St. John's River Estates Utility 15 Shaker Rd. Gray, Me 04039

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

PERMITTEE NAME:

ADDRESS:

St. Johns River Club WWTF

FACILITY: LOCATION:

COUNTY:

Off Cr 309b

Near Satsuma

Satsuma, FL PUTNAM

PERMIT NUMBER: FLA011717 LIMIT:

FINAL FACILITY TYPE:

MONITORING PERIOD: From: 01/01/2023 To: 01/31/2023

REPORT: DW GROUP:

Monthly Domestic

Sample

MONITORING GROUP: R-001

DESCRIPTION:

rapid infiltration basin, including Influent

Parameter		Quantity o	or Loading	Units	Quali	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	
T1	Sample		004							6 D 81/1	I

Type Elapsed Time Measurement Flow .004 5 Days/Week on Pump Measurement (Pump Log) (Elapsed PARM Code 50050 Y Permit Time 0.0099 MGD (5 Days/Week) Measuremen Mon. Site: FLW-1 (Anni Avg) Requirement on Pump (Pump Log)) Elapsed Time Sample Measurement 0 Flow .003 .004 5 Days/Week on Pump Measurement (Pump Log) (Elapsed PARM Code 50050 1 Report (Qrtr Avg) Permit Report MGD (5 Days/Week) Measuremen Mon. Site: FLW-1 (Mo Avg) Requirement oa Pump (Pump Log)) Percent Capacity, Sample (TMADF/Permitted Capacity) x 37 0 I Monthly Calculated Measurement PARM Code 00180 P Permit Report (Mo Avg) (1 Monthly) (Calculated) Mon. Site: CAL-1 Requirement Sample BOD, Carbonaceous 5 day, 20C 4.4 0 1 Monthly Grab Measurement PARM Code 80082 Y Permit 20.0 mg/L (1 Monthly) (Grab) Mon. Site: EFA-I Requirement (Annl Avg)

Parameter		Quantity or Loading	Units Quality or Concentration				Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.8	5.8	5.8		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		(I Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				32.57			1	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement				20.0 (Anni Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement			74.	74.	74.		1	l 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 (Anni Avg)		#/100mL		(I 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					tration	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.2		7.6		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-I	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				2.0				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-I	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.20		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						0		0	1 Monthly	Grab
PARM Code 80082 Q Mon. Site: INF-I	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						0		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
OR AUTHORIZED AGENT DI PR Rick Tradale PE AI AI	CERTIFY UNDER PENALT RECTION OR SUPERVISIO COPERLY GATHERED AND RESONS WHO MANAGE THE RE INFORMATION SUBMIT A AWARE THAT THERE SSSIBILITY OF FINE AND IN	IN ACCORDAN EVALUATED THE E SYSTEM, OR THE TED IS, TO THE E ARE SIGNIFICAN	ICE WITH A SYST IE INFORMATION OSE PERSONS DIR IEST OF MY KNOW IT PENALTIES FO	EM DESIGNED TO SUBMITTED BAS ECTLY RESPONSI VLEDGE AND BEI OR SUBMITTING	O ASSURE THAT (SED ON MY INQUI IBLE FOR GATHER LIEF, TRUE, ACCUI	QUALIFIED PERS RY OF THE PERS ING THE INFORM RATE AND COMP	ONNEL OR AUTHO ON OR ATION, Electronica LETE, 1	ORIZED AGENT	EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	

PERMITTEE NAME: PERMIT NUMBER: FLA011717 ADDRESS: LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b DESCRIPTION: **Biosolids Quantity** Near Satsuma Satsuma, FL COUNTY: PUTNAM MONITORING PERIOD: From: 01/01/2023 To: 01/31/2023 Frequency Sample Parameter Quantity or Loading Units Quality or Concentration Units Ex. Type Analysis Sample Biosolids Quantity (Transferred) 0 0 1 Monthly Calculated Measurement PARM Code B0007 + Permit Report (Mo Total) ton (d) (1 Monthly) (Calculated) Mon. Site: RMP-1 Requirement Sample Biosolids Quantity (Landfilled) 0 0 1 Monthly Calculated Measurement PARM Code B0008 + Permit Report (Mo Total) ton (d) (1 Monthly) Mon. Site: RMP-2 Requirement I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER TELEPHONE DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERD AND EVALUATED THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WITH EYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTHES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SUBMITTED ON Rick Tischele (352) 475-2248 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 CBOD5 TSS (mg/L) CBOD5 TSS Fecal Coliform Nitrogen, TRC (For pH (Max) pH (Min) Flow (MGD) (MG/L) (MG/L) (MG/L) Bacteria Nitrate, Total Disinfect.) (SU) (SU) (#/100ML) (MG/L) (as N) (MG/L) Code 50050 80082 00530 80082 74055 00620 50060 400 530 400 Mon. Site INF-1 INF-1 INF-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-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 2.20 7.20 6 0.004 0.003 8 0.003 9 0.002 2.20 7.50 10 0.005 2.00 7.50 11 0.004 12 0.004 13 0.003 2.20 7.50 14 0.004 15 0.004 2.20 7.60 16 0.003 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 2.00 7.60 25 0.003 26 0.004 27 0.003 2.20 7.50 28 0.002 29 0.003 2.00 7.50 30 0.003 0.004 31 Total 0.094 0.0 0.0 5.80 74.00 1.00 0.200 27.800 97.70 0.00 lo. Avg 0.003 0.0 0.0 5.80 74.00 1.00 0.200 2.1 7.5 0.00 0.005 0.0 0.0 5.80 74.00 1.00 0.200 7.6 0.00 Max 2.2 0.0 0.0 5.80 74.00 1.00 0.200 0.00 0.0 2.0 7.2 Min PLANT STAFFING: Day Shift Operator Class: С Certificate I 12391 Name: Wayne R. Davids Day Shift Operator Class: С Certificate I 12902 Name: Anthony T. Hu Day Shift Operator Class: С Certficate N 14738 Thaddeus W. Name: Day Shift Operator Class: С Certificate I 20711 Name: Ross A. Boger Day Shift Operator Class: С Certificate I 21594 Name: Danny M. Woo С Class: Certificate I Richard M. Tis Lead Operator 9774 Name:

PERMITTEE NAME:

ADDRESS:

FACILITY: LOCATION: St. Johns River Club WWTF Off Cr 309b

Near Satsuma

Satsuma, FL

PERMIT NUMBER: FLA011717 LIMIT:

FINAL REPORT: Monthly Domestic

FACILITY TYPE: DW
MONITORING GROUP: R-001 GROUP:

DESCRIPTION:

rapid infiltration basin, including Influent

COUNTY: PUTNAM						МС	INITORING PE	RIOD: From	02/01/202	3 To: 02/28/2023	
Parameter		Quantity	or Loading	Units	Quali	ty or Concen	tration	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 (Anni Avg)	MGD						(5 Days/Week)	(Elapsed Time Measuremen on Pump (Pump Log))
Flow	Sample Measurement	.004	.003						0	5 Days/Week	Etapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 1 Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measuremen on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						34		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-1	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		(i 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 (Anni Avg)		mg/L		(I 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 (Anni 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 Geoma)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

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Parameter	Quantity or Loading Units Quality or Concentration					tration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement				7.4		8.0		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Weck)	(Grab)
Chlorine, Total Residual	Sample Measurement				1.0				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.10		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement			. , .			277		0	1 Monthly	Grab
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						126		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-I	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
OR AUTHORIZED AGENT P Rick Tisdale P	CERTIFY UNDER PENALT IRECTION OR SUPERVISIGE ROPERLY GATHERED AND ERSONS WHO MANAGE THE HIP OF THE AND IT HERE OSSIBILITY OF FINE AND IT.	ON IN ACCORDAN DEVALUATED THE SE SYSTEM, OR THE STED IS, TO THE B ARE SIGNIFICAN	CE WITH A SYST E INFORMATION OSE PERSONS DIR EST OF MY KNOV IT PENALTIES FO	EM DESIGNED T SUBMITTED BAS ECTLY RESPONS VLEDGE AND BE OR SUBMITTING	O ASSURE THAT SED ON MY INQUI IBLE FOR GATHER LIEF, TRUE, ACCU	QUALIFIED PERS IRY OF THE PERS ING THE INFORM RATE AND COMP	SONNEL OR AUTHO SON OR IATION, Electronical	DRIZED AGENT	EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A PERMITTEE NAME: PERMIT NUMBER: FLA011717 FINAL REPORT: Monthly
DW GROUP: Domestic ADDRESS: LIMIT: FACILITY TYPE: Domestic MONITORING GROUP: RMP-Q FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b DESCRIPTION: **Biosolids Quantity** Near Satsuma Satsuma, FL MONITORING PERIOD: From: 02/01/2023 To: 02/28/2023 COUNTY: PUTNAM Frequency Sample No. Parameter Quantity or Loading Units **Quality or Concentration** Units Ex. Type Analysis Sample Biosolids Quantity (Transferred) 0 0 1 Monthly Calculated Measurement PARM Code B0007 + Permit Report (Mo Total) ton (d) (I Monthly) (Calculated) Mon. Site: RMP-1 Requirement Sample Biosolids Quantity (Landfilled) 0 0 1 Monthly Calculated Measurement PARM Code B0008 + Permit Report (Mo Total) ton (d) (1 Monthly) (Calculated) Mon. Site: RMP-2 Requirement I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WITH EYSTEM, OR THOSE PERSONS WITH EYSTEM, OR THOSE PERSONS WITH EXPORTANTION. Electrosically Signed (352) 475-2248 AM AWARE THAT THERE ARE SIGNIFICANT PENALTHES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SUBMITTED OF Rick Tisdale (352) 475-2248 | 03/23/2023

DAILY SAMPLE RESULTS-PART B FLA011717 Permit Number: Facility: St. Johns River Club, WWTF 1-Feb-23 To: 28-Feb-23 Monitoring Period From: Flow CBOD5 TSS (mg/L) CBOD5 TSS Fecal Coliform Nitrogen, TRC (For pH (Max) pH (Min) (MGD) (MG/L) (MG/L) (MG/L) Bacteria Nitrate, Total Disinfect.) (SU) (SU) (#/100ML) (as N) (MG/L) (MG/L) Code 50050 80082 00530 80082 74055 530 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 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 7.70 277 7 126.0 0.10 0.004 6.4 26.0 2.20 1.0 7.60 8 2.20 0.004 7.60 9 0.004 10 0.004 2.20 7.50 11 0.005 0.005 12 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 8.00 20 0.005 1.60 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 Total 0.130 277.0 126.0 6.40 26.00 1.00 0.100 24.700 99.30 0.00 lo. Avg 0.004 0.0 0.0 6.40 26.00 1.00 0.100 1.9 7.6 0.00 Max 0.006 277.0 126.0 6.40 26.00 1.00 0.100 2.2 8.0 0.00 Min 0.0 277.0 126.0 6.40 26.00 1.00 0.100 1.0 7.4 0.00 PLANT STAFFING: Day Shift Operator Class: С Certificate I 12391 Name: Wayne R. Davids Day Shift Operator Class: С Certificate I 12902 Name: Anthony T. Hu С Certficate N Day Shift Operator Class: 14738 Name: Thaddeus W. Class: С Day Shift Operator Certificate I 20711 Name: Ross A. Boger Day Shift Operator Class: С Certificate / 21594 Name: Danny M. Woo Lead Operator Class: С Certificate 1 9774 Name: Richard M. Tis

VHEN COMPLETED MAIL TH					ECTION DI , 7825 Baymea					(A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
PERMITTEE NAME: MAILING ADDRESS:	St. Johns Riv 215 West Ch	ver club, LLC	uite 105	PERMIT NU	MBER:		FLA011717				
		sia, Pennsylva		LIMIT: Final CLASS SIZE			Final		REPOR GROUP	300	Monthly Domestic
FACILITY:		er Club, WW	ſF								
LOCATION:	100 Bayou D Satsuma, FL				NG GROUP NO NG GROUP DE		R-001 On-Site Part	IV-Land Appl	ication Sy	stem	
COUNTY:	Putnam			NO DISCHA	RGE FROM S	ITE:	From:	1-Mar-2	3 To:	31-Mar-23	ľ
PARAMETER		Quantity or L	oading	Units	Qual	ty or Concer	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measureme		0.004						0	5 Days/Week	
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	Permit	Report	Report	MGD						5 Days/Week	Flow
Mon. Site No. INF-1	nt	(Mo.Avg.)	(Qt.Avg.)								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, 200	Measureme					4.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit nt Sample					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 200	Measureme of				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	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
certify under penalty of law that this information submitted. Based on my snowledge and belief, tru, accurate,	inquiry of the pa and complete. I	erson or person am aware that t	s who manage here are signi	the system, or ficant penalties	those persons of for submitting fa	irectly respons se information	ible for gatherin , including the p	g the information	on, the infor	mation submitted sonment for knowi	is, to the best
NAME/TITLE OF PRINCIPAL EXECUTIVE	OFFICER OR AL	THORIZED AGEN	SIGNATURE C	F PRINCIPLE EX	CUTIVE OFFICER	OR AUTHORIZE	DAGENT	TELEPHONE N	D.	DATE (YY/MM/DI	J)
Wayne R. Davids, Autho	rized Ager	nt		Wage	- DE		_	352-475-2	2248	4/27/2023	

VERSION: February 15, 2013 DEP Form 62-620.910(10), Effective April 2013

		DISCHARGE MONITORII	NG REPORT	- PART A (Co	ntinued)					
FACILITY: St. Johns River of	club WWTF		NG GROUP I	NUMBER: R-0 From:	01 1-Mar-23	То	PERMIT NU		A011717	
PARAMETER		Quantity or Loading	Units	Quality	or Concer	ntration	Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Measureme			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	Measureme				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 Measureme				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
рН	Measureme			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 Measureme			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 Measureme					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, 200	Sample Measureme					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 Measureme					240.0	mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement					(Max)	mg/L		Monthly	Grab

VERSION: February 15, 2013 DEP Form 62-620.910(10), Effective April 2013

DAILY SAMPLE RESULTS-PART B Permit Number: FLA011717 Facility: St. Johns River Club, WWTF 1-Mar-23 To: 31-Маг-23 Monitoring Period From: Flow CBOD5 CBOD5 TSS (mg/L) TSS Fecal Coliform Nitrogen, TRC (For pH (Max) pH (Min) (MGD) (MG/L) (MG/L) (MG/L) Bacteria Nitrate, Total Disinfect.) (SU) (SU) (#/100ML) (as N) (MG/L) (MG/L) Code 50050 80082 00530 80082 74055 00620 50060 400 400 530 Mon. Site INF-1 INF-1 INF-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 0.003 2.20 7.60 2 0.004 2.20 3 0.003 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 7.70 2.20 16 0.006 17 0.006 2.20 7.60 18 0.005 19 0.005 20 0.005 2.00 7.60 294 240.0 21 0.005 2.0 20.0 1.0 0.2 2.20 7.60 22 0.004 2.20 7.60 23 0.005 24 2.20 0.004 7.60 25 0.005 26 0.005 0.004 27 2.20 7.40 28 0.006 29 0.005 2.20 7.50 30 0.006 31 0.006 2.20 7.60 Total 0.145 294.0 240.0 2.00 20.00 1.00 0.200 32.600 113.60 0.00 ∕lo. Avg 0.005 0.0 0.0 2.00 20.00 1.00 0.200 2.2 7.6 0.00 Max 0.006 294.0 240.0 2.00 20.00 1.00 0.200 2.2 7.7 0.00 Min 0.0 294.0 240.0 2.00 20.00 1.00 0.200 2.0 0.00 7.4 PLANT STAFFING: Day Shift Operator Class: С Certificate I 12391 Name: Wayne R. Davids Day Shift Operator Class: С Certificate I 12902 Name: Anthony T. Hu Day Shift Operator Class: С Certficate N 14738 Name: Thaddeus W. Day Shift Operator Class: С Certificate I 20711 Name: Ross A. Boger Day Shift Operator Class: С Certificate I 21594 Name: Danny M. Woo Lead Operator Class: С Certificate I 9774 Name: Richard M. Tis

PERMITTEE NAME: ADDRESS:

FACILITY: LOCATION:

St. Johns River Club WWTF Off Cr 309b Near Satsuma

PERMIT NUMBER: FLA011717

LIMIT: FINAL REPORT: FACILITY TYPE: DW GROUP: MONITORING GROUP: R-001

Monthly

DESCRIPTION:

rapid infiltration basin, including Influent

	ıma, FL NAM					мс	ONITORING P	ERIOD: Fron	n: 04/01/20	23 To: 04/30/2023	
Parameter		Quantity	or Loading	Units	Quali	ty or Concen	tration	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-I	Permit Requirement		0.0099 (Anni Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement	.004	.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 (Qrtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						44		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					5.0			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)

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

Parameter		Quantity	r Loading	Units	Qualit	y or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
pН	Sample Measurement				7.5		7.7	l	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-I	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				1.2				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement		,				.4		0	l Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-I	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						214		0	1 Monthly	Grab
PARM Code 80082 Q Mon, Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						88		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
OR AUTHORIZED AGENT Rick Titidale	I CERTIFY UNDER PENAL MY DIRECTION OR SUPPERSONNEL PROPERLY OF THE PERSON OR PER GATHERING THE INFORBELIEF, TRUE, ACCURA SUBMITTING FALSE INFOVIOLATIONS.	ERVISION IN ACC SATHERED AND I SONS WILO MAN MATION, THE IN TE AND COMPLI	CORDANCE WITH EVALUATED THE AGE THE SYSTE FORMATION SUI ETE. I AM AWA	I A SYSTEM DES E INFORMATION M, OR THOSE PI HMITTED IS, TO RE THAT TILER	SIGNED TO ASSUME SUBMITTED BASE ERSONS DIRECTLE THE BEST OF ME E ARE SIGNIFICA	RE THAT QUALI SED ON MY INQU Y RESPONSIBLE Y KNOWLEDGE INT PENALTIES	FIED OR AUTHOR JIRY FOR Electronically AND FOR	IZED AGENT	XECUTIVE O	(352) 475-2248 0	SUBMITTED ON 15/23/2023

PERMITTEE NAME:							PERMIT NU	MBER:	FLA011		
ADDRESS:							LIMIT: FACILITY T MONITORI		FINAL DW RMP-Q	REPORT: Monthly GROUP: Domestic	;
LOCATION: Off C Near	hns River Club WWTF ir 309b Satsuma	•					DESCRIPTION	ON:	Biosolid	s Quantity	
COUNTY: PUT	ma, FL NAM						MONITORIN	NG PERIOD:	From: 04	/01/2023 To: 04/30/202	3
Parameter		Quantity	or Loading	Units	Quali	y or Conce	ntration	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)						(I Monthly)	(Calculated
NAMETITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT RICK TIMBLE	I CERTIFY UNDER PENA MY DIRECTION OR SUP PERSONNEL PROPERLY OF THE PERSON OR PER GATHERING THE INFOR BELIEF, TRUE, ACCURA SUBMITTING FALSE INFO VIOLATIONS.	ERVISION IN ACC GATHERED AND USONS WHO MAN IMATION, THE IN THE AND COMPL	CORDANCE WITH EVALUATED THE MAGE THE SYSTE FORMATION SU JETE. I AM AWA	I A SYSTEM DES E INFORMATION M, OR THOSE PE BMITTED IS, TO RE THAT THERE	IGNED TO ASSI SUBMITTED BA RSONS DIRECT THE BEST OF M ARE SIGNIFIC	JRE THAT QUA SED ON MY D LY RESPONSIB IY KNOWLEDO ANT PENALTI	ALIFIED OR AUTH QUIRY LE FOR Electronics DE AND ES FOR	ORIZED AGENT	L EXECUTI	VE OFFICER TELEPHONE (352) 475-2248	

DAILY SAMPLE RESULTS-PART B Permit Number: FLA011717 Facility: St. Johns River Club, WWTF 1-Apr-23 To: 30-Apr-23 Monitoring Period From: Nitrogen, pH (Max) Flow CBOD5 TSS (mg/L) CBOD5 TSS Fecal Coliform TRC (For pH (Min) (MG/L) (MG/L) (MGD) (MG/L) Disinfect.) Bacteria Nitrate, Total (SU) (SU) (#/100ML) (as N) (MG/L) (MG/L) 50050 80082 00530 80082 530 74055 00620 50060 400 400 Code Mon. Site INF-1 INF-1 INF-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-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 0.004 2.00 7.70 10 0.002 214.0 88.0 12.0 31.0 100.0 0.400 7.50 11 1.20 0.005 2.00 7.50 12 13 0.004 7.50 14 0.003 2.20 15 0.004 0.004 16 2.20 7.50 17 0.005 18 0.002 0.001 19 2.20 7.60 20 0.006 2.20 7.50 21 0.006 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 Total 0.118 214.0 88.0 12.00 31.00 100.00 0.400 26.800 98.20 0.00 lo. Avg 0.004 0.0 0.0 12.00 31.00 100.00 0.400 2.1 7.6 0.00 Max 0.006 214.0 88.0 12.00 31.00 100.00 0.400 2.2 7.7 0.00 Min 0.0 214.0 88.0 12.00 31.00 100.00 0.400 1.2 7.5 0.00 PLANT STAFFING: Day Shift Operator Class: С Certificate I 12391 Name: Wayne R. Davids Day Shift Operator Class: С Certificate I 12902 Name: Anthony T. Hu Day Shift Operator Class: С Certficate N 14738 Name: Thaddeus W. Day Shift Operator Class: С Certificate I 20711 Name: Ross A. Bogei Day Shift Operator Class: С Danny M. Wor Certificate I 21594 Name: Class: С Certificate I Richard M. Tis 9774 Name: Lead Operator

PERMITTEE NAME: PERMIT NUMBER: FLA011717 ADDRESS: LIMIT: REPORT: FINAL Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b DESCRIPTION: rapid infiltration basin, including Influent Near Satsuma Satsuma, FL MONITORING PERIOD: From: 05/01/2023 To: 05/31/2023 COUNTY: PUTNAM Frequency No. Sample Quantity or Loading Units Parameter **Quality or Concentration** Units Ex. Type Analysis Elapsed Time Sample Flow .005 5 Days/Week on Pump (Pump Log) Measurement (Elapsed Time PARM Code 50050 Y Permit 0.0099 MGD (5 Days/Week) Measurement Mon. Site: FLW-I (Anni Avg) Requirement on Pump (Pump Log)) Elapsed Time Sample Flow .004 .004 5 Days/Week Measurement on Pump (Pump Log) (Elapsed PARM Code 50050 1 Time Permit Report (Mo Avg) Report (Qrtr Avg) MGD (5 Days/Week) Measurement Mon. Site: FLW-1 Requirement on Pump (Pump Log)) Percent Capacity, (TMADF Sample 0 44 1 Monthly Calculated /Permitted Capacity) x 100 Measurement PARM Code 00180 P Permit Report (Mo Avg) (1 Monthly) (Calculated) percent Mon. Site: CAL-I Requirement BOD, Carbonaceous 5 day, Sample 0 5.8 1 Monthly Grab 20C Measurement PARM Code 80082 Y Permit mg/L (1 Monthly) (Grab) Mon. Site: EFA-1 (Anni Avg) Requirement

Parameter		Quantity or Loading	Units	Quali	ty or Concen	tration	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-I	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-I	Permit Requirement				20.0 (Anni 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-I	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-I	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-I	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity	or Loading	Units	Qualit	y or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4		7.9		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				1.0				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-I	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.4		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						250		0	1 Monthly	Grab
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						108		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-I	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Rick Tudale	I CERTIFY UNDER PENAL MY DIRECTION OR SUPP PERSONNEL PROPERLY OF THE PERSON OR PER GATHERING THE INFORBELIEF, TRUE, ACCURA SUBMITTING FALSE INFOVIOLATIONS.	ERVISION IN ACC DATHERED AND SONS WIIO MAN MATION, THE IN TE AND COMPL	CORDANCE WITH EVALUATED THE AGE THE SYSTE FORMATION SUR ETE. I AM AWA	I A SYSTEM DE E INFORMATION M, OR THOSE P BMITTED IS, TO RE THAT THER	SIGNED TO ASSUME SUBMITTED BASE ERSONS DIRECTLY THE BEST OF MY E ARE SIGNIFICA	RE THAT QUALI SED ON MY INQI Y RESPONSIBLE Y KNOWLEDGE INT PENALTIES	FIED OR AUTHOR UIRY FOR Electronically AND FOR	IZED AGENT	XECUTIVE O	FFICER TELEPHONE S	SUBMITTED OF

	DEPARTMEN	T OF ENVIR	ONMENTAL	PROTECTIO	N DISCHAR	GE MONITO	RING REPOR	T - PART A			
PERMITTEE NAME: ADDRESS:							PERMIT NUI LIMIT: FACILITY T' MONITORIN	YPE:		17 REPORT: Monthly GROUP: Domestic	
LOCATION: Off Co	Satsuma	:					DESCRIPTIO		Biosolids	Quantity	
COUNTY: PUTN	•						MONITORIN	G PERIOD:	From: 05/	01/2023 To: 05/31/202	3
Parameter		Quantity	or Loading	Units	Qualit	y or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		0						0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-I	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement		0						0	I Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-2	Permit Requirement		Report (Mo Total)	ton (d)						(1 Monthly)	(Calculated)
OR AUTHORIZED AGENT Rick Tiedale	I CERTIFY UNDER PENA MY DIRECTION OR SUP- PERSONNEL PROPERLY OF THE PERSON OR PEG GATHERING THE INFOR BELIEF, TRUE, ACCURA SUBMITTING FALSE INFO VIOLATIONS.	ERVISION IN AC GATHERED AND ISONS WHO MAI MATION, THE IN ITE AND COMPI	CORDANCE WITH EVALUATED THE NAGE THE SYSTE FORMATION SU LETE, I AM AWA	I A SYSTEM DE: E INFORMATION EM, OR THOSE PI HMITTED IS, TO ARE THAT THER	SIGNED TO ASSU SUBMITTED. BA ERSONS DIRECTI THE BEST OF M E ARE SIGNIFIC	IRE THAT QUAL SED ON MY INQ Y RESPONSIBLE IY KNOWLEDGE ANT PENALTIES	UIRY FOR Electronical AND FOR	DRIZED AGENT		E OFFICER TELEPHONE (352) 475-2248	

DAILY SAMPLE RESULTS-PART B FLA011717 Permit Number: St. Johns River Club, WWTF Facility: 1-May-23 To: 31-May-23 Monitoring Period From: CBOD5 Flow TSS (mg/L) CBOD5 TSS Fecal Coliform Nitrogen, TRC (For pH (Max) pH (Min) (MGD) (MG/L) Disinfect.) (MG/L) (MG/L) Bacteria Nitrate, Total (SU) (SU) (#/100ML) (MG/L) (as N) (MG/L) 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 0.003 2.00 7.50 2 0.003 3 0.003 2.00 7.80 4 0.004 5 2.20 7.80 0.003 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 7.58 250 108 24.00 16 0.004 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 0.007 2.00 7.40 24 25 0.006 26 0.005 2.20 7.40 27 0.004 28 0.004 0.005 2.20 7.60 29 30 0.004 31 0.004 2.20 7.70 250.0 108.0 24.00 Total 0.117 66.00 1.00 0.400 29.400 114.39 0.00 0.004 24.00 66.00 1.00 0.400 0.00 ∕lo. Avg 0.0 0.0 2.0 7.6 Max 0.007 250.0 108.0 24.00 66.00 1.00 0.400 2.2 7.9 0.00 Min 250.0 0.0 108.0 24.00 66.00 1.00 0.400 1.0 7.4 0.00 PLANT STAFFING: Day Shift Operator Class: С Certificate I 12391 Name: Wayne R. Davids Class: С Day Shift Operator Certificate I 12902 Name: Anthony T. Hu Class: С Day Shift Operator Certficate N 14738 Thaddeus W. Name: Day Shift Operator Class: С Certificate ! 20711 Name: Ross A. Boger Day Shift Operator Class: С Certificate I 21594 Name: Danny M. Woo Lead Operator Class: С Certificate I 9774 Name: Richard M. Tis

PERMITTEE NAME: ADDRESS:

FACILITY: LOCATION:

St. Johns River Club WWTF Off Cr 309b Near Satsuma

PERMIT NUMBER: FLA011717
LIMIT: FINAL F
FACILITY TYPE: DW C
MONITORING GROUP: R-001

REPORT: GROUP:

Monthly Domestic

DESCRIPTION:

rapid infiltration basin, including Influent

Sats	unia, FL NAM					мо	ONITORING P	ERIOD: From	: 06/01/20	23 To: 06/30/2023	
Parameter		Quantity	Quantity or Loading		Quali	ty or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.005						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)	(Etapsed 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 (Qrtr 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					6.4			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Anni Avg)		mg/L		(I Monthly)	(Grab)

Parameter		Quantity or Loading		Quali	ty or Concen	tration	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-I	Permit Requirement				20.0 (Anal 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-l	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity o	r Loading	Units	Qualit	y or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2		8.0	:	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				1.0				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)	-		mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						2.2		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						223		0	1 Monthly	Grab
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						114		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
OR AUTHORIZED AGENT	I CERTIFY UNDER PENAL MY DIRECTION OR SUPPERSONNEL PROPERLY OF THE PERSON OR PER GATHERING THE INFORSUMENTING FALSE INFOVIOLATIONS.	ERVISION IN ACC DATHERED AND I SONS WHO MAN MATION, THE IN TE AND COMPLI	ORDANCE WITH EVALUATED THE AGE THE SYSTE FORMATION SUB ETE. I AM AWA!	A SYSTEM DES EINFORMATION M. OR THOSE PE EMITTED IS, TO RE THAT THER	SIGNED TO ASSUI SUBMITTED. BAS ERSONS DIRECTL' THE BEST OF MY E ARE SIGNIFICA	RE THAT QUALI SED ON MY INQU Y RESPONSIBLE Y KNOWLEDGE INT PENALTIES	FIED OR AUTHOR JIRY FOR Electronically AND FOR	IZED AGENT	XECUTIVE O	FFICER TELEPHONE S	

PERMITTEE NAME:							PERMIT NU	MBER:	FLA011	717		
ADDRESS:							LIMIT:		FINAL	REPORT: M	onthly	
•							FACILITY T		DW	GROUP: De	mestic	
FACILITY: St. Jo	hns River Club WWTF	=					MONITORIN	NG GROUP:	RMP-Q			
	r 309b						DESCRIPTION	ON:	Biosolids	Quantity		
Near	Satsuma									,		
	ma, FL											
COUNTY: PUTI	NAM						MONITORIN	NG PERIOD:	From: 06	/01/2023 To: 06/	30/2023	
Parameter		0		Units	0				No.	Frequer	icy	Sample
ranameter		Quantity or L	ongrug	Units	Quan	y or Concen	itration	Units	Ex.	of Analys	is	Туре
Biosolids Quantity	Sample		0						0	1 Month		Calculated
(Transferred)	Measurement				_				١ ،	1 Monte	""	Culculated
PARM Code B0007 +	Permit		Report									
Mon. Site: RMP-I	Requirement		do Total)	ton (d)				İ		(1 Month	ily) ((Calculated)
Biosolids Quantity (Landfilled)	Sample		0									
Biosonas Quantity (Landrined)	Measurement		U				1		0	1 Month	ily	Calculated
PARM Code B0008 +	Permit		Report									
Mon. Site: RMP-2	Requirement		lo Total)	ton (d)			ł		ł	(1 Month	ily) [((Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	I CERTIFY UNDER PENAL MY DIRECTION OR SUP	LTY OF LAW THAT TH	HIS DOCUME	NT AND ALL ATT	ACHMENTS WE	RE PREPARED U	NDER SIGNATU	RE OF PRINCIPA	L EXECUTE	VE OFFICER TELEF	HONE SI	UBMITTED ON
Rick Tisdale	PERSONNEL PROPERLY	GATHERED AND EVA	ALUATED TH	E INFORMATION	SUBMITTED. BA	SED ON MY INC	UIRY			l		
	OF THE PERSON OR PER GATHERING THE INFOR	MATION, THE INFOR	MATION SUI	MITTED IS, TO	THE BEST OF M	Y KNOWLEDGE	AND	illy Signed		(352) 4	75-2248 07	7/26/2023
	BELIEF, TRUE, ACCURA SUBMITTING FALSE INFO VIOLATIONS											

DAILY SAMPLE RESULTS-PART B FLA011717 Permit Number: Facility: St. Johns River Club, WWTF Monitoring Period From: 1-Jun-23 To: 30-Jun-23 CBOD5 TSS (mg/L) Fecal Coliform Nitrogen, CBOD5 TSS TRC (For pH (Max) pH (Min) Flow (MG/L) (MGD) (MG/L) (MG/L) Bacteria Nitrate, Total Disinfect.) (SU) (SU) (#/100ML) (MG/L) (as N) (MG/L) 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 0.002 2 0.002 1.50 7.90 0.003 0.003 5 0.003 1.80 7.50 223 2.00 7.20 6 0.003 114.0 10.0 34.0 320.0 2.20 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 0.004 24 25 0.004 0.004 26 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 0.101 223.0 114.0 Total 10.00 34.00 320.00 2.200 24.500 106.30 0.00 lo. Avg 0.003 0.0 0.0 10.00 34.00 320.00 2,200 0.00 1.8 7.6 Max 0.006 223.0 114.0 10.00 320.00 34.00 2.200 0.00 2.2 8.0 0.0 223.0 114.0 10.00 Min 34.00 320.00 2.200 1.0 0.00 7.2 PLANT STAFFING: Day Shift Operator Class: С Certificate I 12391 Name: Wayne R. Davids Day Shift Operator Class: С Certificate I 12902 Name: Anthony T. Hu Day Shift Operator Class: С Certficate N 14738 Name: Thaddeus W. Day Shift Operator Class: С Certificate I 20711 Name: Ross A. Boger Day Shift Operator Class: С Certificate I 21594 Name: Danny M. Woo Lead Operator Class: С Certificate I 9774 Richard M. Tis Name:

PERMITTEE NAME: PERMIT NUMBER: FI A011717 ADDRESS: LIMIT: REPORT: FINAL Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 FACILITY: St. Johns River Club WWTF Off Cr 309b LOCATION: DESCRIPTION: rapid infiltration basin, including Influent Near Satsuma Satsuma, FL COUNTY: PUTNAM MONITORING PERIOD: From: 07/01/2023 To: 07/31/2023 Frequency No. Sample Quantity or Loading Units Parameter Quality or Concentration Units Ex. Type Analysis Elapsed Time Sample Measurement on Pump (Pump Log) Flow .004 0 5 Days/Week Measurement (Elapsed PARM Code 50050 Y Permit Time 0.0099 MGD (5 Days/Week) Measurement Mon. Site: FLW-I Requirement (Annl Avg) on Pump (Pump Log)) Elapsed Time Sample Measurement Flow .003 .003 5 Days/Week Measurement on Pump (Pump Log) (Elapsed PARM Code 50050 1 Time Permit Report (Mo Avg) Report (Qrtr Avg) MGD (5 Days/Week) Measurement Mon. Site: FLW-1 Requirement on Pump (Pump Log)) Percent Capacity, (TMADF Sample 0 1 Monthly 34 Calculated /Permitted Capacity) x 100 Measurement PARM Code 00180 P Permit Report (Mo Avg) percent (1 Monthly) (Calculated) Mon. Site: CAL-1 Requirement BOD, Carbonaceous 5 day, Sample 6.9 0 1 Monthly Grab 20C Measurement

mg/L

(Anni Avg)

(I Monthly)

(Grab)

PARM Code 80082 Y

Mon. Site: EFA-1

Permit

Requirement

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.2	7.2	7.2		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 Montbly)	(Grab)
Solids, Total Suspended	Sample Measurement				38.85			1	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement				20.0 (Anni Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement			44	44	44		1	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-I	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement				52.7			0	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement				200.0 (Anni Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement				200	200		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	Qualit	y or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.2		7.6		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				1.6				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						4.5		0	t Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement			•			250		0	1 Monthly	Grab
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement			-			150		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
OR AUTHORIZED AGENT Rick Tisdair	I CERTIFY UNDER PENAL MY DIRECTION OR SUPP PERSONNEL PROPERLY OF THE PERSON OR PER GATHERING THE INFORMATION FALSE INFO VIOLATIONS.	ERVISION IN ACC DATHERED AND SONS WHO MAN MATION, THE IN TE AND COMPL	CORDANCE WITH EVALUATED THE SAGE THE SYSTE: FORMATION SUB- ETE: I AM AWAI	A SYSTEM DES EINFORMATION M. OR THOSE PI IMITTED IS, TO RE THAT THER	SIGNED TO ASSUME SUBMITTED BASERSONS DIRECTLY THE BEST OF MY E ARE SIGNIFICA	RE THAT QUALI SED ON MY INQI Y RESPONSIBLE Y KNOWLEDGE INT PENALTIES	FIED OR AUTHOR UIRY FOR Electronically AND FOR	IZED AGENT	XECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON

PERMITTEE NAME:							PERMIT NU	MBER:	FLA0117	117	
ADDRESS:							LIMIT:		FINAL	REPORT: Month	ıly
•							FACILITY T		DW	GROUP: Dome	stic
							MONITORIN	IG GROUP:	RMP-Q		
	ns River Club WWTF	·					5.500 inch				
LOCATION: Off Co	r 309b Satsuma						DESCRIPTIO	ON:	Biosolids	Quantity	
	na. FL										
COUNTY: PUTN							MONITORIN	G PERIOD	From: 07	/01/2023 To: 07/31/	2023
	1						o	T Talaba	1	1	
Parameter		Quantity or	Loading	Units	Qualit	y or Concen	teation	Units	No.	Frequency	Sample
- arameter		Quantity of	Londing	Cincs	Quan	y or Concen	ii atton) Units	Ex.	Analysis	Туре
Biosolids Quantity	Sample								1		
(Transferred)	Measurement		0						0	1 Monthly	Calculated
PARM Code B0007 +	Permit		Report						1		
Mon. Site: RMP-1	Requirement	((Mo Total)	ton (d)						(1 Monthly)	(Calculated
District Control of the Island	Sample		_		-						
Biosolids Quantity (Landfilled)	Measurement		0						0	1 Monthly	Calculated
PARM Code B0008 +	Permit		Report						_		
Mon. Site: RMP-2	Requirement	10	(Mo Total)	ton (d)						(1 Monthly)	(Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	CERTIFY UNDER PENAL	LTY OF LAW THAT	THIS DOCUME	NT AND ALL AT	ACHMENTS WE	RE PREPARED U	DER SIGNATUS	RE OF PRINCIPA	L EXECUTIV	VE OFFICER TELEPHO	E SUBMITTED O
	MY DIRECTION OR SUPI PERSONNEL PROPERLY	GATHERED AND EV	VALUATED THE	E INFORMATION	SUBMITTED BA	SED ON MY INO	UIRY				
lick Tisdale	OF THE PERSON OR PER GATHERING THE INFOR	SONS WHO MANAG MATION, THE INFO	GE THE SYSTE	M, OR THOSE PE	RSONS DIRECTL THE BEST OF M	Y RESPONSIBLE Y KNOWLEDGE	FOR Electronical	lly Signed		(352) 475-2	24X 0X/16/2023
	BELIEF, TRUE, ACCURA SUBMITTING FALSE INFO	TE AND COMPLET	TE LAM AWA	RE THAT THERE	ARE SIGNIFIC	ANT PENALTIES	FOR				1
	VIOLATIONS	JAMATION, INCLUL	UNU THE MAS	SIBILITY OF FINE	VAD INSKINOR	MENT FOR KNO	*1001				1

DAILY SAMPLE RESULTS-PART B FLA011717 St. Johns River Club, WWTF Permit Number: Facility: From: 1-Jul-23 To: 31-Jul-23 Monitoring Period CBOD5 TSS (mg/L) CBOD5 Nitrogen, pH (Max) Flow TSS Fecal Coliform TRC (For pH (Min) (MGD) (MG/L) (MG/L) (MG/L) Bacteria Nitrate, Total Disinfect.) (SU) (SU) (#/100ML) (as N) (MG/L) (MG/L) 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 0.003 2 0.003 3 0.003 2.20 7.50 4 0.003 250 5 0.002 150.0 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 7.60 1.80 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 7.50 250.0 150.0 Total 0.089 7.20 44.00 200.00 4.500 27.000 96.90 0.00 lo. Avg 0.003 0.0 0.0 7.20 44.00 200.00 4.500 2.1 7.5 0.00 Max 0.004 250.0 150.0 7.20 44.00 200.00 4.500 2.2 7.6 0.00 Min 0.0 250.0 150.0 7.20 44.00 200.00 4.500 1.6 7.2 0.00 PLANT STAFFING: Day Shift Operator Class: С Certificate I 12391 Name: Wayne R. Davids Day Shift Operator Class: С Certificate I 12902 Name: Anthony T. Hu Day Shift Operator Class: С Certficate N 14738 Name: Thaddeus W. Day Shift Operator Class: С Certificate f 20711 Name: Ross A. Boger С Day Shift Operator Class: Certificate I 21594 Name: Danny M. Woo Lead Operator Class: С Certificate I Richard M. Tis 9774 Name:

PERMITTEE NAME: ADDRESS:

FACILITY: LOCATION:

St. Johns River Club WWTF Off Cr 309b Near Satsuma Satsuma, FL

PERMIT NUMBER: FLA011717
LIMIT: FINAL R
FACILITY TYPE: DW C
MONITORING GROUP: R-001

DESCRIPTION:

REPORT: GROUP:

rapid infiltration basin, including Influent

Monthly Domestic

COUNTY: PUTI	NAM			MO	ONITORING P	ERIOD: From	: 08/01/20	23 To: 08/31/2023			
Parameter		Quantity	Quantity or Loading		Quali	ty or Concen	tration	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 (Anni Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement	.003	.003						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 (Qrtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						30		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-I	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.4			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Anni Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quali	ty or Concen	tration	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 (Anni Avg)		mg/L		(I Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement			23	23	23		0	l 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-I	Permit Requirement				200.0 (Annl Avg)		#/100mL		(I 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 o	er Loading	Units	Qualit	y or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2		7.5		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-I	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				0.5				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-I	Permit Requirement	i			0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.0		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-I	Permit Requirement		!				12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						257		0	1 Monthly	Grab
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						86		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(I Monthly)	(Grab)
Rick Tridale	I CERTIFY UNDER PENAL MY DIRECTION OR SUPP PERSONNEL PROPERLY COF THE PERSON OR PER GATHERING THE INFORMALIEF, TRUE, ACCURA SUBMITTING FALSE INFOVIOLATIONS.	ERVISION IN ACC SATIGERED AND SONS WHO MAN MATION, THE IN TE AND COMPLI	ORDANCE WITH EVALUATED THE AGE THE SYSTE FORMATION SUB ETE. I AM AWA	I A SYSTEM DES E INFORMATION M, OR THOSE PE EMITTED IS, TO RE THAT THER	SIGNED TO ASSUI SUBMITTED BAS ERSONS DIRECTLY THE BEST OF MY E ARE SIGNIFICA	RE THAT QUALIFIED ON MY INQU Y RESPONSIBLE Y KNOWLEDGE INT PENALTIES	FIED OR AUTHOR JIRY FOR Electronically AND FOR	IZED AGENT	XECUTIVE O	(352) 475-2248 0	9/26/2023

PERMITTEE NAME:							PERMIT NU	MBER:	FLA011	717		
ADDRESS:							LIMIT:		FINAL	REPORT:	Monthly	
							FACILITY T	YPE:	DW	GROUP:	Domestic	
							MONITORII	NG GROUP:	RMP-Q			
	Johns River Club WWTF	7										
	Cr 309b						DESCRIPTION	ON:	Biosolids	Quantity		
	r Satsuma											
	suma, FL TNAM											_
COUNTY: PU	INAM						MONITORII	G PERIOD:	From: 08	/01/2023 To	: 08/31/202	3
Parameter		Quantity or	r Loading	Units	Qualit	ty or Concen	tration	Units	No. Ex.		quency of alysis	Sample Type
Biosolids Quantity Transferred)	Sample Measurement		0						0	1 M	onthly	Calculated
ARM Code B0007 + Ion. Site: RMP-1	Permit Requirement		Report (Mo Total)	ton (d)						(1 M	onthly)	(Calculated
Biosolids Quantity (Landfilled)	Sample Measurement		0						0	1 M	onthly	Calculated
PARM Code B0008 + Mon. Site: RMP-2	Permit Requirement		Report (Mo Total)	ton (d)						(1 M	onthly)	(Calculated
MEATITLE PRINCIPAL EXECUTIVE OFFICE AUTHORIZED AGENT IX Tisdale	I CERTIFY UNDER PENAL MY DIRECTION OR SUPP PERSONNEL PROPERLY (OF THE PERSON OR PER GATHERING THE INFORMATION OF THE PERSON OR PER GATHERING THE INFORMATION OF ALSE INFO VIOLATIONS.	ERVISION IN ACC GATHERED AND E ISONS WHO MANA MATION, THE INF ITE AND COMPLE	ORDANCE WITH EVALUATED THE AGE THE SYSTE FORMATION SUI ETE. I AM AWA	I A SYSTEM DE E INFORMATION M, OR THOSE P. BMITTED IS, TO RE THAT THER	SIGNED TO ASSU SUBMITTED BA ERSONS DIRECTI THE BEST OF M E ARE SIGNIFIC	RE THAT QUAL SED ON MY INC Y RESPONSIBLE IY KNOWLEDGE ANT PENALTIES	LIFIED OR AUTH OUIRY E FOR Electronics AND FOR	ORIZED AGENT	L EXECUTE		ELEPHONE 352) 475-2248	SUBMITTED OI

DAILY SAMPLE RESULTS-PART B Permit Number: FLA011717 Facility: St. Johns River Club, WWTF Monitoring Period From: 1-Aug-23 To: 31-Aug-23 CBOD5 TSS (mg/L) CBOD5 TSS Fecal Coliform Nitrogen, TRC (For pH (Max) pH (Min) (MGD) (MG/L) (MG/L) (MG/L) Bacteria Nitrate, Total Disinfect.) (SU) (SU) (#/100ML) (as N) (MG/L) (MG/L) Code 50050 80082 00530 80082 530 74055 00620 50060 400 400 INF-1 INF-1 EFA-1 EFA-1 EFA-1 Mon. Site INF-1 EFA-1 EFA-1 EFA-1 EFA-1 0.003 2 0.002 1,40 7.50 3 0.003 0.002 4 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 15 257 86.0 2400.0 1.000 0.003 8.6 23.0 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 7.30 1.80 29 0.003 30 0.002 1.60 7.20 0.003 31 0.089 257.0 86.0 8.60 2400.00 1.000 24.500 Total 23.00 102.50 0.00 0.0 lo. Avg 0.003 0.0 8.60 23.00 2400.00 1.000 1.8 7.3 0.00 Max 0.005 257.0 23.00 2400.00 86.0 8.60 1.000 2.2 7.5 0.00

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

23.00

2400.00

1.000

0.5

7.2

0.00

Min

0.0

257.0

86.0

8.60

PERMITTEE NAME: ADDRESS:

PERMIT NUMBER: LIMIT:

FLA011717 FINAL REPORT: DW GROUP:

Monthly Domestic

St. Johns River Club WWTF Off Cr 309b

FACILITY: LOCATION:

Near Satsuma

DESCRIPTION:

FACILITY TYPE:

MONITORING GROUP: R-001

rapid infiltration basin, including Influent

Satsuma, FL

Satsuma, FL COUNTY: PUTNAM						мо	NITORING PI	ERIOD: From	09/01/202	2 To: 09/30/2022	
Parameter		Quantity	or Loading	Units	Quali	ty or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.005						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	.006	.006						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 (Qrtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						61		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					4.8			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading	Units	Quali	ty or Concent	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.3	5.3	5.3		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-I	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				21.63			1	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement				20.0 (Anni Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement			24	24	24		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				11.8			0	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement				200.0 (Anni Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement				1.0	1.0		0	l 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	Qualit	y or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.2		7.4		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				1.0				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.4		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						233		0	1 Monthly	Grab
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						230		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(I Monthly)	(Grab)
OR AUTHORIZED AGENT D P Rick Tisdale P	CERTIFY UNDER PENALT IRECTION OR SUPERVISIO ROPERLY GATHERED AND ERSONS WHO MANAGE THI HE INFORMATION SUBMIT IN AWARE THAT THERE OSSIBILITY OF FINE AND IN	IN ACCORDAN EVALUATED THE E SYSTEM, OR THE TED IS, TO THE B ARE SIGNIFICAN	CE WITH A SYST E INFORMATION OSE PERSONS DIR EST OF MY KNOV IT PENALTIES FO	EM DESIGNED TO SUBMITTED. BAS ECTLY RESPONSI VLEDGE AND BEL DR SUBMITTING	D ASSURE THAT (SED ON MY INQUI BLE FOR GATHER JIEF, TRUE, ACCUI	QUALIFIED PERS RY OF THE PERS ING THE INFORM RATE AND COMP	ONNEL OR AUTIK ON OR ATION, LETE. I	RIZED AGENT	EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 10/28/2022

PERMITTEE NAME: PERMIT NUMBER: FLA011717 ADDRESS: LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b DESCRIPTION: **Biosolids Quantity** Near Satsuma Satsuma, FL COUNTY: PUTNAM MONITORING PERIOD: From: 09/01/2022 To: 09/30/2022 Frequency No. Sample Parameter Quantity or Loading Units **Quality or Concentration** Units Ex. Type Analysis Sample Biosolids Quantity (Transferred) 0 0 I Monthly Calculated Measurement PARM Code B0007 + Permit Report ton (d) (1 Monthly) (Calculated) Mon. Site: RMP-1 Requirement (Mo Total) Sample Biosolids Quantity (Landfilled) 0 1 Monthly 0 Calculated Measurement PARM Code B0008 + Permit Report (Mo Total) (1 Monthly) ton (d) (Calculated) Mon. Site: RMP-2 Requirement I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL OR AUTHORIZED AGENT PROPERLY GATHERED AND EVALUATED THE HYDRMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WITH SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. Electronically Signed (152) 475-2241 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SUBMITTED ON Rick Tisslake (352) 475-2248 10/28/2022

DAILY SAMPLE RESULTS-PART B Permit Number: FLA011717 Facility: St. Johns River Club, WWTF 30-Sep-22 Monitoring Period From: 1-Sep-22 To: Flow CBOD5 TSS (mg/L) CBOD5 TSS Fecal Coliform Nitrogen, TRC (For pH (Max) pH (Min) (MGD) (MG/L) (MG/L) (MG/L) Bacteria Nitrate, Total Disinfect.) (SU) (SU) (#/100ML) (as N) (MG/L) (MG/L) 50050 80082 00530 80082 530 74055 00620 50060 400 400 Code EFA-1 Mon. Site INF-1 INF-1 INF-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 0.007 2 0.006 2.20 7.30 0.007 3 0.007 4 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 0.005 11 7.20 12 0.005 2.20 13 0.006 14 0.006 2.00 7.30 15 0.004 16 0.004 7.20 2.20 0.009 17 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 2.20 7.20 0.003 29 0.013 30 0.013 2.00 7.20 31 0.173 233.0 230.0 24.00 0.400 29.000 101.80 0.00 5.30 1.00 Total 0.006 0.0 0.0 5.30 24.00 1.00 0.400 2.1 7.3 llo. Avg 0.00

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

5.30

5.30

24.00

24.00

1.00

1.00

0.400

0.400

2.2

1.0

7.4

7.2

0.00

0.00

230.0

230.0

Max

Min

0.013

0.0

233.0

233.0

PERMITTEE NAME: ADDRESS:

FLA011717 FINAL REPORT: DW GROUP:

PERMIT NUMBER: LIMIT: FACILITY TYPE: MONITORING GROUP: R-001

Monthly

FACILITY: LOCATION:

St. Johns River Club WWTF Off Cr 309b Near Satsuma

DESCRIPTION:

rapid infiltration basin, including Influent

	Salsuma ima, FL NAM					МС	ONITORING P	ERIOD: Fron	1: 09/01/20	23 To: 09/30/2023	
Parameter		Quantity	or Loading	Units	Quali	ty or Concen	tration	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-I	Permit Requirement		0,0099 (Annl Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement	.002	.003						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 I Mon. Site: FLW-I	Permit Requirement	Report (Mo Avg)	Report (Qrtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						27		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					7.5			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Anni Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity of	r Loading	Units	Qualit	ty or Concen	tration	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-I	Permit Requirement		·			20.0 (Anni 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 (Anni 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 o	or Loading	Units	Qualit	y or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.2		7.6		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-I	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				1.6				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-I	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.41		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						201		0	1 Monthly	Grab
PARM Code 80082 Q Mon. Site: INF-I	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						80		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
DR AUTHORIZED AGENT Rick Tindale	CERTIFY UNDER PENAL MY DIRECTION OR SUPPERSONNEL PROPERLY OF THE PERSON OR PER OATHERING THE INFORMATION FALSE INFOUNDATIONS.	ERVISION IN ACC DATHERED AND I SONS WHO MAN MATION, THE INI TE AND COMPLI	ORDANCE WITH EVALUATED THE AGE THE SYSTE FORMATION SUB ETE. I AM AWAI	A SYSTEM DES INFORMATION M, OR THOSE PI IMITTED IS, TO RE THAT THER	SIGNED TO ASSUR SUBMITTED, BAS PRISONS DIRECTLY THE BEST OF MY E ARE SIGNIFICA	E THAT QUALIF ED ON MY INQU RESPONSIBLE I KNOWLEDGE A NT PENALTIES I	IED OR AUTHOR IRY FOR Electronically IND FOR	IZED AGENT	XECUTIVE O	FFICER TELEPHONE S	

PERMITTEE NAME:						PERMIT NU	MBER:	FLA01171	7	
ADDRESS:						LIMIT:		FINAL F	REPORT: Monthly	
•						FACILITY T			GROUP: Domestic	:
						MONITORII	NG GROUP:	RMP-Q		
	hns River Club WWTF	1								
	r 309b					DESCRIPTION	ON:	Biosolids (Juantity	
	Salsuma ma, FL									
COUNTY: PUTI						MONITORII	AC BEBIOD	From: 00/0	1/2023 To: 09/30/202	2
COGNITI. FOII	1 1					MONTOKI	TERIOD.	110111, 09/0	T	, T
Parameter		Quantity or Loading	Units	Qualit	y or Conc	entration	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)						(I 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)						(I Monthly)	(Calculated
NAMETITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Rick Tisdale	MY DIRECTION OR SUPPERSONNEL PROPERLY (OF THE PERSON OR PER GATHERING THE INFOR BELIEF, TRUE, ACCURA	LTY OF LAW THAT THIS DOCUMERVISION IN ACCORDANCE WITH GATHERED AND EVALUATED THE SONS WHO MANAGE THE SYST MATION, THE INFORMATION SUTE AND COMPLETE: I AM AWORMATION, INCLUDING THE POS	H A SYSTEM DE LE INFORMATION EM, OR THOSE P BMITTED IS, TO ARE THAT THER	SIGNED TO ASSU SUBMITTED. BA ERSONS DIRECTI THE BEST OF M E ARE SIGNIFIC	JRE THAT QU ISED ON MY I LY RESPONSI IY KNOWLED ANT PENALT	ALIFIED OR AUTH NOUIRY BLE FOR Electronics GE AND IES FOR	ORIZED AGENT		OFFICER TELEPHONE (352) 475-2248	SUBMITTED O

DAILY SAMPLE RESULTS-PART B FLA011717 Permit Number: Facility: St. Johns River Club, WWTF Monitoring Period From: 1-Sep-23 To: 30-Sep-23 CBOD5 Nitrogen, TSS (mg/L) CBOD5 TSS Fecal Coliforn TRC (For pH (Max) pH (Min) Flow (MGD) (MG/L) (MG/L) (MG/L) Nitrate, Total Disinfect.) (SU) (SU) Bacteria (#/100ML) (as N) (MG/L) (MG/L) 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 0.002 7.30 2.00 0.003 0.003 7.20 4 1.60 0.004 5 0.003 201 80.0 6 0.003 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 0.002 2.20 7.50 11 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 2.10 7.50 18 0.003 19 0.001 2.20 7.60 20 0.001 21 0.002 22 2.20 7.60 0.001 23 0.003 24 0.003 25 0.003 2.20 7.50 26 0.002 0.001 2.20 7.60 27 0.004 28 0.003 2.20 7.50 29 30 0.004 31 41.00 Total 0.071 201.0 80.0 6.80 1.00 0.410 27.640 97.20 0.00 lo. Avg 0.002 0.0 0.0 6.80 41.00 1.00 0.410 2.1 7.5 0.00 80.0 0.004 201.0 6.80 41.00 1.00 0.00 Max 0.410 2.2 7.6 201.0 41.00 1.00 Min 0.0 80.0 6.80 0.410 1.6 7.2 0.00 PLANT STAFFING: Day Shift Operator Class: С Certificate! 12391 Name: Wayne R. Davids Day Shift Operator Class: С Certificate I 12902 Name: Anthony T. Hu С Day Shift Operator Class: Certficate N 14738 Name: Thaddeus W. Day Shift Operator Class: C Certificate I 20711 Name: Ross A. Bogei Class: С Day Shift Operator Certificate I 21594 Name: Danny M. Woo Lead Operator Class: С Certificate I 9774 Richard M. Tis Name:

PERMITTEE NAME: ADDRESS:

St. Johns River Club WWTF Off Cr 309b

FACILITY: LOCATION:

Near Satsuma Satsuma, FL

PERMIT NUMBER: LIMIT:

FLA011717 FINAL REPORT: DW GROUP:

Monthly Domestic

FACILITY TYPE: DW
MONITORING GROUP: R-001

DESCRIPTION:

rapid infiltration basin, including Influent

Salsuma, FL COUNTY: PUTNAM	MONITORING PERIOD: From: 10/01/2022 To: 10/31/2022										
Parameter		Quantity	Quantity or Loading		Qualit	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.005						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Y Mon. Site: FLW-I	Permit Requirement		0.0099 (Anni Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement	.005	.006						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 (Qrtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						64		0	I 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					4.6			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Anni Avg)		mg/L		(I 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			2.4	2.4	2.4		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement			60.0 (Maximum)	45.0 (Wkły Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				28.97			1	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement				20.0 (Anni Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement			108	108	108		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				11.8			0	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-I	Permit Requirement				200.0 (Anni Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement				1.0	1.0		0	1 Monthly	Grab
PARM Code 74055 A Mon. Site: EFA-I	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)

Parameter		Quantity	or Loading	Units	S Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pН	Sample Measurement				7.2		7.4		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				1.3				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.16		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7			150		0	1 Monthly	Grab
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						82		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement					:	Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Rick Tissdale PI	CERTIFY UNDER PENALT IRECTION OR SUPERVISIO ROPERLY GATHERED AND ERSONS WHO MANAGE TH HE INFORMATION SUBMIT M AWARE THAT THERE DSSIBILITY OF FINE AND IN	N IN ACCORDAN EVALUATED THE ESYSTEM, OR THE TED IS, TO THE B ARE SIGNIFICAN	ICE WITH A SYST IE INFORMATION OSE PERSONS DIR IEST OF MY KNOW IT PENALTIES FO	EM DESIGNED TO SUBMITTED. BAS ECTLY RESPONSI VLEIXIE AND BEL DR. SUBMITTING	O ASSURE THAT (SED ON MY INQUI BLE FOR GATHER: LIEF, TRUE, ACCUI	QUALIFIED PERSO RY OF THE PERSO ING THE INFORMA LATE AND COMPI	ONNEL OR AUTIC ON OR ATION, Electronical LETE, I	DRIZED AGENT	EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	SUBMITTED ON 11/28/2022

PERMITTEE NAME: PERMIT NUMBER: FLA011717 ADDRESS: LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b DESCRIPTION: **Biosolids Quantity** Near Satsuma Satsuma, FL COUNTY: PUTNAM MONITORING PERIOD: From: 10/01/2022 To: 10/31/2022 Frequency No. Sample Parameter Quantity or Loading Units **Quality or Concentration** Units Ex. Type Analysis Sample Biosolids Quantity (Transferred) 0 0 1 Monthly Calculated Measurement PARM Code B0007 + Permit Report ton (d) (1 Monthly) (Calculated) Mon. Site: RMP-1 (Mo Total) Requirement Sample Biosolids Quantity (Landfilled) 0 0 1 Monthly Calculated Measurement PARM Code B0008 + Report (Mo Total) Permit (1 Monthly) ton (d) (Calculated) Mon. Site: RMP-2 Requirement I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL OR AUTHORIZED AGENT PROPERLY GATHERD AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON ON THE SYSTEM, OR THOSE PERSONS WITH ENFORMATION, RESPONSIBLE FOR GATHERING THE INFORMATION, Electronically Signed (152) 475-2248 AM AWARE THAT THERE ARE SIGNIFICANT PENALTHES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SUBMITTED OF

(352) 475-2248

11/28/2022

Rick Tisdale

DAILY SAMPLE RESULTS-PART B FLA011717 Permit Number: Facility: St. Johns River Club, WWTF 1-Oct-22 To: 31-Oct-22 Monitoring Period From: CBOD5 CBOD5 TRC (For Flow TSS (mg/L) TSS Fecal Coliform Nitrogen, pH (Max) pH (Min) (MGD) (MG/L) (MG/L) (MG/L) Bacteria Nitrate, Total Disinfect.) (SU) (SU) (#/100ML) (as N) (MG/L) (MG/L) Code 50060 400 400 50050 80082 00530 80082 530 74055 00620 EFA-1 Mon. Site INF-1 !NF-1 INF-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-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 7.20 0.004 2.00 8 0.007 9 0.007 0.007 1.30 7.40 10 2.4 108.0 0.160 11 0.005 150.0 82.0 1.0 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 7.20 0.005 2.20 26 27 0.006 28 0.006 2.20 7.30 29 0.008 30 0.008 31 0.008 2.20 7.30 Total 0.169 150.0 82.0 2.40 108.00 1.00 0.160 26.300 94.60 0.00 0.005 0.0 0.0 2.40 108.00 1.00 0.160 2.0 7.3 0.00 lo. Avg Max 0.008 150.0 82.0 2.40 108.00 1.00 0.160 2.2 7.4 0.00 Min 0.0 150.0 82.0 2.40 108.00 1.00 0.160 1.3 7.2 0.00 PLANT STAFFING: Day Shift Operator Class: С Certificate I 12391 Name: Wayne R. Davids Day Shift Operator Class: С Certificate I Anthony T. Hu 12902 Name: Day Shift Operator Class: С Certficate N 14738 Thaddeus W. Name: Day Shift Operator Class: С Certificate I 20711 Ross A. Boger Name: Day Shift Operator Class: С Certificate I 21594 Name: Danny M. Woo Lead Operator Class: С Certificate I 9774 Name: Richard M. Tis

PERMITTEE NAME:

ADDRESS:

PERMIT NUMBER: LIMIT:

FLA011717 FINAL REPORT: DW GROUP:

Monthly

FACILITY TYPE: MONITORING GROUP: R-001

Domestic

St. Johns River Club WWTF Off Cr 309b Near Satsuma

FACILITY: LOCATION:

DESCRIPTION:

rapid infiltration basin, including Influent

Satsuma, FL PUTNAM

COUNTY:

MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022

COUNTY: PUTNAM	MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022										
Parameter		Quantity	or Loading	Loading Units Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow	Sample Measurement		.005						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.0099 (Anni Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Flow	Sample Measurement	.005	.005						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 (Qrtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						54		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-I	Permit Requirement						Report (Mo Avg)	percent		(I Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.7			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Anni Avg)		mg/L		(I 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 (Anni 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	l Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement				200.0 (Anni Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement				4.2	4.2		0	l 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	inits Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.2		7.4		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				1.6				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.20		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						221		0	1 Monthly	Grab
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						452		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Rick Tusdale PI	CERTIFY UNDER PENALT IRECTION OR SUPERVISIC ROPERLY GATHERED AND ERSONS WHO MANAGE THE IRE INFORMATION SUBMIT M. AWARE THAT THERE DSSIBILITY OF FINE AND IN	ON IN ACCORDAN DEVALUATED THE E SYSTEM, OR THE TED IS, TO THE B ARE SIGNIFICAN	ICE WITH A SYST IE INFORMATION COSE PERSONS DIR BEST OF MY KNOWN T PENALTIES FO	TEM DESIGNED TO SUBMITTED, BAS RECTLY RESPONSI A'LEDGE AND BEL OR SUBMITTING	O ASSURE THAT SED ON MY INQUI IBLE FOR GATHER LIEF, TRUE, ACCU	QUALIFIED PERS RY OF THE PERS ING THE INFORM RATE AND COMP	ONNEL OR AUTHO ON OR ATION, Electronical LETE, 1	ORIZED AGENT	EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A PERMITTEE NAME: PERMIT NUMBER: FLA011717 FINAL REPORT: Monthly ADDRESS: LIMIT: FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-O FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b DESCRIPTION: **Biosolids Quantity** Near Satsuma Satsuma, FL COUNTY: **PUTNAM** MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022 Frequency No. Sample Quantity or Loading Parameter Units **Quality or Concentration** Units Ex. Type Analysis Sample Biosolids Quantity (Transferred) 0 0 I Monthly Calculated Measurement PARM Code B0007 + Permit Report (Mo Total) ton (d) (1 Monthly) (Calculated) Mon. Site: RMP-I Requirement Sample Biosolids Quantity (Landfilled) 0 0 1 Monthly Calculated Measurement PARM Code B0008 + Permit Report ton (d) (1 Monthly) (Calculated) Mon. Site: RMP-2 Requirement I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED BASED ON MY INQUISY OF THE PERSON OR PERSONS WITH FOR GATHERING THE INFORMATION. THIS INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTHES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER TELEPHONE OR AUTHORIZED AGENT SUBMITTED ON Rick Tisdale Electronically Signed (352) 475-2248 12/16/2022

DAILY SAMPLE RESULTS-PART B FLA011717 Permit Number: Facility: St. Johns River Club, WWTF From: 1-Nov-22 To: 30-Nov-22 Monitoring Period Nitrogen, CBOD5 CBOD5 TSS Fecal Coliform TRC (For pH (Max) pH (Min) Flow TSS (mg/L) (MGD) (MG/L) (MG/L) Nitrate, Total (MG/L) **Bacteria** Disinfect.) (SU) (SU) (#/100ML) (MG/L) (as N) (MG/L) 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 0.003 2 2.20 7.30 0.002 3 0.002 4 0.002 2.20 7.30 5 0.003 6 0.003 7 7.20 0.003 2.20 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 2.20 7.30 19 0.004 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 0.006 24 0.006 2.00 7.30 25 26 0.004 27 0.004 0.004 28 2.20 7.40 29 0.005 30 0.005 2.00 7.30 31 Total 0.140 221.0 452.0 3.30 24.00 4.20 0.200 26.980 94.73 0.00 lo. Avg 0.005 0.0 0.0 3.30 24.00 4.20 0.200 2.1 7.3 0.00 Max 0.011 221.0 452.0 3.30 24.00 4.20 0.200 0.00 2.2 7.4 221.0 452.0 3.30 24.00 4.20 0.200 Min 0.0 1.6 7.2 0.00 PLANT STAFFING: Day Shift Operator Class: С Certificate I 12391 Name: Wayne R. Davids Day Shift Operator Class: С Certificate I 12902 Name: Anthony T. Hu Class: С Day Shift Operator Certficate N 14738 Name: Thaddeus W. Day Shift Operator Class: С Certificate I 20711 Name: Ross A. Boger Class: С Danny M. Woo Day Shift Operator Certificate I 21594 Name: Class: Lead Operator Certificate I 9774 Richard M. Tis Name:

PERMITTEE NAME: ADDRESS:

PERMIT NUMBER: LIMIT: FACILITY TYPE:

MONITORING GROUP: R-001

FLA011717 FINAL F REPORT: GROUP:

Monthly Domestic

St. Johns River Club WWTF Off Cr 309b

FACILITY: LOCATION:

DESCRIPTION:

rapid infiltration basin, including Influent

Near Satsuma Satsuma, FL

COUNTY: PUTNAM				MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022							
Parameter		Quantity	or Loading	Units	Quality or Concentration		ration Units		No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.005						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 Y Mon. Site: FLW-1	Permit Requirement		0.0099 (Anal 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 (Qrtr Avg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						44		0	I 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					4.3			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Anni Avg)		mg/L		(I 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			2.0	2.0	2.0		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				27.90			1	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-1	Permit Requirement				20.0 (Anni Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement			5.2	5.2	5.2		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 (Anni 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	Qualit	y or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2		7.7		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				1.0				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-I	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.20		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						379		0	1 Monthly	Grab
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						502		0	1 Monthly	Grab
PARM Code 00530 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(I Monthly)	(Grab)
DR AUTHORIZED AGENT P Rick Tudale P	CERTIFY UNDER PENALT DIRECTION OR SUPERVISION OR SUPERVISION OF SU	IN IN ACCORDAN DEVALUATED THE E SYSTEM, OR THE TED IS, TO THE B ARE SIGNIFICAN	ICE WITH A SYST IE INFORMATION IOSE PERSONS DIR BEST OF MY KNOWN T PENALTIES FO	TEM DESIGNED T SUBMITTED BAS RECTLY RESPONSI WLEDGE AND BEI OR SUBMITTING	O ASSURE THAT I SED ON MY INQUI IBLE FOR GATHER LIEF, TRUE, ACCUI	QUALIFIED PERS RY OF THE PERS ING THE INFORM RATE AND COMP	ONNEL OR AUTHO ON OR ATION, Electronica LETE. I	ORIZED AGENT	EXECUTIVE	OFFICER TELEPHONE (352) 475-2248	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A PERMITTEE NAME: PERMIT NUMBER: FLA011717 ADDRESS: LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q FACILITY: St. Johns River Club WWTF LOCATION: Off Cr 309b DESCRIPTION: **Biosolids Quantity** Near Satsuma Satsuma, FL COUNTY: PUTNAM MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022 Frequency Sample No. Parameter Quantity or Loading Units Quality or Concentration Units Ex. Type Analysis Sample Biosolids Quantity (Transferred) 0 0 1 Monthly Calculated Measurement PARM Code B0007 + Permit Report (Mo Total) ton (d) (1 Monthly) (Calculated) Mon. Site: RMP-1 Requirement Sample Biosolids Quantity (Landfilled) 0 0 1 Monthly Calculated Measurement PARM Code B0008 + Permit Report ton (d) (1 Monthly) (Calculated) Mon. Site: RMP-2 Requirement (Mo Total) I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL OR AUTHORIZED AGENT PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WITH EYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, Electronically Signed THE PROPAGATION 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE Rick Tisdale (352) 475-2248 01/26/2023

DAILY SAMPLE RESULTS-PART B Permit Number: FLA011717 Facility: St. Johns River Club, WWTF 1-Dec-22 To: Monitoring Period From: 31-Dec-22 Facal Coliform Nitrogen TRC (For DH (Max) OH (Min)

	Flow	CBOD5	TSS (mg/L)	CBOD5	TSS	Fecal Coliform		TRC (For	pH (Max)	pH (Min)
	(MGD)	(MG/L)		(MG/L)	(MG/L)	Bacteria	Nitrate, Total	Disinfect.)	(SU)	(SU)
						(#/100ML)	(as N) (MG/L)	(MG/L)	,	
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		i i							
7	0.003	379	502.0	2.0	5.2	1.0	0.20	2.00	7.30	
8	0.004	-								
9	0.003					Ì		2.20	7.30	
10	0.003									
11	0.003									
12	0.003							1.00	7.40	
13	0.004					Î				
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					<u> </u>		2.20	7.60	
27	0.004					<u> </u>				
28	0.003							2.20	7.60	
29	0.003									
30	0.003							2.20	7.50	
31	0.004									
Total	0.104	379.0	502.0	2.00	5.20	1.00	0.200	22.500	96.70	0.00
lo. Avg	0.003	0.0	0.0	2.00	5.20	1.00	0.200	1.7	7.4	0.00
Max	0.005	379.0	502.0	2.00	5.20	1.00	0.200	2.2	7.7	0.00
Min	0.0	379.0	502.0	2.00	5.20	1.00	0.200	1.0	7.2	0.00

PLANT	STAI	FFING:
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Day Shift Operator	Class:	С	Certificate I	12391
Day Shift Operator	Class:	С	Certificate I	12902
Day Shift Operator	Class:	С	Certficate N	14738
Day Shift Operator	Class:	С	Certificate I	20711
Day Shift Operator	Class:	С	Certificate I	21594
Lead Operator	Class:	С	Certificate I	9774

Name:	Wayne R. Davids
Name:	Anthony T. Hu
Mama	Thoddous 164

Name:	Anthony T. Hu
Name:	Thaddeus W.
Name:	Ross A. Boger
Name:	Danny M. Woo
Name:	Richard M. Tis