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FW: Fairmount Utilities

Wed, August 25, 2010 1:34:36 PM

From: Robert Simpson <RSimpson@PSC.STATE.FL.US>
To: fairmountutil@yahoo.com

For your information

080668-SU

From: Robert Simpson
Sent: Monday, August 16, 2010 10:56 AM
To: 'utdnyzain@att.net' <utdnyzain@att.net>
Cc: Patti Daniel
Subject: Fairmount Utilities

Dear Mr. [Name Redacted]:

As per the letter of April 20, 2010, regarding Order No. PSC-09-0628-PAA-SU, for the staff-assisted rate case in Highlands County by Fairmount Utilities, the 2nd, Inc., issued to your offices, please submit the discharge monitoring reports and the gallons of water used to bill customers from October 2009 through March, 2010. This information should be sent to the Office of Commission Clerk, (Docket No. 080668-SU), 2000 [Address Redacted] Boulevard, Tallahassee, Florida 32304-0000.

If you have any questions, please contact me at [Phone Number Redacted].

TODAY: 8/26 No events. Click the plus sign to add an event.

Are you a Mommy?
Get your \$10,000!



You should register for your \$10K scholarship. Use it for debt, rent, bills, or save it for [Redacted]

RECEIVED - PSC
10 SEP -2 PM 3:46
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DOCUMENT NUMBER DATE
07433 SEP -2 08/26/2010 4:36 PM
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Rodger Miller
 MAILING ADDRESS: 3625 Valerie Blvd
 Sebring, Florida 33870
 FACILITY LOCATION: Fairmount Mobile Estates
 US 27 North
 Sebring, Florida

PERMIT NUMBER: FLA014387
 LIMIT: Final
 CLASS SIZE: minor
 Facility ID: FLA014384
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: I]
 Type of Effluent Disposal: Perk Pond
 MONITORING PERIOD: From: 10/1/09


REPORT: Monthly
 GROUP: Domestic

COUNTY: Highlands

To: 10/31/09

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow, PARM Code 50050 1 Monthly Average Daily	Sample Measurement	.022	.026	mgd					0		
	Permit Requirement	Report Monthly Ave.	Permitted Capacity	mgd							
CBOD5, Influent PARM Code 80082 G Influent Gross Value	Sample Measurement					150.0	150.0	mg/L	0	Monthly	Grab
	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent PARM Code 00530 G Influent Gross Value	Sample Measurement					156.0	156.0	mg/L	0	Monthly	Grab
	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent PARM Code 80082 1 Effluent Gross Value	Sample Measurement					2.4	2.4	mg/L	0	Monthly	Grab
	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent PARM Code 00530 1 Effluent Gross Value	Sample Measurement					1.8	1.8	mg/L	0	Monthly	Grab
	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal PARM Code 031616 1 Effluent Gross Value	Sample Measurement					1.0U	1.0U	#/100 ml	0	Monthly	Grab
	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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	11/21/09

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

DISCHARGE MONITORING REPORT - PART A (Continued)

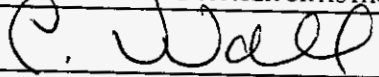
FACILITY NAME: Fairmount Mobile Estates
 Month/Year: OCTOBER 2009 COUNTY: Highlands

PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Parameter	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH PARM Code 00400 1 Minimum	Sample Measurement				6.8		7.2	S.U.	0	
	Permit Requirement				6.0		8.5 Daily Max	S.U.		
Chlorine, Total Residual PARM Code 050060 1 Effluent Gross Value	Sample Measurement				.8			mg/L	0	
	Permit Requirement				Minimum			mg/L		
Nitrate (as N) (If required in the permit) PARM Code 00620 1 Effluent Gross Value	Sample Measurement						.17	mg/L	0	Monthly Grab
	Permit Requirement						12.0	mg/L		Monthly Grab
Nitrogen, Total (as N) (If required in the permit) PARM Code 000600 1 Effluent Gross Value	Sample Measurement							mg/L	0	
	Permit Requirement						Report Daily Max.	mg/L		
Turbidity (If required in the permit)	Sample Measurement								0	
	Permit Requirement						Report Daily Max.	N.T.U.		

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	11/21/09

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Fairmount Mobile Estates

Permit Number: FLA014389

DISCHARGE POINT NUMBER: _____

Month/Year: _ OCTOBER 2009 _

County: Highlands

Three Month Average Daily Flow: | .022

Daily Flow % of Permitted Capacity: | 55%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as O ₂)	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O ₂)	TSS, Effluent (mg/L)	NO ₃ Effluent (mg/L as N)	Total N Effluent (mg/L as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grab C=Composite	Time of Sample
Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.020	1.4								7.1			
2	.024	1.1								7.0			
3	.022	1.0								7.1			
4	.021												
5	.021	1.1								6.9			
6	.023	1.4								7.1			
7	.021	1.2	150.0	156.0	2.4	1.8	.17		1.0U	7.0		G	1120
8	.018	.9								7.1			
9	.020	1.1								7.2			
10	.023	1.0								7.2			
11	.021												
12	.021	.8								7.3			
13	.020	.9								7.1			
14	.018	1.0								7.0			
15	.021	1.2								7.1			
16	.024	1.6								7.0			
17	.021	1.3								7.1			
18	.019												
19	.019	1.0								7.0			
20	.024	1.4								7.2			
21	.024	1.2								7.1			
22	.020	1.0								7.1			
23	.026	.9								7.2			
24	.024	1.1								7.1			
25	.024												
26	.024	.9								7.1			
27	.020	.8								7.2			
28	.021	1.0								7.1			
29	.024	.9								6.9			
30	.021	1.0								6.8			
31	.024	1.3								7.0			

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>6184</u>	Name: <u>Charlie Wall</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

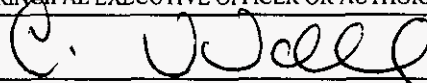
When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Rodger Miller
 MAILING ADDRESS: 3625 Valerie Blvd
 Sebring, Florida 33870
 FACILITY LOCATION: Fairmount Mobile Estates
 US 27 North
 Sebring, Florida
 COUNTY: Highlands

PERMIT NUMBER: FLA014387
 LIMIT: Final
 CLASS SIZE: minor
 Facility ID: FLA014384
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond
 MONITORING PERIOD: From: 11/1/09 To: 11/30/09

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow,	Sample Measurement	.024	.028	mgd					0		
PARM Code 50050 Monthly Average Daily	Permit Requirement	Report Monthly Ave.	Permitted Capacity	mgd							
CBOD5, Influent	Sample Measurement					455.0	455.0	mg/L	0	Monthly	Grab
PARM Code 80082 Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent	Sample Measurement					206.0	206.0	mg/L	0	Monthly	Grab
PARM Code 00530 Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent	Sample Measurement					2.9	2.9	mg/L	0	Monthly	Grab
PARM Code 80082 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement					1.0U	1.0U	mg/L	0	Monthly	Grab
PARM Code 00530 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 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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	10/18/09

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Fairmount Mobile Estates

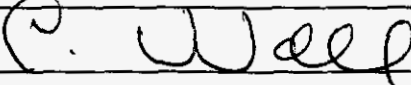
PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: NOVEMBER 2009 COUNTY: Highlands

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
pH PARM Code 00400 1 Minimum	Sample Measurement				6.8		7.2	S.U.	0	
	Permit Requirement				6.0 Minimum		8.5 Daily Max	S.U.		
Chlorine, Total Residual PARM Code 050060 1 Effluent Gross Value	Sample Measurement				.8			mg/L	0	
	Permit Requirement				Minimum			mg/L		
Nitrate (as N) (If required in the permit) PARM Code 00620 1 Effluent Gross Value	Sample Measurement						.11	mg/L	0	Monthly Grab
	Permit Requirement				12 mg/L		12.0	mg/L		Monthly Grab
Nitrogen, Total (as N) (If required in the permit) PARM Code 000600 1 Effluent Gross Value	Sample Measurement							mg/L	0	
	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	12/18/09

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Fairmount Mobile Estates

Permit Number: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: NOVEMBER 2009
 Three Month Average Daily Flow: .023

County: Highlands
 Daily Flow % of Permitted Capacity: 58%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as O ₂)	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O ₂)	TSS, Effluent (mg/L)	NO, Effluent (mg/L as N)	Total N Effluent (mg/L as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.024												
2	.024	1.0								6.9			
3	.024	1.4								7.1			
4	.022	1.2								7.0			
5	.024	1.6								7.2			
6	.020	1.3								7.1			
7	.024	1.4								7.2			
8	.026												
9	.026	1.0								7.0			
10	.026	1.2								7.1			
11	.023	.9								6.9			
12	.024	1.1								7.0			
13	.026	.8	455.0	206.0	2.9	1.0U	.11		1.0U	6.8		G	1120
14	.026	1.0								6.9			
15	.028												
16	.028	.9								7.0			
17	.028	1.2								7.1			
18	.024	1.0								7.0			
19	.026	1.1								6.9			
20	.024	1.4								7.1			
21	.022	1.0								7.0			
22	.020												
23	.020	1.1								6.9			
24	.024	1.2								7.0			
25	.023	1.0								6.9			
26	.022	1.1								7.0			
27	.024	.9								6.8			
28	.025	1.2								7.0			
29	.022												
30	.022	1.0								6.8			
31													

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>6184</u>	Name: <u>Charlie Wall</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A


When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Rodger Miller
 MAILING ADDRESS: 3625 Valerie Blvd
 Sebring, Florida 33870
 FACILITY LOCATION: Fairmount Mobile Estates
 US 27 North
 Sebring, Florida
 COUNTY: Highlands

PERMIT NUMBER: FLA014387
 LIMIT: Final
 CLASS SIZE: minor
 Facility ID: FLA014384
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond
 MONITORING PERIOD: From: 12/1/09 To: 12/31/09

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow,	Sample Measurement	.023	.026	mgd					0		
PARM Code 50050 Monthly Average Daily	Permit .040 Requirement	Report Monthly Ave.	Permitted Capacity	mgd							
CBOD5, Influent	Sample Measurement					242.0	242.0	mg/L	0	Monthly	Grab
PARM Code 80082 Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent	Sample Measurement					225.0	225.0	mg/L	0	Monthly	Grab
PARM Code 00530 Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent	Sample Measurement					3.5	3.5	mg/L	0	Monthly	Grab
PARM Code 80082 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement					3.6	3.6	mg/L	0	Monthly	Grab
PARM Code 00530 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 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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	1/18/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)


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

PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
pH	Sample Measurement				6.7		7.3	S.U.	0	
	Permit Requirement				6.0 Minimum		8.5 Daily Max	S.U.		
Chlorine, Total Residual PARM Code 050060 1 Effluent Gross Value	Sample Measurement				8			mg/L	0	
	Permit Requirement				Minimum			mg/L		
Nitrate (as N) (If required in the permit) PARM Code 00620 1 Effluent Gross Value	Sample Measurement						.16	mg/L	0	Monthly
	Permit Requirement						12.0	mg/L		Monthly
Nitrogen, Total (as N) (If required in the permit) PARM Code 000600 1 Effluent Gross Value	Sample Measurement							mg/L	0	
	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	1/18/10

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Fairmount Mobile Estates

Permit Number: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: DECEMBER 2009
 Three Month Average Daily Flow: .023

County: Highlands
 Daily Flow % of Permitted Capacity: 58%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as O ₂)	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O ₂)	TSS, Effluent (mg/L)	NO, Effluent (mg/L as N)	Total N Effluent (mg/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	.024	1.3								7.0			
2	.024	1.0								6.9			
3	.026	1.2								7.0			
4	.026	1.0								7.1			
5	.026	1.6								7.3			
6	.024												
7	.024	1.3								7.1			
8	.025	1.0								6.9			
9	.024	1.2								7.0			
10	.024	1.6								7.2			
11	.025	1.3	242.0	225.0	3.5	3.6	.16		1.0U	7.0		G	1120
12	.023	1.1								7.1			
13	.025												
14	.025	1.2								7.0			
15	.023	1.0								6.9			
16	.024	1.3								7.1			
17	.024	1.1								7.0			
18	.023	.8								6.8			
19	.022	1.0								7.0			
20	.020												
21	.020	.9								6.9			
22	.019	1.2								7.1			
23	.021	1.0								7.0			
24	.020	.8								6.8			
25	.021	.9								7.0			
26	.023	1.0								6.9			
27	.022												
28	.022	1.2								7.0			
29	.023	1.7								7.2			
30	.021	1.4								7.0			
31	.024	1.0								6.7			

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>6184</u>	Name: <u>Charlie Wall</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

Attach additional sheets if necessary to list all certified operators. _____

Fairmount Utilities the 2nd, Inc
P.O. Box 488
Avon Park, FL 33825

3625 Valerie Blvd.
Sebring, FL 33870

Please note the discharge monitoring reports and the gallons of water used to bill customers from October 2009 through March 2010 are enclosed. This information should be given to the Office of Commission Clerk (Docket No. 080668-SU).

Thank You

Karen M. Berry
Fairmount Utilities the 2nd., Inc.

FILED
10 SEP -2 PM 3:16
COMMISSION
CLERK

DOCUMENT NUMBER DATE
07433 SEP-20
FPSC-COMMISSION CLERK

Doc. # 080668-SU

Fairmount Utilities The 2nd, INC.
P.O. 488
Avon Park, FL 33826

3625 Valerie Blvd.
Sebring, FL 33870

Water Usage Per City

Month	Gals Used (Per Thousand)
October 2009	481
November 2009	668
December 2009	768
January 2010	1077
February 2010	893
March 2010	978
Total	4865

Wastewater Flow Per Pugh Util

Fairmount Total Flow	
Month	Gals Used
October 2009	673,000
November 2009	721,000
December 2009	717,000
January 2010	730,000
February 2010	700,000
March 2010	877,000
Total	4,418,000

DOCUMENT NUMBER DATE
07433 SEP-20
FPSC-COMMISSION CLERK

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A


When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Rodger Miller
 MAILING ADDRESS: 3625 Valerie Blvd
 Sebring, Florida 33870
 FACILITY LOCATION: Fairmount Mobile Estates
 US 27 North
 Sebring, Florida
 COUNTY: Highlands

PERMIT NUMBER: FLA014387
 LIMIT: Final
 CLASS SIZE: minor
 Facility ID: FLA014384
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond
 MONITORING PERIOD: From: 1/1/10 To: 1/31/10

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow,	Sample Measurement	.024	.028	mgd					0		
PARM Code 50050 1 Monthly Average Daily	Permit Requirement	Report Monthly Ave.	Permitted Capacity	mgd							
CBOD5, Influent	Sample Measurement					424.0	424.0	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					418.0	418.0	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					6.9	6.9	mg/L	0	Monthly	Grab
PARM Code 80082 I Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement					11.0	11.0	mg/L	0	Monthly	Grab
PARM Code 00530 I 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 I 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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	2/18/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

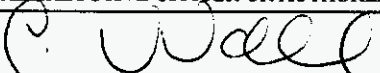
FACILITY NAME: Fairmount Mobile Estates
 Month/Year: JANUARY 2009 COUNTY: Highlands

PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

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		
	Permit Requirement				6.0 Minimum		8.5 Daily Max	S.U.			
Chlorine, Total Residual	Sample Measurement				.8			mg/L	0		
	Permit Requirement				Minimum			mg/L			
Nitrate (as N) (If required in the permit) PARM Code 00620 Effluent Gross Value	Sample Measurement							mg/L	0	Monthly	Grab
	Permit Requirement							mg/L		Monthly	Grab
Nitrogen, Total (as N) (If required in the permit) PARM Code 000600 Effluent Gross Value	Sample Measurement						.02	mg/L	0		
	Permit Requirement						Report Daily Max.	mg/L			
Turbidity (If required in the permit)	Sample Measurement								0		
	Permit Requirement						Report Daily Max.	N.T.U.			

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	2/18/10

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Fairmount Mobile Estates

Permit Number: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: JANUARY 2010
 Three Month Average Daily Flow: .024

County: Highlands
 Daily Flow % of Permitted Capacity: 60%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as O ₂)	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O ₂)	TSS, Effluent (mg/L)	NO, Effluent (mg/L as N)	Total N Effluent (mg/L as N)	Fecal Coliform (1/100)	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	.022	.9								6.9			
2	.022	1.1								7.0			
3	.023												
4	.023	1.8								7.2			
5	.024	1.3								7.1			
6	.025	1.5								7.2			
7	.022	1.1								7.0			
8	.022	.9								6.8			
9	.024	1.0								6.9			
10	.022												
11	.022	1.9								7.1			
12	.024	1.4								7.0			
13	.028	1.7								7.2			
14	.026	1.3								7.1			
15	.055	1.5	424.0	418.0	6.9	11.0	.02		1.0U	7.2		G	1120
16	.026	1.1								7.0			
17	.026												
18	.026	.8								6.8			
19	.025	.9								7.0			
20	.023	1.2								7.1			
21	.025	1.0								7.0			
22	.026	1.4								7.2			
23	.025	1.2								7.1			
24	.024												
25	.024	1.0								7.0			
26	.025	1.3								7.1			
27	.025	1.1								7.0			
28	.024	1.4								7.2			
29	.026	1.7								7.4			
30	.026	1.3								7.2			
31													

PLANT STAFFING:

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 Reclaimed Water Reuse: _____

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

Attach additional sheets if necessary to list all certified operators. _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A


When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Rodger Miller
 MAILING ADDRESS: 3625 Valerie Blvd
 Sebring, Florida 33870
 FACILITY LOCATION: Fairmount Mobile Estates
 US 27 North
 Sebring, Florida
 COUNTY: Highlands

PERMIT NUMBER: FLA014387
 LIMIT: Final
 CLASS SIZE: minor
 Facility ID: FLA014384
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond
 MONITORING PERIOD: From: 2/1/10 To: /28/10

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
Flow,	Sample Measurement	.026	.028	mgd				0			
PARM Code 50050 1 Monthly Average Daily	Permit Requirement .040	Report Monthly Ave.	Permitted Capacity	mgd							
CBOD5, Influent	Sample Measurement					520.0	520.0	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					520.0	520.0	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					2.7	2.7	mg/L	0	Monthly	Grab
PARM Code 80082 I Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement					1.0U	1.0U	mg/L	0	Monthly	Grab
PARM Code 00530 I 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 I 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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	3/18/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

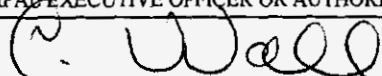
FACILITY NAME: Fairmount Mobile Estates
 Month/Year: FEBRUARY 2010 COUNTY: Highlands

PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH PARM Code 00400 1 Minimum	Sample Measurement				6.7		7.2	S.U.	0		
	Permit Requirement				6.0 Minimum		8.5 Daily Max	S.U.			
Chlorine, Total Residual PARM Code 050060 1 Effluent Gross Value	Sample Measurement				.6			mg/L	0		
	Permit Requirement				Minimum			mg/L			
Nitrate (as N) (If required in the permit) PARM Code 00620 1 Effluent Gross Value	Sample Measurement							mg/L	0	Monthly	Grab
	Permit Requirement				12 mg/L			mg/L		Monthly	Grab
Nitrogen, Total (as N) (If required in the permit) PARM Code 000600 1 Effluent Gross Value	Sample Measurement						.41	mg/L	0		
	Permit Requirement						Report Daily Max.	mg/L			
Turbidity (If required in the permit)	Sample Measurement								0		
	Permit Requirement						Report Daily Max.	N.T.U.			

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	3/18/10

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Fairmount Mobile Estates

Permit Number: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: FEBRUARY 2010
 Three Month Average Daily Flow: .024

County: Highlands
 Daily Flow % of Permitted Capacity: 60%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as O ₂)	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O ₂)	TSS, Effluent (mg/L)	NO, Effluent (mg/L as N)	Total N Effluent (mg/L as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grab C=Comp	Time of Sample
Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.025	1.1								7.0			
2	.024	.9								6.9			
3	.025	.7								6.8			
4	.027	.8								6.9			
5	.026	.6								6.7			
6	.026	.9								6.9			
7	.024												
8	.024	1.2								7.1			
9	.026	1.0								6.9			
10	.027	.8								6.7			
11	.025	1.2								6.9			
12	.023	1.5	520.0	520.0	2.7	1.0U	.41		1.0U	7.0		G	1120
13	.025	1.8								7.2			
14	.026												
15	.026	1.3								7.0			
16	.026	.9								6.9			
17	.026	1.1								7.0			
18	.025	1.3								7.1			
19	.026	1.0								7.0			
20	.025	.8								7.0			
21	.027												
22	.027	.7								6.8			
23	.028	.8								6.9			
24	.028	.6								6.7			
25	.027	.7								6.8			
26	.028	.9								6.9			
27	.028	.7								6.8			
28													
29													
30													
31													

PLANT STAFFING:

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 Reclaimed Water Reuse:

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

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A


When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Rodger Miller
 MAILING ADDRESS: 3625 Valerie Blvd
 Sebring, Florida 33870
 FACILITY LOCATION: Fairmount Mobile Estates
 US 27 North
 Sebring, Florida
 COUNTY: Highlands

PERMIT NUMBER: FLA014387
 LIMIT: Final
 CLASS SIZE: minor
 Facility ID: FLA014384
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: III/C
 NO DISCHARGE FROM SITE: []
 Type of Effluent Disposal: Perk Pond
 MONITORING PERIOD: From: 3/1/10
 REPORT: Monthly
 GROUP: Domestic
 To: 3/31/10

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Flow,		.028	.030	mgd				0		
PARM Code 50050 Monthly Average Daily	1	Report Monthly Ave.	Permitted Capacity	mgd						
CBOD5, Influent					470.0	470.0	mg/L	0	Monthly	Grab
PARM Code 80082 Influent Gross Value	G				Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent					395.0	395.0	mg/L	0	Monthly	Grab
PARM Code 00530 Influent Gross Value	G				Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent					3.9	3.9	mg/L	0	Monthly	Grab
PARM Code 80082 Effluent Gross Value	1				Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent					2.2	2.2	mg/L	0	Monthly	Grab
PARM Code 00530 Effluent Gross Value	1				Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal					1.0U	1.0U	#/100 ml	0	Monthly	Grab
PARM Code 031616 Effluent Gross Value	1				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 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	4/19/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)


FACILITY NAME: Fairmount Mobile Estates
 Month/Year: MARCH 2010 COUNTY: Highlands

PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
pH PARM Code 00400 1 Minimum	Sample Measurement				6.7		7.2	S.U.	0	
	Permit Requirement				6.0 Minimum		8.5 Daily Max	S.U.		
Chlorine, Total Residual PARM Code 050060 1 Effluent Gross Value	Sample Measurement				.6			mg/L	0	
	Permit Requirement				Minimum			mg/L		
Nitrate (as N) (If required in the permit) PARM Code 00620 1 Effluent Gross Value	Sample Measurement							mg/L	0	Monthly Grab
	Permit Requirement				12 mg/L			mg/L		Monthly Grab
Nitrogen, Total (as N) (If required in the permit) PARM Code 000600 1 Effluent Gross Value	Sample Measurement						.18	mg/L	0	
	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 it 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	4/19/10

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

DAILY SAMPLE RESULTS - PART B

Facility Name: Fairmount Mobile Estates

Permit Number: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: MARCH 2010
 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 O ₂)	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O ₂)	TSS, Effluent (mg/L)	NO, Effluent (mg/L as N)	Total N Effluent (mg/L as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grab C=Conn	Time of Sample
	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.028	.9								6.9			
2	.027	1.1								7.0			
3	.028												
4	.028	1.3								7.1			
5	.027	1.0								7.0			
6	.028	1.2								7.2			
7	.030	1.0								7.1			
8	.028	.8								6.9			
9	.026	1.1								7.0			
10	.026	1.0								6.9			
11	.024	1.2								7.0			
12	.027	.9	470.0	395.0	3.9	2.2	.18		1.0U	6.8		C	1120
13	.026	1.0								6.9			
14	.026												
15	.026	1.1								7.1			
16	.028	.9								7.0			
17	.028	1.0								6.9			
18	.030	1.5								7.1			
19	.030	1.2								7.0			
20	.029	1.6								7.2			
21	.030												
22	.030	1.0								7.0			
23	.028	.7								6.9			
24	.030	.8								6.7			
25	.030	1.0								6.9			
26	.030	.9								6.8			
27	.029	1.0								6.9			
28	.030												
29	.030	.8								6.8			
30	.030	.6								6.7			
31	.030	.8								6.8			

PLANT STAFFING:

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 Reclaimed Water Reuse: _____

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

Attach additional sheets if necessary to list all certified operators.