

**St. John's River Estates Utility**  
**15 Shaker Rd.**  
**Gray, Me 04039**  
**207 274 6660**

March 12,2024

Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Fl. 32399-0850

Subject: Docket No. 20230131 – WS – Application for staff-assisted rate case in Putnam County by St. John's River Estates Utility (SJREU).

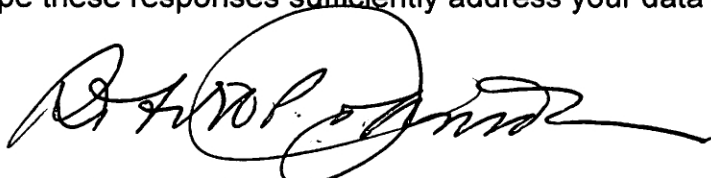
Dear Commission Clerk:

We are in receipt of the engineering staff data request dated February 1, 2024. This letter will serve as the cover letter for the data requested and will be addressed in the order presented in the attached engineering data request. Due to the size of the request, the data will now be sent in 4 separate attachments. The first two attachments indicated there would a total of 3 attachments, but the last one was too large to scan, so there will now be 4 total attachments.

This is the third attachment and includes responses to data request #7 thru #9.

7. Transportation expenses – SJREU owns no vehicles.
8. Water quality tests – attached.
9. Operations reports – attached with #8.

I hope these responses sufficiently address your data request.



Robert P. Johnson, CFO

Data request #8 and 9.

Water reports from Two Fold Engineering

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

PERMITTEE NAME: ADDRESS:  FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM		PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001	
		DESCRIPTION: rapid infiltration basin, including Influent	
		MONITORING PERIOD: From: 01/01/2023 To: 01/31/2023	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.004						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.0099 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement	.003	.004						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					37			0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.4			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-I	Permit Requirement					20.0 (Annl Avg)	mg/L			(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				5.8	5.8	5.8		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					32.57			1	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				74.	74.	74.		1	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					12.0			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					1.0	1.0		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2	7.6		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				2.0			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement					.20		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement					0		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement					0		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 GATHERED AND EVALUATED 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.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-3248	SUBMITTED ON 02/22/2023	

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

<b>PERMITTEE NAME:</b> <b>ADDRESS:</b>  <b>FACILITY:</b> St. Johns River Club WWTF <b>LOCATION:</b> Off Cr 309b Near Satsuma Satsuma, FL <b>COUNTY:</b> PUTNAM	<b>PERMIT NUMBER:</b> FLA011717 <b>LIMIT:</b> FINAL <b>REPORT:</b> Monthly <b>FACILITY TYPE:</b> DW <b>GROUP:</b> Domestic <b>MONITORING GROUP:</b> RMP-Q  <b>DESCRIPTION:</b> Biosolids Quantity  <b>MONITORING PERIOD:</b> From: 01/01/2023 To: 01/31/2023
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement		0						0	1 Monthly	Calculated
	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement		0						0	1 Monthly	Calculated
	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
<small>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</small> Rick Tudak		<small>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 GATHERED AND EVALUATED 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.</small>						<small>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</small> Electronically Signed		<small>TELEPHONE</small> (352) 475-2244	<small>SUBMITTED ON</small> 02/22/2023

**DAILY SAMPLE RESULTS-PART B**

Permit Number: FLA011717 Facility: St. Johns River Club, WWTF  
 Monitoring Period From: 1-Jan-23 To: 31-Jan-23

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.004									
2	0.004						2.20	7.60		
3	0.002			5.8	74.0	1.0	0.200			
4	0.002						2.20	7.60		
5	0.005									
6	0.004						2.20	7.20		
7	0.003									
8	0.003									
9	0.002						2.20	7.50		
10	0.005									
11	0.004						2.00	7.50		
12	0.004									
13	0.003						2.20	7.50		
14	0.004									
15	0.004									
16	0.003						2.20	7.60		
17	0.002									
18	0.002						2.00	7.60		
19	0.001									
20	0.001						2.20	7.50		
21	0.002									
22	0.002									
23	0.003						2.20	7.50		
24	0.003									
25	0.003						2.00	7.60		
26	0.004									
27	0.003						2.20	7.50		
28	0.002									
29	0.003									
30	0.003						2.00	7.50		
31	0.004									
<b>Total</b>	<b>0.094</b>	<b>0.0</b>	<b>0.0</b>	<b>5.80</b>	<b>74.00</b>	<b>1.00</b>	<b>0.200</b>	<b>27.800</b>	<b>97.70</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.003</b>	<b>0.0</b>	<b>0.0</b>	<b>5.80</b>	<b>74.00</b>	<b>1.00</b>	<b>0.200</b>	<b>2.1</b>	<b>7.5</b>	<b>0.00</b>
<b>Max</b>	<b>0.005</b>	<b>0.0</b>	<b>0.0</b>	<b>5.80</b>	<b>74.00</b>	<b>1.00</b>	<b>0.200</b>	<b>2.2</b>	<b>7.6</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>5.80</b>	<b>74.00</b>	<b>1.00</b>	<b>0.200</b>	<b>2.0</b>	<b>7.2</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class: C	Certificate I	12391	Name: Wayne R. Davids
Day Shift Operator	Class: C	Certificate I	12902	Name: Anthony T. Hu
Day Shift Operator	Class: C	Certificate I	14738	Name: Thaddeus W.
Day Shift Operator	Class: C	Certificate I	20711	Name: Ross A. Boger
Day Shift Operator	Class: C	Certificate I	21594	Name: Danny M. Wox
Lead Operator	Class: C	Certificate I	9774	Name: Richard M. Tit

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

PERMITTEE NAME: ADDRESS:				PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001							
FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM				DESCRIPTION: rapid infiltration basin, including influent  MONITORING PERIOD: From: 02/01/2023 To: 02/28/2023							
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.004						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.0099 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow  PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	.004	.003						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					34			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement					4.4			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)	mg/L			(1 Monthly)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.4	6.4	6.4		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement					32.4			1	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				26	26	26		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					12.0			0	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					1.0	1.0		0	1 Monthly	Grab
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geom)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4	8.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.0			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement					.10		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement					277		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement					126		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Trudick	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 GATHERED AND EVALUATED 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.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 03/23/2023

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

PERMITTEE NAME: ADDRESS:  FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM	PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 02/01/2023 To: 02/28/2023
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement		0						0	1 Monthly	Calculated
	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement		0						0	1 Monthly	Calculated
	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Rick Tisdale	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 GATHERED AND EVALUATED 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.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (352) 475-2248	SUBMITTED ON  03/23/2023	

**DAILY SAMPLE RESULTS-PART B**

Permit Number: **FLA011717** Facility: **St. Johns River Club, WWTF**  
 Monitoring Period From: **1-Feb-23** To: **28-Feb-23**

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.004							2.00	7.50	
2	0.004									
3	0.005							1.00	7.60	
4	0.005									
5	0.006									
6	0.004							2.20	7.70	
7	0.004	277	126.0	6.4	26.0	1.0	0.10	2.20	7.60	
8	0.004							2.20	7.60	
9	0.004									
10	0.004							2.20	7.50	
11	0.005									
12	0.005									
13	0.005							2.20	7.60	
14	0.005									
15	0.004							2.00	7.50	
16	0.004									
17	0.003							2.20	7.40	
18	0.006									
19	0.006									
20	0.005							1.60	8.00	
21	0.004									
22	0.003							1.50	7.80	
23	0.004									
24	0.003							1.50	7.80	
25	0.005									
26	0.005									
27	0.006							1.90	7.70	
28	0.004									
29										
30										
31	0.004									
<b>Total</b>	<b>0.130</b>	<b>277.0</b>	<b>126.0</b>	<b>6.40</b>	<b>26.00</b>	<b>1.00</b>	<b>0.100</b>	<b>24.700</b>	<b>99.30</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.004</b>	<b>0.0</b>	<b>0.0</b>	<b>6.40</b>	<b>26.00</b>	<b>1.00</b>	<b>0.100</b>	<b>1.9</b>	<b>7.6</b>	<b>0.00</b>
<b>Max</b>	<b>0.006</b>	<b>277.0</b>	<b>126.0</b>	<b>6.40</b>	<b>26.00</b>	<b>1.00</b>	<b>0.100</b>	<b>2.2</b>	<b>8.0</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>277.0</b>	<b>126.0</b>	<b>6.40</b>	<b>26.00</b>	<b>1.00</b>	<b>0.100</b>	<b>1.0</b>	<b>7.4</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class: C	Certificate I	12391	Name: Wayne R. Davids
Day Shift Operator	Class: C	Certificate I	12902	Name: Anthony T. Hu
Day Shift Operator	Class: C	Certificate N	14738	Name: Thaddeus W.
Day Shift Operator	Class: C	Certificate I	20711	Name: Ross A. Boger
Day Shift Operator	Class: C	Certificate I	21594	Name: Danny M. Wox
Lead Operator	Class: C	Certificate I	9774	Name: Richard M. Tis

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

WHEN COMPLETED MAIL THIS REPORT TO: FDEP, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7590


PERMITTEE NAME: St. Johns River club, LLC PERMIT NUMBER: FLA011717  
 MAILING ADDRESS: 215 West Church Road, Suite 105  
 King Of Prussia, Pennsylvania 19406 LIMIT: Final Final REPORT: Monthly  
 CLASS SIZE: Final GROUP: Domestic

FACILITY: St. Johns River Club, WWTF  
 LOCATION: 100 Bayou Drive MONITORING GROUP NUMBER: R-001  
 Satsuma, FL 32189 MONITORING GROUP DESC: On-Site Part IV-Land Application System

COUNTY: Putnam NO DISCHARGE FROM SITE:  
 MONITORING PERIOD From: 1-Mar-23 To: 31-Mar-23

PARAMETER		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measureme		0.004						0		
PARM Code 50050 Y Mon. Site No. INF-1	Permit nt		0.015 (An. Avg.)	MGD						5 Days/Week	Flow Meter
Flow	Sample Measureme	0.005	0.004						0	5 Days/Week	
PARM Code 50050 G Mon. Site No. INF-1	Permit nt	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD						5 Days/Week	Flow Meter
Percent Capacity, (TMADF/Permitted)	Sample Measureme				40%	%			0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit nt				Report (Mo. Total)	%				Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measureme				4.2	mg/L			0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit nt				20.0 (An. Avg.)	mg/L				Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measureme			2.0	2.0	2.0			0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit nt			30 (Mo. Avg.)	45.0 (Wk. Avg.)	60.0 (Max.)	mg/L			Monthly	Grab
Solids, Total Suspended	Sample Measureme				30.07				0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)	mg/L				Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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 PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Wayne R. Davids, Authorized Agent		352-475-2248	4/27/2023

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
 Influent Testing only to be done every two months

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

FACILITY: St. Johns River club WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011717

MONITORING PERIOD From: 1-Mar-23 To: 31-Mar-23

PARAMETER	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				20.00	20.00	20.00		0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				(Mo. Avg.)	30.0 (Wk. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					12.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.00	1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					Report (Mo. Geo Mir)	800 (Max)	#/100ML		Monthly	Grab
pH	Sample Measurement				7.4		7.7	SU	0	5 Days/Week	
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max)	SU		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.20		0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement						294.0	mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						(Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement						240.0	mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						(Max)	mg/L		Monthly	Grab

**DAILY SAMPLE RESULTS-PART B**

Permit Number: **FLA011717** Facility: **St. Johns River Club, WWTF**  
 Monitoring Period From: **1-Mar-23** To: **31-Mar-23**

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.003							2.20	7.60	
2	0.004									
3	0.003							2.20	7.50	
4	0.004									
5	0.004									
6	0.004							2.00	7.60	
7	0.005									
8	0.004							2.20	7.60	
9	0.004									
10	0.004							2.20	7.50	
11	0.005									
12	0.005									
13	0.005							2.20	7.60	
14	0.005									
15	0.004							2.20	7.70	
16	0.006									
17	0.006							2.20	7.60	
18	0.005									
19	0.005									
20	0.005							2.00	7.60	
21	0.005	294	240.0	2.0	20.0	1.0	0.2	2.20	7.60	
22	0.004							2.20	7.60	
23	0.005									
24	0.004							2.20	7.60	
25	0.005									
26	0.005									
27	0.004							2.20	7.40	
28	0.006									
29	0.005							2.20	7.50	
30	0.006									
31	0.006							2.20	7.60	
<b>Total</b>	<b>0.145</b>	<b>294.0</b>	<b>240.0</b>	<b>2.00</b>	<b>20.00</b>	<b>1.00</b>	<b>0.200</b>	<b>32.600</b>	<b>113.60</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.005</b>	<b>0.0</b>	<b>0.0</b>	<b>2.00</b>	<b>20.00</b>	<b>1.00</b>	<b>0.200</b>	<b>2.2</b>	<b>7.6</b>	<b>0.00</b>
<b>Max</b>	<b>0.006</b>	<b>294.0</b>	<b>240.0</b>	<b>2.00</b>	<b>20.00</b>	<b>1.00</b>	<b>0.200</b>	<b>2.2</b>	<b>7.7</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>294.0</b>	<b>240.0</b>	<b>2.00</b>	<b>20.00</b>	<b>1.00</b>	<b>0.200</b>	<b>2.0</b>	<b>7.4</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class: C	Certificate I	12391	Name: Wayne R. Davids
Day Shift Operator	Class: C	Certificate I	12902	Name: Anthony T. Hu
Day Shift Operator	Class: C	Certificate N	14738	Name: Thaddeus W.
Day Shift Operator	Class: C	Certificate I	20711	Name: Ross A. Boger
Day Shift Operator	Class: C	Certificate I	21594	Name: Danny M. Wor
Lead Operator	Class: C	Certificate I	9774	Name: Richard M. Ti

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

PERMITTEE NAME: ADDRESS:		PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001									
FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM		DESCRIPTION: rapid infiltration basin, including Influent  MONITORING PERIOD: From: 04/01/2023 To: 04/30/2023									
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.004						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.0099 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow  PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	.004	.004						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					44			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement				5.0				0	1 Monthly	Grab
	Permit Requirement				20.0 (Annl Avg)		mg/L			(1 Monthly)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				12	12	12		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					30.57			1	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				31	31	31		1	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					20.3			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					100	100		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.5	7.7		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.2			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement					.4		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement					214		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement					88		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Trudale	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 GATHERED AND EVALUATED 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.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2148	SUBMITTED ON 05/23/2023

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

PERMITTEE NAME: ADDRESS:		PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q						
FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM		DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 04/01/2023 To: 04/30/2023						
Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	ton (d)				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	ton (d)				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Rick Tisdale	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 GATHERED AND EVALUATED 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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 05/23/2023

**DAILY SAMPLE RESULTS-PART B**

Permit Number: FLA011717

Facility: St. Johns River Club, WWTF

Monitoring Period From: 1-Apr-23 To: 30-Apr-23

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.004									
2	0.004							2.00	7.60	
3	0.004									
4	0.004									
5	0.004							2.20	7.70	
6	0.004									
7	0.004							2.20	7.60	
8	0.004									
9	0.004									
10	0.004							2.00	7.70	
11	0.002	214.0	88.0	12.0	31.0	100.0	0.400	1.20	7.50	
12	0.005							2.00	7.50	
13	0.004									
14	0.003							2.20	7.50	
15	0.004									
16	0.004									
17	0.005							2.20	7.50	
18	0.002									
19	0.001							2.20	7.60	
20	0.006									
21	0.006							2.20	7.50	
22	0.006									
23	0.006									
24	0.006							2.20	7.50	
25	0.004									
26	0.004							2.20	7.50	
27	0.002									
28	0.002							2.00	7.50	
29	0.003									
30	0.003									
31										
<b>Total</b>	<b>0.118</b>	<b>214.0</b>	<b>88.0</b>	<b>12.00</b>	<b>31.00</b>	<b>100.00</b>	<b>0.400</b>	<b>26.800</b>	<b>98.20</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.004</b>	<b>0.0</b>	<b>0.0</b>	<b>12.00</b>	<b>31.00</b>	<b>100.00</b>	<b>0.400</b>	<b>2.1</b>	<b>7.6</b>	<b>0.00</b>
<b>Max</b>	<b>0.006</b>	<b>214.0</b>	<b>88.0</b>	<b>12.00</b>	<b>31.00</b>	<b>100.00</b>	<b>0.400</b>	<b>2.2</b>	<b>7.7</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>214.0</b>	<b>88.0</b>	<b>12.00</b>	<b>31.00</b>	<b>100.00</b>	<b>0.400</b>	<b>1.2</b>	<b>7.5</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class: C	Certificate I	12391	Name: Wayne R. Davids
Day Shift Operator	Class: C	Certificate I	12902	Name: Anthony T. Hu
Day Shift Operator	Class: C	Certificate N	14738	Name: Thaddeus W.
Day Shift Operator	Class: C	Certificate I	20711	Name: Ross A. Boger
Day Shift Operator	Class: C	Certificate I	21594	Name: Danny M. Wor
Lead Operator	Class: C	Certificate I	9774	Name: Richard M. Tit

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

<b>PERMITTEE NAME:</b>		<b>PERMIT NUMBER:</b>	FLA011717
<b>ADDRESS:</b>		<b>LIMIT:</b>	FINAL REPORT: Monthly
		<b>FACILITY TYPE:</b>	DW GROUP: Domestic
<b>FACILITY:</b>	St. Johns River Club WWTF	<b>MONITORING GROUP:</b>	R-001
<b>LOCATION:</b>	Off Cr 309b Near Satsuma Satsuma, FL	<b>DESCRIPTION:</b>	rapid infiltration basin, including Influent
<b>COUNTY:</b>	PUTNAM	<b>MONITORING PERIOD:</b>	From: 05/01/2023 To: 05/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.005						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.0099 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow  PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	.004	.004						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					44			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement				5.8				0	1 Monthly	Grab
	Permit Requirement				20.0 (Annl Avg)		mg/L			(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				24	24	24		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement					33.9			1	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				66	66	66		1	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					20.3			0	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					1	1		0	1 Monthly	Grab
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4	7.9		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.0			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement					.4		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement					250		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement					108		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Rick Tisdale	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 GATHERED AND EVALUATED 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.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (352) 475-2248	SUBMITTED ON  06/22/2023	

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

PERMITTEE NAME: ADDRESS:		PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q						
FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM		DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 05/01/2023 To: 05/31/2023						
Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	ton (d)				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	ton (d)				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Rick Tisdale	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 GATHERED AND EVALUATED 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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (352) 475-2248	SUBMITTED ON  06/22/2023



**DAILY SAMPLE RESULTS-PART B**

Permit Number: FLA011717 Facility: St. Johns River Club, WWTF  
 Monitoring Period From: **1-May-23** To: **31-May-23**

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.003							2.00	7.50	
2	0.003									
3	0.003							2.00	7.80	
4	0.004									
5	0.003							2.20	7.80	
6	0.004									
7	0.004									
8	0.005							1.60	7.60	
9	0.003									
10	0.002							1.80	7.70	
11	0.003									
12	0.003							1.60	7.80	
13	0.003									
14	0.003									
15	0.003							1.00	7.58	
16	0.004	250	108	24.00	66.00	1.00	0.4000	2.20	7.51	
17	0.003							2.20	7.50	
18	0.004									
19	0.004							2.00	7.90	
20	0.003									
21	0.003									
22	0.004							2.20	7.60	
23	0.004									
24	0.007							2.00	7.40	
25	0.006									
26	0.005							2.20	7.40	
27	0.004									
28	0.004									
29	0.005							2.20	7.60	
30	0.004									
31	0.004							2.20	7.70	
<b>Total</b>	<b>0.117</b>	<b>250.0</b>	<b>108.0</b>	<b>24.00</b>	<b>66.00</b>	<b>1.00</b>	<b>0.400</b>	<b>29.400</b>	<b>114.39</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.004</b>	<b>0.0</b>	<b>0.0</b>	<b>24.00</b>	<b>66.00</b>	<b>1.00</b>	<b>0.400</b>	<b>2.0</b>	<b>7.6</b>	<b>0.00</b>
<b>Max</b>	<b>0.007</b>	<b>250.0</b>	<b>108.0</b>	<b>24.00</b>	<b>66.00</b>	<b>1.00</b>	<b>0.400</b>	<b>2.2</b>	<b>7.9</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>250.0</b>	<b>108.0</b>	<b>24.00</b>	<b>66.00</b>	<b>1.00</b>	<b>0.400</b>	<b>1.0</b>	<b>7.4</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class: C	Certificate I	12391	Name: Wayne R. Davids
Day Shift Operator	Class: C	Certificate I	12902	Name: Anthony T. Hu
Day Shift Operator	Class: C	Certificate N	14738	Name: Thaddeus W.
Day Shift Operator	Class: C	Certificate I	20711	Name: Ross A. Boger
Day Shift Operator	Class: C	Certificate I	21594	Name: Danny M. Woc
Lead Operator	Class: C	Certificate I	9774	Name: Richard M. Tis

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

<b>PERMITTEE NAME:</b>		<b>PERMIT NUMBER:</b>	FLA011717
<b>ADDRESS:</b>		<b>LIMIT:</b>	FINAL REPORT: Monthly
		<b>FACILITY TYPE:</b>	DW GROUP: Domestic
<b>FACILITY:</b>	St. Johns River Club WWTF	<b>MONITORING GROUP:</b>	R-001
<b>LOCATION:</b>	Off Cr 309b Near Satsuma Satsuma, FL	<b>DESCRIPTION:</b>	rapid infiltration basin, including Influent
<b>COUNTY:</b>	PUTNAM	<b>MONITORING PERIOD:</b>	From: 06/01/2023 To: 06/30/2023

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.005					0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.0099 (Annl Avg)	MGD					(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow  PARM Code 50050 I Mon. Site: FLW-1	Sample Measurement	.003	.004					0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD					(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					37		0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement					6.4		0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10	10	10		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement					35.9			1	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				34	34	34		1	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					46.9			0	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					320	320		1	1 Monthly	Grab
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2		8.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.0				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement						2.2		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement						223		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement						114		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Trudale	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 GATHERED AND EVALUATED 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.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (152) 475-2248	SUBMITTED ON 07/26/2023	

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

PERMITTEE NAME: ADDRESS:				PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q				
FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM				DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 06/01/2023 To: 06/30/2023				
Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	ton (d)				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	ton (d)				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Rick Tisdale	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 GATHERED AND EVALUATED 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				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (352) 475-2248	SUBMITTED ON  07/26/2023

**DAILY SAMPLE RESULTS-PART B**

Permit Number: FLA011717 Facility: St. Johns River Club, WWTF  
 Monitoring Period From: 1-Jun-23 To: 30-Jun-23

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.002									
2	0.002							1.50	7.90	
3	0.003									
4	0.003									
5	0.003							1.80	7.50	
6	0.003	223	114.0	10.0	34.0	320.0	2.20	2.00	7.20	
7	0.002							2.00	7.20	
8	0.003									
9	0.003							2.20	7.30	
10	0.003									
11	0.003									
12	0.002							2.20	7.30	
13	0.003									
14	0.002							2.20	7.40	
15	0.004									
16	0.003							2.20	7.50	
17	0.004									
18	0.004									
19	0.003							2.20	7.90	
20	0.005									
21	0.005							1.20	7.80	
22	0.006									
23	0.006							1.00	7.90	
24	0.004									
25	0.004									
26	0.004							1.00	7.80	
27	0.003									
28	0.003							1.00	8.00	
29	0.003									
30	0.003							2.00	7.60	
31										
<b>Total</b>	<b>0.101</b>	<b>223.0</b>	<b>114.0</b>	<b>10.00</b>	<b>34.00</b>	<b>320.00</b>	<b>2.200</b>	<b>24.500</b>	<b>106.30</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.003</b>	<b>0.0</b>	<b>0.0</b>	<b>10.00</b>	<b>34.00</b>	<b>320.00</b>	<b>2.200</b>	<b>1.8</b>	<b>7.6</b>	<b>0.00</b>
<b>Max</b>	<b>0.006</b>	<b>223.0</b>	<b>114.0</b>	<b>10.00</b>	<b>34.00</b>	<b>320.00</b>	<b>2.200</b>	<b>2.2</b>	<b>8.0</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>223.0</b>	<b>114.0</b>	<b>10.00</b>	<b>34.00</b>	<b>320.00</b>	<b>2.200</b>	<b>1.0</b>	<b>7.2</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class: C	Certificate I	12391	Name: Wayne R. Davids
Day Shift Operator	Class: C	Certificate I	12902	Name: Anthony T. Hu
Day Shift Operator	Class: C	Certificate I	14738	Name: Thaddeus W.
Day Shift Operator	Class: C	Certificate I	20711	Name: Ross A. Boger
Day Shift Operator	Class: C	Certificate I	21594	Name: Danny M. Wox
Lead Operator	Class: C	Certificate I	9774	Name: Richard M. Tit

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

<b>PERMITTEE NAME:</b>		<b>PERMIT NUMBER:</b>	FLA011717
<b>ADDRESS:</b>		<b>LIMIT:</b>	FINAL REPORT: Monthly
		<b>FACILITY TYPE:</b>	DW GROUP: Domestic
<b>FACILITY:</b>	St. Johns River Club WWTF	<b>MONITORING GROUP:</b>	R-001
<b>LOCATION:</b>	Off Cr 309b Near Satsuma Satsuma, FL.	<b>DESCRIPTION:</b>	rapid infiltration basin, including Influent
<b>COUNTY:</b>	PUTNAM	<b>MONITORING PERIOD:</b>	From: 07/01/2023 To: 07/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.004						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.0099 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow  PARM Code 50050 I Mon. Site: FLW-1	Sample Measurement	.003	.003						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					34			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement					6.9			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)	mg/L			(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				7.2	7.2	7.2		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					38.85			1	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				44	44	44		1	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					52.7			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					200	200		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2	7.6		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.6			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement					4.5		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement					250		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement					150		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Trudale	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 GATHERED AND EVALUATED 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.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 475-2244	SUBMITTED ON 08/16/2023

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

PERMITTEE NAME: ADDRESS:		PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q						
FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM		DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 07/01/2023 To: 07/31/2023						
Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	ton (d)				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	ton (d)				(1 Monthly)	(Calculated)
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Rick Tisdale	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 GATHERED AND EVALUATED 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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 02/16/2023

**DAILY SAMPLE RESULTS-PART B**

Permit Number: FLA011717 Facility: St. Johns River Club, WWTF  
 Monitoring Period From: 1-Jul-23 To: 31-Jul-23

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.003									
2	0.003									
3	0.003							2.20	7.50	
4	0.003									
5	0.002	250	150.0	7.2	44.0	200.0	4.500	2.20	7.20	
6	0.004									
7	0.003							2.20	7.30	
8	0.003									
9	0.003									
10	0.002							2.20	7.30	
11	0.004									
12	0.003							2.00	7.50	
13	0.003									
14	0.002							2.20	7.50	
15	0.003									
16	0.003									
17	0.002							2.20	7.40	
18	0.003									
19	0.002							2.00	7.50	
20	0.003									
21	0.002							2.20	7.50	
22	0.003									
23	0.003									
24	0.003							1.80	7.60	
25	0.003									
26	0.003							2.00	7.60	
27	0.003									
28	0.003							2.20	7.50	
29	0.003									
30	0.003									
31	0.003							1.60	7.50	
<b>Total</b>	<b>0.089</b>	<b>250.0</b>	<b>150.0</b>	<b>7.20</b>	<b>44.00</b>	<b>200.00</b>	<b>4.500</b>	<b>27.000</b>	<b>96.90</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.003</b>	<b>0.0</b>	<b>0.0</b>	<b>7.20</b>	<b>44.00</b>	<b>200.00</b>	<b>4.500</b>	<b>2.1</b>	<b>7.5</b>	<b>0.00</b>
<b>Max</b>	<b>0.004</b>	<b>250.0</b>	<b>150.0</b>	<b>7.20</b>	<b>44.00</b>	<b>200.00</b>	<b>4.500</b>	<b>2.2</b>	<b>7.6</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>250.0</b>	<b>150.0</b>	<b>7.20</b>	<b>44.00</b>	<b>200.00</b>	<b>4.500</b>	<b>1.6</b>	<b>7.2</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class:	C	Certificate I	12391	Name:	Wayne R. Davids
Day Shift Operator	Class:	C	Certificate I	12902	Name:	Anthony T. Hu
Day Shift Operator	Class:	C	Certificate I	14738	Name:	Thaddeus W.
Day Shift Operator	Class:	C	Certificate I	20711	Name:	Ross A. Boger
Day Shift Operator	Class:	C	Certificate I	21594	Name:	Danny M. Wor
Lead Operator	Class:	C	Certificate I	9774	Name:	Richard M. Tis

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

PERMITTEE NAME: ADDRESS:				PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001						
FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM				DESCRIPTION: rapid infiltration basin, including Influent  MONITORING PERIOD: From: 08/01/2023 To: 08/31/2023						
Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.004					0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.0099 (Annl Avg)	MGD					(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow  PARM Code 50050 I Mon. Site: FLW-1	Sample Measurement	.003	.003					0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	Report (Qtrr Avg)	MGD					(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					30		0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement					7.4		0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.6	8.6	8.6		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement					39.93			1	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				23	23	23		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					252.6			1	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					2400	2400		1	1 Monthly	Grab
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)		#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2	7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				0.5			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement					1.0		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement					257		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement					86		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Trudale	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 GATHERED AND EVALUATED 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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 475-2244	SUBMITTED ON 09/26/2021	

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

PERMITTEE NAME: ADDRESS:				PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q				
FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM				DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 08/01/2023 To: 08/31/2023				
Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	ton (d)				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement	0				0	1 Monthly	Calculated
	Permit Requirement	Report (Mo Total)	ton (d)				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Rick Tisdale	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 GATHERED AND EVALUATED 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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE (352) 475-1248	SUBMITTED ON 09/26/2023

**DAILY SAMPLE RESULTS-PART B**

Permit Number: FLA011717

Facility: St. Johns River Club, WWTF

Monitoring Period From: **1-Aug-23** To: **31-Aug-23**

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.003									
2	0.002							1.40	7.50	
3	0.003									
4	0.002							1.00	7.40	
5	0.003									
6	0.003									
7	0.002							2.20	7.40	
8	0.003									
9	0.002							2.20	7.40	
10	0.003									
11	0.003							2.20	7.30	
12	0.002									
13	0.002									
14	0.003							2.00	7.30	
15	0.003	257	86.0	8.6	23.0	2400.0	1.000	2.20	7.40	
16	0.002							2.20	7.40	
17	0.005									
18	0.005							2.20	7.30	
19	0.003									
20	0.003									
21	0.003							0.50	7.20	
22	0.004									
23	0.004							1.50	7.20	
24	0.004									
25	0.002							1.50	7.20	
26	0.002									
27	0.002									
28	0.003							1.80	7.30	
29	0.003									
30	0.002							1.60	7.20	
31	0.003									
<b>Total</b>	<b>0.089</b>	<b>257.0</b>	<b>86.0</b>	<b>8.60</b>	<b>23.00</b>	<b>2400.00</b>	<b>1.000</b>	<b>24.500</b>	<b>102.50</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.003</b>	<b>0.0</b>	<b>0.0</b>	<b>8.60</b>	<b>23.00</b>	<b>2400.00</b>	<b>1.000</b>	<b>1.8</b>	<b>7.3</b>	<b>0.00</b>
<b>Max</b>	<b>0.005</b>	<b>257.0</b>	<b>86.0</b>	<b>8.60</b>	<b>23.00</b>	<b>2400.00</b>	<b>1.000</b>	<b>2.2</b>	<b>7.5</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>257.0</b>	<b>86.0</b>	<b>8.60</b>	<b>23.00</b>	<b>2400.00</b>	<b>1.000</b>	<b>0.5</b>	<b>7.2</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class:	C	Certificate I	12391	Name:	Wayne R. Davids
Day Shift Operator	Class:	C	Certificate I	12902	Name:	Anthony T. Hu
Day Shift Operator	Class:	C	Certificate I	14738	Name:	Thaddeus W.
Day Shift Operator	Class:	C	Certificate I	20711	Name:	Ross A. Boger
Day Shift Operator	Class:	C	Certificate I	21594	Name:	Danny M. Wor
Lead Operator	Class:	C	Certificate I	9774	Name:	Richard M. Tit



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

PERMITTEE NAME: ADDRESS:  FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM	PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: rapid infiltration basin, including Influent  MONITORING PERIOD: From: 09/01/2022 To: 09/30/2022
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.005						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.0099 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow  PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	.006	.006						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					61			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement					4.8			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)	mg/L			(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				5.3	5.3	5.3		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					21.63			1	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				24	24	24		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					11.8			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					1.0	1.0		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2	7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.0			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement					.4		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement					233		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement					230		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 GATHERED AND EVALUATED 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.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 10/28/2022	

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

PERMITTEE NAME: ADDRESS:  FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM	PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 09/01/2022 To: 09/30/2022
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		0						0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement		0						0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-2	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Rick Tisdale	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 GATHERED AND EVALUATED 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.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (352) 475-2244	SUBMITTED ON  10/28/2022		

**DAILY SAMPLE RESULTS-PART B**

Permit Number: FLA011717

Facility: St. Johns River Club, WWTF

Monitoring Period From: **1-Sep-22** To: **30-Sep-22**

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.007									
2	0.006							2.20	7.30	
3	0.007									
4	0.007									
5	0.007							1.00	7.40	
6	0.004	233	230.0	5.3	24.0	1.0	0.40	2.20	7.30	
7	0.004							2.20	7.30	
8	0.004									
9	0.004							2.20	7.20	
10	0.005									
11	0.005									
12	0.005							2.20	7.20	
13	0.006									
14	0.006							2.00	7.30	
15	0.004									
16	0.004							2.20	7.20	
17	0.009									
18	0.009									
19	0.009							2.00	7.30	
20	0.004									
21	0.003							2.20	7.30	
22	0.004									
23	0.004							2.20	7.30	
24	0.005									
25	0.005									
26	0.004							2.20	7.30	
27	0.003									
28	0.003							2.20	7.20	
29	0.013									
30	0.013							2.00	7.20	
31										
<b>Total</b>	<b>0.173</b>	<b>233.0</b>	<b>230.0</b>	<b>5.30</b>	<b>24.00</b>	<b>1.00</b>	<b>0.400</b>	<b>29.000</b>	<b>101.80</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.006</b>	<b>0.0</b>	<b>0.0</b>	<b>5.30</b>	<b>24.00</b>	<b>1.00</b>	<b>0.400</b>	<b>2.1</b>	<b>7.3</b>	<b>0.00</b>
<b>Max</b>	<b>0.013</b>	<b>233.0</b>	<b>230.0</b>	<b>5.30</b>	<b>24.00</b>	<b>1.00</b>	<b>0.400</b>	<b>2.2</b>	<b>7.4</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>233.0</b>	<b>230.0</b>	<b>5.30</b>	<b>24.00</b>	<b>1.00</b>	<b>0.400</b>	<b>1.0</b>	<b>7.2</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class:	C	Certificate I	12391	Name:	Wayne R. Davids
Day Shift Operator	Class:	C	Certificate I	12902	Name:	Anthony T. Hu
Day Shift Operator	Class:	C	Certificate I	14738	Name:	Thaddeus W.
Day Shift Operator	Class:	C	Certificate I	20711	Name:	Ross A. Boger
Day Shift Operator	Class:	C	Certificate I	21594	Name:	Danny M. Wor
Lead Operator	Class:	C	Certificate I	9774	Name:	Richard M. Tit

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

PERMITTEE NAME: ADDRESS:		PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001									
FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM		DESCRIPTION: rapid infiltration basin, including Influent  MONITORING PERIOD: From: 09/01/2023 To: 09/30/2023									
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.004						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.0099 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow  PARM Code 50050 I Mon. Site: FLW-1	Sample Measurement	.002	.003						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	Report (Qtrr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					27			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement				7.5				0	1 Monthly	Grab
	Permit Requirement				20.0 (Annl Avg)		mg/L			(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.8	6.8	6.8		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement					41.35			1	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				41	41	41		1	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					252.6			1	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					1.0	1.0		0	1 Monthly	Grab
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2	7.6		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.6			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement					.41		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement					201		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement					80		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 GATHERED AND EVALUATED 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.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 475-2248	SUBMITTED ON 10/23/2023



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

PERMITTEE NAME: ADDRESS:				PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q				
FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM				DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 09/01/2023 To: 09/30/2023				
Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement	0			0	1 Monthly	Calculated	
	Permit Requirement	Report (Mo Total)	ton (d)			(1 Monthly)	(Calculated)	
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement	0			0	1 Monthly	Calculated	
	Permit Requirement	Report (Mo Total)	ton (d)			(1 Monthly)	(Calculated)	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Rick Tisdale	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 GATHERED AND EVALUATED 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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (352) 475-2248	SUBMITTED ON  10/23/2023

**DAILY SAMPLE RESULTS-PART B**

Permit Number: FLA011717 Facility: St. Johns River Club, WWTF  
 Monitoring Period From: 1-Sep-23 To: 30-Sep-23

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.002							2.00	7.30	
2	0.003									
3	0.003									
4	0.004							1.60	7.20	
5	0.003									
6	0.003	201	80.0	6.8	41.0	1.0	0.41	2.14	7.60	
7	0.003									
8	0.002							2.20	7.50	
9	0.001									
10	0.001									
11	0.002							2.20	7.50	
12	0.001									
13	0.002							2.20	7.20	
14	0.003									
15	0.003							2.20	7.60	
16	0.002									
17	0.002									
18	0.003							2.10	7.50	
19	0.001									
20	0.001							2.20	7.60	
21	0.002									
22	0.001							2.20	7.60	
23	0.003									
24	0.003									
25	0.003							2.20	7.50	
26	0.002									
27	0.001							2.20	7.60	
28	0.004									
29	0.003							2.20	7.50	
30	0.004									
31										
<b>Total</b>	<b>0.071</b>	<b>201.0</b>	<b>80.0</b>	<b>6.80</b>	<b>41.00</b>	<b>1.00</b>	<b>0.410</b>	<b>27.640</b>	<b>97.20</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.002</b>	<b>0.0</b>	<b>0.0</b>	<b>6.80</b>	<b>41.00</b>	<b>1.00</b>	<b>0.410</b>	<b>2.1</b>	<b>7.5</b>	<b>0.00</b>
<b>Max</b>	<b>0.004</b>	<b>201.0</b>	<b>80.0</b>	<b>6.80</b>	<b>41.00</b>	<b>1.00</b>	<b>0.410</b>	<b>2.2</b>	<b>7.6</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>201.0</b>	<b>80.0</b>	<b>6.80</b>	<b>41.00</b>	<b>1.00</b>	<b>0.410</b>	<b>1.6</b>	<b>7.2</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class: C	Certificate I	12391	Name: Wayne R. Davids
Day Shift Operator	Class: C	Certificate I	12902	Name: Anthony T. Hu
Day Shift Operator	Class: C	Certificate N	14738	Name: Thaddeus W.
Day Shift Operator	Class: C	Certificate I	20711	Name: Ross A. Boger
Day Shift Operator	Class: C	Certificate I	21594	Name: Danny M. Wox
Lead Operator	Class: C	Certificate I	9774	Name: Richard M. Ti

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

PERMITTEE NAME: ADDRESS:		PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001	
FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM		DESCRIPTION: rapid infiltration basin, including Influent	
MONITORING PERIOD: From: 10/01/2022 To: 10/31/2022			

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.005					0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.0099 (Annl Avg)	MGD					(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow  PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	.005	.006					0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD					(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					64		0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement					4.6		0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				2.4	2.4	2.4		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					28.97			1	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				108	108	108		1	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					11.8			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					1.0	1.0		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2	7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.3			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement					0.16		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement					150		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement					82		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 GATHERED AND EVALUATED 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.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2244	SUBMITTED ON 11/28/2022

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

PERMITTEE NAME: ADDRESS:  FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM	PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 10/01/2022 To: 10/31/2022
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement		0						0	1 Monthly	Calculated
	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement		0						0	1 Monthly	Calculated
	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Rick Tisdale	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 GATHERED AND EVALUATED 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (352) 475-2248	SUBMITTED ON  11/28/2022
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**DAILY SAMPLE RESULTS-PART B**

Permit Number: **FLA011717** Facility: **St. Johns River Club, WWTF**  
 Monitoring Period From: **1-Oct-22** To: **31-Oct-22**

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.007									
2	0.007									
3	0.007							2.20	7.30	
4	0.005									
5	0.005							2.20	7.30	
6	0.004									
7	0.004							2.00	7.20	
8	0.007									
9	0.007									
10	0.007							1.30	7.40	
11	0.005	150.0	82.0	2.4	108.0	1.0	0.160			
12	0.005							1.60	7.40	
13	0.005									
14	0.004							1.80	7.30	
15	0.004									
16	0.004									
17	0.003							2.20	7.30	
18	0.005									
19	0.004							2.00	7.20	
20	0.004									
21	0.004							2.20	7.20	
22	0.005									
23	0.005									
24	0.005							2.20	7.20	
25	0.006									
26	0.005							2.20	7.20	
27	0.006									
28	0.006							2.20	7.30	
29	0.008									
30	0.008									
31	0.008							2.20	7.30	
<b>Total</b>	<b>0.169</b>	<b>150.0</b>	<b>82.0</b>	<b>2.40</b>	<b>108.00</b>	<b>1.00</b>	<b>0.160</b>	<b>26.300</b>	<b>94.60</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.005</b>	<b>0.0</b>	<b>0.0</b>	<b>2.40</b>	<b>108.00</b>	<b>1.00</b>	<b>0.160</b>	<b>2.0</b>	<b>7.3</b>	<b>0.00</b>
<b>Max</b>	<b>0.008</b>	<b>150.0</b>	<b>82.0</b>	<b>2.40</b>	<b>108.00</b>	<b>1.00</b>	<b>0.160</b>	<b>2.2</b>	<b>7.4</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>150.0</b>	<b>82.0</b>	<b>2.40</b>	<b>108.00</b>	<b>1.00</b>	<b>0.160</b>	<b>1.3</b>	<b>7.2</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class: C	Certificate I	12391	Name: Wayne R. Davids
Day Shift Operator	Class: C	Certificate I	12902	Name: Anthony T. Hu
Day Shift Operator	Class: C	Certificate I	14738	Name: Thaddeus W.
Day Shift Operator	Class: C	Certificate I	20711	Name: Ross A. Boger
Day Shift Operator	Class: C	Certificate I	21594	Name: Danny M. Wor
Lead Operator	Class: C	Certificate I	9774	Name: Richard M. Ti

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

PERMITTEE NAME: ADDRESS:		PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001	
FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM		DESCRIPTION: rapid infiltration basin, including Influent	
MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022			

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.005					0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.0099 (Annl Avg)	MGD					(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow  PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	.005	.005					0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD					(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					54		0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement					4.7		0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3	3.3	3.3		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement					29.38			1	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				24.0	24.0	24.0		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					12.0			0	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement					4.2	4.2		0	1 Monthly	Grab
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geom)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2		7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.6				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement						.20		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement						221		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement						452		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	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 GATHERED AND EVALUATED 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						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (352) 475-2248	SUBMITTED ON 12/16/2022	

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

PERMITTEE NAME: ADDRESS:  FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM	PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement		0						0	1 Monthly	Calculated
	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement		0						0	1 Monthly	Calculated
	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Rick Tudale	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 GATHERED AND EVALUATED 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.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (352) 475-2248	SUBMITTED ON  12/16/2022	

**DAILY SAMPLE RESULTS-PART B**

Permit Number: FLA011717 Facility: St. Johns River Club, WWTF  
 Monitoring Period From: 1-Nov-22 To: 30-Nov-22

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.003									
2	0.002							2.20	7.30	
3	0.002									
4	0.002							2.20	7.30	
5	0.003									
6	0.003									
7	0.003							2.20	7.20	
8	0.003									
9	0.003							2.20	7.30	
10	0.011									
11	0.011							2.20	7.20	
12	0.006									
13	0.006									
14	0.007							2.20	7.20	
15	0.005									
16	0.005							2.20	7.30	
17	0.005									
18	0.005									
19	0.004							2.20	7.30	
20	0.005									
21	0.005									
22	0.004	221	452.0	3.3	24.0	4.2	0.2	1.58	7.33	
23	0.003							1.60	7.30	
24	0.006									
25	0.006							2.00	7.30	
26	0.004									
27	0.004									
28	0.004							2.20	7.40	
29	0.005									
30	0.005							2.00	7.30	
31										
<b>Total</b>	<b>0.140</b>	<b>221.0</b>	<b>452.0</b>	<b>3.30</b>	<b>24.00</b>	<b>4.20</b>	<b>0.200</b>	<b>26.980</b>	<b>94.73</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.005</b>	<b>0.0</b>	<b>0.0</b>	<b>3.30</b>	<b>24.00</b>	<b>4.20</b>	<b>0.200</b>	<b>2.1</b>	<b>7.3</b>	<b>0.00</b>
<b>Max</b>	<b>0.011</b>	<b>221.0</b>	<b>452.0</b>	<b>3.30</b>	<b>24.00</b>	<b>4.20</b>	<b>0.200</b>	<b>2.2</b>	<b>7.4</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>221.0</b>	<b>452.0</b>	<b>3.30</b>	<b>24.00</b>	<b>4.20</b>	<b>0.200</b>	<b>1.6</b>	<b>7.2</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class: C	Certificate I	12391	Name: Wayne R. Davids
Day Shift Operator	Class: C	Certificate I	12902	Name: Anthony T. Hu
Day Shift Operator	Class: C	Certificate I	14738	Name: Thaddeus W.
Day Shift Operator	Class: C	Certificate I	20711	Name: Ross A. Boger
Day Shift Operator	Class: C	Certificate I	21594	Name: Danny M. Wor
Lead Operator	Class: C	Certificate I	9774	Name: Richard M. Ti

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

PERMITTEE NAME: ADDRESS:  FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b Near Satsuma Satsuma, FL COUNTY: PUTNAM	PERMIT NUMBER: FLA011717 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: rapid infiltration basin, including Influent  MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-1	Sample Measurement		.005						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement		0.0099 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow  PARM Code 50050 1 Mon. Site: FLW-1	Sample Measurement	.003	.004						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	Report (Mo Avg)	Report (Qtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100  PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement					44			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement					4.3			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)	mg/L			(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				2.0	2.0	2.0		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					27.90			1	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				5.2	5.2	5.2		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					12.0			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					1.0	1.0		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2	7.7		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)	8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.0			0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement					.20		0	1 Monthly	Grab
	Permit Requirement					12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement					379		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement					502		0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tudale	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 GATHERED AND EVALUATED 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.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (352) 475-2244	SUBMITTED ON 01/26/2023

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

<b>PERMITTEE NAME:</b> <b>ADDRESS:</b>  <b>FACILITY:</b> St. Johns River Club WWTF <b>LOCATION:</b> Off Cr 309b Near Satsuma Satsuma, FL <b>COUNTY:</b> PUTNAM	<b>PERMIT NUMBER:</b> FLA011717 <b>LIMIT:</b> FINAL REPORT: Monthly <b>FACILITY TYPE:</b> DW GROUP: Domestic <b>MONITORING GROUP:</b> RMP-Q  <b>DESCRIPTION:</b> Biosolids Quantity  <b>MONITORING PERIOD:</b> From: 12/01/2022 To: 12/31/2022
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-1	Sample Measurement		0						0	1 Monthly	Calculated
	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-2	Sample Measurement		0						0	1 Monthly	Calculated
	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Rick Tidale	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 GATHERED AND EVALUATED 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							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (352) 475-2248	SUBMITTED ON  01/26/2023	



**DAILY SAMPLE RESULTS-PART B**

Permit Number: FLA011717 Facility: St. Johns River Club, WWTF  
 Monitoring Period From: 1-Dec-22 To: 31-Dec-22

	Flow (MGD)	CBOD5 (MG/L)	TSS (mg/L)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	TRC (For Disinfect.) (MG/L)	pH (Max) (SU)	pH (Min) (SU)
Code	50050	80082	00530	80082	530	74055	00620	50060	400	400
Mon. Site	INF-1	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.003									
2	0.002							2.20	7.30	
3	0.003									
4	0.003									
5	0.004							2.00	7.20	
6	0.003									
7	0.003	379	502.0	2.0	5.2	1.0	0.20	2.00	7.30	
8	0.004									
9	0.003							2.20	7.30	
10	0.003									
11	0.003									
12	0.003							1.00	7.40	
13	0.004									
14	0.004							1.00	7.50	
15	0.003									
16	0.003							1.00	7.50	
17	0.003									
18	0.003									
19	0.004							1.20	7.40	
20	0.004									
21	0.004							2.20	7.40	
22	0.005									
23	0.004							1.10	7.70	
24	0.003									
25	0.003									
26	0.003							2.20	7.60	
27	0.004									
28	0.003							2.20	7.60	
29	0.003									
30	0.003							2.20	7.50	
31	0.004									
<b>Total</b>	<b>0.104</b>	<b>379.0</b>	<b>502.0</b>	<b>2.00</b>	<b>5.20</b>	<b>1.00</b>	<b>0.200</b>	<b>22.500</b>	<b>96.70</b>	<b>0.00</b>
<b>Mo. Avg</b>	<b>0.003</b>	<b>0.0</b>	<b>0.0</b>	<b>2.00</b>	<b>5.20</b>	<b>1.00</b>	<b>0.200</b>	<b>1.7</b>	<b>7.4</b>	<b>0.00</b>
<b>Max</b>	<b>0.005</b>	<b>379.0</b>	<b>502.0</b>	<b>2.00</b>	<b>5.20</b>	<b>1.00</b>	<b>0.200</b>	<b>2.2</b>	<b>7.7</b>	<b>0.00</b>
<b>Min</b>	<b>0.0</b>	<b>379.0</b>	<b>502.0</b>	<b>2.00</b>	<b>5.20</b>	<b>1.00</b>	<b>0.200</b>	<b>1.0</b>	<b>7.2</b>	<b>0.00</b>

**PLANT STAFFING:**

Day Shift Operator	Class: C	Certificate I	12391	Name: Wayne R. Davids
Day Shift Operator	Class: C	Certificate I	12902	Name: Anthony T. Hu
Day Shift Operator	Class: C	Certificate I	14738	Name: Thaddeus W.
Day Shift Operator	Class: C	Certificate I	20711	Name: Ross A. Boger
Day Shift Operator	Class: C	Certificate I	21594	Name: Danny M. Wor
Lead Operator	Class: C	Certificate I	9774	Name: Richard M. Tit