUE ICE		 					
	Emperature less than			<u> </u>		!					
			(VOA checked by au	aīysīs)		!					
15. Wees-the sampl	tre-the sample committees provided by AEL?										
16. Were क्यान्यांट अ	क्रमण्डत होते वच्चा <u>क्रमण</u> ्ड	iiry?		<u> </u>		<u> </u>					
17. Was it resear	के क क्षेत्री क्ष्यक्षेत्र स्था	after battles?		:							
			-,								
Comments:											
			15								
		Y	. 1								

	Advanced											LAB NUMB	BER:		_	
	Environmental Laboratories, 1601 Southjourn Pleay + Jackso 1601 Southjourn Pleay + Jackso 1601 Princess Palm Ave + Tam 2106 NW 67th Place, Ste 7 + G 528 S. North Lake Blvd - Ste 15	inville: FL 32216 - 904 363.9350 p.a. EL 33619 + 813 630 9616 • F ainesville, FL 32608 • 352 367 1.	əx 813.630 43 500 • Fax 352	27 • E84589 367 0050 • E82620	507. F5307A							Page	TOS	877	1.	
IENT NAME	Utilities, Inc.	PROJECT NAME: Quaterly							Ēβ	Ę Ş	Fig.	투유	₹ £	F , 3		L
NRF S.S.	200 Weathersfield Ave.	P O NUMBER/PROJECT NUMBER							1000 ml Plastic	1000 ml Plastic	250 mL Plastic	250 mL Plastic	100 ML Plastic	1000mL GA	ł	
Altamo	nte Springs, FL 32714	PROJECT LOCATION:		Mid-Coun	ty Surface	water		AR					N N		S	1
DNE	800-272-1919	FAX						NE					1 3	g	e e	N
TOATV	David Winkler	SAMPLED BY		S.BEA	MAN			AQ			<u>π</u> ×		1 6	=	<u>e</u>	U
STANDARD RUSH	TURN ARCIUNI) TIME	Field Peramete	REMARKS/SPECIAL INSTRUCTIONS: Field Perameters: pH, salinity, Temp, Turb, DO, secchi depth						BOD	TSS	TKN, NH3 TP,NOX	OP	FOTO	Chlorophyll-a	Field parameters	M B E R
WW #Mask was	ter SW-surface water GW*groun						St.=eludge NO.			las	 _	100		1	<u> </u>	
SAMPLE 10	APLE ID SAMPLE DESCRIPTION			DATE	DATE TIME		COUNT	T Preserv	lce	lce	S	lce	T	lce	Charlet Array	1
2.441.00	Outfa		G	8/31/05	910	w	5	0.00	X	X	X	Х	Χ		X	- c(
7	Downstrean	···	G	13/103	925	w	0								X	02
5	Downstream-	mid-depth	G		327	w	6		X	X	X	X	X	Χ	X	23
0	Downstream	n-surface	G		930	w	0							,	X	-04
	Upstream-	bottom	G		1000	w	0								X	05
	Upstream-m	nid-depth	G		1005	w	6		X	X	Х	Х	X	Х	X	-00
	Upstream-	surface	G	1	1010	w	0								X	07
					1					1		· · · · · · · · · · · · · · · · · · ·				
Hide I	H-(HCI) S=(H2SO4 N=(HNO3 Method) T=(Sodium Thiosulfate)	Sample K	*	Cooler #				Re	lingulah by:	Oate	Time	Received by:	Date Date		ime
Out.	Via:	SAMPLED	R8 _	·	_D/T			-	2					10/54/	5 17	-30
Ket:	Via:		Trip Bi.		0/1			1]	4	·	 					
coived on loa	TI Yes TINO QU	CTI sont	F¶ re	ceived									·	revised	 _	

revised 6/01

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

25.30.440 (6) PERMITS

Test Year Ended December 31, 2007



Department of Environmental Protection

Jeb Bush Governor Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

Colleen M. Castille Secretary

In the Matter of an Application for Permit by:

Mid-County Services, Inc. Mr. Patrick Flynn Regional Director 200 Weathersfield Avenue Altamonte Springs, FL 32714 February 7, 2006

PA File No. FL0034789-008-DW1P Mid County WWTF Pinellas County

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FL0034789 to operate an existing 0.90 mgd Annual Average Daily Flow (AADF), Type 1, advanced wastewater treatment plant consisting of two separate treatment trains as follow: the flow is directed through one static screen, followed by a flow equalization basin of 200,000 gallons total volume and through a flow splitter box which separates the flow into a 0.30 mgd stream and 0.60 mgd stream. The 0.30 mgd treatment train consists of one aeration basin of 349,000 gallons total volume and one clarifier of 92,000 gallons and 1025 square feet of total surface area. The 0.60 mgd treatment train consists of one aeration basin of 600,000 gallons total volume and one clarifier of 98,000 gallons and 1086 square feet of total surface area. The flow from the two trains are combined into one effluent holding tank of 16,000 gallons total volume, to three denitrification filters of 1,100,000 gallons total volume and 367 square feet of total surface area, to one chlorination/dechlorination chamber of 37,000 gallons total volume, one aerobic digester of 41,000 gallons total volume and one sludge holding tank of 43,500 gallons total volume. This facility is operated to provide advanced wastewater treatment and high level disinfection., issued under Chapter 403, F.S., Chapters 62-4, 62-600, 62-601, 62-602, 62-610, 62-620, 62-640, and 62-699, F.A.C.

Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request enlargement of the time for filing a petition for an administrative hearing. The request must be filed (received by the clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3),

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Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Under Section 120.60(3), Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

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The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for enlargement of time within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

In addition to requesting an administrative hearing, any petitioner may elect to pursue mediation. The election may be accomplished by filing with the Department a mediation agreement with all parties to the proceeding (i.e., the applicant, the Department, and any person who has filed a timely and sufficient petition for a hearing). The agreement must contain all the information required by Rule 28-106.404, Florida Administrative Code. The agreement must be received by the clerk in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35. Tallahassee, Florida 32399-3000, within ten days after the deadline for filing a petition, as set forth above. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement.

As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for holding an administrative hearing and issuing a final order. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons seeking to protect their substantial interests that would be affected by such a modified final decision must file their petitions within fourteen days of receipt of this notice, or they shall be deemed to have waived their right to a proceeding under Sections 120.569 and 120.57. Florida Statutes. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57. Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

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This permit is final and effective on the date filed with the clerk of the Department unless a petition (or request for enlargement of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for enlargement of time) this permit will not be effective until further order of the Department.

Any party to this permit has the right to seek judicial review under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit is filed with the clerk of the Department.

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Jeffry S. Greenwell, P.E. Water Facilities Administrator

Southwest District

FILING AND ACKNOWLEDGMENT

FILED, on this date, under Section 120.52, Florida Statutes, with the designated deputy clerk, receipt of which is hereby acknowledged.

Clark

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on 446. 7, 2006 to the listed persons.

Name

Fek. 7, 2006

Copies Furnished To:

Michele Duggan, FDEP George McDonald, P.E.

Water Facilities Regulation - Tallahassee

Butle



Department of **Environmental Protection**

Jeb Bush Governor

Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

Colleen M. Castille Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

PERMIT NUMBER:

FL0034789

Mid-County Services, Inc.

PA FILE NUMBER: ISSUANCE DATE:

FL0034789-008-DW1P

EXPIRATION DATE:

February 7, 2006 February 6, 2011

RESPONSIBLE AUTHORITY:

Mr. Patrick Flynn Regional Director 200 Weathersfield Avenue Altamonte Springs, FL 32714

(407) 869-1919

FACILITY:

Mid County WWTF 2299 Spanish Vista Drive Dunedin, FL 34698-9438

Pinellas County

Latitude: 28° 02' 15" N Longitude: 82° 44' 33" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.) and constitutes authorization to discharge to waters of the state under the National Pollutant Discharge Elimination System. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

An existing 0.90 mgd Annual Average Daily Flow (AADF), Type I, advanced wastewater treatment plant consisting of two separate treatment trains as follow: the flow is directed through one static screen, followed by a flow equalization basin of 200,000 gallons total volume and through a flow splitter box which separates the flow into a 0.30 mgd stream and 0.60 mgd stream. The 0.30 mgd treatment train consists of one aeration basin of 349,000 gallons total volume and one clarifier of 92,000 gallons and 1025 square feet of total surface area. The 0.60 mgd treatment train consists of one aeration basin of 600,000 gallons total volume and one clarifier of 98,000 gallons and 1086 square feet of total surface area. The flow from the two trains are combined into one effluent holding tank of 16,000 gallons total volume, to three denitrification filters of 1,100,000 gallons total volume and 367 square feet of total surface area, to one chlorination/dechlorination chamber of 37,000 gallons total volume, one aerobic digester of 41,000 gallons total volume and one sludge holding tank of 43,500 gallons total volume. This facility is operated to provide advanced wastewater treatment and high level disinfection.

DISPOSAL:

Surface Water Discharge: An existing 0.9 MGD annual average daily flow (AADF) permitted discharge to Curlew Creek (Class III iresh water) and then to St. Joseph Sound (Outstanding Florida Water) at Discharge Location (D-001). The point of discharge is located approximately at latitude 28 ° 02' 20" N, longitude 82 ° 45' 20" W.

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IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 17 of this permit.

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 Effluent samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-01	After disinfection and before dechlorination.
EFB-01	After filtration and prior to disinfection.
EFD-01	After dechlorination and prior to discharge to Curlew Creek.
FLW-01	Flow meter prior to discharge to Curlew Creek.

- 3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
- 4. Over a 30-day period, at least 75 percent of the fecal coliform values shall be below the detection limits. No sample shall exceed 25 fecal coliforms per 100 mL. No sample shall exceed 5.0 mg/L of total suspended solids (TSS) at a point before the application of the disinfectant. Note: To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). [62-600.440(5)(f)]
- 5. A minimum of 1.0 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-600.440(5)(b) and (6)(b)]
- 6. Chronic Whole Effluent Toxicity Testing

The permittee shall comply with the following whole effluent toxicity testing requirements and initiate the series of tests described below within 60 days of permit issuance, unless otherwise directed by the Department in writing, to evaluate chronic whole effluent toxicity of the discharge from outfall D-001 to Curlew Creek.

a. Effluent Limitation

- 1. A No Observed Effect Concentration (NOEC) of greater than or equal to 100% effluent in any routine test or any additional test shall constitute compliance with these permit conditions and Rule 62-302.530(62), F.A.C.
- 2. A NOEC of less than 100% effluent in any routine test or additional test shall constitute non-compliance with these permit conditions and Rule 62-302.530(62), F.A.C. The permittee shall notify the Department via telephone or e-mail within 24 hours of notification that a routine or additional test failed.
- b. Monitoring Frequency

The "routine" toxicity tests specified shall be conducted once every three months.

c. Routine Test Requirements

- 1. The permittee shall conduct a daphnid, <u>Ceriodaphnia dubia</u>, Survival and Reproduction Test and a fathead minnow, <u>Pimephales promelas</u>, Larval Survival and Growth Test, concurrently.
- 2. All test species, procedures and quality assurance criteria used shall be in accordance with <u>Short-term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms</u>, 4^h ed., EPA-821-R-02-013, or the most current edition. Any deviation of the toxicity procedures outlined herein shall be submitted in writing to the Department for review and approval prior to use.
- 3. The control water and dilution water used shall be moderately hard water as described in EPA-821-R-02-013, Section 7, or the most current edition.
- 4. All routine tests shall be conducted using a control (0% effluent) and a minimum of five test concentrations: 100%, 50%, 25%, 12.5%, and 6.25% final effluent.

d. Sampling Requirements

1. For each routine test or additional test required, a total of three 24-hour, flow-proportioned composite samples of final effluent shall be collected and used per the sampling protocol discussed in EPA-821-R-02-013, Section 8, or the most current edition. The first sample shall be used to initiate the test. The remaining two composite samples shall be collected according to the protocol and used as renewal solutions on Day 3 (48 hours) and Day 5 (96 hours) of the test. If the duration of the discharge is less than 24-hours, the duration of discharge shall be documented on the chain of custody.

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e. Additional Testing Requirements, if required

- 1. If chronic toxicity (an NOEC of less than 100% effluent) is found in any routine test, the permittee shall conduct two valid additional definitive tests on each species indicating an NOEC of less than 100% effluent.
- 2. Each valid additional test shall be conducted using a control (0% effluent) and a minimum of five dilutions: 100%, 50%, 25%, 12.5% and 6.25% effluent. The dilution series may be modified in the second test to more accurately bracket the toxicity, such that at least two dilutions above (not to exceed 100% effluent) and two dilutions below the target concentration and a control (0% effluent) are run. All test results shall be statistically analyzed according to the Appendices in EPA-821-R-02-013, or the most current edition.
- 3. The first valid additional test shall be initiated within two weeks of the end of the failed routine test. The second valid additional test shall be conducted one week thereafter. The additional tests will be used to evaluate the persistence of the observed toxicity.
- f. Quality Assurance Requirements
- 1. A standard reference toxicant quality assurance chronic toxicity test (SRT-QA) shall be conducted with each species used in the toxicity tests, either concurrently or no more than 30 days before the date of each routine or additional test conducted. The SRT-QA data shall be submitted with each companion routine or additional test required.
- 2. A test, routine or additional, will be considered valid only if control mortality does not exceed 20% for either test species and all test acceptability criteria are met as described in 3 and 6.

The results of any invalid test shall be submitted to the Department in conjunction with the results of the repeat test.

- 3. Test acceptability criteria for each species are defined in EPA-821-R-02-013, Section 13.12 (C. dubia) and Section 11.12 (P. promelas) or the most current edition.
- 4. If the mortality in the control (0% effluent) exceeds 20% for either species in any test, the test for that species (including the control) shall be invalidated and the test repeated.
- 5. If, in any test, 100% mortality occurs in any test concentration prior to the end of the seven days, and control mortality is less than 20% at that time, that test (including the control) shall be terminated with the conclusion that the test constitutes non-compliance with these permit conditions.
- 6. Routine and additional tests shall be evaluated for acceptability based on the observed dose-response relationship and the percent minimum significant difference (PMSD) as required by EPA-821-R-02-013, Sections 10.2.6 and 10.2.8, respectively.
- g. Reporting Requirements
- 1. Results from all tests shall be reported and submitted on the Discharge Monitoring Report (DMR) in the following manner:
 - Routine Test Results: If the NOEC of a test species is less than 100% effluent, "≤100%" should be entered on the DMR for that species. If the NOEC of a test species is greater than or equal to 100% effluent, "≥100%" should be entered.
 - Additional Test Results: Report the % effluent determined to be the NOEC endpoint of the test.
- 2. A toxicity laboratory report for each routine test shall be prepared according to EPA-821-R-02-013, Section 10, Report Preparation and Test Review (or the most current edition) and mailed to the Department at the address in 7d. within 30 days of the completion of the test.
- 3. For additional tests, a single toxicity report shall be prepared according to EPA-821-R-02-013, Section 10, or the most current edition, and mailed within 45 days of completion of the second additional, valid test. If the routine test and any additional test fail to meet the criteria listed in "Effluent Limitations", the permittee shall submit a plan to the Department within 60 days of completion of the additional test report as to the cause of the chronic toxicity and a plan to remedy the observed chronic toxicity.
- 4. All toxicity reports shall be submitted to:

Department of Environmental Protection Domestic Wastewater Program Southwest District Office 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926

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7. Ambient Monitoring

The Permittee shall conduct an ambient monitoring program to evaluate the potential impacts of the discharge on the water quality of the receiving waters. The monitoring described below shall be conducted on a semi-annually basis for the life of the permit beginning no later then 90 days after permit issuance.

a. Sampling Locations:

- 1. Test site 1 shall be located 300 feet upstream of the outfall to Curlew Creek.
- Test site 2 shall be located 300 feet downstream of the outfall to Curlew Creek.
- Outfall D001 (effluent): At the outfall (effluent shall be collected just prior to mixing with the surface waters).
- b. Regime: Each monitoring event shall be conducted during a discharge event from the outfall.
- c. <u>Sampling Depths</u>: Top-depth, mid-depth and bottom depth samples shall be collected at all ambient monitoring sites.

d. Sampling Parameters:

- 1. Surface (at upstream and downstream sites): pH, dissolved oxygen, temperature, salinity and specific conductance shall be measured at 0.1 meter below the surface of the water.
- Mid-depth (at upstream and downstream sites): pH, dissolved oxygen, temperature, salinity, specific conductivity, total suspended solids, CBOD₅, total Kjeldahl nitrogen, nitrite-nitrate, total ammonia nitrogen, total phosphorous, ortho-phosphorus, chlorophyll a corrected, fecal coliform bacteria, total coliform bacteria and turbidity.
- 3. Outfall (effluent): pH, dissolved oxygen, temperature, specific conductivity, total suspended solids, CBOD₅, total Kjeldahl nitrogen, nitrite-nitrate, total ammonia nitrogen, total phosphorus, orthophosphorus, fecal coliform bacteria and total coliform bacteria.
- 4. Bottom (at upstream and downstream sites): pH, dissolved oxygen, temperature, salinity and specific conductivity shall be measured at 0.1 meter above the bottom.
- e. Secchi Depth: Shall be measured at all ambient sites.
- f. <u>Ambient Conditions</u>: The following ambient conditions shall be recorded at each location during sampling: air temperature, antecedent weather, rainfall, cloud cover and tidal flow. A local tide chart on the day of the sampling event shall be included in each report.
- g. <u>Chain of Custody</u>: Times and dates of sampling as well as the samplers' names should be noted on the Chain of Custody (COC).
- h. Report: A quarterly report shall be submitted to the FDEP's Southwest District (in printed formats) presenting the results and interpretations of the sampling events. The report shall also include all chain of custody forms, laboratory results as reported by the laboratory and the physiochemical raw data sheets. [62-302.300]

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B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8:

				Limita				7		
Parameter	Units Max/Min		Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow Total Plant	MGD	Maximum	0.9		-	-	5 Days/Week	Recording flow meters and totalizers	FLW-01	Sec Cond.I.B.4
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCEN T	Maximum	٠	Report	-		Monthly	Calculation	FLW-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Monthly	16-hour flow proportioned composite	INF-01	See Cond.LB.3
Solids. Total Suspended	MG/L	Maximum	_	Report	•	7	Monthly	16-hour flow proportioned composite	INF-01	Sec Cond.J.B.3
Rainfall	INCHES	Maximum	-	Report	-	-	Daily	Calculation	OTH-01	
Annual Sludge Production, Total	Gallons	Maximum	-	Report	-	-	Monthly	Calculation	OTH-02	See Cond.II.2

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2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
FLW-01	Flow meter prior to discharge to Curlew Creek
INF-01	Influent, prior to treatment or RAS.
OTH-01	Rain gauge.
OTH-02	Volume of residuals hauled off-site.

- 3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
- 4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
- 5. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
- 6. The sample collection, analytical test methods and method detection limits (MDLs) applicable to this permit shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "Florida Department of Environmental Protection Table as Required By Rule 62-4.246(4) Testing Methods for Discharges to Surface Water" is available at http://www.dep.state.fl.us/labs/guidance/index.htm. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
 - The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
 - b) The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide a MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
 - c) If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is in accordance with 40 CFR 136. [62-4.246, 62-160]

- 7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-60].500(5)]
- 8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month – last day of month	28th day of following month
Quarterly	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 – June 30 July 1 – December 31	July 28 January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department postmarked by the twenty-eighth (28th) of the month following the month of operation at the addresses specified below:

Originals to:

Florida Department of Environmental Protection Wastewater Compliance Evaluation Section, Mail Station 3551 Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Copies to:

Florida Department of Environmental Protection Domestic Wastewater Program Southwest District Office 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926

[62-620.610(18)][62-601.300(1),(2), and (3)]

9. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Florida Department of Environmental Protection Domestic Wastewater Program Southwest District Office 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926

Phone Number - 813-632-7600 FAX Number - 813-632-7662

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

II. RESIDUALS MANAGEMENT REQUIREMENTS

- 1. The method of residuals use or disposal by this facility is transport to a Residual Management Facility or disposal in a Class 1 or 11 solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the residuals.
- 2. The permittee shall report the volume of residuals transported. [62-640.650(3)]

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3. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]

- 4. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
- 5. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)] & 4]
- 6. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
- 7. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility

- 1. Date and Time Shipped
- 2. Amount of Residuals Shipped
- 3. Degree of Treatment (if applicable)
- 4. Name and ID Number of Residuals Management Facility or Treatment Facility
- 5. Signature of Responsible Party at Source Facility
- Signature of Hauler and Name of Hauling Firm

Residuals Management Facility or Treatment Facility

- 1. Date and Time Received
- 2. Amount of Residuals Received
- 3. Name and ID Number of Source Facility
- 4. Signature of Hauler
- 5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4)]

8. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Section IV is not applicable to this facility.

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category I, Class B facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 16 hours/day for 7 days/week. The lead operator must be a Class B operator, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

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2. The lead operator shall be employed at the plant full time. "Full time" shall mean at least 4 days per week, working a minimum of 35 hours per week, including leave time. A certified operator shall be on-site and in charge of each required shift and for periods of required staffing time when the lead operator is not on-site. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(10), (5), and (1)]

- 3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
- 4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
- 5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken:
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in

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Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]

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 Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. 162-620.320(9) and 62-302.500(2)(e)1

- 3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- 4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
- Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX.
 [62-604.550] [62-620.610(20)]
- 6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment;
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

- 7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-600.400(2)(b)]
- Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a
 Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and
 grit. [62-701.300(1)(a)]
- 9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
- 10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and

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b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

1X. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
- 3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
- 4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
- This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
- This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

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- b. Have access to and copy any records that shall be kept under the conditions of this permit;
- c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
- d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

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- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR). DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless
 otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

[62-620.610(18)]

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
- 20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - a. The following shall be included as information which must be reported within 24 hours under this condition:
 - Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discharge to surface or ground waters.
 - b. Oral reports as required by this subsection shall be provided as follows:
 - For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that
 are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment
 will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING
 POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time
 the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following
 information to the State Warning Point:

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- a) Name, address, and telephone number of person reporting:
- b) Name, address, and telephone number of permittee or responsible person for the discharge;
- c) Date and time of the discharge and status of discharge (ongoing or ceased);
- d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
- Estimated amount of the discharge;
- f) Location or address of the discharge;
- g) Source and cause of the discharge;
- h) Whether the discharge was contained on-site, and cleanup actions taken to date;
- i) Description of area affected by the discharge, including name of water body affected, if any; and
- j) Other persons or agencies contacted.
- 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]
- 22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
 - b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
 - c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
 - d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

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23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - 2. The permitted facility was at the time being properly operated;
 - 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF

ENVIRONMENTAL PROTECTION

effly 🕽 Greenwell, P.E.

Water Facilities Administrator

Southwest District

13051 N. Telecom Parkway

Temple Terrace, FL 33637-0926

DEPARTMENT OF ENVIRONMENTAL PROTECTION SCHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400 PERMITTEE NAME: Mid-County Services, Inc. PERMIT NUMBER FL0034789 MAILING ADDRESS: 200 Weathersfield Avenue Altamonte Springs, FL 32714 LIMIT: Final REPORT: Monthly CLASS SIZE: N/A GROUP: Domestic FACILITY: Mid County WWTF LOCATION: 2299 Spanish Vista Drive MONITORING GROUP NUMBER: D-001

Parameter		Quantity of	or Loading	Units	Qua	ality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (D-001)	Sample Measurement										
PARM Code 50050 Y	Permit	0.9		MGD				<u> </u>		Monthly	Calculation
Mon.Site No. FLW-01	Requirement	(An.Avg.)				[Cancamation
Flow (D-001)	Sample Measurement										
PARM Code 50050	Permit	Report		MGD						5 Days/Week	Flow Totalizer
Mon.Site No. FLW-01	Requirement	(Mo.Avg.)		1				i	1 1		1 and 1 daily.ci
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y	Permit				5.0			MG/L	1	Monthly	Calculation
Mon.Site No. EFD-01	Requirement			i	(An.Avg.)	!					Caretraction
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 1	Permit				6.25	7.5	10.0	MG/L		Weekly	16-hr FPC
Mon.Site No. EFD-01	Requirement				(Mo.Avg.)	(Weekly Avg.)	(Max.)			3	
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Y	Permit				5.0			MG/L		Monthly	Calculation
Mon.Site No. EFD-01	Requirement				(An.Avg.)						
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 1	Permit				6.25	7.5	10.0	MG/L		Weekly	16-hr FPC
Mon.Site No. EFD-01	Requirement		1	1	(Mo.Avg.)	(Weekly Avg.)	(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)

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

DISCHARGE MONITORING REF 'T - PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

PERMIT NUMBER: FL0034789

Parameter		Quantity or Loading	Units	Qua	ality or Concentra	tion	Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 1	Permit					5.0	MG/L	 	5 Days/Weck	Grab
Mon.Site No. EFB-01	Requirement		 		1	(Max.)	""		3 (2dys) WCCK	(nan
Nitrogen, Total	Sample		1			(1.1.1.1)	· · · · · · ·			
	Measurement						ŀ			}
PARM Code 00600 Y	Permit			3.0			MG/L		Monthly	Calculation
Mon.Site No. EFD-01	Requirement			(An.Avg.)				1 [,	
Nitrogen, Total	Sample									
!	Measurement						<u> </u>			
PARM Code 00600 1	Permit			3.75	4.5	6.0	MG/L		Weekly	16-hr. FPC
Mon.Site No. EFD-01	Requirement			(Mo.Avg.)	(Weekly Avg.)	(Max.)				
Phosphorus, Total (as P)	Sample									
	Measurement									
PARM Code 00665 Y	Permit			1.0]		MG/L		Monthly	Calculation
Mon.Site No. EFD-01	Requirement			(An.Avg.)						
Phosphorus, Total (as P)	Sample		- -				l	i l		-
ł	Measurement									
PARM Code 00665	Permit			1.25	1.5	2.0	MG/L		Weekly	16-hr. FPC
Mon.Site No. EFD-01	Requirement			(Mo.Avg.)	(Weekly Avg.)	(Max.)		 		
pH	Sample	-			1			1 1		
	Measurement						+	 		
PARM Code 00400	Permit		1 1	6.0	8.5		SU		5 Days/Week	Meter
Mon.Site No. EFD-01	Requirement			(Min.)	(Max.)		 			
Coliform, Fecal, % less than	Sample				-					
detection PARM Code 51005 1	Measurement			75			PER-	 	3.4 41-1-	
	Permit	ļ	\ \	(Min.)	\ \ \		CENT	{ {	Monthly	Calculation
Mon.Site No. EFD-01	Requirement			(141111.)				 		
Coliform, Fecal	Measurement						-	· 1		
PARM Code 74055	Permit			25	 		#/100ML	 	7 Days/Week	Grab
Mon.Site No. EFD-01	Requirement			(Max.)			,] [/ 174 ys/ WCCK	Grain
Total Residual Chlorine (For	Sample			(141444.)	 	 				· · · · · · · · · · · · · · · · · · ·
Disinfection)	Measurement				i		1			
PARM Code 50060 A	Permit		<u> </u>	1.0			MG/L		5 Days/Week	Meter
Mon.Site No. EFA-01	Requirement			(Min.)					t isayar a con	MICIEI
Total Residual Chlorine (For	Sample				 		1	 		
Dechlorination)	Measurement				j l		i]		
PARM Code 50060 1	Permit	1	<u> </u>	0.01			MG/L		5 Days/Week	Grab
Mon,Site No. EFD-01	Requirement	ŀ		(Max.)	<u> </u>				•	
Oxygen, Dissolved (DO)	Sample		1							
	Measurement	1				_				
PARM Code 00300 1	Permit			5.0			MG/L		5 Days/Week	Grab
Mon.Site No. EFD-01	Requirement			(Min.)	1		1		-	

DISCHARGE MONITORING REPURT - PART A DRAFT (Continued)

FACILITY:

Mid County WWTF

PERMIT NUMBER: FL0034789

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chloroform	Sample Measurement										
PARM Code 32106 Y	Permit			 	Report			UG/L	 	Monthly	Calculation
Mon.Site No. EFD-01	Requirement				(An,Avg.)					wichting	Calculation
Chloroform	Sample Measurement										
PARM Code 32106 1	Permit				Report			UG/L		Weekly	Grab
Mon.Site No. EFD-01	Requirement				(Mo.Avg.)					•	
Flow (Total Plant)	Sample Measurement									-	
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.9 (An.Avg.)		MGD						Monthly	Cafculation
Flow (Total Plant)	Sample Measurement										
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (3-Mo,Avg.)	Report (Ma.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 ! Mon.Site No. FLW-01	Permit Requirement				Report			PER- CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	16-hr. FPC
Solids, Total Suspended	Sample Measurement				-						
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	16-hr. FPC
Rainfall	Sample Measurement										
PARM Code 46529 P Mon.Site No. OTH-02	Permit Requirement				Report (Mo.Total.)			INCHES		Daily	Calculation
Annual Sludge Production, Total	Sample Measurement										
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)		Gallons						Monthly	Calculation

DEPARTMENT OF ENVIRONMENTAL PROTECTION CHARGE MONITORING REPORT - PART A DRAFT

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	Mid-County Services, Inc.	PERMIT NUMBER	FL0034789		
MAILING ADDRESS	: 200 Weathersfield Avenue				
	Altamonte Springs, FL 32714	LIMIT;	Final	REPORT:	Toxicity
		CLASS SIZE:	N/A	GROUP:	Domestic
FACILITY:	Mid County WWTF				
LOCATION:	2299 Spanish Vista Drive	MONITORING GROUP NUMBER:	: D-001		
	Duncdin, FL	MONITORING GROUP DESC:	Existing surface water discharge		
COUNTY:	Pinellas	NO DISCHARGE FROM SITE:			
		MONITORING PERIOD From:	То		

Parameter		Quantity or Loading		Quality o	Units	No. Ex.	Frequency of Analysis	Sample Type	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement								
PARM Code TBP3B P Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement								
PARM Code TBP3B Q Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement								
PARM Code TBP3B R Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement								
PARM Code TBP6C P Mon.Site No. EFD-01	Permit Requirement			100 (Min.)		PER- CENT		Every Other Month	
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement								
PARM Code TBP6C Q Mon.Site No. EFD-01	Permit Requirement			100 (.aiM)		PER- CENT		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement								
PARM Code TBP6C R Mon.Site No. EFD-01	Permit Requirement			100 . (Min.)		PER- CENT		As needed	As required by the permit

^{*}IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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)

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

^{**}ENTER NODI=C IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.

DAILY SAMPLE RESULTS - PART B

Monitor	ring Period	From:		То:			Facility: N	4id-County WW	TF	
	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	TSS (MG/L)	Nitrogen. Total (MG/L)	Phosphorus (MG/L)	pH (St')	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	TRC (For Dechlor.) (MG/L)
Code	50050	80082	00530	00530	00600	00665	00400	74055	50060	50060
Mon. Site	FLW-01	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01
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Night Shift (Operator	Class:	c	ertificate No:		Nan	ne:			
ead Operat	or	Class:		ertificate No:		Nan	ne:			

DAILY SAMPLE RESULTS - PART B

Monitor	ing Period	From:		To:			Facility:	Mid County WW	VTF	
	Oxygen. Dissolved (DO) (MG/L)	Chloroform (UG/L)	CBOD5 (MG/L)	TSS (MG/L)	Annual Sludge Production, Total (GPD)	Rainfall (INCHES)				
Code	00300	32106	80082	00530	49019	46529	†			-
Mon. Site	EFD-01	EFD-01	INF-01	INF-01	OTH-01	OTH-02				
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PLANT STA Day Shift O		Class:		Certificate No:		Na:	me:			=
Evening Shi	ft Operator	Class:		Certificate No:		Nai	me:			
Night Shift (Operator	Class.		Certificate No:		Na	me:			
Lead Operator		Class:		Certificate No:		Na	me:			

INSTRUCTIONS FOR COMPLETING THE WAS? ATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE		DESCRIPTION/INSTRUCTIONS				
	ANC	Analysis not conducted.				
	DRY	Dry Welt				
	FLD	Flood disaster				
	UFS	Insufficient flow for sampling.				
	LS	Lost sample.				
	MNR	Monitoring not required this period.				

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

- 1. Results greater than or equal to the PQL shall be reported as the measured quantity.
- 2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
- 3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART R. DAP V IPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160. F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
Α	Value reported is the mean (average) of two or more determinations.
I	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as pecessary

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed

Date Sample Ohtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that,

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used; Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation; Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD: Enter the average CBODs of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

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Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

25.30.440 (7) NOTICES

Test Year Ended December 31, 2007



Florida Department of Environmental Protection

Southwest District 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Patrick Flynn, Regional Director Mid-County Services, Inc. 200 Weathersfield Avenue Altamonte Springs, FL 32714

Re:

Proposed Settlement of Mid-County Services, Inc.

OGC File No. 07-1130 Mid-County WWTF Facility ID No. FL0034789

Pinellas County

Dear Mr. Flynn:

The purpose of this letter is to complete the resolution of the matter previously identified by the Department in the Warning Letter No. WL06-0022DW52SWD, dated November 9, 2006, a copy of which is attached. The corrective actions required to bring the facility into compliance have been performed. The Department finds that Mid-County Services, Inc. was in violation of the rules and statutes cited in the Warning Letter. In order to resolve the matters identified in the Warning Letter, Mid-County Services, Inc. is assessed civil penalties in the amount of \$33,000.00, along with \$500.00 to reimburse the Department costs, for a total of \$33,500.00.

The civil penalty of \$33,000.00 is apportioned as follows: \$18,900.00 for violation of Section 403.086, Florida Statutes in accordance with Section 403.121(2)(g), Florida Statutes; \$4,900.00 for violation of Section 403.121(3)(b) and Rule 62-600.440(5)(f), Florida Administrative Code; and \$9,200.00 for violation of Rule 62-302.500(1), Florida Administrative Code, in accordance with Section 403.121(2)(g), Florida Statutes.

The Department acknowledges that the payment of these civil penalties by Mid-County Services, Inc. does not constitute an admission of liability. This payment must be made payable to the Department of Environmental Protection by cashier's check or money order and shall include the OGC File Number assigned above and the notation "Ecosystem Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, 13051 North Telecom Parkway, Temple Terrace, Florida, 33637-0926, within 30 days of your signing this letter.

Your signing this letter constitutes Mid-County Services, Inc.'s acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated above. The Department will then countersign the letter and file it with the Clerk of the Department. When the signed letter is filed with the Clerk, the letter shall constitute final agency action of the Department, which shall be enforceable pursuant to Sections 120.69 and 403.121, Florida Statutes.

Proposed Settlement of Mid-County Services, Inc. OGC File No. 07-1130 Mid-County WWTF Page 2 of 3

If you do not sign and return this letter to the Department at the District address by July 31, 2007, the Department will assume that Mid-County Services, Inc. is not interested in settling this matter on the above described terms, and will proceed accordingly. None of Mid-County Services, Inc.'s rights or substantial interests are determined by this letter unless you sign it and it is filed with the Department Clerk.

Sincerely yours,

Deborah A Getzoff

	District Director Southwest District	
DAG/mdd		
Attachment		
FOR THE RESPONDENT:		
I, Mr. Patrick Flynn, hereby accept the ter	ms of the settlement offer idea	ntified above.
Date	Patrick Flynn, Regional Mid-County Services, In	
DONE AND ENTERED this	day of	, 2007.
	STATE OF FLORIDA I OF ENVIRONMENTAI	
	Deborah A. Getzoff District Director Southwest District	
Filed, on this date, pursuant to Section 12 receipt of which is hereby acknowledged.	20.52, Florida Statutes, with t	he designated Department Clerk
Date	Clerk	

Proposed Settlement of Mid-County Services, Inc. OGC File No. 07-1130 Mid-County WWTF Page 3 of 3

NOTICE OF RIGHTS

Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located; (b) A statement of how and when each petitioner received notice of the Consent Order; (c) A statement of how each petitioner's substantial interests are affected by the Consent Order; (d) A statement of the material facts disputed by petitioner, if any; (e) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order; (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order; (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available in this proceeding.

BEFORE THE STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT)	IN THE OFFICE OF THE
OF ENVIRONMENTAL PROTECTION,)	SOUTHWEST DISTRICT
Complainant,)))	OGC File No. 07-0183
vs.)	
)	
LABRADOR UTILITIES, INC.,	j	
Respondent.)	
)	
)	

CONSENT ORDER

This Consent Order is entered into between the State of Florida Department of Environmental Protection ("Department") and Labrador Utilities, Inc. ("Respondent") to reach settlement of certain matters at issue between the Department and Respondent.

The Department finds the following:

- 1. The Department is the administrative agency of the State of Florida having the power and duty to protect Florida's air and water resources and to administer and enforce the provisions of Chapter 403, Florida Statutes ("F.S."), and the rules promulgated thereunder, Title 62, Florida Administrative Code ("F.A.C."). The Department has jurisdiction over the matters addressed in this Consent Order.
- 2. Respondent is a corporation registered to conduct business in Florida. James L. Camaren is Chairman and Chief Executive Officer of Respondent. Respondent is a person within the meaning of Section 403.031(5), F.S.
- 3. Respondent operates the Forest Lake Estates Mobile Home Park Wastewater Treatment Facility, a 0.216 million gallons per day Type II extended aeration domestic wastewater treatment plant discharging chlorinated effluent to a disposal system consisting of 34.7-acre restricted access sprayfield located ¼ mile north of the State Road 54/Lumberton intersection ("Facility"). Forest Lake Estates CO-OP, Incorporated owns the property upon

which the Facility is located at 41311 Paquette Way, Zephyrhills, Pasco County, Florida, Parcel ID Number 05262200200CA050000 ("Property").

- Respondent operates the Facility under Department Permit Number FLA012801, which expires on February 23, 2010 ("Permit").
- 5. Respondent was notified of alleged violations of Chapter 403, F.S., and Chapters 62-600.740, 62-600.410(6) and 62-600.410(8), F.A.C., in Department Warning Letter No. WL06-0025DW51SWD, dated August 17, 2006:
 - a) On June 10, 2006, the certified operator reported an overflow condition at the Facility. The maintenance crew had just finished a modification to the aeration basin, and lost part of a plug that caused sludge to discharge onto the ground. On June 12, 2006, Department personnel observed that the aeration basin line between tanks A-1 and A-2 had plugged. The plugged line allowed raw sewage to discharge onto the ground at the Facility and discharge off site. The certified operator failed to properly clean-up the effected areas. In addition, the operator reported overflow conditions on November 4, 2004, February 21, 2005 and March 29, 2006. Rule 62-600.740(2)(a), Florida Administrative Code, provides that the release or disposal of excreta, sewage, or other wastewater or domestic wastewater residuals without providing proper treatment approved by the Department is prohibited. Rule 62-600.410(6), Florida Administrative Code, provides that all facilities and equipment necessary for the treatment, reuse and disposal of domestic wastewater and domestic wastewater residuals shall be maintained, at a minimum, so as to function as intended.
 - b) The certified operator reported that the Facility's four-inch PVC effluent discharge pipe to the off-site spray field had broken six times between October 22, 2004 through March 30, 2005. Rule 62-600.410(6), Florida Administrative Code, provides that all facilities and equipment necessary for the treatment, reuse and disposal of domestic wastewater and domestic wastewater residuals shall be maintained, at a minimum, so as to function as intended.
 - c) On June 12, 2006, Department personnel detected a foul odor that permeated beyond the boundaries of the plant site. On July 3, 2006, Department personnel received 37 signed and notarized affidavits of odor nuisances. Rule 62-600.410(8), Florida Administrative

Code, provides that in the event that the treatment facility's odor adversely affects neighboring developed areas, then corrective action shall be taken by the permittee.

- 6. A field inspection and facility file review on January 17, 2007 revealed the following:
 - a) Respondent failed to maintain equipment, specifically the number two blower, dumpster sump pump, air control valves, number one clarifier skimmer, high-level alarm light, flow meter and spray field heads.
 - b) Respondent failed to maintain adequate spare parts and backup equipment, specifically for the blower that was taken out of service in November 2006 and the flow meter that was taken out of service on January 5, 2007. On January 17, 2007, both pieces of equipment were still out of service.
 - c) Respondent failed to follow the Effluent Spray Field Standard Operating Procedure ("SOP") submitted to the Department on February 11, 2005. Specifically, the SOP requires that the operator performs a daily site inspection and note any unusual items observed in the Facility logbook.
 - d) Respondent failed to adequately address the odors permeating beyond the boundaries of the Facility, as cited during the January 17, 2007 field inspection.
 - e) Respondent failed to maintain Facility records. Specifically, the laboratory certification, chain of custody forms, Discharge Monitoring Reports (DMRs) and updated Operation and Maintenance Manual were not available on site.
 - f) Respondent failed to routinely compare flows being treated at the Facility with permitted capacities. Specifically, the March 2006 Discharge Monitoring Report revealed the three-month average daily flow of 0.23 mgd exceeded the permitted capacity of 0.216 mgd.
 - g) Respondent failed to operate and maintain a transmission system, so as to provide uninterrupted service. Specifically, the transmission line from the Facility to the remote restricted access spray field was inoperable six times between October 22, 2004 and March 30, 2005.
 - Respondent failed to conduct required monitoring for Carbonaceous Biological Oxygen Demand, Total Suspended Solids and Fecal Coliform, during February 2006.

- 7. In addition to the releases cited in Warning Letter No. WL-06-0025DW51SWD, Respondent reported releasing untreated sludge on the ground over Class II ground water on June 10, 2006 and January 19, 2007, and effluent on the ground over Class II ground water on December 13, 2006.
- 8. The Department's findings in Paragraphs 5, 6 and 7 of this Consent Order constitute violations of Rules 62-620.610(7), 62-620.350, 62-600.410(6), 62-600.410(8), 62-620.610(7), 62-600.720(1)(a), 62-600.405, 62-604.500(2), 62-600.740(2)(a), 62-610.320(5)(b), 62-610.523(8), 62-620.610(18) and 62-620.610(7), F.A.C., and Section 403.161(1)(b), F.S. Along with the monetary settlement reached to address the violations, corrective action under this Consent Order is required to remedy the violations as noted in Paragraphs 5, 6, and 7 of this Consent Order. Having reached a resolution of all pending issues concerning the Facility, the Department and Respondent mutually agree and it is

ORDERED:

- 9. Effective immediately, Respondent shall comply with the operating and record keeping criteria of Chapters 62-600, 62-602, 62-610, 62-620, 62-640 and 62-699, F.A.C.
- 10. Within 90 days of the effective date of this Consent Order, Respondent shall submit to the Department a plan to replace the existing transmission line from the plant to the remote spray field. Respondent shall not be required to submit to the Department a permit application, DEP Forms 62-620.910(1) and 62-910(2), F.A.C., ("Application") as long as the replaced transmission line is of the same size and material as the transmission line currently in use. If the Respondent determines that an alternative material or sized line will be used, then a submittal of appropriate information, Application and fee will be required.
- 11. Within 180 days of Department approval of the plan to replace the transmission line, Respondent shall construct, certify complete, and place into service the new transmission line. If Respondent is unable or unwilling to replace the existing transmission line, the Department reserves the right to seek other relief to require Respondent to comply with its Rules and the Permit issued to Respondent.
- 12. Effective immediately, Respondent shall ensure that site records are maintained and made available for inspection.
- 13. Within 30 days of the effective date of this Consent Order, Respondent shall provide a list of in-stock inventory, for Department approval. Within 180 days of the

Department's approval of the in-stock inventory, Respondent shall obtain and maintain an instock inventory of sufficient critical spare parts and back-up meters to achieve compliance with the conditions of the permit, operation and maintenance manual, and standard operating procedures for the Facility. Within 30 days of establishing the required inventory, Respondent shall notify the Department.

- 14. Within 180 days of the effective date of this Consent Order, Respondent shall evaluate the collection system for inflow and infiltration deficiencies. Within 30 days of the completion of the report, Respondent shall submit a report to the Department with any inflow or infiltration problems identified. The report shall be signed by Respondent and shall be signed and sealed by a professional engineer registered in Florida. Within 365 days of the effective date of this Consent Order, Respondent shall complete any identified repairs to the collection system.
- 15. Every calendar quarter after the effective date of this Consent Order, Respondent shall submit in writing to the Department a report containing information concerning the status and progress of projects being completed under this Consent Order, information as to compliance or noncompliance with the applicable requirements of this Consent Order including construction requirements and effluent limitations, and any reasons for noncompliance. Such reports shall also include a projection of the work to be performed pursuant to this Consent Order during the following 3-month period. The reports shall be submitted to the Department within 30 days following the end of the quarter, pursuant to paragraph 26.
- 16. During the period that Respondent undertakes the activities required under this Consent Order, the Facility shall be operated so that the 34.7 acre restricted access sprayfield is properly operated, pursuant to specific condition No. IV, of the Permit.
- 17. Effective immediately, Respondent shall ensure that unpermitted discharges are significantly reduced. Respondent shall report to the Department all unpermitted wastewater and effluent discharges from the Facility, and the collection system, and the transmission system, as soon as possible, but within 24 hours from the Respondent becomes aware, as required by Rule 62-604.550, F.A.C. and Rule 62-620.610(20), F.A.C.
- 18. Effective immediately, Respondent shall ensure that sampling and monitoring data shall be collected, analyzed and reported at the frequency specified in the Permit.
- 19. In any event, the Facility shall be in compliance within 365 days of the effective date of the Consent Order or by May 31, 2008, whichever comes first.

- 20. Within 30 days of the effective date of this Consent Order, Respondent shall pay to the Department \$119,500.00 in settlement of the matters addressed in this Consent Order, excluding any penalties incurred under Paragraph 22 of this Consent Order. This amount includes \$1,500.00 for costs and expenses incurred by the Department during the investigation of this matter and the preparation and tracking of this Consent Order and \$118,000.00 in civil penalties. The civil penalties are apportioned as follows: \$59,000.00 for violations of Rule 62-600.740(2)(a), F.A.C., in accordance with Section 403.121(3)(b), F.S.; \$32,000.00 for violation of Rule 62-600.410(6), F.A.C., in accordance with Section 403.121(4)(b), F.S.; \$4,000.00 for violation 403.121(4)(b), F.S., in accordance with of Section 403.121(4)(b), F.S., \$2,000.00 for violations of Section 402.121(4)(d), in accordance with Section 403.121(4)(d), F.S.; \$6,000.00 for violation of Rule 62-610.320(5)(b), F.A.C., in accordance with Section 403.121(4)(b), F.S.; and \$4,000.00 for violation of Section 403.121(4)(b), F.S., in accordance with Section 403.121(4)(b), F.S. All payments shall be made by cashier's check or money order. The instrument shall be made payable to the "Department of Environmental Protection" and shall include thereon the OGC File No. 07-0183 assigned to this Consent Order and the notation "Ecosystem Management and Restoration Trust Fund". The payment shall be sent to the Department of Environmental Protection, Domestic Wastewater Section, 13051 North Telecom Parkway, Temple Terrace, Florida, 33637-0926.
- 21. In the event of a sale or conveyance of the Facility or of the Property upon which the Facility is located, if all of the requirements of this Consent Order have not been fully satisfied, Respondent shall, at least 30 days prior to the sale or conveyance of the Property or Facility, (1) notify the Department of such sale or conveyance, (2) provide the name and address of the purchaser or operator or person(s) in control of the Facility, and (3) provide a copy of this Consent Order with all attachments to the new owner. The sale or conveyance of the Facility or the Property upon which the Facility is located shall not relieve the Respondent of the obligations imposed in this Consent Order.
- 22. Respondent agree to pay the Department stipulated penalties in the amount of \$100.00 per day for each and every day Respondent fail to timely comply with any of the requirements of Paragraphs 9 through 19 of this Consent Order. A separate stipulated penalty shall be assessed for each violation of this Consent Order. Within 30 days of written demand from the Department, Respondent shall make payment of the appropriate stipulated penalties to

"The Department of Environmental Protection" by cashier's check or money order and shall include thereon the OGC File No. 07-0183 assigned to this Consent Order and the notation "Ecosystem Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, Southwest District Office, 13051 North Telecom Parkway, Temple Terrace, Florida, 33637-0926. The Department may make demands for payment at any time after violations occur. Nothing in this Paragraph shall prevent the Department from filing suit to specifically enforce any terms of this Consent Order. Any penalties assessed under this Paragraph shall be in addition to the settlement sum agreed to in Paragraph 20 of this Consent Order. If the Department is required to file a lawsuit to recover stipulated penalties under this Paragraph, the Department will not be foreclosed from seeking civil penalties for violations of this Consent Order in an amount greater than the stipulated penalties due under this Paragraph.

If any event, including administrative or judicial challenges by third parties 23. unrelated to the Respondent, occurs which causes delay or the reasonable likelihood of delay in complying with the requirements of this Consent Order, Respondent shall have the burden of proving the delay was or will be caused by circumstances beyond the reasonable control of the Respondent and could not have been or cannot be overcome by Respondent's due diligence. Economic circumstances shall not be considered circumstances beyond the control of Respondent, nor shall the failure of a contractor, subcontractor, material man or other agent (collectively referred to as "contractor") to whom responsibility for performance is delegated to meet contractually imposed deadlines be a cause beyond the control of Respondent, unless the cause of the contractor's late performance was also beyond the contractor's control. Upon occurrence of an event causing delay or upon becoming aware of a potential for delay, Respondent shall notify the Department orally within 24 hours or by the next working day and shall, within seven calendar days of oral notification to the Department, notify the Department in writing of the anticipated length and cause of the delay, the measures taken or to be taken to prevent or minimize the delay, and the timetable by which Respondent intend to implement these measures. If the parties can agree that the delay or anticipated delay has been or will be caused by circumstances beyond the reasonable control of Respondent, the time for performance hereunder shall be extended for a period equal to the agreed delay resulting from such circumstances. Such agreement shall adopt all reasonable measures necessary to avoid or minimize delay. Failure of Respondent to comply with the notice requirements of this Paragraph

in a timely manner shall constitute a waiver of Respondent's rights to request an extension of time for compliance with the requirements of this Consent Order.

- 24. Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order, have a right, pursuant to Sections 120.569 and 120.57, F.S., to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS# 35, Tallahassee, Florida 32399-3000 within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the Southwest District Office, 13051 North Telecom Parkway, Temple Terrace, Florida, 33637-0926. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, F.S.
 - A. The petition shall contain the following information:
 - The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located:
 - 2. A statement of how and when each petitioner received notice of the Consent Order;
 - 3. A statement of how each petitioner's substantial interests are affected by the Consent Order;
 - 4. A statement of the material facts disputed by petitioner, if any;
 - 5. A statement of facts which petitioner contends warrant reversal or modification of the Consent Order;
 - A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order;
 - 7. A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.
- B. If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the

above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, F.A.C.

- C. A person whose substantial interests are affected by the Consent Order may file a timely petition for an administrative hearing under Sections 120.569 and 120.57, F.S., or may choose to pursue mediation as an alternative remedy under Section 120.573, F.S., before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth below.
- D. Mediation may only take place if the Department and all the parties to the proceeding agree that mediation is appropriate. A person may pursue mediation by reaching a mediation agreement with all parties to the proceeding (which include the Respondent, the Department, and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Consent Order. The agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, MS #35, Tallahassee, Florida 32399-3000, within 10 days after the deadline as set forth above for the filing of a petition.
 - E. The agreement to mediate must include the following:
 - 1. The names, addresses, and telephone numbers of any persons who may attend the mediation;
 - 2. The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;
 - 3. The agreed allocation of the costs and fees associated with the mediation;
 - 4. The agreement of the parties on the confidentiality of discussions and documents introduced during mediation;
 - 5. The date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;
 - 6. The name of each party's representative who shall have authority to settle or recommend settlement; and

- 7. Either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this notice of intent or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference.
 - 8. The signatures of all parties or their authorized representatives.
- F. As provided in Section 120.573, F.S., the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, F.S., for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within 21 days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, F.S., remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.
- 25. Respondent shall allow all authorized representatives of the Department access to the Property and Facility at reasonable times for determining compliance with the terms of this Consent Order and the rules and statutes of the Department.
- 26. All submittals and payments required by this Consent Order to be submitted to the Department shall be sent to the Florida Department of Environmental Protection, Southwest District Office, 13051 North Telecom Parkway, Temple Terrace, Florida, 33637-0926.
- 27. This Consent Order is a settlement of the Department's civil and administrative authority arising under Florida law to resolve the matters addressed herein. This Consent Order is not a settlement of any criminal liabilities, which may arise under Florida law, nor is it a settlement of any violation, which may be prosecuted criminally or civilly under federal law.
- 28. The Department hereby expressly reserves the right to initiate appropriate legal action to prevent or prohibit any violations of applicable statutes, or the rules promulgated thereunder that are not specifically addressed by the terms of this Consent Order.

- 29. The terms and conditions set forth in this Consent Order may be enforced in a court of competent jurisdiction pursuant to Sections 120.69 and 403.121, F.S. Failure to comply with the terms of this Consent Order shall constitute a violation of Section 403.161(1)(b), F.S.
- 30. Respondent is fully aware that a violation of the terms of this Consent Order may subject Respondent to judicial imposition of damages, civil penalties up to \$10,000.00 per day per violation, and criminal penalties.
- 31. Entry of this Consent Order does not relieve Respondent of the need to comply with applicable federal, state or local laws, regulations or ordinances.
- 32. No modifications of the terms of this Consent Order shall be effective until reduced to writing and executed by Respondent and the Department.
- 33. Respondent acknowledge and waive the right to an administrative hearing pursuant to Sections 120.569 and 120.57, F.S., on the terms of this Consent Order. Respondent acknowledge the right to appeal the terms of this Consent Order pursuant to Section 120.68, F.S., and waive that right upon signing this Consent Order.
- 34. This Consent Order is a final order of the Department pursuant to Section 120.52(7), F.S., and it is final and effective on the date filed with the Clerk of the Department unless a Petition for Administrative Hearing is filed in accordance with Chapter 120, F.S. Upon the timely filing of a petition, this Consent Order will not be effective until further order of the Department.

	FOR THE RESPONDENT:			
DATE	Patrick Flynn, Regional Director Labrador Utilities, Inc.			
DONE AND ORDERED this County, Florida.	day of, 2007 in Hillsborough			

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

	Deborah A. Getzoff
	District Director
	Southwest District
Filed, on this date, pursuant to Clerk, receipt of which is herel	Section 120.52, Florida Statutes, with the designated Department by acknowledged.
Date	Clerk
Date Copies furnished to:	Clerk

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

25.30.440 (8) FIELD EMPLOYEES

Test Year Ended December 31, 2007

EMPLOYEES INVOLVED IN MID-COUNTY SERVICES, INC. OPERATIONS TEST YEAR 2007 (January thru December)

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Mike Wilson, Regional Manager: Manages operations and employees for all West Coast, North and South Florida operations. Mike Wilson oversees the day-to-day operations within the West Coast, North and South Florida areas.

Tony Wierzbicki, Project Manager: Manages all capital projects, inspects and monitors any developer activities or line extensions within the system.

Lee Neal, Area Manager: Supervises the day-to-day operations of the facilities on the West Coast and North Florida.

Current Plant Operation's Employees

Steve Szczepkowski, Lead Operator: Steve holds *Class B wastewater treatment plant operator* license and is responsible for overseeing the day-to-day operations of the Mid-County wastewater treatment plant.

Mathew Gunther, Operator: Matt holds a Class A wastewater treatment plant operator license and operates the Mid-County wastewater treatment plant during the evening shift.

Robert Buono, Operator: Robert holds Class C drinking water treatment plant operator and Class C wastewater treatment plant operator licenses and is assigned to the Mid-County wastewater treatment plant.

David Worrell, Operator: David holds Class C drinking water treatment plant operator water and Class B wastewater treatment plant operator licenses and is assigned to the Mid-County wastewater treatment plant.

Jeff Finehirsh, Operator: Jeff holds a Class C wastewater treatment plant operator license and assists in the day-to-day operations of the Mid-County wastewater treatment plant as needed.

Facilities

The minimum staffing requirement at the wastewater plant is 6 hours per day, 7 days per week, by a minimum Class C wastewater operator.

Duties and Responsibilities

a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.

- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of water or wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for each plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace equipment or distribution and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the distribution, collection and disposal systems; installation of water meters.
- Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

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State of Florida

Department of Environmental Protection

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04/26/2007

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LICENSE NO.: 0007874

THE CLASS B WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 04/30/2009

STEPHEN A SZCZEPKOWSKI

CHARLIE CRIST

MICHAEL W. SOLE

GOVERNOR

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SECRETARY 04/28/2008 10:42

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State of Florida

Department of Environmental Protection

ISSUED:

04/05/2007

LICENSE NO: 0002772

THE CLASS A WASTE WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 04/30/2009

MATHEW J GUNTHER

CHARLIE CRIST

DISPLAY IS REQUIRED BY LAW GOVERNOR

MICHAEL W. SOLE

SECRETARY Company of the Compan



State of Florida

Department of Environmental Protection OPERATOR CERTIFICATION PROGRAM 2600 BLAIR STONE ROAD, M.S. 3506 TALLAHASSEE, FLORIDA 32399-2400 (850)245-7500

ROBERT A. BUONO

2587 ELDERBERRY DRIVE CLEARWATER, FL 33761

State of Florida

Department of Environmental Protection

DATE ISSUED:

CLASS C DRINKING WATER TREATMENT PLANT OPERATOR

ROBERT A. BUONO

IS LICENSED UNDER PROVISIONS OF CHAPTER BUJ_FLORIDA STATUTES

VALID UNTIL:

State of Florida

Department of Environmental Protection

ISSUED:

5/25/2006

LICENSE NO.: 0014426

THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2009

ROBERT A. BUONO

JEB BUSH

COLLEEN M. CASTILLE

GOVERNOR

DISPLAY IS REQUIRED BY LAW

SECRETARY

L NEAL MID COUNT PAGE 05

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State of Florida

Department of Environmental Protection OPERATOR CERTIFICATION PROGRAM 2600 BLAIR STONE ROAD, M.S. 3506 TALLAHASSER FLORIDA 32399-2400 (850)245-7500

lathallahaldamilahalahilibaladalahatiladi ROBERT A. BUONO 2587 ELDERBERRY DR **CLEAR WATER, FL 33761-2207**

State of Florida Department of Enbiconmental Protection

LICENSE NO: 0013840 DATE: ISSUED: 02/19/2007 CLASS C WASTEWATER TREATMENT PLANT OPERATOR ROBERT A. BUQNO IS LICENSED LATURA PROVESIONS OF LIBACISTS AND MARKON STATISTICS VALID UNTIL: 04/30/2/109

State of Florida

Bepartment of Endiconmental Protection

ISSUED:

02/19/2007

LICENSE NO.: 0013840

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER AUS FEORIDA STATUTES.

VALID UNTIL: 04/30/2009

ROBERT A BUONO

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MICHAEL W. SOLE

State of Florida

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Department of Environmental Protection

ISSUED:

10/23/2006

LICENSE NO.: 0012019

THE CLASS B WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2009

DAVID RAYMOND WORRELL

JEB BUSH

COLLEEN M. CASTILLE

GOVERNOR

DISPLAY IS REQUIRED BY LAW

SECRETARY

State of Florida

Department of Environmental Protection

ISSUED:

2/19/2007

LICENSE NO.: 0012456

THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNITL: 4/30/2009

DAVID RAYMOND WORRELL

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GOVERNOR

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MICHAEL W. SOLE

SECRETARY

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State of Florida

Department of Environmental Protection **OPERATOR CERTIFICATION PROGRAM** 2600 BLAIR STONE ROAD, M.S. 3506 TALLAHASSEE. FLORIDA 32399-2400 (850)245-7500

Intertablished and the distribution of the Intertable of the Inter JEFFREY S. FINEHIRSH 3221 TOPP DR HOLIDAY, FL 34691-1757

> State of Floriba Department of Environmental Protection

LICENSE NO: 0014129 DATE ISSUED: 05/02/2007 CLASS C WASTEWATER TREATMENT PLANT OPERATOR

JEFFREY S. FINEHIRSH

IS LICENSED UNION PROVISIONS OF CIMPTER AS, PLANION STATUTION

VALID UNTIL: 04/30/2009

State of Florida

Bepartment of Environmental Protection

ISSUED:

05/02/2007

LICENSE NO.: 0014129

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 04/30/2009

JEFFREY S. FINEHIRSH

CHARLE CRIST

MICHAEL W. SOLE

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

25.30.440 (9) · VEHICLES

Test Year Ended December 31, 2007

Vehicle Schedule

Company: Mid-County Services, Inc.

Docket No.: 080250-SU

Test Year Ended: December 31, 2007

Vehicle #	Year	Model	Serial Number	Driver		Original Cost	Allocation Method
0461	2004	Chevy Silverado	LGCEC14X24Z336714	Buono, Robert	Operator	16,588.04	ERCs
0637	2006	Chevy C-15	1GCEC14V96E197609	Finehirsh, Jeffrey	Operator	17,626.22	ERCs
0828	2008	Chevy Colorado	1GCCS14EX88162797	Gunther, Mathew	Operator	16,940.48	ERCs
0705	2007	Chevy C-15	3GCEC14V47G159795	Szczepkowski, Stephen	Lead Operator	15,445.88	ERCs
0436	2004	Chevy C-15	1GCEC14X24Z201474	Worrell, David	Operator	16,250.55	ERCs
0803	2008	Chevy Colorado	1GCCS19E888113719	Chard, Ronald	Field Supervisor/Cross Connection Control	17,962.31	ERCs
0512	2005	Chevy Tahoe	1GNEC1358R199267	Flynn, Patrick C	Regional Director	37,478.51	ERCs
0728	2007	Chevy Trailblazer	1GNDS13S672194103	Wilson, Michael	Regional Manager	28,711.49	ERCs
0729	2007	Chevy Trailblazer	1GNDS13S572108957	Haws, Scotty L	Regional Compliance & Saftey Manager	29,355.64	ERCs
0825	2008	Chevy Silverado	2GCEC19C281204055	Neal, William Lee	Area Manager	22,388.38	ERCs
0701	2007	Chevy Tahoe	1GNFK13007J125498	Yount, Darrin	Operations Director	39,156.49	ERCs
0651	2006	Chevy Tahoe	1GNEK13Z06R130226	Durham, Richard J	Regional Vice President	41,395.09	ERCs
0688	2006	Toyota Highlander	JTEEW21A060032524	Schiopu, Mircea	Mailroom Clerk	35,567.16	ERCs

Mid-County Services, Inc.

Docket No.: 080250-SU

Pinellas County

25.30.440 (10) CUSTOMER COMPLAINTS

Test Year Ended December 31, 2007

MID COUNTY SERVICES, INC. - 2007 SERVICE ORDERS

Subdivision: 00645 Route: 51 Service Order #:180287

Account # : 006450503281 Customer Name: Daniel Reihehart call with

resolutions @ 1-727-492-7774

Address : 1916 HIGHVIEW DR Phone #: ()

Entry Date : 06/06/07 Serv Order Type: 36 Operator:

Comments : Customer called due to backup into home in bathroom commodes and

shower.

PAGED TO STEVE Z

Resolution Date: 06/06/07

Resolution : Sewage was flowing normal through the main pipe. Tagged house

to call a plumber.

SAS/EC

Subdivision: 00645 Route:33 Service Order #: 201242
Account #: 006451305051 Customer Name: OAKCREEK OFFICE
Address: 2430 ESTANCIA BLV B Phone #: (813) 918-2288
Entry Date: 08/02/07 Serv Order Type: 36 Operator:

Comments : Clogged sewer again had 8/1/07 also is occurring again.

PAGED TO STEVE SZ; 10:30AM MYNYER PH IN PH# 813-918-2288

Resolution Date: 08/02/07

Resolution : Due to heavy rain, sewer lines are full. Same as yesterday,

same address.

SAS/EC

 Subdivision : 00645 Route: M Service Order #: 204941

 Account # : 006450010031 Customer Name: REVEZZO, JOHN

 Address : 3187 BELCHER RD Phone #: (727) 785-5713

 Entry Date : 08/13/07 Serv Order Type: 38 Operator:

Comments : 8/11/07 Approximately 2:12 am, customer called answering service

to report lift station going off.

'Please provide resolution' sent to field 8/14/07

Resolution Date: 08/11/07

Resolution : This was not a lift station problem and was reported as noise

coming from the plant. A bearing was going out of a filter

compressor and started making a lot of noise.

SAS/EC

Subdivision: 00645 Route: 52 Service Order #: 212777
Account #: 006450552261 Customer Name: OCCUPANT, CURRENT

Address : 2009 MOSS CT Phone #: (727) 771-9307

Entry Date : 09/04/07 Serv Order Type: 36 Operator:

Comments: 9/1/07 approximately 3:27 pm, customer called answering service

to report clogged sewer.

'PLEASE PROVIDE RESOLUTION'

MID COUNTY SERVICES, INC. - 2007 SERVICE ORDERS

Due Date : 09/06/07 Cust/Comp Resp: COMP

Resolution Date: 09/06/07

Resolution : Lift station and sewer main had normal flows. Occupant will

call plumber.

SAS/EC

 Subdivision : 00645 Route: 645
 Service Order #: 217024

 Account # : 006451490900 Customer Name: MACARONI GRILL

 Address : 28795 N US 19
 Phone #: ()

Entry Date : 09/14/07 Serv Order Type: 34 Operator:

Comments : Pinellas County Utilities (Kelly) reported a force main break at

this location. Tried calling Matt G., Ralph Johns; no answer.

Called Steve SZ and was off, paged Rob B and no answer.

FAXED SERVICE ORDER

Due Date : 09/14/07 Cust/Comp Resp: COMP

Resolution Date: 09/14/07

Resolution : 9/14/07 There was no force main break. It was a manhole that

over flowed due to LS #4. Mac Grill. Both pumps tripped out. Called KBH to check on the pump to clean up around man hole

and called DEP.

JF/EC

Subdivision: 00645 Route: 52 Service Order #: 217614
Account #: 006451032811 Customer Name: OCCUPANT, CURRENT
Address: 2990 FAIRFIELD CT Phone #: (727) 725-8014

Entry Date : 09/17/07 Serv Order Type: 36 Operator: MCS

Comments : Information from the Area Manager indicated that the ongoing

problem from service orders issued on this account turned out to

be the company's problem.

Due Date : 08/16/07 Cust/Comp Resp: COMP

Resolution Date: 08/16/07

Resolution : Lee Neal indicated that the findings by the Drain Doctors,

Inc. found that the problem was the company's problem. The details about the findings can be obtained from the Area Manager and the field. A copy of the Work Order from the plumber is provided to the Office Manager and Mike Wilson.

SAS/EC

9/17/07 The customer called about the bill and that no one told her how it would be handled. I referred the customer to Mike Wilson's voice mail for a response to her questions.

BC

(Subdivision: 00645 Route: 52 Service Order#: 226228 Account # : 006450504821 Customer Name: OCCUPANT, CURRENT

Address : 2289 CURLEW AVE Phone #: ()

Entry Date : 10/09/07 Serv Order Type: 37 Operator:

Comments : Woman at 2247 called to report that neighborhood is complaining

of the sewer odor coming from manholes. Her name is Betty

Brannon @ 727-796-4963.

DISPATCHED CALL TO STEVE SZ

MID COUNTY SERVICES, INC. - 2007 SERVICE ORDERS

Resolution Date: 10/09/07

Resolution : We installed a rain cap in her manhole.

SAS/EC

Subdivision: 00645 Route: 33 Service Order #: 229347

Account # : 006451428681 Customer Name: OCCUPANT, CURRENT Address : 2528 PINE COVE LN Phone #: () - Entry Date : 10/17/07 Serv Order Type: 36 Operator:

Comments : Back-up in sewer per Pinellas County phoned in for this customer

at their office.

PAGED TO ROB B;

Phoned Kelly @ 727-464-5801-W/PINNELAS County. Customer is Margarite, phone number is 727-725-8287

Resolution Date: 10/17/07

Resolution $\hspace{0.1in}:\hspace{0.1in}$ There was no sewer backup at this address. But there was a

sinkhole in front of 2530 Pine Cove Lane by the sidewalk. Opened the manhole in front of this address and found sand in the line and had them add a clean out by the right-of-way.

RB/EC

Subdivision : 00645 Route: 645 Service Order #: 243684
Account # : 006451495950 Customer Name: OCCUPANT, CURRENT
Address : 3007 COVEWOOD PL Phone #: () -

Entry Date : 11/27/07 Serv Order Type: 36 Operator:

Comments : 11/21/07 Approximately 4:08 pm customer called answering service

to report sewer backup at residence.

'PLEASE PROVIDE RESOLUTION'

Due Date : 11/30/07 Cust/Comp Resp: COMP

Resolution Date: 11/30/07

Resolution : 11/30/07 Rob is checking out resident's sewer lateral.

SS/TEMP

11/30/07 The area of concern is private property owned by Association. We take

ownership in a manhole after the residences' discharge.

SS/TEMP

Subdivision: 00645 Route: 52 Service Order #: 137025 Account #: 006450445891 Customer Name: OCCUPANT, CURRENT

Address : 3036 PARK LN Phone #: ()

Entry Date : 01/31/07 Serv Order Type: 36 Operator:

Comments : Customer says he has sewer backing up. PAGED STEVE SZ. JAMES CRUMLEY 727-797-9037 called it in.

Due Date : 01/31/07 Cust/Comp Resp: COMP

Resolution Date: 01/31/07

Resolution : Sewer backup was on customer's side.

RB/EC

536) UBRSORESP1 Report Page 1

Utilities Inc. Billing System

Service Order Detail Report

Subdivision: 00645

Route

Service Order # : 180287

Account # : 006450503281 Customer Name : OCCUPANT

, CURRENT

Address

: 1916

HIGHVIEW

Phone #

Entry Date : 06/06/07

Serv Ord Type : 36

: 51

Operator

Comments

: CUSTOMER CALLED DUE TO BACKUP INTO HOME.

IN BATHROOM COMMODES AND SHOWER.

CUSTOMER NAME: DANIEL REIHEHART CALL WITH RESOLUTIONS @ 1-727-492-7774

PAGED TO STEVE Z

Due Date

: 06/06/07

Cust/Comp Resp: COMP

Resolution Dte : 06/06/07

Resolution : SEWAGE WAS FLOWING NORMAL THROUGH THE MAIN PIPE. TAGGED HOUSE TO CALL

A PLUMBER.

SAS/EC

Subdivision: 00645

Route : 33

Service Order # : 201242

Account # : 006451305051 Customer Name : OAKCREEK OFFICE ,

: 2430

ESTANCIA

BLV B

Entry Date : 08/02/07

Phone # : (813) 918-2288

: () -

Address

Serv Ord Type : 36

Operator

: CLOGGED SEWER AGAIN HAD 8/1/07 ALSO IS OCCURRING AGAIN

PAGED TO STEVE SZ; 10:30AM

MYNYER PH IN PH # 813-918-2288

Due Date

: 08/02/07

Cust/Comp Resp: COMP

Resolution Dte : 08/02/07

Resolution : DUE TO HEAVY RAIN SEWER LINES ARE FULL. SAME AS YESTERDAY, SAME

ADDRESS.

SAS/EC

(536) UBRSORESP1 Report

Utilities Inc. Billing System

Page 2

Service Order Detail Report

Subdivision: 00645 Route : M Service Order # : 204941

Account # : 006450010031 Customer Name : REVEZZO , JOHN

Address : 3187 BELCHER ПЯ Phone # : (727) 785-5713

Entry Date : 08/13/07 Serv Ord Type : 38 Operator

Comments : 8/11/07 APPROX 2:12 AM CUSTOMER CALLED ANS SERVICE TO REPORT

LIFT STATION GOING OFF. *PLEASE PROVIDE RESOLUTION *SENT TO FIELD 8/14/07

Due Date : 08/11/07 Cust/Comp Resp: COMP

Resolution Dte : 08/11/07

Resolution : THIS WAS NOT L/S PROBLEM AND WAS REPORTED AS NOISE COMING FROM THE

PLANT. A BEARING WAS GOING OUT OF A FILTER COMPRESSOR AND STARTED

MAKING A LOT OF NOISE.

SAS/EC

Subdivision: 00645 Route Service Order # : 212777

Account # : 006450552261 Customer Name : OCCUPANT . CURRENT

Phone # : 2009 MOSS Address CT: (727) 771-9307

Entry Date : 09/04/07 Serv Ord Type : 36 Operator

Comments : 9/1/07 APPROX 3:27 PM CUSTOMER CALLED ANS SERVICE TO REPORT CLOGGED

SEWER * PLEASE PROVIDE RESOLUTION

Due Date : 09/06/07 Cust/Comp Resp: COMP

Resolution Dte : 09/06/07

Resolution : L/S AND SEWER MAIN HAD NORMAL FLOWS. OCCUPANT WILL CALL PLUMBER

SAS/EC

(536) UBRSORESP1 Report Page 3

Utilities Inc, Billing System

Service Order Detail Report

Subdivision: 00645 Route: 645 Service Order #: 217024

Account # : 006451490900 Customer Name : MACARONI GRILL ,

Address : 28795 N US 19 Phone # : () -

Entry Date : 09/14/07 Serv Ord Type : 34 Operator :

Comments : PINELLAS CTY UTILITIES (KELLY) REPORTED A FORCE MAIN BREAK AT THIS

LOCATION. TRIED CALLING; MATT G.; RALPH JOHNS; NO ANSWER. CALLED STEVE

SZ. AND WAS OFF, PAGED ROB B AND NO ANSWER. FAXED SERVICE ORDER

Due Date : 09/14/07 Cust/Comp Resp: COMP

Resolution Dte : 09/14/07

Resolution : 9/14/07 THERE WAS NO FORCE MAIN BREAK. IT WAS A MANHOLE THAT OVER FLOWED

DUE TO LS# 4. MAC GRILL. BOTH PUMP TRIPPED OUT. CALLED KBH TO CHECK ON

THE PUMP TO CLEAN UP AROUND MANHOLD AND CALLED DEP.

JF/EC

Subdivision: 00645 Route: 52 Service Order #: 217614

Account # : 006451032811 Customer Name : OCCUPANT , CURRENT

Entry Date : 09/17/07 Serv Ord Type : 36 Operator : MCS Comments : INFORMATION FROM THE AREA MANAGER INDICATED THAT THE ONGOING PROBLEM

FROM SERVICE ORDERS ISSUED ON THIS ACCOUNT TURNED OUT TO BE THE

COMPANY'S PROBLEM.

Due Date : 08/16/07 Cust/Comp Resp: COMP

Resolution Dte : 08/16/07

Resolution : LEE NEAL INDICATED THAT THE FINDINGS BY THE DRAIN DOCTORS INC

FOUND THAT THE PROBLEM WAS THE COMPANY'S PROBLEM. THE DETAILS ABOUT THE FINDINGS CAN BE OBTAINED FROM THE AREA MANAGER AND THE FIELD. A COPY OF THE WORK ORDER FROM THE PLUMBER IS PROVIDED TO THE OFFICE

MANAGER AND TO MIKE WILSON.

SAS/EC

9/17/07 THE CUSTOMER CALLED ABOUT THE BILL AND THAT NO ONE TOLD HER HOW IT WOULD BE HANDLED. I REFERRED THE CUSTOMER TO MIKE WILSON'S

VOICE MAIL FOR A RESPONSE TO HER QUESTIONS.

EC

(536) UBRSORESP1 Report

Utilities Inc, Billing System

Page 4

Service Order Detail Report

Subdivision: 00645 Route : 52 Service Order # : 226228

Account # : 006450504821 Customer Name : OCCUPANT , CURRENT

Address : 2289 CURLEW AVE Phone # : () Entry Date : 10/09/07 Serv Ord Type : 37 Operator

Comments

: WOMAN AT 2247 CALLED TO REPORT THAT NEIGHBORHOOD IS COMPLAINING OF THE SEWER ODOR COMING FROM MANHOLES.

HER NAME IS BETTY BRANNON @ 7277964963

DISPATCHED CALL TO STEVE SZ

Due Date : 10/09/07 Cust/Comp Resp: COMP

Resolution Dte : 10/09/07

Resolution : WE INSTALLED A RAIN CAP IN HER MAN HOLE.

SAS/EC

Subdivision: 00645 Route : 33 Service Order # : 229347

Account # : 006451428681 Customer Name : OCCUPANT , CURRENT

Address : 2528 PINE COVE

LN Phone # Entry Date : 10/17/07 Serv Ord Type : 36 Operator

: BACK UP IN SEWER PER PINNELAS CTY PHONED IN FOR THIS CUSTOMER AT THERE Comments

OFFICE

PAGED TO ROB B;

PH KELLY 727-464-5801-W/PINNELAS CTY CUSTOMER IS; MARGERIT PH

727-725-8287

Due Date : 10/17/07 Cust/Comp Resp: COMP

Resolution Dte : 10/17/07

Resolution : THERE WAS NO SEWER BACKUP AT THIS ADDRESS. BUT THERE WAS A SINKHOLE

IN FRONT OF 2530 PINE COVE LN BY THE SIDE WALK. OPENED THE MANHOLE IN FRONT OF THIS ADDRESS AND FOUND SAND IN THE LINE AND HAD THEM ADD

A CLEAN OUT BY THE RIGHT OF WAY.

RB/EC

(536) UBRSORESP1 Report

Utilities Inc, Billing System

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Service Order Detail Report

Subdivision: 00645 Service Order # : 243684 Route : 645

Account # : 006451495950 Customer Name : OCCUPANT , CURRENT

Address : 3007 COVEWOOD Phone # : () -

Entry Date : 11/27/07 Serv Ord Type : 36 Operator

Comments : 11/21/07 APPROX 4:08 PM CUST CALLED ANS SERVICE TO REPORT SEWER

BACKUP AT RESIDENCE. * PLEASE PROVIDE RESOLUTION

Due Date : 11/30/07 Cust/Comp Resp: COMP

Resolution Dte : 11/30/07

Resolution : 11/30/07 ROB IS CHECKING OUT RESIDENTS SEWER LATTERAL.

11/30/07 THE AREA OF CONCERN IS PRIVATE PROPERTY OWN BY ASSOCIATION. WE

TAKE OWNERSHIP IN A MAN HOLE AFTER THE RESIDENCES DISCHARGE.

SS/TEMP

Subdivision: 00645 Route Service Order # : 137025 : 52

Account # : 006450445891 Customer Name : OCCUPANT . CURRENT

Address : 3036 PARK Phone # : ()

Entry Date : 01/31/07 Serv Ord Type : 36 Operator

Comments : CUSTOMER SAYS HE HAS SEWER BACKING UP, PAGED STEVE SZ. JAMES CRUMLEY

727-797-9037 CALLED IT IN.

Due Date : 01/31/07 Cust/Comp Resp: COMP

Resolution Dte : 01/31/07

Resolution : SEWER BACK UP WAS ON CUSTOMER'S SIDE.

RB/EC