MIKE SMALLRIDGE UTILITY CONSULTANT & MANAGEMENT SERVICES

15827 CEDAR ELM TERRACE LAND O LAKES, FLORIDA 34638 352-302-7406

OPAPR 30 AMII: 17
COMMISSION

April 29, 2009

Ann Cole Commission Clerk Florida Public Service Commission 2540 Shumard Oak Blvd Tallahassee, FL. 32399

RE: Docket # 080668-SU- Application for staff assisted rate case in Highlands County by Fairmount Utilities, The 2^{nd} , Inc.

Dear Ms. Cole:

In response to your letter of April 9, 2009 question #2.

All of the pro forma addition items listed (A-H) have been installed since the last rate case.

On behalf of my client,



Mike Smallridge

THE PARTY	Chinateles value and with
ECR)	Nacional Control
GCL	
OPC	TO COMPANY NAME AND ADDRESS OF THE PARTY NAME AND ADDRESS OF THE P
RCF	2
SSC	· Carponina apraya aya - J
SGA	As providing the production of the
ADM	dinormaliana (a 1)
CLK	

04034 APR 30 8

FPSC-COMMISSION CLERK

When Completed mail this report to: Department of Environmental Protection

PERMITTEE "

Rodger Miller

PERMIT NUMBER:

FLA014387

NAME:

MAILING 3625 Valerie Blvd

LIMIT:

REPORT:

Monthly

ADDRESS:

Sebring, Florida 33870

Sebring, Florida

Highlands

CLASS SIZE: Facility ID:

minor

Final

Domestic GROUP:

FACILITY: LOCATION:

COUNTY:

Fairmount Mobile Estates US 27 North

DISCHARGE POINT NUMBER:

FLA014384

NO DISCHARGE FROM SITE:

MONITORING PERIOD

III/C PLANT SIZE/TREATMENT TYPE: []

Type of Effluent Disposal

Perk Pond From: 10/1/08

To: 10/31/08

Parameter		Quantity or Loading		Quantity or Loa		Quality or Concentration					No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units					
Flow,	Sample Measurement	.022	.024	ıngd					0				
PARM Code 50050 1 Monthly Average Daily	Permit .040 Requirement	Report Monthly Avc.	Permitted Capacity	mgd									
CBOD5, Influent	Sample Measurement					108.0	108.0	mg/L	0	Monthly	Grab		
PARM Code 80082 G influent Gross Value	Permit Requirement				-	Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab		
rss, Influent	Sample Measurement		***************************************			116.0	116.0	mg/L	0	Monthly	Grab		
PARM Code 00530 G	Permit Requirement		, <u>.</u>			Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab		
CBOD5, Effluent	Sample Measurement					2.7	2.7	mg/L	0	Monthly	Grab		
PARM Code 80082 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab		
rss, Effluent	Sample Measurement		****			1.4	1.4	mg/L	0	Monthly	Grab		
PARM Code 00530 1 Effluent Gross Value	Permit Requirement				· · · · · · · · · · · · · · · · · · ·	Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab		
Coliform, Fecal	Sample Measurement					1.0U	1.0U	#/100 ml	0	Monthly	Grab		
PARM Code 031616 1 Effluent Gross Value	Permit Requirement				Report Weekly Average	Report Monthly Average	Report Daily Maximum	#/100 ml		Monthly	Grab		

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 of the 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 certify under the certification of the certi submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT PHO	ONE NO: DATE: YY/MM/DD
Charlie Wall / Operator	(863-465-	3) -6911

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

DOCUMENT NUMBER-DATE

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Rodger Miller

PERMIT NUMBER:

FLA014387

NAME; MAILING

3625 Valerie Blvd

Sebring, Florida

Highlands

LIMIT:

Final

REPORT:

Monthly

ADDRESS:

Sebring, Florida 33870

CLASS SIZE: Facility ID: minor FLA014384 GROUP:

Domestic

FACILITY: LOCATION:

COUNTY:

Fairmount Mobile Estates US 27 North

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

E: III/C

[]

Type of Effluent Disposel

Perk Pond

MONITORING PERIOD

DISCHARGE POINT NUMBER:

From: 11/1/08

To: 11/30/08

Parameter	and the state of t	Quantity or Loading		Quality or Concentration					No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow,	Sample Measurement	.023	.028	mgđ					0		
PARM Code 50050 1 Monthly Average Daily	Pennit .040 Requirement	Report Monthly Ave.	Permitted Capacity	mgd							
CBOD5, Influent	Sample Measurement					495.0	495.0	mg/L	0	Monthly	Grab
PARM Code 80082 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Orab
TSS, Influent	Sample Measurement					290.0	290,0	mg/L	0	Monthly	Grab
PARM Code 00530 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent	Sample Measurement					4.3	4,3	mg/L	0	Monthly	Grab
PARM Code 80082 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement					2.4	2.4	mg/L	0	Monthly	Grab
PARM Code 00530 1 Effluent Gross Value	Permit Requirement		, , , , , , , , , , , , , , , , , , ,			Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		the transfer of the second		/h	1.0U	1.0U	#/100 ml	0	Monthly	Grab
PARM Code 031616 1 Effluent Gross Value	Permit Requirement		~~************************************		Report Weekly Average	Report Monthly Average	Report Daily Maximum	#/100 ml		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted berein; 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 am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator	C. Wall	(863) 465-6911	12/20/08

FACILITY NAME: Fairmount Mobile Estates Month/Year: OCTQBER 2008 COUNTY: Highlands PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Sample Type
Grab
Став
nation, I believe the

E: YY/MM/DD

Parameter		Quantity	or Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	Sample Measurement				6.8		7.4	S.U.	0		
PARM Code 00400 1 Minimum	Permit Requirement				6.0 Minimum		8.5 Daily Max	S,U.			
Chlorine, Total Residual	Sample Measurement				.7		<u> </u>	mg/L	0		
PARM Code 050060 1 Effluent Gross Value	Permit Requirement				Minimum	******		mg/L			
Nitrate (as N) (If required in the pennit)	Sample Measurement		:				.08	mg/L	0	Monthly	Grab
PARM Code 00620 1 Effluent Gross Value	Permit 12 mg/L Requirement						12.0	mg/L		Monthly	Grab
Nitrogen, Total (as N) (If required in the permit)	Sample Measurement		-					mg/L	0		
PARM Code 000600 1 Effluent Gross Value	Permit Requirement						Report Daily Max.	mg/L			
Turbidity (If required in the pennit)	Sample Measurement								0		
	Permit Requirement						Report Daily Max.	N.T.U.			

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, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF IRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator	(1, 1)020	(863) 465-6911	11/20/08

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

*1.

* Rodger Miller

PERMIT NUMBER:

FLA014387

NAME:

3625 Valerie Blvd

LIMIT:

Final

Monthly

MAILING ADDRESS:

Sebring, Florida 33870

CLASS SIZE: Facility ID:

minor FLA014384 Domestic

FACILITY: LOCATION:

Fairmount Mobile Estates US 27 North

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

III/C

REPORT:

GROUP:

Sebring, Florida

NO DISCHARGE FROM SITE: Type of Effluent Disposal

[] Perk Pond

COUNTY:

Highlands

MONITORING PERIOD

From: 12/1/08

To: 12/31/08

Parameter		Quantity of	r Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
,		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow,	Sample Measurement	.025	.030	mgd	,				0		
PARM Code 50050 1 Monthly Average Daily	Permit .040 Requirement	Report Monthly Avc.	Permitted Capacity	mgd							
CBODS, Influent	Sample Measurement					142.0	142.0	mg/L	0	Monthly	Grab
PARM Code 80082 G influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
SS, Influent	Sample Measurement					187.0	187.0	mg/L	0	Monthly	Grab
PARM Code 00530 G nfluent Gross Value	Permit Requirement		20000000			Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Etfluent	Sample Measurement		-			4.1	4.1	mg/L	0	Monthly	Grab
PARM Code 80082 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
SS, Effluent	Sample Measurement					8.4	8.4	mg/L	0	Monthly	Grab
ARM Code 00530 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0 U	1.0U	#/100 ml	0	Monthly	Grab
ARM Code 031616 1 Effluent Gross Value	Permit Requirement				Report Weekly Average	Report Monthly Average	Report Daily Maximum	#/100 ml		Monthly	Grab

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 oblieve the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator	(V) (1) Q(1)	(863) 465-6911	1/20/09

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Rodger Miller

PERMIT NUMBER:

FLA014387

NAME: MAILING

NG

3625 Valerie Blvd

LIMIT:

Final

REPORT:

Monthly

ADDRESS:

Sebring, Florida 33870

CLASS SIZE: Facility ID: minor FLA014384 GROUP:

Domestic

FACILITY: LOCATION:

COUNTY:

Fairmount Mobile Estates US 27 North

Sebring, Florida

DISCHARGE POINT NUMBER:

MONITORING PERIOD

PLANT SIZE/TREATMENT TYPE: III/C NO DISCHARGE FROM SITE: []

Type of Effluent Disposel Perk Pond

Highlands

From: 1/1/09

To: 1/31/09

Parameter		Quantity of	or Loading		Qua	lity or Concentra	ity or Concentration			Frequency of Analysis	Sample Type
		Average	Maximun	Units	Minimum	Average	Maximum	Units			
Flow,	Sample Measurement	.029	.032	mgd					0		
PARM Code 50050 1 Monthly Average Daily	Permit .040 Requirement	Report Monthly Ave.	Permitted Capacity	ıngd							
CBOD5, Influent	Sample Measurement					435.0	435.0	mg/L	0	Monthly	Grab
PARM Code 80082 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent	Sample Measurement		,			524.0	524.0	mg/L	0	Monthly	Grab
PARM Code 00530 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent	Sample Measurement					3.2	3.2	mg/L	0	Monthly	Grab
PARM Code 80082 1 Effluent Gross Value	Permit Requirement				,	Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement					3.8	3.8	mg/L	0	Monthly	Grab
PARM Code 00530 1 Effluent Gross Value	Permit Requirement		***************************************	*		Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0u	1.0u	#/100 ml	0	Monthly	Grab
PARM Code 031616 1 Effluent Gross Value	Permit Requirement				Report Weckly Average	Report Monthly Average	Report Daily Maximum	#/100 ml		Monthly	Grab

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, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator	(Wall	(863) 465-6911	2/20/09

FACILITY NAME: Fairmount Mobile Estates Month/Year: JANUARY 2009 COUNTY: Highlands PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Parameter		Quantity or Loading			Qua	lity or Concentr	ation		No. Ex.	Frequency of Analysis	
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	Sample				6.8		7.4	S.U.	0		Γ

Parameter		Quantity	or Loading		Qual	ity or Concentr		No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimom	Average	Maximum	Units			
pH	Sample Measurement				6.8		7.4	S.U.	0		
PARM Code 00400 1 Minimum	Permit Requirement				6.0 Minimum		8.5 Daily Max	S.U.			
Clilorine, Total Residual	Sample Measurement				.7			mg/L	0		
PARM Code 050060 1 Effluent Gross Value	Permit Requirement				Minimum			mg/L			
Nitrate (as N) (If required in the permit)	Sample Measurement					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.85	mg/L	0	Monthly	Grab
PARM Code 00620 I Effluent Gross Value	Permit 12 mg/L Requirement					-	12.0	mg/L		Monthly	Grab
Nitrogen, Total (as N) (If required in the permit)	Sample Measurement							mg/L	0		
PARM Code 000600 1 Effluent Gross Value	Permit Requirement						Report Daily Max.	mg/L			
Turbidity (If required in the permit)	Sample Measurement	-							0		
	Permit Requirement						Report Daily Max.	N.T.U.			

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, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator	$($ $^{\circ}$ $)$ $_{d}$ $)$ $_{d}$ $)$	(863) 465-6911	2/20/09
	(, 0000		l

Facility Name:

Fairmount Mobile Estates

Permit Number:

FLA014389

DISCHARGE POINT NUMBER:

Month/Year: JANUARY 2009
Three Month Average Daily Flow: .026

County: Highlands
Daily Flow % of Permitted Capacity: 65%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as	TSS, Effluent (mg/L)	NO, Effluent (mg/L as N)	Total N Effluent (mo/L.as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grah C=Comn	Time of Sample
Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.028	1.1								7.2			
2	.030	.9								7.0			
3	.028	1.2		 						7.1			
4	.030				<u> </u>								
5	.030	.9								7.0		· · · · · · · · · · · · · · · · · · ·	
6	.032	.7								6.8			
7	.030	.8								6.9			
8	.028	.9			<u> </u>					7.0	l		
9	.028	1.1					· · · · · · · · · · · · · · · · · · ·			7.2			
10	.030	1.6			<u> </u>					7.4			
11	.030						<u> </u>	T					
12	.030	1.3								7.2			
13	.027	1.0								7.0			
14	.026	.8					-			6.8			
15	.027	1.1	 			 		 	-	7.0			
16	.028	1.3	435.0	524.0	3.2	3.8	.85		I.OU	7.2		G	1120
17	.030	1.0			 					7.0			
18	.030				l								
19	.030	.8			-					6.9			
20	.032	1.1		<u> </u>	†					7.1			
21	.029	.9								7.0			
22	.030	1.2						 		7.2			
23	.028	1.0	†			 				7.0			
24	.028	1.3			<u> </u>	 				7.1			
25	.027			-									
26	.027	1.0		<u> </u>						6.9			
27	.028	1.2			 					7.1			
28	.027	1.1	1							7.0			
29	.029	.9								6.8			
30	.027	.8	1	 	f					6.9			
31	.029	1.0	 							7 .1			
Shin O	AFFING: Operator	Class:		Certifica Certifica				me;	L_				
	ift Operator Operator tor	Class: Class: Class:		Certifica Certifica Certifica	ate No:	6184	Ŋя	me: Chz	ulie Wall				
	luent Disposal o		C ater Reuse:	Camic		7107	11/1	ine. Cliz	une wan				

Attach additional sheets if necessary to list all certified operators.

When Completed mail this report to: Department of Environmental Protection

PERMITTEE

Rodger Miller

PERMIT NUMBER:

FLA014387

NAME: MAILING

3625 Valerie Blvd

LIMIT:

Final

REPORT:

Monthly

ADDRESS:

Sebring, Florida 33870

Sebring, Florida

CLASS SIZE: Facility ID:

minor FLA014384 GROUP:

Domestic

PACILITY: LOCATION: Fairmount Mobile Estates US 27 North

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

III/C

NO DISCHARGE FROM SITE: Type of Effluent Disposal

Perk Pond

COUNTY:

Highlands

MONITORING PERIOD

From: 2/1/09

To: 2/28/09

Parameter		Quantity of	or Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
1.1		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow,	Sample Measurement	.032	.036	mgd			1, 244,		0		
PARM Code 50050 1 Monthly Average Daily	Pennit .040 Requirement	Report Monthly Ave.	Permitted Capacity	mgd							
CBOD5, Influent	Sample Measurement					455.0	455.0	mg/L	0	Monthly	Grab
PARM Code 80082 G Influent Gross Value	Permit Requirement				791000	Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent	Sample Measurement					292.0	292.0	mg/L	0	Monthly	Grab
PARM Code 00530 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent	Sample Measurement					7,7	7.7	mg/L	0	Monthly	Grab
PARM Code 80082 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement					5.4	5,4	nig/L	0	Monthly	Grab
PARM Code 00530 1 Effluent Gross Value	Permit Requirement				-	Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		- A-M			3.0	3.0	#/100 ml	0	Monthly	Grab
PARM Code 031616 1 Effluent Gross Value	Permit Requirement				Report Weekly Average	Report Monthly Average	Report Daily Maximum	#/100 ml		Monthly	Grah

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, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator	(°, Well	(863) 465-6911	3/20/09

'FACILITY NAME: Fairmount Mobile Estates
Month/Year: FEBRUARY 2009 COUNTY: Highlands

PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Parameter		Quantity or Loading			Qual	lity or Concenti	ration		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	Sample Measurement				6.8		7.4	S.U.	0		
PARM Code 00400 1 Minimum	Permit Requirement				6.0 Minimum		8.5 Daily Max	S.U.			
Chlorine, Total Residual	Sample Measurement				.7			mg/L	0		
PARM Code 050060 I Effluent Gross Value	Permit Requirement				Minimum			mg/L			
Nitrate (as N) (If required in the permit)	Sample Measurement						.06	mg/L	0	Monthly	Grab
PARM Code 00620 1 Effluent Gross Value	Permit 12 mg/L Requirement						12.0	mg/L		Monthly	Grah
Nitrogen, Total (as N) (If required in the permit)	Sample Measurement							mg/L	0		
PARM Code 000600 1 Effluent Gross Value	Permit Requirement						Report Daily Max.	mg/L			
Turbidity (If required in the permit)	Saniple Measurement								0		
1 -6 1 1 1 1	Permit Requirement						Report Daily Max.	N.T.U.			

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, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator	(V, Wall	(863) 465-6911	3/20/09

Facility Name:

Fairmount Mobile Estates

Permit Number:

FLA014389

DISCHARGE POINT NUMBER:

Month/Year: _ FEBRUARY 2009_ Three Month Average Daily Flow: | .029

County: Highlands
Daily Flow % of Permitted Capacity: 73%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as O2.)	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O2)	TSS, Effluent (mg/L)	NO, Effluent (mg/L as N)	Total N Effluent (mo/L as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grab	Time of Sample
Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.030					7	1						
2	.030	.9								6.9			
3	.028	1.1		-						7.1			
4	.030	1.0		 		 				6.9			
5	.028	.7								6.8		-	
6	.026	.9	 							7.0			
7	.028	1.3	1	-						7.2			.4.4
8	.030			<u> </u>									
9	.030	.8								6.9			
10	.032	1.0								7.1			
11	.033					-							
12	.033	.9								7.0			-
13	.032	1.2	455.0	292.0	7.7	5.4	.06		3.0	7.2		G	1120
14	.033	1.1								7.1			
15	.032	.8								6.9			
16	.033	1.0								7.1			***************************************
17	.030	1.2				 				7.0			
18	.033	1.3								7.2		***************************************	
19	.032	1.6								7.4			
20	.033	1.2								7.2			
21	.032	1.0								7.0			
22	.033								_				
23	.033	.7			· · · · · · · · · · · · · · · · · · ·					6,8			
24	.034	.9	-							7.0			
25	.036	.8	 							6.9			
26	.033	1.1	-			-	<u> </u>			7.1			
27	.032	.9					 			6.9			
28	.033	1.0								7.0			•
29		1							_				
30													
31							-						
ANT ST	AFFING:			0.45	.6. 37	<u> </u>		<u> </u>					
Shift O	perator ift Operator	Class: Class:		Certifies Certifies			****	me:					

CAPUTI GIZGILITO.							
Day Shift Operator	Class:		Certificate No:		Name:		
Evening Shift Operator	Class:		Certificate No:		Name:		
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:	C	Certificate No:	6184	Name:	Charlie Wall	
Type of Effluent Disposal or Reci	laimed Wat	er Reuse:					
Limited Wet Weather Discharge	Activated:	Yes: No:	Not Applicable:	If yes, cumulative day	s of wet wea	ther discharge:	_

Attach additional sheets if necessary to list all certified operators.

FLA012996-002-DW3P DMR Form Date 03/2003

11.9

Page 3 of 3

When Completed mull this report to: Department of Environmental Protection

PERMITTEE

Rodger Miller

PERMIT NUMBER:

FLA014387

NAME:

3625 Valerie Blvd

LIMIT:

Final

REPORT:

Monthly

MAILING ADDRESS:

Sebring, Florida 33870

CLASS SIZE: Facility ID:

minor FLA014384 GROUP:

Domestic

FACILITY: LOCATION: Fairmount Mobile Estates US 27 North

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

III/C

[]

Type of Effluent Disposal

NO DISCHARGE FROM SITE: Perk Pond

COUNTY:

Highlands

Sebring, Florida

MONITORING PERIOD

From: 3/1/09

To: 3/31/09

Parameter		Quantity of	or Loading		Quality or Concentration					Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow,	Sample Measurement	.035	.044	mgd					0		
PARM Code 50050 1 Monthly Average Daily	Permit .040 Requirement	Report Monthly Ave.	Permitted Capacity	mgd							
CBOD5, Influent	Sample Measurement				-,	608.0	0.808	mg/L	0	Monthly	Grab
PARM Code 80082 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent	Sample Measurement					424.0	424.0	mg/L	0	Monthly	Grab
PARM Code 00530 G Influent Gross Value	Permit Requirement		The second secon			Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent	Sample Measurement				and the second s	2.0u	2.0u	tng/L	0	Monthly	Grab
PARM Code 80082 1 Effluent Gross Value	Permit Requirement		,,			Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement		***************************************			9.6	9.6	mg/L	0	Monthly	Grab
PARM Code 00530 1 Effluent Gross Value	Permit Requirement	Ì	***************************************			Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		***************************************			1.0u	1.0u	#/100 ml	0	Monthly	Grab
PARM Code 031616 1 Effluent Cross Value	Permit Requirement				Report Weekly Average	Report Monthly Average	Report Daily Maximum	#/100 nil		Monthly	Grab

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 submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator	(S. Wall	(863) 465-6911	4/20/09

FACILITY NAME: Fairmount Mobile Estates

PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: MARCH 2009 COUNTY: Highlands

Parameter		Quantity	or Loading		Qual	ity or Concentr	ation		No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pН	Sample Measurement				6.7		7.3	S.U.	0		
PARM Code 00400 1 Minimum	Permit Requirement				6.0 Minimum		8.5 Daily Max	S.U.			
Chlorine, Total Residual	Sample Measurement				.7			mg/L	0		
PARM Code 050060 1 Effluent Gross Value	Permit Requirement		A. A. A.		Minimum			mg/L			
Nitrate (as N) (If required in the permit)	Sample Measurement					NAME OF TAXABLE PARTY.	.03	mg/L	0	Monthly	Grab
PARM Code 00620 1 Effluent Gross Value	Permit 12 mg/L Requirement						12.0	mg/L		Monthly	Grab
Nitrogen, Total (as N) (If required in the permit)	Sample Measurement							mg/L	0		
PARM Code 000600 I Effluent Gross Value	Permit Requirement						Report Daily Max.	m g /L			
Turbidity (If required in the pertnit)	Sample Measurement								0		
	Permit Requirement						Report Daily Max.	N.T.U.			

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, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator	(3,1)200	(863)	4/20/09
	1 Wall	465-6911	

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

p. 13

p. 14

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014389 DISCHARGE POINT NUMBER: Facility Name: Fairmount Mobile Estates

Month/Year:

MARCH 2009 .032 Three Month Average Daily Flow:

County: Highlands
Daily Flow % of Permitted Capacity: | 80%

TSS, Influent CBOD NO. PH Turbidity Days Of Type of Sample Chlorine CROD TSS. Total Fecal Time of Flow (MGD) Residual Influent Effluent Effluent Effluent Coliform Effluent (N.T.U.) Sample The Month (mg/L as (mg/L as (12.) (mg/L as N\ Effluent G=grab C=Cnmn After (mg/L)(mg/L)(#/100) (Daily) Contact (mp/1 . as N 00530 00530 000600 031616 00400 Code 50050 050060 80082 80082 00620 1 .033 2 .033 1,3 7.2 .031 1.0 3 .034 1.2 7.1 .034 .9 6.9 5 .033 1.1 7.0 7 .034 7.2 1.4 .036 Я 9 .036 1.2 7.1 .036 6.9 10 .9 .034 .7 6.7 11 12 .036 6.9 .034 608.0 7.1 424.0 2.0u .03 1.0u G 1120 13 1.0 9.6 14 .036 1.4 7.3 15 .033 033 7.1 16 1.0 17 .034 8, 6.9 .036 18 7.0 .034 7.2 19 1.2 20 .036 1.0 7.0 .038 .8 21 6.8 .040 22 .040 7,0 .036 24 1.1 7.2 .040 25 1.0 7.0 26 .048 6.8 .044 27 9 7.0 .030 28 1.1 29 .033 .033 30 6.9 31 .030

d				i			}	1	- 1)	1
PLANT STA	AFFING:						-						 -11
Day Shift Op	perator	Class:		Certificat	e No:		1	Vame:					
Evening Shift	fl Operator	Class:		Certificat	e No:		1	Varne:				 	 -
Night Shift C	Operator	Class:		Certificat	e No:			Vame:				 	
Lead Operate	or	Class:	C	- Certificat	e No:	6184		Name:	Charl	ie Wall		 	
Type of Efflu	uent Disposal or F	Reclaimed Wa	ter Reuse:	-								 	 _
Limited Wet	Weather Dischar	ge Activated:	Yes: No:	Not Appl	cable: If	yes, cumulat	tive days o	of wet weath	er disc	harge:		 	
Attach additi	ional sheets if nec	essary to list a	all certified o	operators.		•	-				-	 	

Facility Name: Fairmount Mobile Estates

Permit Number:

FLA014389

DISCHARGE POINT NUMBER:

Month/Year: OCTOBER 2008
Three Month Average Daily Flow: 0.020

County: Highlands
Daily Flow % of Permitted Capacity: 50%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as	TSS, Effluent (mg/L)	NO, Effluent (mg/L as	Total N Effluent (mg/L as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grab	Time o Sample
Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.020	1.1								7.1			
2	.020	.9								6.9			***************************************
3	.018	1.0				-				7.0		-	
4	.020	1.3								7.2			
5	.022											-	
6	.022	1.0								7.0			
7	.022	.8								6.9			
8	.021	.9								7.0			
9	.022	.7								6.8			
10	.020	.8	108.0	116.0	2.7	1.4	.08		1.0U	7.0		G	1120
11	.022	1.1								7.2			
12	.022	 											
13	.022	.9								7.0			
14	.023	.7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						6.9	-		
15	.021	.8								6.8			
16	.022	.9								7.0			
17	.022	1.1								7.2			
18	.021	1.6								7.4			
19	.022			,									
20	.022	1.2						***************************************		7.2			
21	.021	1.0								7.0			
22	.022	1.1								7.1			
23	.021	1.2								7.1			
24	.023	1.0								7.1			
25	.024	1.3						,		7.2			
26	.023												
27	.023	.8								7.2			
28	.024	.9								7.1			
29	.023	.7								7.0			
30	.021	.8								7.1			
31	.023	1.0								7.0			

PLANT STAFFING:						
Day Shift Operator	Class:		Certificate No:		Name:	
Evening Shift Operator	Class:		Certificate No:	77717	Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	C	Certificate No:	6184	Name:	Charlie Wall
Type of Effluent Disposal or Re	claimed W	ater Reuse:				

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge;

Attach additional sheets if necessary to list all certified operators.

FLA012996-002-DW3P DMR Form Date 03/2003

Page 3 of 3

51 · d

Facility Name:	Fairmount Mobile Estates	Permit Number:	FLA014389	DISCHARGE POINT NUMBER
----------------	--------------------------	----------------	-----------	------------------------

County: Highlands
Daily Flow % of Permitted Capacity: 55% Month/Year: NOVEMBER 2008_ Three Month Average Daily Flow: 0.22

Days	Flow	Chlorine	CBOD,	TSS,	CBOD,	TSS,	NO,	Total	Fecal	PH	Turbidity	Type of	Time o
Of The	(MGD)	Residual After Contact	Influent (mg/L as	Influent (mg/L)	Effluent (mg/L as O2)	Effluent (mg/L)	Effluent (mg/L as	N Effluent (mg/l.as N)	Coliform (#/100)	Effluent (Daily)	(N.T.U.)	Sample G=grab C=Conn	запри
Month Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.020	1.2								7.2			
2	.022		<u></u>			 	<u> </u>						Cab St Mar. V
3	.022	1.0	-			-				7.1			
4	.021	.8	†							7.0			
5	.022	.9								7.1			
6	.024	.7								7.1			
7	.028	1.1								7.1			
8	-027					<u> </u>							
9	.027	.9								7.0			
10	.022	1.0								7.1			
11	.024	.8								6.9			
12	.023	.6	<u> </u>							6.7			
13	.022	.9								6.9			
14	.023	1.1	495.0	290.0	4.3	2.4	.16		1.0U	7.0		G	1120
15	.022	.8								6.8			
16	.021						<u> </u>						
17	.021	.8								6.9			
18	.023	1.0								7.0			
19	.020	.7								6.8			
20	.022	.9								7.0			
21	.020	.7								6.8			
22	.023	1.0								7.0			
23	.022												
24	.022	.7								6.8			
25	.024	.9							7.	7.0			
26	.022	.8				<u> </u>				6.8			
27	.023	1.0								7.0			
28	.025	.8								6.8			
29	.024	.9								7.0			
30													·
31			1										

			1	{	1	- 1		1	}	I	1	H
PLANT STAFFING:												-14
Day Shift Operator	Class:		Certificate N	Vo:		Name:						
Evening Shift Operator	Class:	· · · · · · · · · · · · · · · · · · ·	Certificate N	No:		Name:						
Night Shift Operator	Class:	·	Certificate N	No:		Name:		,				
Lead Operator	Class:	С	Certificate N	No: 6184		Name:	Charlie Wall					-
Type of Effluent Disposal o	r Reclaimed Wete	er Reuse:	•	***************************************								
Limited Wet Weather Disch			Not Applical	ble: If yes, cum	ulative day	of wet we	ather discharge;					
			**				and					

Attach additional sheets if necessary to list all certified operators.

FACILITY NAME: Fairmount Mobile Estates

PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: DECEMBER 2008 COUNTY: Highlands

Parameter		Quantity or Loading			Qual	ity or Concenti	ration		No. Ex.	Frequency of Analysis	Sample Type
The state of the s		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pН	Sample Measurement				6.8		7.4	S.U.	0		
PARM Code 00400 1 Minimum	Permit Requirement				6.0 Minimum		8.5 Daily Max	S.U.			
Chlorine, Total Residual	Sample Measurement				.7			mg/L	0		
PARM Code 050060 1 Effluent Gross Value	Permit Requirement				Minimum			mg/L			
Nitrate (as N) (If required in the permit)	Sample Measurement						.18	mg/L	0	Monthly	Grab
PARM Code 00620 1 Effluent Gross Value	Permit 12 mg/L Requirement						12.0	mg/L		Monthly	Grab
Nitrogen, Total (as N) (If required in the permit)	Sample Measurement							mg/L	0		
PARM Code 000600 1 Effluent Gross Value	Permit Requirement						Report Daily Max.	mg/L			
Turbidity (If required in the permit)	Sample Measurcment		,			yy 			0		
	Permit Requirement						Report Daily Max.	N.T.U.			

I certify under penalty of law that I have personally examined and an 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 am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRID	velby	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		J	1 000	(863) 465-6911	1/20/09
	\		C C C C C C C C C C C C C C C C C C C	705-0511	

10

DAILY SAMPLE RESULTS - PART B

Facility Name:	Fairmount Mobile Estates	Permit Number:	FLA014389	DISCHARGE POINT NUMBER:
----------------	--------------------------	----------------	-----------	-------------------------

Month/Year: DECEMBER 2008 County: Highlands
Three Month Average Daily Flow: 0.023 Daily Flow % of Permitted Capacity: 58%

Days Of The	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as	TSS, Effluent (mg/L)	NO, Effluent (mg/L as N)	Total N Effluent (mo/1, an N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grab C=Conn	Time of Sample
Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.022	1.3								7.2			
2	.023	1.0	İ						İ	7.0			
3	.022	1.1								7.1			
4	.024	.9	1							6.9			
5	.023	1.0								7.0			
6	.024	1.3								7.2			
7	.024												
8	.024	1.1								7.0			
9	.026	.9							ĺ	6.9			
10	.023	1.2								7.1			
11	.021	1.0								7.0			
12	.022	1.3	142.0	187.0	4.1	8.4	.18		1.0U	7.2		Ğ	1120
13	.023	1.1								7.1			
14	.021												
15	.021	.9								7.0			
16	.023	.7								6.8			
17	.021	.9								6.9			
18	.020	1.1								7.1			
19	.022	.9								6.9			
20	.024	1.4								7.1			
21	.026												
22	.026	1,2		The state of the s						7,2			
23	.028	1.0								7.0			
24	.028	1.6								7.2			
25	.030	1.2								7.0			
26	.028	1.4								7.2			
27	.030	1.8								7.4			
28	.030												
29	.030	1.1								7.0			
30	.028	.8								6,8			
31	.030	.9								7.0			

<u> </u>	11			L		1	1				1	1	1	y
PLANT STAFFING:										· · · · · · · · · · · · · · · · · · ·				
Day Shift Operator	Class:		Certifica	ite No:		N:	ame:							
Evening Shift Operator	Class:	<u> </u>	Certifica	ite No:	***************************************	No.	ame:				***************************************			
Night Shift Operator	Class:		Certifica	ate No:			ame:							
Lead Operator	Class:	C	Certifica	ite No:	6184	No	ame:	Cha	rlie Wall					
Type of Effluent Disposal or	Reclaimed Wat	er Reuse:	-									· · · · · · · · · · · · · · · · · · ·		
Limit 1 Wet Weather Discha	rge Activated:	Yes: No:	Not App	licable:	If yes, cumula	tive days of	wet we	ather dis	charge.	····				
Attach additional sheets if ne	cessary to list al	l certified o	operators.		•				Bor	-				
	•													