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STATE OF FLORIDA



MARSHALL WILLIS, DIRECTOR SC DIVISION OF ECONOMIC REGULATION (850) 413-6900 AR 24 PM 2: 5.6

COMMISSION = CLERK

Hublic Service Commission

February 25, 2011

Ms. Theresa Fletcher S&L Utilities, Inc. P. O. Box 4186 Ocala, FL 34478

Re: Docket No. 100471-SU; Application for staff-assisted rate case in Marion County by S & L Utilities, Inc.

Dear Ms. Fletcher:

This letter is to confirm my telephone conversation with you regarding my planned engineering field investigation on March 30, 2011. In order to ensure fast, expedient treatment of your rate case, please have the following information for the period of January 1, 2010 to December 31, 2010 (test year) submitted to the Commission on or before March 23, 2011.

- ▶ 1. A copy of all Department of Environmental Protection (DEP) Permits.
- ✓ 2. A copy of all Discharge Monitoring Reports filed with the DEP for the period beginning in January 1, 2010 through February 2011.
 - 3. A copy of all wastewater treatment plant flow measuring device calibration reports for the past three years. only wastewater 140
 - 4. A copy of all correspondence, inspection reports, notices of violation, or consent orders from DEP in the past three years.
 - 5. On December 15, 2010 and February 1, 2011, DEP issued warning letters to your company indicating that there were several violations of law. These violations include unauthorized discharges of influent/effluent to surface water and ground surface. Describe the steps you have taken in response to those letters?
 - 6. A schedule showing the amount of water demand used to bill wastewater service for each month.
 - 7. A list of all customer complaints received during the past three years and an explanation of how each was resolved. Mrs. Dorlere Weave Many informal Complaints always Cuatral Solutions. Most were due to hill station results.

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD • TALLAHASSEE, FL 32399-0850

- 8. A detailed description of all assets (pumps, collection systems, and lift stations, etc.) owned by the utility. I lift station. See attackel, Markely and Mindell eque. Perestation Pond -
- 9. A map showing the location and size of the wastewater collection system throughout the service area. The location of all existing customers (residential and general service), and the location of all vacant lots. No Vacant lots, No Commercial operation. No Map available. We have cheesed City, Court and DEP. No Magazint.
- 10. A description of any plant additions or repairs that have been made in the past year along with the cost and reason for the addition or repair. If the additions or repairs are in response to a DEP or health department compliance requirement, provide a copy of the supporting documentation. No Additions, OEP * Hearth Dept issues Have been the result of Regleger operations.
- 11. A description of any plant additions or repairs that are expected to be made in the next year, along with the estimated cost and reason for the addition or repair. If the additions or repairs are in response to a DEP or health department compliance requirement, provide a copy of the supporting documentation. No Additions, Typical Maintonne Performed on 38 yr old system.
- 12. A list of all general service customers and their type of businesses. None

X

Submit the following information on or before March 23, 2011, to the Office of Commission Clerk, Docket No. 100471-SU, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, Florida 32399-0850.

On March 30, 2011, I will inspect the wastewater treatment plant, the collection system, and the general service area. Please have someone (lead operator, chief maintenance person, or an assigned person with access to the plant) available for this tour. If you have any questions, do not hesitate to contact me at (850) 413-7001.

Sincerely,

Lobert Simpson

Engineering Specialist

Bureau of Certification, Economics & Tariffs

RS:kb

Cc: Division of Economic Regulation (Roberts, Hudson, Fletcher, Maurey, Daniel)

Office of General Counsel (Evans)

Office of Commission Clerk

Sheikh M. Hasan, Planning and Engineering Resources, Inc.



FOR

WATER AND WASTEWATER

TREATMENT EQUIPMENT

SLEEPY HOLLOW WASTEWATER TREATMENT FACILITY

AS DESIGNED AND MANUFACTURED BY-



Phones 904-877-7102

Fla. Toll Free 800-342-7174

COMPANY INC

P.O. Drawer 5618

Tallahassee Florida 3120

MANUFACTURERS OF
SEWAGE TREATMENT PLANTS • SEPTIC TANKS • SEWAGE LIFT STATIONS • MANHOLES
PRECAST CONCRETE PRODUCTS

MAROLF ENVIRONMENTAL, INC.

Wastewater Treatment Plant OPERATION AND MAINTENANCE MANUAL

SLEEPY HOLLOW

Marolf Environmental, Inc. has endeavored to provide the most durable structure and dependable equipment possible, while keeping the total operation simple.

We at Marolf Environmental, Inc. are proud of our company products and our company record.

We want you to be proud of your treatment plant. This manual should serve to get you acquainted with us, and to familiarize you with your new facility. As no two plants are exactly alike, we have prepared this material especially for you.

This manual should help you understand the capabilities of your plant and the type of results anticipated with proper operation within the design limits established.

If some portion of the plant was not completely covered during your personal instruction period, and if it is not covered in this manual, contact the factory for clarification.

S&L UTILITIES, INC. WATER DEMAND USED TO BILL FOR WASTEWATER SLEEPY HOLLOW SUBDIVISION FROM JANUARY 2010 THRU DECEMBER 2010

PER: MARION UTILITIES

AVERAGE MONTHLY/YR METERED GALLONS USE PER STREET

FT. KING STREET		40,056		480,672
SE 2 ND STREET		94,100		1,129,200
SE 52 ND COURT		68,646		823,752
SE 53 RD STREET SE 54 TH AVENUE		200,187 108,808		2,402,244 1,305,696
SE 54 TH COURT		176,239		2,114,868
SE 55 TH AVENUE		32,605		391,260
AV MO.		720,641	AV YR.	8,647,692
S&L UTILITIES, INC.	Av Mo	177	Av Yr.	2,124

DOCUMENT NUMBER-DATE

01962 MAR 24 =

FPSC-COMMISSION CLERK

Mark's Environmental Services, LLC 8890 SE 124th lane Belleview, Florida 34420 Telephone (352)693-3859 E-mail: MES19602010@yahoo.com

February 15, 2011

Florida DEP – Central District Wastewater Section Attention: Daniel Hall 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

Dear Mr. Hall,

On behalf of our client, S. & L. Utilities, Inc., we would like to address your non-compliance letter dated February 1, 2011.

#2 – The DMR that we are using was sent from Katie Williams at DEP. If this DMR is out of date, please send the latest DMR to my attention.

#3 - A current copy of the calibration is enclosed.

#4 – Mark's Environmental was not operating the plant at the time of the high nitrate sample, but we have made adjustments that have brought the nitrates into compliance.

#6 - The pond sprayer in now operational and that is helping to drop the levels in the pond.

#7 – The Marloff clarifier weir seems to be level, the problem appears to be with the McNeil Plant. I would appreciate some clarification on this matter.

If you have further questions or concerns please call or e-mail me.

mark Havens Sr.

Sincerely,

Mark Havens, Sr.

Enclosure

CC: S. &L Utilities, Inc.

(COPE)

MARK'S ENVIRONMENTAL SERVICES LLC

WATER & WASTEWATER
OPERATIONS & MAINTENANCE
BACKFLOW TESTING & REPAIR
88:0 SE 124 N.
Bellevie 54420

Office: (352) 693-3859 Fax: (352) 566-6552

E -mail: MES19602010@yahoo.com								
	PUMPING RATE CALIBRATION USING THE PUMP DOWN METHOD							
FACILITY NAM	/IE & ID#: Slee	py Hollow						
FACILITY LOC	ATION: 400SE	55Ave, Ocala	FI, 34471-3532	2				
LIFT STATION	LOCATION: V	VWTP_FLA01	.0788-003					
			CAPACITY FO	R RECTANGUL	AR TANKS			
Length in Feet	x	Width in Feet _		X Depth in Feet	ľ			
= Cu. Ft	X 7.48 Gal,	/Cu Ft = Gallons	Volume.	Gallons Volume	Divided By De	oth/Height in Fe	et=	
Gal. per Ft	by 12 = Ga	l. per Inch						
		WET-WE	LL CAPACITY FO	OR CYLINDRIC	AL TANKS			
			Ft12.56			_		
					1 Depth	in Ft. = Gal. pe	r	
Ft.93.9	Gal. per	Ft. divided by 1	2 =_7.8	Gal. per In.				
	Pump # 1 =	= 7620 (GPH)			Pump # 2 = 6	919 (GPH)		
Start Time	Stop Time	# Inches	GPH	Start Time	Stop Time	# Inches	GPH	
		Pumped				Pumped		
12:00pm	12:01om	10in.	4680	12:07pm	12:08pm	10in.	4680	
12:02om	12:03pm	11in.	4875	12;09pm	12:10pm	9.75in.	4563	
12:04pm	12:05pm	10.25in.	4797	12:11pm	12:12pm	10.5in.	4914	
Previous Pump Calibration(GPH) 5220{GPH} 5280(GPH)								
	Calibration (GPH)	4875(GPH)		4719 GPH)				
Percent Di	ifference (%)	6%		10%				

METHOD: Measure distance to water and record, Pump Down for one minute, Record. If under flow let Fill one minute add this to your recorded pump down number subtract your start number from your stop number. The results are # of inches pumped in one minute. Multiply inches pumped by gallons per inch X 60 (one hour) for GPH. Average the 3 pump downs.

NOTE: Ideally stop all flow and eliminate the rest step. Alternate your pumps with this method each pump down minute to equalize head pressure.

HOUR METER ACCURACY CHECK

NOTE: Hour meters are broken down into tenths of hour or 6 minute intervals. Mark the meter you are testing, turn on hand for 6 minutes. If the meter is accurate you should be on the same point one number higher. Any variance address problem appropriately.

	Pump#1			Pump#2			
Time Start	Time Stop	Accurate Y - N	Time Start	Time Stop	Accurate Y - N		
12:23pm	12:26pm	YES	12:44pm	12:50pm	YES		
12:27pm	12:33pm	Yes	12:51pm	12:57pm	YES		
12:34pm	12:40pm	Yes	12:58pm	1:04pm	YES		

Comments:_			
	11 () . 1	 -	
TECHNICAN	-11/1/1/1/		
SIGNATURE:	IN what Here	DATE: 12/11/2010	
JIONALI ONL.		DATE. 12/11/2010	

Copy.



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Mimi A. Drew Secretary

CERTIFIED MAIL 91 7108 2133 3936 2187 1689

December 15, 2010

S & L UTILITIES INC POST OFFICE BOX 4186 OCALA FL 34478 OCD-C-WW-10-0874

ATTENTION TERESA FLETCHER PRESIDENT

Marion County - DW
Sleepy Hollow WWTF
Wastewater Facility - Permit No. FLA010788
Warning Letter No. OWL-WW-10-0020

Dear Ms. Fletcher:

This office has reviewed a letter (email) from Mr. Clark Yandle dated October 9, 2010 responding to the proposed civil penalties for the violations addressed in the above referenced Warning Letter. After carefully considering the information presented in Mr. Yandle's letter, the Department tenders the attached revised Penalty Computation Worksheet as its final position relative to civil penalties. The revised civil penalties were derived in conformance with prescribed Department rules and guidelines.

You are requested to respond to this office within fourteen (I4) days of receipt as to your decision regarding the revised civil penalties and entering into a Consent Order to resolve this matter. The Consent Order will provide instructions for proper payment of the revised civil penalties and costs.

If this office does not receive an appropriate response within the time period noted, it will be assumed that you are not interested in settling this matter as described above. In that event, this office would be left with no other recourse but to refer the matter to the Department's Office of General Counsel for appropriate legal action.

Sincerely,

Vivian F. Garfein

Director, Central District

pirace & Xarfain

VFG/ca

Enclosure

cc: Clark Yandle, S&L Utility, Inc., clark@yandles.com

"More Protection, Less Process" www.dep.state.fl.us

ELRA** PENALTY COMPUTATION WORKSHEET REVISED

Violator's Name: S & L Utilities, Inc.

Identify Violator's Facility: Sleepy Hollow WWTF

Name of Department Staff Responsible for the Penalty Computations:

Clarence Anderson and Gary P. Miller

Date: December 13, 2010

PART I - Penalty Determinations

	Violation Type	Penalty Amount	Multi-day	Adjustments	Total
1.	Unauthorized discharge to surface water.	\$2,000.00	4 Kennell - Vii 14 O Alla MARIA	\$4,000.00 - \$4,000.00	\$6,000.00 - \$4,000.00
2.	Failure to notify Department.	\$1,000.00			\$1,000.00 - \$ 500.00
3.	Unauthorized discharge of influent to ground surface.	\$2,000.00	i i i i i i i i i i i i i i i i i i i	- \$1,000.00	\$2,000.00 - \$1,000.00
	Total Penalties for all Violati			hap saw replen	\$3,500.00
	Total Costs and Expenses Inc	curred by the Depa	rtment:		\$1,000.00
			TOTAL PE	NALTY	\$4,500.00

Economic benefit was considered when calculating these penalties.

"The monetary computations enclosed have been formulated and are being tendered in the context of settlement negotiations"

^{**} Environmental Litigation Reform Act

$\frac{ELRA**PENALTY\ COMPUTATION\ WORKSHEET}{REVISED}$

S & L Utilities, Inc. Sleepy Hollow WWTF

Part II - Multi-day Penalties and Adjustments

ADJUSTMEN	VTS	Dollar Amount
	Violation # 1	
<u>Unauthorized</u> of	discharge from the percolation pond to DRA 7100.	
Two additiona	l discharges to DRA 7100 in March and July 2010 (2 x \$2,000.00 =	= \$4,000.00).
Good Faith A	fter Discovery:	- \$4,000.00
Justification:	Respondent was not aware of the discharge and was not notified County. Once aware of the discharge, Respondent took action to discharge.	
	Violation # 2	
Failure to pro influent tank w	vide notification of unauthorized discharge to DRA 7100 & divithin 24-hours/5 days as required by permit.	scharge from the
Good Faith A	fter Discovery:	-\$500.00
Justification:	Respondent was not aware of the discharge and was not notified County regarding the discharge to DRA 7100.	by Marion
	Violation #3	
Unauthorized	discharge of raw influent from the McNeil plant to the ground surf	ace.
Good Faith P	rior to Discovery:	-\$1,000.00
Justification:	Respondent notified the Department of this event and made even the piping failure as soon as possible.	ry effort to repair
	Total Adjustments:	\$5,500.00

"The monetary computations enclosed have been formulated and are being tendered in the context of settlement negotiations"



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Mimi A. Drew Secretary

CERTIFIED MAIL 91 7108 2133 3936 2187 1689

December 15, 2010

S & L UTILITIES INC POST OFFICE BOX 4186 OCALA FL 34478 OCD-C-WW-10-0874

ATTENTION TERESA FLETCHER PRESIDENT

Marion County - DW
Sleepy Hollow WWTF
Wastewater Facility - Permit No. FLA010788
Warning Letter No. OWL-WW-10-0020

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Sincerely,

Vivian F. Garfein

Director, Central District

Chicaux & Yarfain

VFG/ca

Enclosure

cc: Clark Yandle, S&L Utility, Inc., clark@yandles.com

"More Protection, Less Process" www.dep.state.fl.us

ELRA** PENALTY COMPUTATION WORKSHEET REVISED

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Identify Violator's Facility: Sleepy Hollow WWTF

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2.	Failure to notify Department.	\$1,000.00	gar and 100 miles from 100 to 100 to 100	- \$500.00	\$1,000.00 \$ 500.00
3.	Unauthorized discharge of influent to ground surface.	\$2,000.00		- \$1,000.00	\$2,000.00 \$1,000.00
	Total Penalties for all Violation	ons:			\$3,500.00
	Total Costs and Expenses Inc	urred by the Depa	rtment:		\$1,000.00
			TOTAL PEN	NALTY	\$4,500.00

Economic benefit was considered when calculating these penalties.

^{**} Environmental Litigation Reform Act

[&]quot;The monetary computations enclosed have been formulated and are being tendered in the context of settlement negotiations"

$\frac{\text{ELRA** PENALTY COMPUTATION WORKSHEET}}{\text{REVISED}}$

S & L Utilities, Inc. Sleepy Hollow WWTF

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Justification:	Respondent was not aware of the discharge and was not notified by County. Once aware of the discharge, Respondent took action to discharge.	by Marion cease the
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Failure to proinfluent tank w	vide notification of unauthorized discharge to DRA 7100 & divithin 24-hours/5 days as required by permit.	scharge from the
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Justification:	Respondent was not aware of the discharge and was not notified be County regarding the discharge to DRA 7100.	oy Marion
		*
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	Total Adjustments:	\$5,500.00

"The monetary computations enclosed have been formulated and are being tendered in the context of settlement negotiations"

Subj:

Re: FW: FDEP Settlement Letter for Sleepy Hollow WWTF

Date:

2/22/2011 1:51:21 P.M. Eastern Standard Time

From:

Lcyatybm@aol.com

To:

Clarence.Anderson@dep.state.fl.us

CC:

perocala@aol.com, Teresafletcher@cox.net

Good afternoon Mr Anderson.

Please consider this my response to OCD-C-WW-10-0874 dated December 15, 2010. I have reviewed the penalty determinations and although more than I had expected, S&L is ready to pay and move on in our desire to operate a facility that meets the standards required by DEP.

S&L has requested a staff assisted rate study from the Public Service Commission. We have been notified by letter that the Commission has determined that a study is in order and we are requesting funds to initiate a full design and reconstruction of the settlement basin. We have provided time and material for the initial audit and a public meeting is scheduled for a date in June of this year.

We will be using Planning & Engineering Associates, Inc. here in Ocala. We have used Dr. Hasan for our consultation needs and he is well aware of the needs we must meet.

Clark Yandle

In a message dated 1/12/2011 9:53:58 A.M. Eastern Standard Time, Clarence.Anderson@dep.state.fl.us writes:

Mr. Yandle:

The Department hasn't received a response to the attached Settlement Letter dated December 15, 2010. I realize that the Holidays have caused a delay and the hard copy was not received until 12/31/10 but please provide a response as soon as possible.

Please advise when the response will be submitted. If you need addition time call or send me an email.

Clarence Anderson

Environmental Supervisor

Wastewater Compliance/Enforcement

Central District/Orlando

(407) 893-7876

Fax (850) 412-0473

clarence.anderson@dep.state.fl.us

From: Ray, Amber

Sent: Wednesday, December 15, 2010 10:20 AM

To: clark@yandles.com

Cc: Anderson, Clarence; Hall, Daniel K.; Williams, Kathryn M. **Subject:** FDEP Esettlement Letter for Sleepy Hollow WWTF

Please find attached an Adobe Acrobat version of the correspondence for the subject facility from the Central District of the Florida Department of Environmental Protection.

A free viewer is available at http://www.adobe.com/. This email is an alternative to a hard copy being sent by mail. If you would still like to receive a hard copy or had trouble receiving the attachment, reply to this email or call me at the number listed below.

Have a great day!

Amber M. Ray
Administrative Support
Wastewater Compliance/Enforcement
Florida Dept. of Environmental Protection, Central District
3319 Maguire Blvd., Ste. 232
Orlando, FL 32803-3767
Phone (407) 893-3313
Amber.Ray@dep.state.fl.us

Cover Florida, developed by Governor Charlie Crist and the Florida Legislature, gives Floridians access to more affordable health insurance options.

To learn more or to sign up for email updates,

visit www.CoverFloridaHealthCare.com.

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Mimi Drew is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on this link to the DEP Customer Survey. Thank you in advance for completing the survey.

Subj:

(no subject)

Date:

10/9/2010 4:45:52 P.M. Eastern Standard Time

From:

Lcyatybm@aol.com

To:

gary.miller@dep.state.fl.us

CC:

mes19602010@yahoo.com, Teresafletcher@cox.net

Good afternoon Mr. Miller,

Thank you for extending the 10 day time period as requested and allowed by you. After a complete review of the issues which have resulted in the assessment of penalties I am of the opinion that the FDEP was well within their range of responsibility to declare same. Please accept my comments recognizing that S&L does want to be compliant with, and have not found anything we think is unfair or unreasonable in the prevailing statutes or administrative code.

- 1-Unauthorized discharge to surface water- Please consider the fact that Marion County Health Dept. never notified me about a problem. I am not sure that what we did was proper but out of a sense of frustration I instructed Mark Havens to remove the pipe. I later was told that FDEP had permitted the pipe, and it was there for a reason which you explained at our meeting. We have before or after had no contact from Marion County either Health Dept or Storm Water division.
- 2-Failure to notify Department- An email from Daniel Hall has clarified the issue of spill notification. Notification was made but not in a timely manner.
- 3-Unauthorized discharge of influent to ground surface- We realize we are guilty as charged and a repair was made the day after Mr. Havens notified Ms. Becky. Mr. Havens was given the responsibility of plant operation effective July 1 2010. I requested from him a list of shortcomings that were not corrected by the previous operator, and work had already begun.

It is not my nature to hide behind or try and defy or test the regulations of the FDEP. I want the Sleepy Hollow facility to be compliant, Mr Havens understands that as well. I must say these problems you and your staff have observed would not have happened if Mr. Havens would have been responsible for our plant in the past year.

As I close out this response please allow me to thank you for the courtesy you extended to me on my visit to Orlando. I felt less nervous this visit, but please understand I will do what is necessary to keep from getting another invitation. I know you and your staff have responsibilities to the regulations of the FDEP, and ultimately to citizens of this great state of Florida. With this I rest my case and thank you again for allowing S&L the opportunity to request some leniency from you and your staff.

S&L Utilities, Inc.

Clark Yandle



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

NOTICE OF PERMIT ISSUANCE

<u>CERTIFIED MAIL</u> 91 7108 2133 3936 6378 7382

S & L UTILITIES INC P O BOX 4186 OCALA FL 34478

ATTENTION TERESA FLETCHER PRESIDENT

Marion County - DW Sleepy Hollow WWTF

Enclosed is Permit Number FLA010788-003 to operate a domestic wastewater facility issued under Section(s) 403.087 and 403.0885 of the Florida Statutes.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under sections 120.569 and 120.57 of the Florida Statutes before the deadline for filing a petition. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Petitions by the applicant or any of the parties listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first.

Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action:
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106.301.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under section 120.573 of the Florida Statutes is not available for this proceeding.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this order will not be effective until further order of the Department.

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Dennise Judy Program Manager Domestic Waste

3319 Maguire Boulevard, Suite 232

Orlando, FL 32803-3767 Phone: (407) 894-7555

Date: February 12, 2010

Filed, on this date, pursuant to Section 120.52, F.S., with the designated Department Clerk, receipt of which is hereby acknowledged.

Two of Journa Febru

February 15, 2010

Clerk

Date

DJ/mcc/cs/ply

Enclosures: Permit and DMR

Copies furnished to:

Compliance Section (via email)

Sheikh Hasan, P.E.(via email: perocala@aol.com)

Marion County Health Dept. (via email: daniel dooley@doh.state.fl.us)

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before close of business on February 15, 2010 to the listed persons, by



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

S & L Utilities, Inc.

RESPONSIBLE OFFICIAL:

Ms Teresa Fletcher PO Box 4186 Ocala, Florida 34478-4186 (352) 671-1028

FACILITY:

Sleepy Hollow WWTF 400 SE 55th Ave Ocala, FL 34471-3532 Marion County

Latitude: 29°10' 58.45" N Longitude: 82°3' 28.87" W

PERMIT NUMBER: FLA010788-003
FILE NUMBER: FLA010788-003-DW3P
ISSUANCE DATE: February 15, 2010
EXPIRATION DATE: February 8, 2015

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). This permit does not constitute authorization to discharge wastewater other than as expressly stated in this permit. The above named permittee is hereby authorized to operate the facilities in accordance with the documents attached hereto and specifically described as follows:

WASTEWATER TREATMENT:

An existing 0.03 mgd (million gallon day) three month average daily flow (TMADF) permitted capacity extended aeration domestic wastewater treatment plant consisting of aeration, secondary clarification, chlorination, final settling, and aerobic digestion of residuals.

REUSE OR DISPOSAL:

Land Application R-001: An existing 0.03 MGD three month average daily flow permitted capacity rapid infiltration basin (RIB) system R-001 is a land application system which consists of a single cell RIB with a total wetted area of 0.147 acre (6,400 square feet) approximately at latitude 29° 10′ 58″ N, longitude 82° 03′ 30″ W.

IN ACCORDANCE WITH: The limitations, monitoring requirements, and other conditions set forth in this cover sheet and Part I through Part IX on pages 1 through 15 of this permit.

S & L Utilities, Inc.

Sleepy Hollow WWTF

PERMIT NUMBER: **EXPIRATION DATE:** FLA010788-003 February 8, 2015

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7.:

			Reclaimed Water Limitations		M			
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Monitoring	Sample Type	Monitoring Site Number	Notes
Flow	MGD	Max Max	0.03 Report	Quarterly Average Monthly Average	5 Days/Week	Elapsed Time Measurement on Pump	FLW-1	See I.A.3
BOD, Carbonaceous 5 day, 20C	mg/L	Max Max Max Max	20.0 30.0 45.0 60.0	Annual Average Monthly Average Weekly Average Single Sample	Monthly	Grab	EFA-1	
Solids, Total Suspended	mg/L	Max Max Max Max	20.0 30.0 45.0 60.0	Annual Average Monthly Average Weekly Average Single Sample	Monthly	Grab	EFA-1	
Coliform, Fecal	#/100mL	Max Max Max	200 200 800	Annual Average Monthly Geometric Mean Single Sample	Monthly	Grab	EFA-1	See I.A.4
pН	s.u.	Min Max	6.0 8.5	Single Sample Single Sample	5 Days/Week	Grab	EFA-1	
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	5 Days/Week	Grab	EFA-1	See I.A.5
Nitrogen, Nitrate, Total (as N)	mg/L	Max	12.0	Single Sample	Annually	Grab	EFA-1	See I.A.6

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2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I.A.1. and as described below:

Monitoring Site Number	Description of Monitoring Site
FLW-1	Elapsed time meters on lift station pumps
EFA-1	Final effluent in settling tank, after chlorination

- 3. An elapsed time measurement on pumps shall be utilized to measure flow and calibrated at least once every 12 months. [62-601.200(17) and .500(6)]
- 4. The effluent limitation for the monthly geometric mean for fecal coliform is only applicable if 10 or more values are reported. If fewer than 10 values are reported, the monthly geometric mean shall be calculated and reported on the Discharge Monitoring Report. [62-600.440(4)(c)]
- 5. Total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510, 62-600.440(4)(b) and (5)(b)]
- 6. Nitrate nitrogen (NO₃) concentration in the water discharged to the land application system shall not exceed 12.0 mg/L, or as required to comply with Rule 62-610.510, F.A.C. If the facility exceeds this limit, the Department may require future groundwater monitoring or modification to the treatment facility to remove nitrogen. [62-610.510]

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B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7.:

				Limitations	Mo			
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	Notes
Flow	MGD	Max Max	0.03 Report	Quarterly Average Monthly Average	5 Days/Week	Elapsed Time Measurement on Pump	FLW-1	See I.B.4
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Average	Monthly	Calculated	FLW-1	
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	Annually	Grab '	INF-1	See I.B.3
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	Annually	Grab	INF-1	See I.B.3

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2. Samples shall be taken at the monitoring site locations listed in Permit Condition I.B.1. and as described below:

Monitoring Site Number	Description of Monitoring Site
FLW-1	Elapsed time meters on lift station pumps
INF-1	Raw influent to splitter box

- 3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
- 4. An elapsed time measurement on pumps shall be utilized to measure flow and calibrated at least once every 12 months. [62-601.200(17) and .500(6)]
- 5. The sample collection, analytical test methods and method detection limits (MDLs) applicable to this permit shall be conducted using a sufficiently sensitive method to ensure compliance with applicable water quality standards and effluent limitations and shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "FAC 62-4 MDL/PQL Table (April 26, 2006)" is available at http://www.dep.state.fl.us/labs/library/index.htm. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
 - a. The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
 - b. The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide an MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
 - c. If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

When the analytical results are below method detection or practical quantitation limits, the permittee shall report the actual laboratory MDL and/or PQL values for the analyses that were performed following the instructions on the applicable discharge monitoring report.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is approved in accordance with 40 CFR 136 or deemed acceptable by the Department. [62-4.246, 62-160]

6. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]

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7. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e. monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type on DMR	Monitoring Period	Due Date
Monthly or Toxicity	first day of month - last day of month	28 th day of following month
Quarterly	January 1 - March 31	April 28
	April 1 - June 30	July 28
	July 1 - September 30	October 28
	October 1 - December 31	January 28
Semiannual	January 1 - June 30	July 28
	July 1 - December 30	January 28
Annual	January 1 - December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's Central District Office at the address specified in Permit Condition I.B.8. by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1),(2), and (3)]

8. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Central District Office at the address specified below:

Florida Department of Environmental Protection Central District Office 3319 Maguire Blvd Suite 232 Orlando, Florida 32803-3767

Phone Number - (407)894-7555
FAX Number - (850)412-0496
(All FAX copies and e-mails shall be followed by original copies.)

[62-620.305]

9. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

II. RESIDUALS MANAGEMENT REQUIREMENTS

- 1. The method of residuals use or disposal by this facility is transport to Central Process Residual and Management Facility (RMF) or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative residuals management facility does not require a permit modification. However, use of an alternative residuals management facility requires the submittal of a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the residuals. [62-620.320(6).62-640.880(1)]
- 2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]

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3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]

- 4. Disposal of residuals, septage, and other solids in a solid waste disposal facility, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with the requirements of Chapter 62-701, F.A.C. [62-640.100(6)(k)3&4]
- 5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
- 6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility

- 1. Date and Time Shipped
- 2. Amount of Residuals Shipped
- 3. Degree of Treatment (if applicable)
- 4. Name and ID Number of Residuals
 Management Facility or Treatment Facility
- 5. Signature of Responsible Party at Source Facility
- Signature of Hauler and Name of Hauling Firm

Residuals Management Facility or Treatment Facility

- 1. Date and Time Received
- 2. Amount of Residuals Received
- 3. Name and ID Number of Source Facility
- 4. Signature of Hauler
- 5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility.

[62-640.880(4)]

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

1. Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

A. Part IV Rapid Infiltration Basins

- 1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
- 2. The maximum annual average loading rate to the single cell percolation pond with a total wetted area of 0.147 acre (6,400 square feet) shall be limited to 7.5 inches per day (as applied to the entire bottom area). [62-610.523(3)]
- 3. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]

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4. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]

5. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as abnormal events in accordance with Permit Condition IX.20. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

A. Staffing Requirements

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 1/2 hour/day for 5 days/week and one visit each weekend. The lead/chief operator must be a Class C operator, or higher.

2. An operator meeting the lead/chief operator class for the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]

B. Capacity Analysis Report and Operation and Maintenance Performance Report Requirements

- 1. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
- 2. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]

C. Recordkeeping Requirements

- 1. The permittee shall maintain the following records and make them available for inspection at the following address: on the site of the permitted facility.
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, including, if applicable, a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of any required record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and license number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities, including any preventive maintenance or

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repairs made or requested; results of tests performed and samples taken, unless documented on a laboratory sheet; and notation of any notification or reporting completed in accordance with Rule 62-602.650(3), F.A.C. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350, 62-602.650]

VI. SCHEDULES

1. The following improvement actions shall be completed according to the following schedule:

Improvement Action	Completion Date
Clean the Rapid Infiltration basin	Within 90 days of issuance
	of the permit

[62-620.320(6)]

2. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal no later than one-hundred and eighty days (180) prior to the expiration date of this permit. Application shall be made using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. [62-620.335(1) and (2)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

1. This facility is not required to have a pretreatment program at this time. [62-625.500]

VIII. OTHER SPECIFIC CONDITIONS

- 1. The permittee shall comply with all conditions and requirements for reuse contained in their consumptive use permit issued by the Water Management District, if such requirements are consistent with Department rules. [62-610.800(10)]
- 2. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- 3. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
- 4. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
- 5. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or

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 Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or

- c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
- Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
- e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

[62-604.130(5)]

- 6. The treatment facility, storage ponds for Part II systems, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1) and 62-600.400(2)(b)]
- 7. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
- 8. Where required by Chapter 471 or Chapter 492, F.S., applicable portions of reports that must be submitted under this permit shall be signed and sealed by a professional engineer or a professional geologist, as appropriate. [62-620.310(4)]
- 9. The permittee shall provide verbal notice to the Department's Central District Office as soon as practical after discovery of a sinkhole or other karst feature within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's Central District Office in a written report within 7 days of the sinkhole discovery. [62-620.320(6)]
- 10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C., if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications, or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]

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3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]

- 4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

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10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, F.S., or Rule 62-620.302, F.A.C. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]

- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility or activity and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, F.A.C., and the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2), F.A.C., for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246 and Chapters 62-160, 62-601, and 62-610, F.A.C., and 40 CFR 136, as appropriate.

S & L Utilities. Inc.

Sleepy Hollow WWTF

PERMIT NUMBER: **EXPIRATION DATE:** FLA010788-003 February 8, 2015

a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.

- b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
- Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
- d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified
- e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
- f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
- 20. The permittee shall report to the Department's Central District Office any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - The following shall be included as information which must be reported within 24 hours under this condition:
 - (1) Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - (2) Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - (3) Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - (4) Any unauthorized discharge to surface or ground waters.
 - b. Oral reports as required by this subsection shall be provided as follows:
 - (1) For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4, that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - (a) Name, address, and telephone number of person reporting;
 - (b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - (c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - (d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - (e) Estimated amount of the discharge;

S & L Utilities, Inc. Sleepy Hollow WWTF PERMIT NUMBER: EXPIRATION DATE:

FLA010788-003 February 8, 2015

(f) Location or address of the discharge;

(g) Source and cause of the discharge;

- (h) Whether the discharge was contained on-site, and cleanup actions taken to date;
- (i) Description of area affected by the discharge, including name of water body affected, if any; and

(j) Other persons or agencies contacted.

- (2) Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department's Central District Office within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department's Central District Office shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX.17., IX.18., or IX.19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX.20. of this permit. [62-620.610(21)]

22. Bypass Provisions.

- a. "Bypass" means the intentional diversion of waste streams from any portion of a treatment works.
- b. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - (1) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - (2) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - (3) The permittee submitted notices as required under Permit Condition IX.22.b. of this permit.
- c. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX.20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- d. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX.22.a.1. through 3. of this permit.
- e. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX.22.a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions.

- a. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based effluent limitations because of factors beyond the reasonable control of the permittee.
 - An upset does not include noncompliance caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, careless or improper operation.
 - (2) An upset constitutes an affirmative defense to an action brought for noncompliance with technology based permit effluent limitations if the requirements of upset provisions of Rule 62-620.610, F.A.C., are met.

PERMITTEE:

S & L Utilities, Inc.

FACILITY:

Sleepy Hollow WWTF

PERMIT NUMBER:

FLA010788-003

EXPIRATION DATE: February 8, 2015

b. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

- (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
- (2) The permitted facility was at the time being properly operated;
- (3) The permittee submitted notice of the upset as required in Permit Condition IX.20. of this permit; and
- (4) The permittee complied with any remedial measures required under Permit Condition IX.5. of this permit.
- c. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- d. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Dennise Judy Program Manager Domestic Waste

Date: February 12, 2010

Attachment(s):
Discharge Monitoring Report

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed. Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
Α	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed. Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area,

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream

CBODs: Enter the average CBODs of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS	
ANC	Analysis not conducted.	
DRY	Dry Well	
FLD	Flood disaster.	
IFS	Insufficient flow for sampling.	
LS	Lost sample.	
MNR	Monitoring not required this period.	

CODE	DESCRIPTION/INSTRUCTIONS	
NOD OPS OTH SEF	No discharge from/to site. Operations were shutdown so no sample could be taken. Other. Please enter an explanation of why monitoring data were not available. Sampling equipment failure.	

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

- 1. Results greater than or equal to the PQL shall be reported as the measured quantity.
- 2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
- 3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number, however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

Permit Nu Monitorir		.A010788-003-DV	V3P	SAMPLE		Facility: Sleep	y Hollow WWTF		
	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	a		
Code	80082	50060	74055	00530	00400	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1			
1									
2							-		
3									
4									
5		,				-			
6									
7 8									
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31						-			
Total					ļ		-		
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Mo. Avg.									
PLANT ST. Day Shift O	perator	Class:	Certificat		N	ame:			
Evening Sh	ift Operator	Class:	Certificat	e No:	N	ame:			3.6
Night Shift	Operator	Class:	Certificat	e No:	N	ame:			

_____Name:

Class: Certificate No:

Lead Operator

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed	I mail this report to: De	partment of Environmental Protection, 3319 Maguire Blv	d, Suite 232, Orlando, FL 32803-3767			
	PERMITTEE NAME:	S & L Utilities, Inc.	PERMIT NUMBER:	FLA010788-003-DW3P		
	MAILING ADDRESS:	PO Box 4186				
		Ocala, Florida 34478-4186	LIMIT: CLASS SIZE:	Final N/A	REPORT: PROGRAM:	Annually Domestic
	FACILITY: LOCATION:	Sleepy Hollow WWTF 400 SE 55th Ave	MONITORING GROUP NUMBER: MONITORING GROUP DESCRIPTION:	R-001 One Percolation Pond, inclu	uding Influent	
		Ocala, FL 34471-3532	RE-SUBMITTED DMR: NO DISCHARGE FROM SITE:			
	COUNTY:	Marion	MONITORING PERIOD From:	To:		
	OFFICE	C . IB.				

Parameter	Quantity or Loading Units Quality or Concentration		antity or Loading Units Quality or Concentration		Quantity or Loading		Units Quality or Concentration		Units		No. Ex.		Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement												
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					70 in	12.0 (Max.)	mg/L		Annually	Grab		
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement		4										
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			•			Report (Max.)	mg/L		Annually	Grab		
Solids, Total Suspended(Influent)	Sample Measurement												
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement	50 (1994) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					Report (Max.)	mg/L		Annually	Grab		
									1 -				
		68											
											a special control of the control of		
				<i>9</i> -									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP R-001

PERMIT NUMBER: FLA010788-003-DW3P

NUMBER:			
MONITORING PERIOD	From:	То:	

Parameter		Quantity or Loading		Quantity or Loading Units Quality or Concentration		nits Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 A	Sample Measurement Permit		· · · · · · · · · · · · · · · · · · ·	1		200	800	#/100mL		Monthly	Grab	
Mon. Site No. EFA-1 pH	Requirement Sample			de la composition della compos		(Mo.Geo.Mn.)	(Max.)					
PARM Code 00400 A Mon. Site No. EFA-1	Measurement Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab	
Chlorine, Total Residual(For Disinfection)	Sample Measurement											
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab	
Flow	Sample Measurement									e .		
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump	
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					9						
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated	
				6							1196.1	
	20 Kg	281 AV										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	S & L Utilities, Inc.	PERMIT NUMBER:	FLA010788-003-DW3P	Expiration Date:	February 8, 2015
MAILING ADDRESS:	PO Box 4186				
	Ocala, Florida 34478-4186	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Sleepy Hollow WWTF	MONITORING GROUP NUMBER:	R-001		
LOCATION:	400 SE 55th Ave	MONITORING GROUP	One Percolation Pond, includ	ing Influent	
		DESCRIPTION:			
	Ocala, FL 34471-3532	RE-SUBMITTED DMR:			
		NO DISCHARGE FROM SITE:			
COUNTY:	Marion	MONITORING PERIOD From:			
4			To:		
OFFICE:	Central District				

Parameter		Quantity of	Quantity or Loading Units Quality or Concentration			Quantity or Loading			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement											
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				+%							
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				*							
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab	
Solids, Total Suspended	Sample Measurement											
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab	
Solids, Total Suspended	Sample Measurement			~								
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab	
Coliform, Fecal	Sample Measurement											
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				A 15 2 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	200 (An.Avg.)	Axia	#/100mL		Monthly	Grab	

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
	,		

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

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data

qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
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Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD.: Enter the average CBOD, of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS	
ANC	Analysis not conducted.	_
DRY	Dry Well	
FLD	Flood disaster.	
IFS	Insufficient flow for sampling.	
LS	Lost sample.	
MNR	Monitoring not required this period.	

CODE	DESCRIPTION/INSTRUCTIONS	
NOD OPS OTH SEF	No discharge from/to site. Operations were shutdown so no sample could be taken. Other. Please enter an explanation of why monitoring data were not available. Sampling equipment failure.	

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

- 1. Results greater than or equal to the PQL shall be reported as the measured quantity.
- 2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
- 3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero,

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

DAILY SAMPLE RESULTS - PART B

	DAIL! SAWII LE RESCETS - LAKT D								
Permit Number:	FLA010788-003-DW3P		Facility:	Sleepy Hollow WWTF					
Monitoring Period	From:	To:							

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow MGD		
Code	80082	50060	74055	00530	00400	50050		-
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1		
1								
2								
3					,			
4								
5								
6		-						
7								
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22								
23								
24	2							
25								
26								
27								
28								
29					-			
30	-							
31								
Total								
Mo. Avg.							-	
LANT STA		Class:	Certificat	e No:	N	ame:		
Evening Shift	Operator	Class:	Certificat	e No:	N	ame:		
Night Shift O	perator	Class:	Certificat	e No:	N	ame:		
Lead Operato	r	Class:	Certificat	e No:	N	ame:		

28 29 30 31 Total Mo. Avg. LANT STAFFING: ay Shift Operator Class: Certificate No: Name: vening Shift Operator Class: Certificate No: Name: ight Shift Operator Class: Certificate No: Name: ead Operator Class: Certificate No: Name: 4	21								
30 31 Total Mo. Avg. LANT STAFFING: ay Shift Operator Class: Certificate No: Name: vening Shift Operator Class: Certificate No: Name: ight Shift Operator Class: Certificate No: Name: ead Operator Class: Certificate No: Name:	28				1.4				
Total Mo. Avg.	29								
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ay Shift Operator Class: Certificate No: Name: vening Shift Operator Class: Certificate No: Name: ight Shift Operator Class: Certificate No: Name: ead Operator Class: Certificate No: Name:	Mo. Avg.							<i>t</i> *	
	ay Shift Opvening Shift	perator ft Operator Operator	Class:	Certificate Certificate	e No:	Na: Na: Na	me:		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed	mail this report to: Dep	partment of Environmental Protection, 3319 Maguire Blvd	d, Suite 232, Orlando, FL 32803-3767			
	PERMITTEE NAME:	S & L Utilities, Inc.	PERMIT NUMBER:	FLA010788-003-DW3P		
	MAILING ADDRESS:	PO Box 4186				
		Ocala, Florida 34478-4186	LIMIT: CLASS SIZE:	Final N/A	REPORT: PROGRAM:	Annually Domestic
	FACILITY:	Sleepy Hollow WWTF	MONITORING GROUP NUMBER:	R-001		
	LOCATION:	400 SE 55th Ave	MONITORING GROUP DESCRIPTION:	One Percolation Pond, inclu	ding Influent	
		Ocala, FL 34471-3532	RE-SUBMITTED DMR: NO DISCHARGE FROM SITE:			
	COUNTY:	Marion	MONITORING PERIOD From:	To:		
	OFFICE:	Central District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.		Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement						,				
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement										
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Annually	Grab
Solids, Total Suspended(Influent)	Sample Measurement										
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Annually	Grab
											1 Tax - 27 - 24
							Victoria de la constanta de la				
							2				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA010788-003-DW3P

NUMBER:
MONITORING PERIOD From: ______ To: ______

Parameter	Parameter Quantity or Loading Units Quality or Concentration				on	Units	No. Ex.	Frequency of Analysis	Sample Type		
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement		7			200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
рН	Sample Measurement										
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement						1				
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Flow	Sample Measurement										
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
				72 m						27 7	
	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2										
				7.0						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	S & L Utilities, Inc.	PERMIT NUMBER:	FLA010788-003-DW3P	Expiration Date:	February 8, 2015
MAILING ADDRESS:	PO Box 4186				
	Ocala, Florida 34478-4186	LIMIT:	Final	REPORT:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Sleepy Hollow WWTF	MONITORING GROUP NUMBER:	R-001		
LOCATION:	400 SE 55th Ave	MONITORING GROUP	One Percolation Pond, include	ding Influent	
		DESCRIPTION:			
	Ocala, FL 34471-3532	RE-SUBMITTED DMR:			
		NO DISCHARGE FROM SITE:			
COUNTY:	Marion	MONITORING PERIOD From:			
			To:		
OFFICE:	Central District				

Parameter	Quantity or Loading Units Quality or Concentration					Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			W	60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				8						
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			4 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			-						1	
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement		Washington and the second seco		60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement								1. 1.		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
	*		

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



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Governo Jennifer Carrol

Herschel T. Vinyard Jt. Secretary

CERTIFIED MAIL 91 7108 2133 3936 6377 8458

March 18, 2011

S & L UTILITIES INC POST OFFICE BOX 4186 OCALA FL 34478 OCD-C-WW-11-0193

ATTENTION TERESA FLETCHER
PRESIDENT

SUBJECT:

SHORT FORM CONSENT ORDER

Proposed Settlement of DEP v. S&L UTILITIES INC

OGC File No.: 11-0462

Dear Ms. Fletcher:

The purpose of this letter is to complete the resolution of the matter previously identified by the Department in the Warning Letter dated August 4, 2010, a copy of which is attached. The corrective actions required to bring your facility into compliance have been performed. The Department finds that you are in violation of the rules and statutes cited in the attached Warning Letter. In order to resolve the matters identified in the attached Warning Letter, you are assessed civil penalties in the amount of \$3,500.00, along with \$1,000.00 to reimburse the Department costs, for a total of \$4,500.00.

The civil penalties are apportioned as follows: \$3,000.00 for violation of Section 403.161(1)(b), Florida Statutes (F.S.), and Rule 62-600.740(a), Florida Administrative Code (F.A.C.); \$500.00 for violation of Section 403.161(1)(b), F.S., and Rule 62-620.610(20), F.A.C.

The Department acknowledges that the payment of these civil penalties by you does not constitute an admission of liability. This payment must be made payable to the Department of Environmental Protection by cashier's check or money order and shall include the OGC File Number assigned above and the notation "Ecosystems Management and Restoration Trust Fund." Payment shall be sent to the Department of

S & L Utilities, Inc. OGC File No.: 11-0462

Page 2

Environmental Protection, Central District Office, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803-3767, within 30 days of your signing this letter.

Your signing this letter constitutes your acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated above. The Department will then countersign the letter and file it with the Clerk of the Department. When the signed letter is filed with the Clerk, the letter shall constitute final agency action of the Department which shall be enforceable pursuant to Section 120.69 and 403.121, Florida Statutes.

If you do not sign and return this letter to the Department at the District address by April 8, 2011, the Department will assume that you are not interested in settling this matter on the above described terms, and will proceed accordingly. None of your rights or substantial interests are determined by this letter unless you sign it and it is filed with the Department Clerk.

with the Department Clerk.				
Sincerely,				
Christianne C. Ferraid				
For Vivian F. Garfein Director, Central District				
VFG/dkh/ca				
FOR THE RESPONDENT:				
I, Teresa Fletcher, President, on behalf of S & L Utilities, Inc., HEREBY ACCEPT THE TERMS OF THE SETTLEMENT OFFER IDENTIFIED ABOVE.				
By:				
Date:				

S & L Utilities, Inc. OGC File No.: 11-0462 Page 3				
FOR DEPARTMENT USE ONLY				
DONE AND ENTERED this day of, 2011, in Orlando, Florida.				
STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION				
Vivian F. Garfein Director, Central District				
FILED, on this date, pursuant to Section 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.				
Clerk Date				
VFG: ca				
Enclosures				
cc: Clark Yandle, S&L Utility, Inc., legactybm@aol.com Lea Crandall, Agency Clerk, Mail Station 35, lea.crandall@dep.state.fl.us				

NOTICE OF RIGHTS

Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information: (a) The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located; (b) A statement of how and when each petitioner received notice of the Consent Order; (c) A statement of how each petitioner's substantial interests are affected by the Consent Order; (d) A statement of the material facts disputed by petitioner, if any; (e) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order; (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order; (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available in this proceeding.



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

CERTIFIED MAIL 91 7108 2133 3936 6377 8274

August 4, 2010

S & L UTILITIES INC POST OFFICE BOX 4186 OCALA FL 34478 WARNING LETTER No. OWL-WW-10-0020

ATTENTION TERESA FLETCHER PRESIDENT

Marion County - DW Sleepy Hollow WWTF Wastewater Facility - Permit No. FLA010788

Dear Ms. Fletcher:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. A field inspection conducted on July 15, 2010, of Sleepy Hollow WWTF indicates that a violation of Florida Statutes and Rules may exist at the above described facility. A copy of the inspection report is enclosed for your review. Department of Environmental Protection personnel observed the following at the above described facility:

- 1. An unauthorized discharge was observed from the percolation pond on multiple occasions from the overflow pipe.
- 2. There was evidence of a spill on the ground surface near the influent tank of the McNeil plant.
- 3. Spills or discharges occurred on July 15, 2010 and were not reported to the Department of Environmental Protection (DEP) or to the State Warning Point (SWP). Any unpermitted, unauthorized discharge in excess of 1000 gallons must be reported to the SWP within twenty-four (24) hours of discovery, followed by the written report submitted to the DEP within 5 days. Any spill of 1000 gallons or less must be reported to the DEP within 24-hours of discovery, followed by the written report submitted to the DEP within 5 days.
- 4. A hole was noted in the wall of the influent tank at the McNeil plant allowing influent to discharge to the ground surface.
- 5. One lift station pump was inoperative.
- 6. The effluent aerial spray system for the percolation pond was offline due to an inoperative pump and missing spray heads.
- 7. Solids were present in the chlorine contact chambers, in the effluent sampling point, and in the percolation pond.

S & L Utilities, Inc. Warning Letter No. OWL-WW-10-0020 Page 2

Section 403, Florida Statutes, provides that:

- A. Florida Statutes, Chapter 403.161 Prohibitions, violations, intent. (1) It shall be a violation of this chapter, and it shall be prohibited for any person: (b) To fail to obtain any permit required by this chapter or by rule or regulation, or to violate or fail to comply with any rule, regulation, order, permit, or certification adopted or issued by the Department pursuant to its lawful authority.
- B. Florida Administrative Code Rule 62-600.740 Violations. The following acts and the causing thereof are prohibited. (a) The release or disposal of excreta, sewage, or other wastewaters or domestic wastewater residuals without providing proper treatment approved by the Department or otherwise violating provisions of this rule or other rules of the Florida Administrative Code.
- C. Florida Administrative Code Rule 62-600.410 Operation and Maintenance Requirements.
 - (1) All domestic wastewater treatment plants shall be operated and maintained in accordance with the applicable provisions of this chapter and so as to attain, at a minimum, the reclaimed water or effluent quality required by the operational criteria specified in this chapter, and to meet the appropriate domestic wastewater residuals management criteria specified in Chapters 62-2, 62-7, 62-640 and 62-701, F.A.C.
 - (2) All reuse and land application systems shall be operated and maintained in accordance with the applicable provisions of this chapter and the provisions of Chapter 62-610, F.A.C.
 - (6) All facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater and domestic wastewater residuals shall be maintained, at a minimum, so as to function as intended.
 - (8) In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affect neighboring developed areas at the levels prohibited by paragraph 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the treatment plant) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department.
- D. Florida Administrative Code Rule 62-610.523 Design and Operation Requirements. (6) Rapid infiltration basins, percolation ponds, basins, trenches, or cells shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids.
- E. Florida Administrative Code Rule 62-620.610 General Conditions for All Permits. (20) The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - (a) The following shall be included as information which must be reported within 24 hours under this condition:
 - 1. Any unanticipated bypass which causes any reclaimed water or the effluent to exceed any permit limitation or results in an unpermitted discharge,

- 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
- 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
- 4. Any unauthorized discharge to surface or ground waters.
- (b) Oral reports as required by this subsection shall be provided as follows:
- 1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
- a. Name, address, and telephone number of person reporting;
- b. Name, address, and telephone number of permittee or responsible person for the discharge;
- c. Date and time of the discharge and status of discharge (ongoing or ceased);
- d. Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
- e. Estimated amount of the discharge;
- f. Location or address of the discharge;
- g. Source and cause of the discharge:
- h. Whether the discharge was contained on-site, and cleanup actions taken to date;
- i. Description of area affected by the discharge, including name of water body affected, if any; and
- j. Other persons or agencies contacted.
- 2. Oral reports, not otherwise required to be provided pursuant to subparagraph (b)1. above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- (c) If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

The activities observed during the Department's field inspection and any other activities at your facility that may be contributing to violations of the above described statutes or rules should be ceased. Operation of a facility in violation of state statutes or rules may result in the potential liability for damages and restoration, and the judicial imposition of civil penalties, pursuant to Sections 403.141 and 403.161, Florida Statutes.

You are requested to contact Clarence Anderson or Daniel Hall of this office at (407) 893-3313 within 15 days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter. The Department has tentatively calculated penalties for the violations addressed above and may discuss the penalties at the meeting.

S & L Utilities, Inc. Warning Letter No. OWL-WW-10-0020 Page 4

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(4), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

for Vivian F. Garfein

Director, Central District

Christianne C. Ferraro

VFG/kw/ca

Enclosure: Inspection Report

cc: Clark Yandle, S&L Utility, Inc., clark@yandles.com

Marion County Health Department, daniel dooley@doh.state.fl.us Marion County Storm Water Section, Gail.Mowry@marioncountyfl.org

Mark Havens, mes19602010@yahoo.com

DW Permitting Section

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:		County	E	ntry Date/Time
Sleepy Hollow WWTF FLA010788		Marion	The second secon		
400 SE 55 th Avenue	1211010100		Phone		Exit Date/Time
Ocala, FL 34471			1 110110	_	ly 15, 2010
Name(s) of Field Representatives(s)	Title				hone
Name(s) of Field Representatives(s)	Title			Г	none
Name and Address of Permittee or Designated Repres	sentative Title	•	Phone	(a)	Operator Certification #
Teresa Fletcher					
S&L Utilities. Inc.					
Post Office Box 4186					
Ocala, FL 34478					
Inspection Type: R I Samples	Taken(Y/N): N	@ Sample II	N#.	Ç.,	mples Split (Y/N):
Inspection Type: R 1 Samples					
Domestic Industrial	Were Photos Taken(Y/N):	Y	@ Log book Volume :	2	@ Page 73
FACILITY COMPLIANCE AREAS EVALUATED IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "◆" PROGRAM FACHITY OPERATIONS FACHITY OPERATIONS FACHITY OPERATIONS FACHITY OPERATIONS					
	. Laboratory		acility Site Review	NE	9. ♦Effluent Quality
	. Sampling		low Measurement	SC	10. ♦ Effluent Disposal
	. • Records & Reports	NE 8. ♦ C	peration & Maintenance	NE	11. Residuals/Sludge
13. Other:				NA	12. Groundwater
Facility and/or Order Compliance Status: In-Compliance Out-Of-Compliance Significant-Out-Of-Compliance Significant-Out-Of-Comp					
Name(s) and Signature(s) of Inspector(s) District Office/Phone Number Date					
Name(s) and Signature(s) of Inspector(s)				·umber	Date
Kathryn Williams			407-893-3313	407-893-3313 J1	
the state of the s					
@ Signature of Reviewer			District Office/Phone I	Number	Date
Kathryn Williams			407-893-3313	407-893-3313 July 16, 2010	

INSPECTION SUMMARY

Facility Name:

Sleepy Hollow WWTF

Facility ID No:

FLA010788

Inspection Type:

Reconnaissance Inspection

Inspection Date:

July 15, 2010

PERMIT: Not Evaluated

COMPLIANCE SCHEDULES: Not Applicable

LABORATORY: Not Applicable

*Please see attached Laboratory Evaluation Summary for details (if applicable)

SAMPLING: Not Applicable

RECORDS AND REPORTS: Out of Compliance

- The Permittee failed to report noncompliance to the Department within 24 hours as required by 62-620.610(20), F.A.C.
- The Permittee failed to submit a written report containing a description of the noncompliance within five days as required by 62-620.610(20), F.A.C.

FACILITY SITE REVIEW: Out of Compliance

- Only one lift station pump is working.
- Air piping in the plant was held together with electrical tape and needed to be adequately repaired.
- A hole was noted in the wall of the influent tank of the McNeil Plant, allowing solids to spill onto the ground.
- Solids were noted in both chlorine contact chambers, most notably in the Marolf Plant, as well as in the effluent sampling point.
- The effluent spray pump is nonoperational.

FLOW MEASUREMENT: Not Evaluated

OPERATION AND MAINTENANCE: Not Evaluated

EFFLUENT QUALITY: Not Evaluated

EFFLUENT DISPOSAL: Significant Out of Compliance

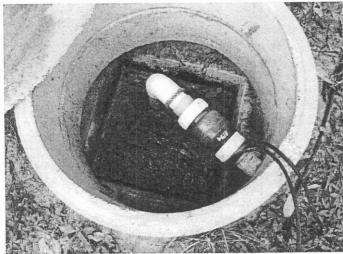
• The Marion County Stormwater Section contacted us to see if discharge into a stormwater pond was coming from the percolation pond at Sleepy Hollow, as it appeared to be. A dye test was performed

during this inspection, which determined that the capped overflow pipe in the percolation pond was leaking, thus discharging into the adjacent stormwater pond. Marion County storm water personnel observed the overflow discharge in March and July 2010.

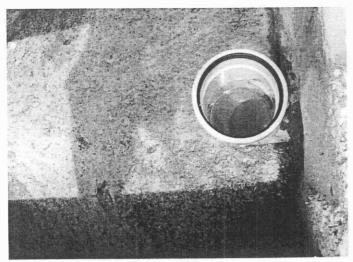
The percolation pond contained excessive solids.

RESIDUALS/SLUDGE: Not Evaluated

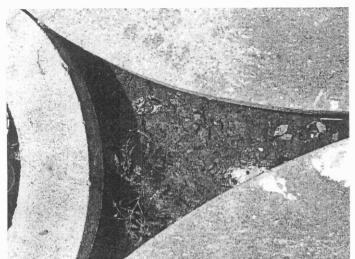
GROUND WATER: Not Applicable



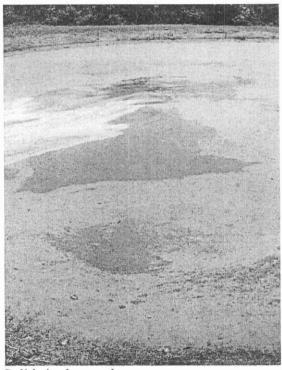
Solids in the effluent sampling point



Solids in the Marolf Plant CCC



Solids on the ground due to the leak in the influent tank of the McNeil Plant



Solids in the pond



Water flowing into the stormwater pond before the dye was administered. The pipe shown extends into the Sleepy Hollow percolation pond.



Water after the dye was administered.

Subj: Re: FW: FDEP Settlement Letter for Sleepy Hollow WWTF

Date: 2/22/2011 1:51:21 P.M. Eastern Standard Time

From: <u>Lcyatybm@aol.com</u>

To: Clarence.Anderson@dep.state.fl.us

CC: <u>perocala@aol.com</u>, <u>Teresafletcher@cox.net</u>

Good afternoon Mr Anderson,

Please consider this my response to OCD-C-WW-10-0874 dated December 15, 2010. I have reviewed the penalty determinations and although more than I had expected, S&L is ready to pay and move on in our desire to operate a facility that meets the standards required by DEP.

S&L has requested a staff assisted rate study from the Public Service Commission. We have been notified by letter that the Commission has determined that a study is in order and we are requesting funds to initiate a full design and reconstruction of the settlement basin. We have provided time and material for the initial audit and a public meeting is scheduled for a date in June of this year.

We will be using Planning & Engineering Associates, Inc. here in Ocala. We have used Dr. Hasan for our consultation needs and he is well aware of the needs we must meet.

Clark Yandle

In a message dated 1/12/2011 9:53:58 A.M. Eastern Standard Time, Clarence.Anderson@dep.state.fl.us writes:

Mr. Yandle:

The Department hasn't received a response to the attached Settlement Letter dated December 15, 2010. I realize that the Holidays have caused a delay and the hard copy was not received until 12/31/10 but please provide a response as soon as possible.

Please advise when the response will be submitted. If you need addition time call or send me an email.

Clarence Anderson

Environmental Supervisor

Wastewater Compliance/Enforcement

Central District/Orlando

(407) 893-7876

Fax (850) 412-0473

clarence.anderson@dep.state.fl.us

From: Ray, Amber

Sent: Wednesday, December 15, 2010 10:20 AM

To: clark@yandles.com

Cc: Anderson, Clarence; Hall, Daniel K.; Williams, Kathryn M. **Subject:** FDEP Esettlement Letter for Sleepy Hollow WWTF

Please find attached an Adobe Acrobat version of the correspondence for the subject facility from the Central District of the Florida Department of Environmental Protection.

A free viewer is available at http://www.adobe.com/. This email is an alternative to a hard copy being sent by mail. If you would still like to receive a hard copy or had trouble receiving the attachment, reply to this email or call me at the number listed below.

Have a great day!

Amber M. Ray
Administrative Support
Wastewater Compliance/Enforcement
Florida Dept. of Environmental Protection, Central District
3319 Maguire Blvd., Ste. 232
Orlando, FL 32803-3767
Phone (407) 893-3313
Amber.Ray@dep.state.fl.us

Cover Florida, developed by Governor Charlie Crist

and the Florida Legislature, gives Floridians access

to more affordable health insurance options.

To learn more or to sign up for email updates,

visit www.CoverFloridaHealthCare.com.

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Mimi Drew is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on this link to the DEP Customer Survey. Thank you in advance for completing the survey.



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Mimi A. Drew Secretary

CERTIFIED MAIL 91 7108 2133 3936 2187 1689

December 15, 2010

S & L UTILITIES INC POST OFFICE BOX 4186 OCALA FL 34478 OCD-C-WW-10-0874

ATTENTION TERESA FLETCHER PRESIDENT

Marion County - DW
Sleepy Hollow WWTF
Wastewater Facility - Permit No. FLA010788
Warning Letter No. OWL-WW-10-0020

Dear Ms. Fletcher:

This office has reviewed a letter (email) from Mr. Clark Yandle dated October 9, 2010 responding to the proposed civil penalties for the violations addressed in the above referenced Warning Letter. After carefully considering the information presented in Mr. Yandle's letter, the Department tenders the attached revised Penalty Computation Worksheet as its final position relative to civil penalties. The revised civil penalties were derived in conformance with prescribed Department rules and guidelines.

You are requested to respond to this office within fourteen (I4) days of receipt as to your decision regarding the revised civil penalties and entering into a Consent Order to resolve this matter. The Consent Order will provide instructions for proper payment of the revised civil penalties and costs.

If this office does not receive an appropriate response within the time period noted, it will be assumed that you are not interested in settling this matter as described above. In that event, this office would be left with no other recourse but to refer the matter to the Department's Office of General Counsel for appropriate legal action.

Sincerely,

Vivian F. Garfein

Director, Central District

Mixaux & Xasfein

VFG/ca

Enclosure

cc: Clark Yandle, S&L Utility, Inc., clark@yandles.com

"More Protection, Less Process" www.dep.state.fl.us

ELRA** PENALTY COMPUTATION WORKSHEET REVISED

Violator's Name: S & L Utilities, Inc.

Identify Violator's Facility: Sleepy Hollow WWTF

Name of Department Staff Responsible for the Penalty Computations:

Clarence Anderson and Gary P. Miller

Date: December 13, 2010

PART I - Penalty Determinations

	Violation Type	Penalty Amount	Multi-day	Adjustments	Total
1.	Unauthorized discharge to surface water.	\$2,000.00		\$4,000.00 - \$4,000.00	\$6,000.00 - \$4,000.00
2.	Failure to notify Department.	\$1,000.00		- \$500.00	\$1,000.00 - \$ 500.00
3.	Unauthorized discharge of influent to ground surface.	\$2,000.00		- \$1,000.00	\$2,000.00 - \$1,000.00
	Total Penalties for all Violations:				\$3,500.00
	Total Costs and Expenses Incurred by the Department:				
	TOTAL PENALTY				

Economic benefit was considered when calculating these penalties.

** Environmental Litigation Reform Act

$\frac{ELRA^{**} \ PENALTY \ COMPUTATION \ WORKSHEET}{REVISED}$

S & L Utilities, Inc. Sleepy Hollow WWTF

Part II - Multi-day Penalties and Adjustments

ADJUSTMEN	NTS	Dollar Amount
	Violation # 1	
<u>Unauthorized</u>	discharge from the percolation pond to DRA 7100.	
Two additiona	l discharges to DRA 7100 in March and July 2010 (2 x \$2,000.00 =	\$4,000.00).
Good Faith A	fter Discovery:	- \$4,000.00
Justification:	Respondent was not aware of the discharge and was not notified by County. Once aware of the discharge, Respondent took action to codischarge.	
	Violation # 2	
	vide notification of unauthorized discharge to DRA 7100 & discrithin 24-hours/5 days as required by permit.	charge from the
Good Faith A	fter Discovery:	-\$500.00
Justification:	Respondent was not aware of the discharge and was not notified by County regarding the discharge to DRA 7100.	y Marion
		* 2
	Violation # 3	
Unauthorized	discharge of raw influent from the McNeil plant to the ground surface	ce.
Good Faith P	rior to Discovery:	-\$1,000.00
Justification:	Respondent notified the Department of this event and made every the piping failure as soon as possible.	effort to repair
	Total Adjustments:	\$5,500.00

"The monetary computations enclosed have been formulated and are being tendered in the context of settlement negotiations"

Subj:

(no subject)

Date:

10/9/2010 4:45:52 P.M. Eastern Standard Time

From:

Lcyatybm@aol.com

To:

gary.miller@dep.state.fl.us

CC:

mes19602010@yahoo.com, Teresafletcher@cox.net

Good afternoon Mr. Miller.

Thank you for extending the 10 day time period as requested and allowed by you. After a complete review of the issues which have resulted in the assessment of penalties I am of the opinion that the FDEP was well within their range of responsibility to declare same. Please accept my comments recognizing that S&L does want to be compliant with, and have not found anything we think is unfair or unreasonable in the prevailing statutes or administrative code.

1-Unauthorized discharge to surface water- Please consider the fact that Marion County Health Dept. never notified me about a problem. I am not sure that what we did was proper but out of a sense of frustration I instructed Mark Havens to remove the pipe. I later was told that FDEP had permitted the pipe, and it was there for a reason which you explained at our meeting. We have before or after had no contact from Marion County either Health Dept or Storm Water division.

2-Failure to notify Department- An email from Daniel Hall has clarified the issue of spill notification. Notification was made but not in a timely manner.

3-Unauthorized discharge of influent to ground surface- We realize we are guilty as charged and a repair was made the day after Mr. Havens notified Ms. Becky. Mr. Havens was given the responsibility of plant operation effective July 1 2010. I requested from him a list of shortcomings that were not corrected by the previous operator, and work had already begun.

It is not my nature to hide behind or try and defy or test the regulations of the FDEP. I want the Sleepy Hollow facility to be compliant, Mr Havens understands that as well. I must say these problems you and your staff have observed would not have happened if Mr. Havens would have been responsible for our plant in the past year.

As I close out this response please allow me to thank you for the courtesy you extended to me on my visit to Orlando. I felt less nervous this visit, but please understand I will do what is necessary to keep from getting another invitation. I know you and your staff have responsibilities to the regulations of the FDEP, and ultimately to citizens of this great state of Florida. With this I rest my case and thank you again for allowing S&L the opportunity to request some leniency from you and your staff.

S&L Utilities, Inc.

Clark Yandle

Subj:

(no subject)

Date:

9/21/2010 5:34:17 A.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

lcyatybm@aol.com

Clark

I did not manage to get the pump installation finished yesterday but will have it completed today. We have made several repairs to improve the plant that were not on the FDEP list of repairs and deficiencies. This is a list of the improvements we have made so far. When your people were there to clean up over the weekend they threw away some brand new material that I had bought for repairs to the plant and my dip net and pitcher I used for a settleometer. I will have to replace these items to finish the repairs and keep things moving forward.

- 1. we rpaired the lift station pump
- 2 we replaced the ETM
- 3. we fixed the leak in the digester
- 4. we repiped the blower
- 5. we rehung the stilling well
- 6. we fixed the whole in the McNeil influent basin
- 7. we removed the overflow pipe connecting to the pond next door
- 8. we secured the return line on the Marloff plant to minimize sludge splashing from the tanks

MARK'S ENVIRONMENTAL SERVICES LLC

WATER & WASTEWATER
OPERATIONS & MAINTENANCE
BACKFLIGW TESTIN REPAIR
8 1 124
.
Ben 4420

Office: (352) 693-3859 E -mail: MES19602010@yahoo.com

NOTIFICATION OF ABNORMAL EVENT

TO: Florida Department of Environmental Protection

Central District-Domestic Waste Section

3319 Maguire Blvd., Suite 232

Orlando, Florida 32803

FROM: Mark's Environmental Services

8890 SE 124th LN. Belleview, FL 34420

FACILITY: Sleepy Hollow FLA010788

DESCRIPTION OF AND CAUSE OF ABNORMAL EVENT:

Upon arrival found the distribution tank had a partial clog in the transfer pipes causing the southeast airbay to receive more flow and splashing solids out of airbay onto the ground.

PERIOD OF ABNORMAL EVENT:

From: 8/31/10 (1130 am)

To: 8/31/10 (1130 am)

STEPS BEING TAKEN TO CORRECT ABNORMAL EVENT:

The blockage in the transfer pipes was freed and tank levels returned to normal. Less than 100 gallons of sludge was spilled and it was limed and will be removed when totally dry.

IS ABNORMAL EVENT NOW ELIMINATED?

Yes.

IF NO, LENGTH OF TIME ABNORMAL EVENT IS EXPECTED TO CONTINUE:

STEPS BEING TAKEN TO PREVENT REOCCURANCE:

A bubbler will be installed in distribution tank to help prevent future blockages.

BY:		FOR:	
	Mark Havens		Mark's Environmental Services LLC
	Reporter		Employer

Subj:

FDEP Issuance of Warning Letter to Sleepy Hollow WWTF

Date:

8/4/2010 1:00:56 P.M. Eastern Daylight Time

From:

Amber.Ray@dep.state.fl.us

To:

clark@yandles.com

CC:

daniel_dooley@doh.state.fl.us, gail.mowry@marioncountyfl.org, mes19602010@yahoo.com,

Clarence.Anderson@dep.state.fl.us, Daniel.K.Hall@dep.state.fl.us

Please find attached an Adobe Acrobat version of the ISSUANCE OF WARNING LETTER correspondence and inspection reports for the subject facility from the Central District of the Florida Department of Environmental Protection.

A free viewer is available at http://www.adobe.com/. This email is an alternative to a hard copy being sent by mail. If you would still like to receive a hard copy or had trouble receiving the attachment, reply to this email or call me at the number listed below.

PEASE CONFIRM RECEIPT OF THIS ELECTRONIC CORRESPONDENCE.

Amber M. Ray Administrative Support Wastewater Compliance/Enforcement Florida Dept. of Environmental Protection, Central District 3319 Maguire Blvd., Ste. 232 Orlando, FL 32803-3767 Phone (407) 893-3313 Amber.Ray@dep.state.fl.us

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on this link to the DEP Customer Survey. Thank you in advance for completing the survey.



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

CERTIFIED MAIL 91 7108 2133 3936 6377 8274

August 4, 2010

S & L UTILITIES INC POST OFFICE BOX 4186 OCALA FL 34478 WARNING LETTER No. OWL-WW-10-0020

ATTENTION TERESA FLETCHER PRESIDENT

Marion County - DW Sleepy Hollow WWTF Wastewater Facility - Permit No. FLA010788

Dear Ms. Fletcher:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. A field inspection conducted on July 15, 2010, of Sleepy Hollow WWTF indicates that a violation of Florida Statutes and Rules may exist at the above described facility. A copy of the inspection report is enclosed for your review. Department of Environmental Protection personnel observed the following at the above described facility:

- 1. An unauthorized discharge was observed from the percolation pond on multiple occasions from the overflow pipe.
- 2. There was evidence of a spill on the ground surface near the influent tank of the McNeil plant.
- 3. Spills or discharges occurred on July 15, 2010 and were not reported to the Department of Environmental Protection (DEP) or to the State Warning Point (SWP). Any unpermitted, unauthorized discharge in excess of 1000 gallons must be reported to the SWP within twenty-four (24) hours of discovery, followed by the written report submitted to the DEP within 5 days. Any spill of 1000 gallons or less must be reported to the DEP within 24-hours of discovery, followed by the written report submitted to the DEP within 5 days.
- 4. A hole was noted in the wall of the influent tank at the McNeil plant allowing influent to discharge to the ground surface.
- 5. One lift station pump was inoperative.
- 6. The effluent aerial spray system for the percolation pond was offline due to an inoperative pump and missing spray heads.
- 7. Solids were present in the chlorine contact chambers, in the effluent sampling point, and in the percolation pond.

Section 403, Florida Statutes, provides that:

- A. Florida Statutes, Chapter 403.161 Prohibitions, violations, intent. (1) It shall be a violation of this chapter, and it shall be prohibited for any person: (b) To fail to obtain any permit required by this chapter or by rule or regulation, or to violate or fail to comply with any rule, regulation, order, permit, or certification adopted or issued by the Department pursuant to its lawful authority.
- B. Florida Administrative Code Rule 62-600.740 Violations. The following acts and the causing thereof are prohibited. (a) The release or disposal of excreta, sewage, or other wastewaters or domestic wastewater residuals without providing proper treatment approved by the Department or otherwise violating provisions of this rule or other rules of the Florida Administrative Code.
- C. Florida Administrative Code Rule 62-600.410 Operation and Maintenance Requirements.
 - (1) All domestic wastewater treatment plants shall be operated and maintained in accordance with the applicable provisions of this chapter and so as to attain, at a minimum, the reclaimed water or effluent quality required by the operational criteria specified in this chapter, and to meet the appropriate domestic wastewater residuals management criteria specified in Chapters 62-2, 62-7, 62-640 and 62-701, F.A.C.
 - (2) All reuse and land application systems shall be operated and maintained in accordance with the applicable provisions of this chapter and the provisions of Chapter 62-610, F.A.C.
 - (6) All facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater and domestic wastewater residuals shall be maintained, at a minimum, so as to function as intended.
 - (8) In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affect neighboring developed areas at the levels prohibited by paragraph 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the treatment plant) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department.
- D. Florida Administrative Code Rule 62-610.523 Design and Operation Requirements. (6)
 Rapid infiltration basins, percolation ponds, basins, trenches, or cells shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids.
- E. Florida Administrative Code Rule 62-620.610 General Conditions for All Permits. (20)
 The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - (a) The following shall be included as information which must be reported within 24 hours under this condition:
 - 1. Any unanticipated bypass which causes any reclaimed water or the effluent to exceed any permit limitation or results in an unpermitted discharge,

- 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
- 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
- 4. Any unauthorized discharge to surface or ground waters.
- (b) Oral reports as required by this subsection shall be provided as follows:
- 1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
- a. Name, address, and telephone number of person reporting;
- b. Name, address, and telephone number of permittee or responsible person for the discharge;
- c. Date and time of the discharge and status of discharge (ongoing or ceased);
- d. Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
- e. Estimated amount of the discharge;
- f. Location or address of the discharge;
- g. Source and cause of the discharge;
- h. Whether the discharge was contained on-site, and cleanup actions taken to date;
- i. Description of area affected by the discharge, including name of water body affected, if any; and
- j. Other persons or agencies contacted.
- 2. Oral reports, not otherwise required to be provided pursuant to subparagraph (b)1. above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- (c) If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

The activities observed during the Department's field inspection and any other activities at your facility that may be contributing to violations of the above described statutes or rules should be ceased. Operation of a facility in violation of state statutes or rules may result in the potential liability for damages and restoration, and the judicial imposition of civil penalties, pursuant to Sections 403.141 and 403.161, Florida Statutes.

You are requested to contact Clarence Anderson or Daniel Hall of this office at (407) 893-3313 within 15 days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter. The Department has tentatively calculated penalties for the violations addressed above and may discuss the penalties at the meeting.

S & L Utilities, Inc. Warning Letter No. OWL-WW-10-0020 Page 4

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(4), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

for Vivian F. Garfein

Director, Central District

Mishanne C. Fenand

VFG/kw/ca

Enclosure: Inspection Report

cc: Clark Yandle, S&L Utility, Inc., clark@yandles.com
Marion County Health Department, daniel_dooley@doh.state.fl.us
Marion County Storm Water Section, Gail.Mowry@marioncountyfl.org
Mark Havens, mes19602010@yahoo.com
DW Permitting Section

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:		<u> </u>		T
Sleepy Hollow WWTF	FLA010788		County		Date/Time
400 SE 55 th Avenue	FLA010/88	Marion	July 15		
Ocala, FL 34471			Phone		t Date/Time
				July 15	
Name(s) of Field Representatives(s)	Title			Phone	,
Name and Address of Permittee or Designat	ted Representative Title		Phone	@ O _I	perator Certification #
Teresa Fletcher					
S&L Utilities, Inc.					
Post Office Box 4186					
Ocala, FL 34478					
Inspection Type:	Samples Taken(Y/N): N	@ Sample ID#:		Sample	s Split (Y/N):
Domestic Indust	trial Were Photos Taken(Y/N):	@ Log book Volume :	2	@ Page 73	
FACILITY COMPLIANCE AREAS EVALUATED IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluate Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a " PERMITS/ORDERS SELF MONITORING PROGRAM FACILITY OPERATIONS EFFLUENT/DISPOSAL NE 1. Permit NA 3. Laboratory SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE 9. PERMITS/ORDERS SELF MONITORING PROGRAM SC 6. Facility Site Review NE					
13. Other:		7		NA 12.	Groundwater
Facility and/or Order Compliance Status: Recommended Actions: Warning Letter	In-Compliance Out-O	f-Compliance	Significant-O	ut-Of-Complia	ance
Name(s) and Signature(s) of Inspector(s)			District Office/Phone	Numbar	Date
Time (a) and organisate (b) of Impressor (b)			District Officer hone	vamber	Date
Kathryn Williams			407-893-3313		July 16, 2010
@ Signature of Reviewer			District Office/Phone	Number	Date
David Smicherko	mihule		407-893-7875		July 23, 2010

INSPECTION SUMMARY

Facility Name:

Sleepy Hollow WWTF

Facility ID No:

FLA010788

Inspection Type:

Reconnaissance Inspection

Inspection Date:

July 15, 2010

PERMIT: Not Evaluated

COMPLIANCE SCHEDULES: Not Applicable

LABORATORY: Not Applicable

*Please see attached Laboratory Evaluation Summary for details (if applicable)

SAMPLING: Not Applicable

RECORDS AND REPORTS: Out of Compliance

- The Permittee failed to report noncompliance to the Department within 24 hours as required by 62-620.610(20), F.A.C.
- The Permittee failed to submit a written report containing a description of the noncompliance within five days as required by 62-620.610(20), F.A.C.

FACILITY SITE REVIEW: Out of Compliance

- Only one lift station pump is working.
- Air piping in the plant was held together with electrical tape and needed to be adequately repaired.
- A hole was noted in the wall of the influent tank of the McNeil Plant, allowing solids to spill onto the ground.
- Solids were noted in both chlorine contact chambers, most notably in the Marolf Plant, as well as in the effluent sampling point.
- The effluent spray pump is nonoperational.

FLOW MEASUREMENT: Not Evaluated

OPERATION AND MAINTENANCE: Not Evaluated

EFFLUENT QUALITY: Not Evaluated

EFFLUENT DISPOSAL: Significant Out of Compliance

• The Marion County Stormwater Section contacted us to see if discharge into a stormwater pond was coming from the percolation pond at Sleepy Hollow, as it appeared to be. A dye test was performed

during this inspection, which determined that the capped overflow pipe in the percolation pond was leaking, thus discharging into the adjacent stormwater pond. Marion County storm water personnel observed the overflow discharge in March and July 2010.

The percolation pond contained excessive solids.

RESIDUALS/SLUDGE: Not Evaluated

GROUND WATER: Not Applicable



Solids in the effluent sampling point



Solids in the Marolf Plant CCC



Solids on the ground due to the leak in the influent tank of the McNeil Plant



Solids in the pond



Water flowing into the stormwater pond before the dye was administered. The pipe shown extends into the Sleepy Hollow percolation pond.



Water after the dye was administered.

ELRA PENALTY COMPUTATION WORKSHEET**

Violator's Name: S & L Utilities, Inc.

Identify Violator's Facility: Sleepy Hollow WWTF

Name of Department Staff Responsible for the Penalty Computations:

Clarence Anderson and Daniel Hall

Date: July 20, 2010

PART I - Penalty Determinations

	Violation Type*	Penalty Amount	Multi-day	Adjustments		Total
1.	Unauthorized discharge to surface water.	\$2,000.00		\$4,000.00	\$	6,000.00
2.	Failure to notify Department.	\$1,000.00		\$1,000.00	\$	2,000.00
3.	Unauthorized discharge of influent to ground surface.	\$2,000.00			\$	2,000.00
	Total Penalties for all Viola	tions:			\$	10,000.00
	Total Costs and Expenses	Incurred by the I	Department:		\$	1,000.00
			TOTAL PEN	ALTY	\$1	1,000.00

^{*} See Penalty Determination for a description of the violation.

Economic benefit was considered when calculating these penalties.

^{**} Environmental Litigation Reform Act

ELRA PENALTY DETERMINATION for

S & L Utilities, Inc. Sleepy Hollow WWTF

Violation #1- Section 403.121 (3)(b), Florida Statutes

Unauthorized discharge from the percolation pond to DRA 7100.

ENVIRONMENTAL LITIGATION REFORM ACT (ELRA)

For an unpermitted or unauthorized discharge.

\$2,000.00

Violation-Section 403.121 (6), Florida Statutes

Two additional discharges to DRA 7100 in March and July 2010 (2 x \$2,000.00 = \$4,000.00).

ENVIRONMENTAL LITIGATION REFORM ACT (ELRA)

For each additional day during which a violation occurs, the administrative penalties in subsection (3), subsection (4), and subsection (5) may be assessed per day per violation.

\$4,000.00

Violation #2- Section 403.121 (4)(e), Florida Statutes

Failure to provide notification of unauthorized discharge to DRA 7100 within 24-hours/5 days as required by permit.

ENVIRONMENTAL LITIGATION REFORM ACT (ELRA)

Failure to submit required notification to the department.

\$1,000.00

Violation-Section 403.121 (6), Florida Statutes

Failure to provide required notification of unauthorized discharges to DRA 7100 observed by Marion County Storm Water in March and July 2010 (2 x \$500.00 = \$1,000.00).

ENVIRONMENTAL LITIGATION REFORM ACT (ELRA)

For each additional day during which a violation occurs, the administrative penalties in subsection (3), subsection (4), and subsection (5) may be assessed per day per violation.

\$1,000.00

ELRA PENALTY DETERMINATION for

S & L Utilities, Inc. Sleepy Hollow WWTF

Violation #3- Section 403.121 (3)(b), Florida Statutes

Unauthorized discharge of raw influent from the McNeil plant to the ground surface.

ENVIRONMENTAL LITIGATION REFORM ACT (ELRA)

For an unpermitted or unauthorized discharge.

\$2,000.00

The 2010 Florida Statutes

Title XXIX Chapter 403 View Entire Chapter
PUBLIC HEALTH ENVIRONMENTAL CONTROL

403.121 Enforcement; procedure; remedies. — The department shall have the following judicial and administrative remedies available to it for violations of this chapter, as specified in s. 403.161(1).

(1) Judicial remedies:

- (a) The department may institute a civil action in a court of competent jurisdiction to establish liability and to recover damages for any injury to the air, waters, or property, including animal, plant, and aquatic life, of the state caused by any violation.
- (b) The department may institute a civil action in a court of competent jurisdiction to impose and to recover a civil penalty for each violation in an amount of not more than \$10,000 per offense. However, the court may receive evidence in mitigation. Each day during any portion of which such violation occurs constitutes a separate offense.
- (c) Except as provided in paragraph (2)(c), it shall not be a defense to, or ground for dismissal of, these judicial remedies for damages and civil penalties that the department has failed to exhaust its administrative remedies, has failed to serve a notice of violation, or has failed to hold an administrative hearing prior to the institution of a civil action.

(2) Administrative remedies:

- (a) The department may institute an administrative proceeding to establish liability and to recover damages for any injury to the air, waters, or property, including animal, plant, or aquatic life, of the state caused by any violation. The department may order that the violator pay a specified sum as damages to the state. Judgment for the amount of damages determined by the department may be entered in any court having jurisdiction thereof and may be enforced as any other judgment.
- (b) If the department has reason to believe a violation has occurred, it may institute an administrative proceeding to order the prevention, abatement, or control of the conditions creating the violation or other appropriate corrective action. Except for violations involving hazardous wastes, asbestos, or underground injection, the department shall proceed administratively in all cases in which the department seeks administrative penalties that do not exceed \$10,000 per assessment as calculated in accordance with subsections (3), (4), (5), (6), and (7). Pursuant to 42 U.S.C. s. 300g-2, the administrative penalty assessed pursuant to subsection (3), subsection (4), or subsection (5) against a public water system serving a population of more than 10,000 shall be not less than \$1,000 per day per violation. The department shall not impose administrative penalties in excess of \$10,000 in a notice of violation. The department shall not have more than one notice of violation seeking administrative penalties pending against the same party at the same time unless the violations occurred at a different site or the violations were discovered by the department subsequent to the filing of a previous notice of violation.

- (c) An administrative proceeding shall be instituted by the department's serving of a written notice of violation upon the alleged violator by certified mail. If the department is unable to effect service by certified mail, the notice of violation may be hand delivered or personally served in accordance with chapter 48. The notice shall specify the provision of the law, rule, regulation, permit, certification, or order of the department alleged to be violated and the facts alleged to constitute a violation thereof. An order for corrective action, penalty assessment, or damages may be included with the notice. When the department is seeking to impose an administrative penalty for any violation by issuing a notice of violation, any corrective action needed to correct the violation or damages caused by the violation must be pursued in the notice of violation or they are waived. However, no order shall become effective until after service and an administrative hearing, if requested within 20 days after service. Failure to request an administrative hearing within this time period shall constitute a waiver thereof, unless the respondent files a written notice with the department within this time period opting out of the administrative process initiated by the department to impose administrative penalties. Any respondent choosing to opt out of the administrative process initiated by the department in an action that seeks the imposition of administrative penalties must file a written notice with the department within 20 days after service of the notice of violation opting out of the administrative process. A respondent's decision to opt out of the administrative process does not preclude the department from initiating a state court action seeking injunctive relief, damages, and the judicial imposition of civil penalties.
- (d) If a person timely files a petition challenging a notice of violation, that person will thereafter be referred to as the respondent. The hearing requested by the respondent shall be held within 180 days after the department has referred the initial petition to the Division of Administrative Hearings unless the parties agree to a later date. The department has the burden of proving with the preponderance of the evidence that the respondent is responsible for the violation. No administrative penalties should be imposed unless the department satisfies that burden. Following the close of the hearing, the administrative law judge shall issue a final order on all matters, including the imposition of an administrative penalty. When the department seeks to enforce that portion of a final order imposing administrative penalties pursuant to s. 120.69, the respondent shall not assert as a defense the inappropriateness of the administrative remedy. The department retains its final-order authority in all administrative actions that do not request the imposition of administrative penalties.
- (e) After filing a petition requesting a formal hearing in response to a notice of violation in which the department imposes an administrative penalty, a respondent may request that a private mediator be appointed to mediate the dispute by contacting the Florida Conflict Resolution Consortium within 10 days after receipt of the initial order from the administrative law judge. The Florida Conflict Resolution Consortium shall pay all of the costs of the mediator and for up to 8 hours of the mediator's time per case at \$150 per hour. Upon notice from the respondent, the Florida Conflict Resolution Consortium shall provide to the respondent a panel of possible mediators from the area in which the hearing on the petition would be heard. The respondent shall select the mediator and notify the Florida Conflict Resolution Consortium of the selection within 15 days of

receipt of the proposed panel of mediators. The Florida Conflict Resolution Consortium shall provide all of the administrative support for the mediation process. The mediation must be completed at least 15 days before the final hearing date set by the administrative law judge.

- (f) In any administrative proceeding brought by the department, the prevailing party shall recover all costs as provided in ss. 57.041 and 57.071. The costs must be included in the final order. The respondent is the prevailing party when an order is entered awarding no penalties to the department and such order has not been reversed on appeal or the time for seeking judicial review has expired. The respondent shall be entitled to an award of attorney's fees if the administrative law judge determines that the notice of violation issued by the department seeking the imposition of administrative penalties was not substantially justified as defined in s. 57.111(3)(e). No award of attorney's fees as provided by this subsection shall exceed \$15,000.
- (q) Nothing herein shall be construed as preventing any other legal or administrative action in accordance with law. Nothing in this subsection shall limit the department's authority provided in ss. 403.121, 403.131, and 403.141, to judicially pursue injunctive relief. When the department exercises its authority to judicially pursue injunctive relief, penalties in any amount up to the statutory maximum sought by the department must be pursued as part of the state court action and not by initiating a separate administrative proceeding. The department retains the authority to judicially pursue penalties in excess of \$10,000 for violations not specifically included in the administrative penalty schedule, or for multiple or multiday violations alleged to exceed a total of \$10,000. The department also retains the authority provided in ss. 403.121, 403.131, and 403.141, to judicially pursue injunctive relief and damages, if a notice of violation seeking the imposition of administrative penalties has not been issued. The department has the authority to enter into a settlement, either before or after initiating a notice of violation, and the settlement may include a penalty amount different from the administrative penalty schedule. Any case filed in state court because it is alleged to exceed a total of \$10,000 in penalties may be settled in the court action for less than \$10,000.
- (h) Chapter 120 shall apply to any administrative action taken by the department or any delegated program pursuing administrative penalties in accordance with this section.
- (3) Except for violations involving hazardous wastes, asbestos, or underground injection, administrative penalties must be calculated according to the following schedule:
- (a) For a drinking water contamination violation, the department shall assess a penalty of \$2,000 for a Maximum Containment Level (MCL) violation; plus \$1,000 if the violation is for a primary inorganic, organic, or radiological Maximum Contaminant Level or it is a fecal coliform bacteria violation; plus \$1,000 if the violation occurs at a community water system; and plus \$1,000 if any Maximum Contaminant Level is exceeded by more than 100 percent. For failure to obtain a clearance letter prior to placing a drinking water system into service when the system would not have been eligible for clearance, the department shall assess a penalty of \$3,000.

- (b) For failure to obtain a required wastewater permit, other than a permit required for surface water discharge, the department shall assess a penalty of \$1,000. For a domestic or industrial wastewater violation not involving a surface water or groundwater quality violation, the department shall assess a penalty of \$2,000 for an unpermitted or unauthorized discharge or effluent-limitation exceedance. For an unpermitted or unauthorized discharge or effluent-limitation exceedance that resulted in a surface water or groundwater quality violation, the department shall assess a penalty of \$5,000.
- (c) For a dredge and fill or stormwater violation, the department shall assess a penalty of \$1,000 for unpermitted or unauthorized dredging or filling or unauthorized construction of a stormwater management system against the person or persons responsible for the illegal dredging or filling, or unauthorized construction of a stormwater management system plus \$2,000 if the dredging or filling occurs in an aquatic preserve, Outstanding Florida Water, conservation easement, or Class I or Class II surface water, plus \$1,000 if the area dredged or filled is greater than one-quarter acre but less than or equal to onehalf acre, and plus \$1,000 if the area dredged or filled is greater than one-half acre but less than or equal to one acre. The administrative penalty schedule shall not apply to a dredge and fill violation if the area dredged or filled exceeds one acre. The department retains the authority to seek the judicial imposition of civil penalties for all dredge and fill violations involving more than one acre. The department shall assess a penalty of \$3,000 for the failure to complete required mitigation, failure to record a required conservation easement, or for a water quality violation resulting from dredging or filling activities, stormwater construction activities or failure of a stormwater treatment facility. For stormwater management systems serving less than 5 acres, the department shall assess a penalty of \$2,000 for the failure to properly or timely construct a stormwater management system. In addition to the penalties authorized in this subsection, the department shall assess a penalty of \$5,000 per violation against the contractor or agent of the owner or tenant that conducts unpermitted or unauthorized dredging or filling. For purposes of this paragraph, the preparation or signing of a permit application by a person currently licensed under chapter 471 to practice as a professional engineer shall not make that person an agent of the owner or tenant.
- (d) For mangrove trimming or alteration violations, the department shall assess a penalty of \$5,000 per violation against the contractor or agent of the owner or tenant that conducts mangrove trimming or alteration without a permit as required by s. 403.9328. For purposes of this paragraph, the preparation or signing of a permit application by a person currently licensed under chapter 471 to practice as a professional engineer shall not make that person an agent of the owner or tenant.
- (e) For solid waste violations, the department shall assess a penalty of \$2,000 for the unpermitted or unauthorized disposal or storage of solid waste; plus \$1,000 if the solid waste is Class I or Class III (excluding yard trash) or if the solid waste is construction and demolition debris in excess of 20 cubic yards, plus \$1,000 if the waste is disposed of or stored in any natural or artificial body of water or within 500 feet of a potable water well, plus \$1,000 if the waste contains PCB at a concentration of 50 parts per million or greater; untreated biomedical waste; friable asbestos greater than 1 cubic meter which is

not wetted, bagged, and covered; used oil greater than 25 gallons; or 10 or more lead acid batteries. The department shall assess a penalty of \$3,000 for failure to properly maintain leachate control; unauthorized burning; failure to have a trained spotter on duty at the working face when accepting waste; failure to provide access control for three consecutive inspections. The department shall assess a penalty of \$2,000 for failure to construct or maintain a required stormwater management system.

- (f) For an air emission violation, the department shall assess a penalty of \$1,000 for an unpermitted or unauthorized air emission or an air-emission-permit exceedance, plus \$1,000 if the emission results in an air quality violation, plus \$3,000 if the emission was from a major source and the source was major for the pollutant in violation; plus \$1,000 if the emission was more than 150 percent of the allowable level.
- (g) For storage tank system and petroleum contamination violations, the department shall assess a penalty of \$5,000 for failure to empty a damaged storage system as necessary to ensure that a release does not occur until repairs to the storage system are completed; when a release has occurred from that storage tank system; for failure to timely recover free product; or for failure to conduct remediation or monitoring activities until a no-further-action or site-rehabilitation completion order has been issued. The department shall assess a penalty of \$3,000 for failure to timely upgrade a storage tank system. The department shall assess a penalty of \$2,000 for failure to conduct or maintain required release detection; failure to timely investigate a suspected release from a storage system; depositing motor fuel into an unregistered storage tank system; failure to timely assess or remediate petroleum contamination; or failure to properly install a storage tank system. The department shall assess a penalty of \$1,000 for failure to properly operate, maintain, or close a storage tank system.
- (4) In an administrative proceeding, in addition to the penalties that may be assessed under subsection (3), the department shall assess administrative penalties according to the following schedule:
- (a) For failure to satisfy financial responsibility requirements or for violation of s. 377.371(1), \$5,000.
- (b) For failure to install, maintain, or use a required pollution control system or device, \$4,000.
- (c) For failure to obtain a required permit before construction or modification, \$3,000.
- (d) For failure to conduct required monitoring or testing; failure to conduct required release detection; or failure to construct in compliance with a permit, \$2,000.
- (e) For failure to maintain required staff to respond to emergencies; failure to conduct required training; failure to prepare, maintain, or update required contingency plans; failure to adequately respond to emergencies to bring an emergency situation under control; or failure to submit required notification to the department, \$1,000.

- (f) Except as provided in subsection (2) with respect to public water systems serving a population of more than 10,000, for failure to prepare, submit, maintain, or use required reports or other required documentation, \$500.
- (5) Except as provided in subsection (2) with respect to public water systems serving a population of more than 10,000, for failure to comply with any other departmental regulatory statute or rule requirement not otherwise identified in this section, the department may assess a penalty of \$500.
- (6) For each additional day during which a violation occurs, the administrative penalties in subsection (3), subsection (4), and subsection (5) may be assessed per day per violation.
- (7) The history of noncompliance of the violator for any previous violation resulting in an executed consent order, but not including a consent order entered into without a finding of violation, or resulting in a final order or judgment after the effective date of this law involving the imposition of \$2,000 or more in penalties shall be taken into consideration in the following manner:
- (a) One previous such violation within 5 years prior to the filing of the notice of violation will result in a 25-percent per day increase in the scheduled administrative penalty.
- (b) Two previous such violations within 5 years prior to the filing of the notice of violation will result in a 50-percent per day increase in the scheduled administrative penalty.
- (c) Three or more previous such violations within 5 years prior to the filing of the notice of violation will result in a 100-percent per day increase in the scheduled administrative penalty.
- (8) The direct economic benefit gained by the violator from the violation, where consideration of economic benefit is provided by Florida law or required by federal law as part of a federally delegated or approved program, shall be added to the scheduled administrative penalty. The total administrative penalty, including any economic benefit added to the scheduled administrative penalty, shall not exceed \$10,000.

Subj:

Re: Sleepy Hollow refurbishment costs.

Date:

8/3/2010 12:45:22 P.M. Eastern Daylight Time

From:

perocala@aol.com

To:

Lcyatybm@aol.com

I need to know how many customers we have and what are the monthle sewage rates. S.M. Hasan,m P.E.

----Original Message-----From: Lcyatybm@aol.com To: perocala@aol.com

Cc: Teresafletcher@cox.net; doug@yandles.com

Sent: Wed, Jul 28, 2010 10:04 am

Subject: Sleepy Hollow refurbishment costs.

Good Morning Dr. Hasan,

What I have assembled for you is an accumulation of replacement costs for the Sleepy Hollow WWF. It will be seperated into four parts. This plant and components are over thirty years old and they are working on borrowed time.

Lift Station #1

Replace 2 pump assemblies @\$1600.00 ea\$3	3200.00
	00.00
Replace electric panel box assembly\$1	200.00
Misc. plumbing repairs\$15	00.00

Total---- \$7900.00

Lift Station #2(located at WWF)

Replace 2 pump assemblies @\$1600.00 each	\$3200.00
Replace pump control panel unit	\$2000.00
	\$3500.00
Misc. plumbing repairs	-\$1500.00

Total----\$10,200.00

Sewage processing plants

Replace (2) air blower assembly @ 7500.00 ea\$15,000.00
Misc. electric repairs\$ 2000.00
Misc plumbing repairs (air & water 7 sewage)\$ 5000.00

Total-----\$22,000.00

Settlement pond

Clean and maintain in present configueration-----\$5000.00 Divide into two separate ponds \$50,000.00

Total-----\$55,000.00

ADDITIONAL SERVICE NEEDS

DEP certified operator-----\$42,500.00 Grounds and facility maintenance---------\$ 8,000.00

Total----\$50,500.00



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

December 18, 2009

S&L UTILITIES POST OFFICE BOX 4186 OCALA FL 34478 OCD-C-WW-09-0990

ATTENTION

TERESA FLETCHER VICE PRESIDENT

Marion County - DW
Sleepy Hollow WWTF
Wastewater Facility - Permit No. FLA010788
Noncompliance Letter

Dear Ms. Fletcher:

On November 18, 2009, Department personnel conducted a Compliance Sampling Inspection (CSI) of the above-referenced facility. A copy of the inspection report is attached for your review. Please note the items listed below which need to be addressed:

- 1. Part B of the Discharge Monitoring Report (DMR) for May 2009 was not filled out completely. See the inspection report for more details.
- A thick crust of floatables and other material was noted behind the stilling well baffle of the McNeil Plant, which was spilling into the clarifier.
- 3. Solids were present in the chlorine contact chamber and in the final effluent of the McNeil Plant.
- The clarifier surface in the Marolf Plant was covered with sludge pop-ups. This deficiency was also noted in the Noncompliance Letter Number OCD-C-WW-09-0305, dated April 16, 2009.
- 5. The surface of the chlorine contact chamber (CCC) in the Marolf Plant was covered with a layer of sludge.
- 6. The nitrate result reported on the Discharge Monitoring Report (DMR) for March 2009 was 13.2 milligrams per Liter (mg/L), which exceeded the nitrate limit of 12.0 mg/L.
- The percolation pond had a freeboard of less than one (1) foot. There must be at least one (1) foot of
 percolation pond freeboard. This deficiency was also noted in the Noncompliance Letter Number OCD-CWW-09-0305, dated April 16, 2009.

The Department requests a written response addressing the items listed above within 14 days from the date of this letter. Your response should include an explanation of any corrective actions that have either been taken or that you plan to take. Please note that this letter and report, being part of the Department's investigation, is preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. Please direct your response and any questions to Katie Williams at (407) 893-3313, or via e-mail: Kathryn.M.Williams@dep.state.fl.us.

Sincerely

David Smidule

David Smicherko Supervisor Wastewater Compliance/Enforcement

DS/kmw/ar

Enclosure: Inspection Report

cc: Marion County Health Department, <u>daniel_dooley@don.state.fl.us</u>
ProTech Water and Wastewater Services, <u>protechww@embargmail.com</u>

"More Protection, Less Process" www.dep.state.fl.us

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

	WAFR ID:		County	Entry D	pate/Time
Name and Physical Location of Facility		Marion	per 18, 2009 @ 10:30 a.m.		
Sleepy Hollow WWTF	FLA010788				Date/Time
400 SE 55 th Ave			Phone	@ Exit	Date/Time
Ocala FL 34471					
Name(s) of Field Representatives(s)	Title			Phone	2
Marlin Richardson	Operator				
*					
Name and Address of Permittee or Desig	nated Representative Title		Phone	@ Op	erator Certification #
Teresa Fletcher					
S&L Utilities, Inc.					
Post Office Box 4186					
Ocala FL 34478	. De				
Inspection Type: C S I	Samples Taken(Y/N): Y	@ Sample ID#:	<u></u>	Samples	Split (Y/N):
Domestic Ind	Υ @	@ Log book Volume: 1 @ Page 273-274			
Significant Non-Compliance	nt of Compliance; SC: Significant out e Criteria Should be Reviewed when of SELF MONITORING PROGRAM	Out of Compliance	e Ratings Are Give	n in Areas l	Marked by a "♦" LUENT/DISTOSAL
IC 1. • Permit	NA 3. Laboratory	NC 6. Facility	y Site Review	NC 9.	Effluent Quality
IC 2. ◆ Compliance Schedules	NA 4. Sampling	IC 7. Flow M	Measurement	NC 10.	Effluent Disposal
	NC 5.◆Records & Reports	NE 8. ♦ Operati	ion & Maintenance	IC 11.	Residuals/Sludge
13. Other:		ŭ.). 1	NA 12.	Groundwater
Facility and/or Order Compliance Statu	s: In-Compliance Out-	Of-Compliance	Significant-O	ut-Of-Complia	nce
Recommended Actions: noncompliance	letter		F-		
Name(s) and Signature(s) of Inspector(s			District Office/Phone N	Number	Date
Name(s) and Signature(s) or inspector(s	<i>y</i>				
Kathryn Williams	-		Central/407-893-3313		December 16, 2009
@ Signature of Reviewer			District Office/Phone	Vumber	Date December 18, 2009
David Smicherko	S michelle		**		

INSPECTION SUMMARY

Facility Name:

Sleepy Hollow WWTF

Facility ID No:

FLA010788

Inspection Type:

Compliance Sampling Inspection

Inspection Date:

November 19, 2009

PERMIT: In Compliance

Permit No. FLA010788 was issued October 13, 2004 and expired October 12, 2009. The facility is currently in the permitting process.

COMPLIANCE SCHEDULES: In Compliance

LABORATORY: Not Applicable

*Please see attached Laboratory Evaluation Summary for details (if applicable)

SAMPLING: Not Applicable

RECORDS AND REPORTS: Out of Compliance

- There was a current laboratory certification, expiring June 30, 2010.
- There were current operator certifications onsite.
- There was an Operation and Maintenance Manual onsite.
- There was a bound and numbered logbook, containing sufficient operation entries.
- DMR Paperwork Review, January 2009-September 2009:
 - o May 2009: CBOD, TSS, and FC were all blank on Part B

FACILITY SITE REVIEW: Out of Compliance

McNeil Plant

- One blower, on during the inspection. Aeration was even with no dead spots and minimal foam.
- The stilling well was very thick. Due to the way it was constructed, contents of the stilling well were spilling into the clarifier.
- There were some pop-ups in the clarifier. The two skimmers were working properly.
- The weir was clean on one side, **but appeared dirty on the other.** However, the dirty side was difficult to visually inspect. There was no water in the weir and no water entering the weir during the inspection.
- Solids were present in the chlorine contact chamber and it was gassing. Solids were observed leaving the chlorine contact chamber via the outfall pipe.
- Contents of the digester were mostly liquid, but were attracting a large number of insects. Storage was available.

Marolf Plant

- One blower, on during the inspection. All three aeration basins contained thick foam.
- The stilling well was very thick.
- The clarifier surface contained numerous pop-ups. There was evidence of recent pop-ups going over the weir.

- The chlorine contact chamber was covered with a layer of sludge. According to the operator, the effluent pump tripped out, causing the blower of the Marolf plant to trip out. Therefore the plant was offline almost a day, causing solids to build up in the CCC.
- The digester had storage available and contents were mostly liquid.
- The RPZ was tested in June 2009.

FLOW MEASUREMENT: In Compliance

• Last calibration was performed January 22, 2009

OPERATION AND MAINTENANCE: Not Evaluated

EFFLUENT QUALITY: Out of Compliance

DMR Paperwork Review, January 2009-September 2009, permit limit exceedances:

• March 2009: nitrate max 13.1, limit 12.

Samples taken during inspection:

• TRC: 1.45 mg/L

• pH 7.02 SU

• FC: 10 fcc/100mL

• TSS: 17 mg/L

• Nitrate: 3.2 mg/L

EFFLUENT DISPOSAL: Out of Compliance

- The percolation pond had less than one foot of freeboard.
- The sprayheads into the percolation pond are not being used.
- According to the last response from Pro Tech, received May 18, 2009, the berms of the pond were to be built
 back up and the sprayheads had been repaired. The sprayheads were most likely intended for evaporation
 purposes, and when used, they would lessen the overall amount of water in the pond, thus helping mitigate
 the freeboard issue.

RESIDUALS/SLUDGE: In Compliance

• Residuals were last hauled January 14, 2009 by AP&T.

GROUND WATER: Not Applicable

Subj: Re: OCD-C-WW-09-0990 Noncompliance letter 12162009

Date: 2/5/2010 10:16:43 A.M. Eastern Standard Time

From: Lcyatybm@aol.com

To: Kathryn.M.Williams@dep.state.fl.us

CC: perocala@aol.com, protechww@embarqmail.com

Good Morning Ms Williams,

I have been informed by Mr. Wayne Bryant of Protech Water and Waste Water Services that items 1 through 6 of the subject noncompliance letter are now in compliance with your agency requirements. I have requested from him email confirmation that you have been informed by his company.

We are in active conversation with our consulting engineer, Planning & Engineering Resources, Inc., Sheikh M. Hasan PhD,P.E.,P.L.S., regarding the issue of freeboard on one side of the settling basin. We expect to have the freeboard issue resolved before March 1,2010.

Clark Yandle

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:

S & L Utilities, Inc. PERMIT NUMBER: FLA010788-003-DW3P

Expiration Date:

February 8, 2015

MAILING ADDRESS:

PO Box 4186

Ocala, Florida 34478-4186

LIMIT:

Final

REPORT:

Monthly

FACILITY:

Sleepy Hollow WWTF Ocala, FL 34471-3532

CLASS SIZE: MONITORING GROUP NUMBER: N/A R-001 PROGRAM:

Domestic

LOCATION:

400 SE 55th Ave

MONITORING GROUP DESCRIPTION: RE-SUBMITTED DMR:

One Percolation Pond, including Influent

COUNTY: OFFICE:

Marion Central District NO DISCHARGE FROM SITE: MONITORING PERIOD

From:

1/1/11 To: 1/31/11

Parameter		Quantity of	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample	.007	.008	MGD		1			0	5	Elapsed Time
	Measurement		1							Days/Week	Meter on Pump
PARM Code 50050 1	Permit	Report	0.03	MGD						5	Elapsed Time
Mon. Site No. FLW-1	Requirement	(Mo.Avg.)	_(Qt.Avg.)							Days/Week	Meter on Pump
BOD, Carbonaceous 5 day, 20C	Sample Measurement	,				3.7		Mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit					20.0		mg/L		Monthly	Grab
Mon. Site No. EFA-1	Requirement	-0.1				(An.Avg.)					
BOD, Carbonaceous 5	Sample				4.4	4.4	4.4	Mg/L	0	Monthly	Grab
day, 20C	Measurement										
PARM Code 80082 A	Permit				60.0	45.0	30.0	mg/L		Monthly	Grab
Mon. Site No. EFA-1	Requirement				(Max.)	(Wk.Avg.)	(Mo.Avg.)				
Solids, Total Suspended	Sample					4.2		Mg/L	0	Monthly	Grab
	Measurement										
PARM Code 00530 Y	Permit					20.0		mg/L		Monthly	Grab
Mon. Site No. EFA-1	Requirement					(An.Avg.)			-		
Solids, Total Suspended	Sample				3	3	3	Mg/L	0	Monthly	Grab
	Measurement										
PARM Code 00530 A	Permit				60.0	45.0	30.0	mg/L		Monthly	Grab
Mon. Site No. EFA-1	Requirement				(Max.)	(Wk.Avg.)	(Mo.Avg.)				
Coliform, Fecal	Sample		7			4		#100mL	0	Monthly	Grab
·	Measurement				<u></u>						
PARM Code 74055 Y	Permit					200		#/100mL		Monthly	Grab
Mon. Site No. EFA-1	Requirement					(An.Avg.)					

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Mark Havens, Sr./Mark's Environmental Services	mark Thanens	(352)693-3859	11/02/21

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA010788-003-DW3P

NUMBER:

MONITORING PERIOD From: 1/11/11 To:1/31/11

Parameter		Quantity of	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<2	<2	#100mL	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
рН .	Sample Measurement				7.5		7.8	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement	T			>2.2			Mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Flow	Sample Measurement	.007	.008	MGD	(**************************************				0	5 Days/Week	Elapsed Time Meter on Pump.
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						.24	%	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
	1										
					4						
	- 1										

Pa	arameter	T -	Quantity or Loading	Units	Quality or	Concentration	Units No. Frequency	Sample Type
	OFFICE:	Central Distric	t					
	COUNTY:	Marion		MONITORIN	G PERIOD From:	1/1/11 To:1/31/11		
		Ocala, FL 344	71-3532	RE-SUBMITT NO DISCHAR	ED DMR:			
	LOCATION:	400 SE 55th A	ve	MONITORIN DESCRIPTIO		One Percolation Pond, include	ling Influent	
	FACILITY:	Sleepy Hollow		MONITORIN	G GROUP NUMBER:	R-001		
		Ocaia, 1 ioriua	344/0~1100	CLASS SIZE:		Final N/A	REPORT: PROGRAM:	Annually Domestic
	ADDICESS,	Ocala, Florida	34479 4196	LIMIT:		Pin-I	DEDORT.	A
w)	MAILING ADDRESS:	PO Box 4186						
	PERMITTEE NAME:	S & L Utilities	, Inc.	PERMIT NUM	MBER:	FLA010788-003-DW3P		
when Completed	mail this report to: Dep	partment of Envir	onmental Protection, 3319 Maguire Blvo	d, Suite 232, Orlan	do. FL 32803-3767			

Parameter		Quantity or Loading		Units	Quality or	Concentration			No. Frequency Ex. of Analysis		Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement						MNR	MNR		MNR	MNR
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				,		12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement						MNR	MNR		MNR	MNR
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Annually	Grab
Solids, Total Suspended(Influent)	Sample Measurement						MNR	MNR		MNR	MNR
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Annually	Grab
										7	
					72		5				11
						1					

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Mark Havens, Sr., Mark's Environmental Services	Marle Travers	(352)693-3859	11/02/21

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA010788-003-DW3P

From: 1/1/11 To:1/31/11_

Facility: Sleepy Hollow WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow MGD			
Code	80082	50060	74055	00530	00400	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-I	EFA-1	FLW-I		†	
1		>2.2			7.6	.010			
2						.009			
3		>2.2			7.6	.006			
4		>2.2			7.5	.008			
5		>2.2			7.7	.010			
6		>2.2			7.6	.005			
7		>2.2		2	7.7	.006			
8		>2.2			7.6	.010			
9						.009			
10		>2.2			7.8	.007			
11		>2.2			7.7	.006			
12		>2.2			7.7	.010			
13		>2.2			7.8	.007			
14		>2.2			7.6	.005			
15		>2.2			7.6	.010			
16						.011			
17		>.2.2		***	7.7	.005			
18		>2.2			7./8	.008		1	
19	4.4	>2.2	<2	3	7.8	.008			
20		>2.2			7.8	.008			
21		>2.2			7.8	.006	<u> </u>		
22		>2.2			7.8	.008			
23						.009			
24		>2.2			7.6	.007			
25		>2.2			7.7	.008			
26		>2.2			7.6	.005			
27		>2.2		-	7.7	.002			
28		>2.2			7.5	.003			
29		>2.2			7.6	.006			
30						.006			
31		>2.2			7.5	.007			
Total						0.225			
Mo. Avg.	701-1-101					.007			

PLANT STAFFING:						
Day Shift Operator	Class:		Certificate No:	13589	_ Name:	Mark Havens, Sr.
Evening Shift Operator	Class:		Certificate No:	18455	Name:	Michael Smith - Days
Night Shift Operator	Class:		Certificate No:	(Name:	
Lead Operator	Class:	_C	Certificate No:	13589	Name:	Mark Havens, Sr.

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:

S & L Utilities, Inc.

PERMIT NUMBER:

FLA010788-003-DW3P

Expiration Date:

February 8, 2015

MAILING ADDRESS:

PO Box 4186 Ocala, Florida 34478-4186

LIMIT:

Final

REPORT:

Monthly

FACILITY:

Sleepy Hollow WWTF

CLASS SIZE: MONITORING GROUP NUMBER: N/A

PROGRAM:

Domestic

LOCATION:

400 SE 55th Ave

MONITORING GROUP DESCRIPTION:

R-001

One Percolation Pond, including Influent

Ocala, FL 34471-3532

RE-SUBMITTED DMR:

NO DISCHARGE FROM SITE:

MONITORING PERIOD From:

12/01/10 To: 12/31/10

COUNTY:

Marion

Central District OFFICE:

Parameter		Quantity of	r Loading	Units	Qualit	y or Concentration		Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.008	.008	MGD	terphotocological de la completio a consentat e consentante a consentante de la consentante de la consentante			1	0	5	Elapsed Time
PARM Code 50050 1 Mon, Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD						Days/Week 5 Days/Week	Meter on Pum Elapsed Time Meter on Pum
BOD, Carbonaceous 5 lay, 20C	Sample Measurement					3.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No, EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 lay, 20C	Sample Measurement				6.9	6.9	6.9	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit . Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					4.8		mg/L	0	Monthly	Grab
ARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
solids, Total Suspended	Sample Measurement				5.7	5.7	5.7	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon, Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					4		#100mL	0	Monthly	Grab
PARM Code 74055 Y Mon, Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Mark Havens, Sr./Mark's Environmental Services	mark Janens)	352-693-3859	11/01/26

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER:

R-001

PERMIT NUMBER: FLA010788-003-DW3P

MONITORING PERIOD

From: : 12/01/10 To: 12/31/10

Parameter		Quantity	or Loading	Units		Quality or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement	-				11	11	#100mL	0	Monthly	Grab
PARM Code 74055 A Mon, Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
pH	Sample Measurement				7.5		7.8	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			-	6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Flow	Sample Measurement	,008	.008						0	5 Days/Week	Elapsed Time Meter on Pump
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						27	%	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
						-	The state of the s				
	-									,	
							1:				
						-					
						-					

							-				

When Completed mail this report to:	Department of Environmental Protect	ction, 3319 Maguire Blvd, Suite 23	2, Orlando, FL 32803-3767
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PERMITTEE

S & L Utilities, Inc.

PERMIT NUMBER:

FLA010788-003-DW3P

One Percolation Pond, including Influent

NAME:

MAILING

PO Box 4186

ADDRESS:

Ocala, Florida 34478-4186

LIMIT: CLASS SIZE: Final N/A

REPORT: PROGRAM: Annual.v Domestic

FACILITY:

Sleepy Hollow WWTF

Ocala, FL 34471-3532

MONITORING GROUP NUMBER: MONITORING GROUP

R-001

LOCATION:

400 SE 55th Ave

DESCRIPTION:

RE-SUBMITTED DMR: NO DISCHARGE FROM SITE:

To: 12/31/10

COUNTY:

Marion

MONITORING PERIOD

From:12/01/10

OFFICE:

Central District

Parameter		Quantity of	or Loading	Units	Quality or Cor	centration	Units	No. Free ency Eλ. of A dysis	Sampi Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNI	m j/L	Am ally	Gr is
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					12.C (Max)	m /L	Anr lally	Gr
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement					MNR	m g/L	Anr. ally	Grab
PARM Code 80082 G Mon, Site No. INF-1	Permit Requirement					Report (Max.)	m _{,3} /L	Ann ally	Grah
Solids, Total Suspended(Influent)	Sample Measurement					MNR	m _U /L	Ann .all;	Grah
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement					Report (Nax.)	mg/L	Annually	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false ir formation, including the possibility of fine and imprisonment for knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false ir formation, including the possibility of fine and imprisonment for knowledge and belief, true, accurate, and complete.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PREACIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TEL PHON	NO	DATE (yy/mm/dd)
Mark Havens, Sr./ Mark's Environmental Services		3: 2-693-	359	The same of the sa

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA010788-003-DW3P

Facility: Sleepy Hollow WWTF

Monitoring Period From: 12/01/10 To: 12/31/10

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow MGD			
Code	80082	50060	74055	00530	00400	50050			
Mon. Site	EFA-1	EFA-I	EFA-1	EFA-1	EFA-1	FLW-1			
1		>2.2			7.6	.008			
2		2.0			7.5	.006			
3		>2,2			7.6	.007			
4		>2.2			7.8	.006			
5						.006			
6		>2.2			7.6	.009			
7		>2.2			7.7	.009			
8	6.9	>2.2	11	5.7	7.7	.009			
9		>2.2			7.7	.008			
10		>2.2			7.7	.009			
11		1.0			7.6	.010			
12					 	.010			
13		1.2	 		7.8	.007			
14		2.2	 		7.7	.008			
15		1.8			7.7	.008		1	
16		>2.2			7.6	.008		1	
17		>2.2			7.7	.008		1	
18		>2.2			7.8	.008		1	
19		>2.2			7.8	.009	1	-	
20		>2.2			7.6	.008	-	-	
21		1.6	 		7.6	.008			
22	-	>2.2	 		7.6	.008	 	+	
23		>2.2			7.8	.008		1	
24		>2.2			7.8	.009	 		
25		>2.2			7.6	.009			
26						.008		1	
27		>2.2			7.6	.010			
28		>2.2			7.8	.008			
29		>2.2			7.6	.008			
30		>2.2			7.6	.009	 	<u> </u>	
31		>2.2			7.6	.009		†	
Total	6.9		11	5.7		0.255			
Mo. Avg.	L			5.7	1	.008		1	+

PLANT STAFFING:	CI.					
Day Shift Operator	Class:	<u>C</u>	Certificate No:	13589	Name:	Mark Havens, Sr.
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	_C	Certificate No:	13589	Name:	Mark Havens, Sr.

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

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S & L Utilities, Inc.

PERMIT NUMBER:

FLA010788-003-DW3P

Expiration Date:

February 8, 2015

MAILING ADDRESS:

PO Box 4186 Ocala, Florida 34478-4186

LIMIT: CLASS SIZE: Final N/A

REPORT:

Monthly

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER:

R-001

PROGRAM:

Domestic

LOCATION:

400 SE 55th Ave

Ocala, FL 34471-3532

MONITORING GROUP DESCRIPTION:

RE-SUBMITTED DMR: NO DISCHARGE FROM SITE:

One Percolation Pond, including Influent

COUNTY:

Marion

MONITORING PERIOD

OFFICE:

Central District

Parameter		Quantity (or Loading	Units	Quality	or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1008	.009	Magd.					8	5 days/wk	The Weeks
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.0		MIL	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2,5	2.5	2.5	Mik	P	Morthy	GAND
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					4.5		MAL	\$	Monthly	Gus
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly/	Grab
Solids, Total Suspended	Sample Measurement				116	1.60	1.6	Migh	0	Monthly	Gent
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly /	Grab
Coliform, Fecal	Sample Measurement					3.0		Turket	ø	Monthy	Gent
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Monthly /	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Mark's Environmental Services/Havens	mark Honens	6133854	2010/42/21

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA010788-003-DW3P

FACILITY: Sleepy Hollow WWTF			MONITORING GROUP NUMBER: MONITORING PERIOD From: 11/1/2010 To:				PERMIT NUMBER: FLA010788-003-DW3P 0: 11/30/2010				
9				MONITOR	ING PERIOD	From: 11/1/2	10.00	0: 11/6	30/	6010	
Parameter		Quantity	or Loading	Units		Quality or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					121	2	KONL	36	Menthy	GEAR
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				¥	200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
pH	Sample Measurement				7.1		7.8	Su	4	304/s/wK	GLAD
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				1.5			MIGIL	4	5days feet	GLAD
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Flow	Sample Measurement	1008	-009	Mid					\$	500ysfick	THE MERCE
PARM Code 50050 P Mon, Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD					1	5 Days/Week	Elapsed Time Meter on Pump
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						29	40	4	Monthly	Calculation
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
						а,					
											9

NOU 1,20,0 Now 30,2016

	5	(T)	The Committee of the Co			
	PERMITTEE	S & L Utilities, Inc.	PERMIT NUMBER:	FLA010788-003-D	DW3P	
	NAME: MAILING	PO Box 4186				
	ADDRESS:	Ocala, Florida 34478-4186	LIMIT:	Final	REPORT:	Annually
	FACILITY:	Sleepy Hollow WWTF	CLASS SIZE: MONITORING GROUP NUMBER;	N/A R-001	PROGRAM:	Domestic

400 SE 55th Ave MONITORING GROUP One Percolation Pond, including Influent DESCRIPTION:

Ocala, FL 34471-3532 RE-SUBMITTED DMR: NO DISCHARGE FROM SITE: Marion MONITORING PERIOD

COUNTY: Marion MONITORING PERIOD From:

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

OFFICE: Central District

LOCATION:

Parameter		Quantity of	or Loading	Units	Quality or	Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement				- 9a.		MNZ	MIL		MN3	MNR
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				>		12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement						M.N.Z	Myk		MNZ	MNZ
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Annually	Grab
Solids, Total Suspended(Influent)	Sample Measurement						M.N.R	Hyll	F	MNR	MNZ
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Annually	Grab
÷											
A CONTRACTOR OF THE CONTRACTOR											

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Mark's Environmental Services / Hovens	mark Havens	693-3859	2010/12/2

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA010788-003-DW3P From: ((/i/2010

Facility: Sleepy Hollow WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow MGD			
Code	80082	50060	74055	00530	00400	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1			
1		22.20			7.8	.009			1
2		13.90			7.7	.009			
3		12.20			7.7	• 007			
4		7230			7.8	,009			
5		72.30			7.7	:007			
6	2.5	72.20	< 1	1.6	7.8	.010			
7						1010			
8		73.30			7-1	1009			
9		12.30			7.8	-008			
10		72.20			7.7	.006			
11		12.36			7.8	.007			
12		72.30	-		7.8	.007			
13		12,20			7.2	.009			
14						1009		—	T
15		72.20			7.7	, 00 g			
16		1.5			7.7	2007			-
17		23.30			7.7	.007			
18		12,20			7.7	,020			
19		12.20			7.6	4004			
20		72.30			7.6	1010			1
21					7.0	-010			
22		12.20			7.6	.007			-
23		12.20			7.7	,00.7		+	
24		72.20			7.7	-011		 	
25		32.20			7.5	004		-	
26		73.20			7.7	.009			+
27		ט בונג			7.8	8000		-	+
28					1.0	1008			-
29		>1.20							-
30		72,20			7.7	:007	***	-	
31		75150			7.60	,			-
Total						0.40			
Mo. Avg.	2:5		2			248,000			
1116.	2:2		41	1.6		000			

PLANT STAFFING: Day Shift Operator	Class:		Certificate No:	13589	Name:	Mark Havens Sr.
Evening Shift Operator	Class:	-	Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:		Certificate No:		Name:	



October 13, 2010

Serial: LAB-101013 22357

Mark Havens Mark's Environmental Services, LLC 8890 SE 124th Ln Belleview, FL 34420

RE: Sleepy Hollow Work Order: 1010109

Enclosed are the results of analyses for samples received by the laboratory on October 6, 2010.

All data were determined in accordance with published procedures (EPA Methods for Chemical Analysis of Water and Wastes, EPA-600/4-79-020, Rev March 1983; and Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992). Our laboratory is certified by Florida Department of Health (FDH No. E82001).

All results were determined in accordance with NELAP requirements and in accordance with the chain of custody document unless noted in the report case narrative or data report. All data is subject to a degree of uncertainty. For a discussion of laboratory uncertainty, please contact your project manager. This analytical report must be reproduced in its entirety.

If you have any questions concerning this report, please feel free to contact me.

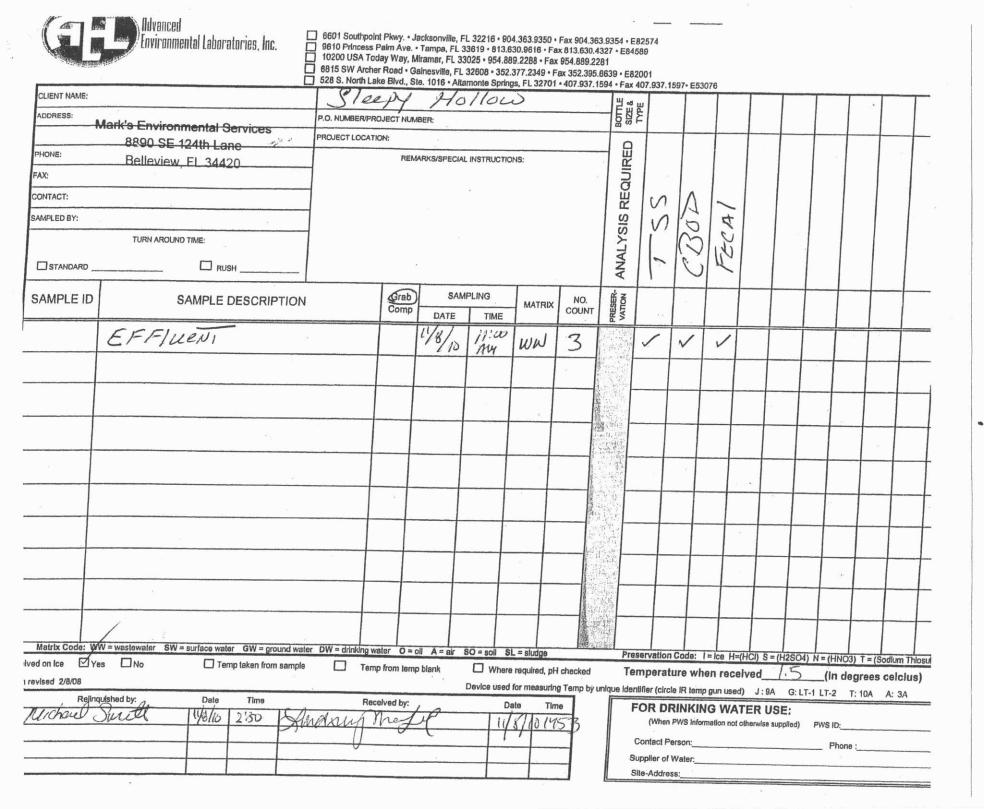
Sincerely,

Beth Elton

Project Manager

belton@aellab.com

Advanced Environmental Laboratories





6815 SW Archer Rd Gainesville, FL 32608 352.377.2349 Phone 352.395.6639 Fax NELAP Certified - FDH #E82001

Mark's Environmental Services, LLC

8890 SE 124th Ln Belleview, FL 34420 Project: Sleepy Hollow

Project Manager: Mark Havens

Reported: 10/13/10 14:21

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix		Date Sampled	Date Received
Effluent	1010109-01	Water	*	10/06/10 11:05	10/06/10 14:50

REPORT OF RESULTS

Effluent

1010109-01 (Water)

Analysis	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Notes
Carbonaceous Biochemical Oxygen Demand SM5210B	2.5	2.0	mg/L	1	0100704	10/07/10	10/07/10 14:20	
Fecal Coliform SM9222D	1 U	1	colonies/100mL	1	0100813	10/06/10	10/06/10 16:00	
Total Suspended Solids SM2540D - 500mL	1.6 I	1.0	mg/L	. 1 .	0100703	10/07/10	10/07/10 12:10	

When Completed mail th	is report to: Department of Environmental Protection, 3319	Maguire Blvd, Suite 232, Orlando, FL 32803-3	3767		
PERMITTEE NAME: MAILING ADDRESS:	S & L Utilities, Inc. PO Box 4186	PERMIT NUMBER:	FLA010788-003-DW3P	Expiration Date:	February 8, 2015
	Ocala, Florida 34478-4186	LIMIT:	Final	REPORT:	Monthly
FACILITY: LOCATION:	Sleepy Hollow WWTF 400 SE 55th Ave	CLASS SIZE: MONITORING GROUP NUMBER: MONITORING GROUP	N/A R-001 One Percolation Pond, includ	PROGRAM:	Domestic
	Ocala, FL 34471-3532	DESCRIPTION: RE-SUBMITTED DMR:			
COUNTY:	Marion	NO DISCHARGE FROM SITE:	5-14 1 2010	Sect 30 2016	

MONITORING PERIOD OFFICE: Central District Parameter Quantity or Loading Units Quality or Concentration Units No. Frequency of Sample Type Ex. Analysis Flow Sample Elapse tire » N10 Mad. .008 Measurement PARM Code 50050 Permit Report 0.03 MGD 5 Days/Week Elapsed Time Mon. Site No. FLW-1 Requirement (Mo.Avg.) (Qt.Avg.) Meter on Pump BOD, Carbonaceous 5 Sample 3.4 day, 20C Measurement PARM Code 80082 Y Permit 20.0 mg/L Monthly Mon. Site No. EFA-1 Requirement (An, Avg.) BOD, Carbonaceous 5 Sample 12.0 42.0 2.0 Courb MIL day, 20C Measurement PARM Code 80082 A Permit 60.0 45.0 30.0 mg/L Monthly Mon. Site No. EFA-1 Requirement (Max.) (Wk, Avg.) (Mo.Avg.) Solids, Total Suspended Sample Monthly (Sent

Grab

Grab

Grab

bend

Grab

Grab

Monthly

Mowth

Monthly

Monthly

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Mark's Expression Services/ Houses	Mark Haven	(352)	2010/10/23

4.0

60.0

(Max.)

20.0

(An, Avg.)

45.0

(Wk.Avg.)

200

(An.Avg.)

4.0

30.0

(Mo.Avg.)

#/100ml

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

Measurement

Requirement

Measurement

Requirement

Requirement

Permit

Sample

Permit

Sample Measurement

Permit

PARM Code 00530 Y

Solids, Total Suspended

PARM Code 00530 A

PARM Code 74055 Y

Mon. Site No. EFA-1

Mon. Site No. EFA-1

Coliform, Fecal

Mon. Site No. EFA-1

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA010788-003-DW3P

NUMBER: MONITORING PERIOD

Parameter	and the second s	Quantity	or Loading	Units	Q	uality or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			appropriate the second		2	2	100/11	\$	Mouthly	GRAD
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
pН	Sample Measurement			and the second second second second second second second	7.4		7.8	S.u	\$	5 days wk	Cornb
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			The state of the s	6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement			and the first section of the section	0.5			49/6	\$	5dayslack	GRAD
PARM Code 50060 A Mon, Site No. EFA-1	Permit Requirement			Special gray of the China and Special and constitutions	0.5 (Min.)			mg/L		5 Days/Week	Grab
Flow	Sample Measurement	.010	,008	Mad.					\$	5dAs/wk	EIND GOOD THE
PARM Code 50050 P Mon, Site No. FLW-1	Permit Reguirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						27	90	9	5drys/wk	Modated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
					and the state of t						
			-						_		
									<u> </u>		
									<u> </u>		
						<u> </u>					<u> </u>
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herebas a processory from a manufacturing or our any a strate or manufacturing parameter of the manufacturing or our any											

		-		armor berro	TI DISCHARGE MON	TOKING KELOKI - LAKI	24			
When Completed	mail this report to: De	partment of Env	ironmental Protection, 3319 Maguire Bl	vd, Suite 232, O	lando, FL 32803-3767					
	PERMITTEE NAME:	S & L Utilitie	s, Inc.	PERMIT NUI	MBER:	FLA010788-003-DW3P				
	MAILING ADDRESS:	PO Box 4186								
		Ocala, Florida	34478-4186	LIMIT: CLASS SIZE		Final N/A	REPO	ORT: GRAM:		Annually Domestic
	FACILITY: LOCATION:	Sleepy Hollov		MONITORIN	G GROUP NUMBER:	R-001	5.5			Domestic
	LOCATION,	400 SE 55th A	ive	MONITORIN DESCRIPTION		One Percolation Pond, incl	uding I	nfluent		
3.		Ocala, FL 344	71-3532	RE-SUBMIT	TED DMR:					
	COUNTY:	Marion	•	MONITORIN		Sept 1, 2016	38-	P+ 3	0,2010	
	OFFICE:	Central Distric	et		From:	To: V			,	
Par	rameter		Quantity or Loading	Units	Quality or	Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type

Parameter		Quantity of	or Loading	Units	Quality or	Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement						MNZ	MAL		MNR	MNR
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Annually	Grab
	Sample Measurement				31		MNR	Mg/L		MNR	MAR
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Annually	Grab
Solids, Total Suspended(Influent)	Sample Measurement					/	MNR	Algle	,	MNZ	MNZ
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Annually	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mn	n/dd)
Marks Eurisonmental Services/Havens	Mark Haven	(352)	2010/11	0/23
			7	7

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

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA010788-003-DW3P From: S. pt 1, 2010

Facility: Sleepy Hollow WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow MGD			
Code	80082	50060	74055	00530	00400	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1			
2		0.7			7.5	- 008			
3		>2.20			7.5	, 557			
4		>2.20			7.5	.006			
5		72.20			7.5	800.			
		-				,009			
6		>2.20			7.4	0.017			
7		32.20			7.5	.013			
8		0.5			7.5	1.019			
9		i			7.4	.023			
10		>2.20		r.	7.5	.003			
11		12.20			7.5	+009			
12						1.009			
13		2			7.4	.007			
14		>2.20			7.5	009			1
15		1.60			7.4	.0.2		 	
16		1.6			7.6	.007			1
17		72.20				.007	****	 	
18		1.4			7.6	,008			
19						1008			
20	<2	1	2	4,0	7.5	. 209		 	
21		0.5			75	1009		1	+
22		0.5			7.6	-008		 	+
23		1.6			7.7	.006		 	+
24		1.4			7.5	.009			-
25		0:7			7.8	:008			-
26		1				.008		 	-
27		0.8			7.6	.010			-
28	-	0.8			7.5	,008	***************************************		
29		0.9			7.5	.508			-
30		0.9			75	.008			
31					1.7	0000			
Total						0.285			-
Mo. Avg.	-					0.90			

Mo. Avg.						
PLANT STAFFING:						
Day Shift Operator	Class:	 _ Certificate No:	13587	Name:	Mark Hovens	
Evening Shift Operator	Class:	 Certificate No:	15455	Name:	Michael Smith	
Night Shift Operator	Class:	 Certificate No:		Name:		
ead Operator	Class:	 Certificate No:		Name:		

PERMITTEE NAME:

S & L Utilities, Inc.

PERMIT NUMBER:

FLA010788-003-DW3P

Expiration Date:

February 8, 2015

MAILING ADDRESS:

PO Box 4186 Ocala, Florida 34478-4186

LIMIT:

Final N/A

REPORT PROGRAM: Monthly

FACILITY:

Sleepy Hollow WWTF

Ocala, FL 34471-3532

CLASS SIZE: MONITORING GROUP NUMBER: MONITORING GROUP

R-001

Domestic

LOCATION:

400 SE 55th Ave

DESCRIPTION:

One Percolation Pond, including Influent

Marion

RE-SUBMITTED DMR:
NO DISCHARGE FROM SITE:

MONITORING PERIOD

August 1 2010 August 31, 2010

OFFICE:

COUNTY:

Central District

Parameter		Quantity	or Loading	Units	Quality	or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.007	800,0	MGD					Ø	5 Day/wk	Timbe ter
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.8		46/4	Ø	Mostuly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 lay, 20C	Sample Measurement				6.0	6.0	6.0	M6/L	Ø	monthly	Grab
ARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly ^l	Grab
Solids, Total Suspended	Sample Measurement					4.7		MEL	25	monthly	Grab
ARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0	1.0	ma/L	Ø	Monthly	Grah
ARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly (Grab
Coliform, Fecal	Sample Measurement					14	-	LOUM	25	monthly	Grab
ARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An,Avg.)		#/100mL	/	Monthly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)	_
Mark's Emironmental Service / thousans	mark Havens	(352) 502-6431	2010/9/21	
			. / /	

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

From 8/1/10 - 8/15/10 Estimated Flow Due to Malfunctioned ETM

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA010788-003-DW3P

NUMBER: MONITORING PERIOD

From: August 1,2010

To: August 31,2010

	7					1,		- 3		7	
Parameter		Quantity	or Loading	Units	Q	uality or Concentration	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					<1	41	100/ml	8	monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
pH	Sample Measurement				7.4		7.5	5.0	Ø	SAGG/WE	Grah
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				110			mg/L	Ø	SDEL AND	Grat
PARM Code 50060 A. Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Day /wk 5 Days/Week	
Flow	Sample Measurement	0.007	80010	MED					Ø	5000/wh	Elapse Time
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						28	%	Ø	Monthle	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly 7	Calculated
		A Company of the Comp	Market and the second								
		-									



When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767 PERMITTEE S & L Utilities, Inc. PERMIT NUMBER: NAME: FLA010788-003-DW3P MAILING PO Box 4186 ADDRESS: Ocala, Florida 34478-4186 LIMIT: Final REPORT: Annually CLASS SIZE: N/A FACILITY: PROGRAM: Sleepy Hollow WWTF Domestic MONITORING GROUP NUMBER: R-001 LOCATION: 400 SE 55th Ave MONITORING GROUP One Percolation Pond, including Influent DESCRIPTION: Ocala, FL 34471-3532 RE-SUBMITTED DMR: NO DISCHARGE FROM SITE: COUNTY: Marion MONITORING PERIOD August 1, 2010 August 31, 2010 From: OFFICE: Central District

Parameter		Quantity	or Loading	Units	Quality or Conc	entration	Units	No.	Frequency of	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample		T					Ex.	Analysis	1 21
PARM Code 00620 A	Measurement					MNR	well	ns	MNR	MNR
Mon. Site No. EFA-1	Permit Requirement					12.0	mg/L	1	Annually	Grab
BOD, Carbonaceous 5 day, 20C(Influent)	Sample					(Max.)				- Grab
PARM Code 80082 G	Measurement Permit					MNR	MG/L	Ø	SIMM	MNR
Mon. Site No. INF-1	Requirement					Report	mg/L	X	Annually	Grab
	Sample			 		(Max.)				
ARM Code 00530 G	Measurement Permit					MNR	reig/L	6	MNR	MNR
Aon Cita Ma TATE 1	Requirement					Report (Max.)	mg/L	-	Annually	Grab

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

NAME/TITLE OF DEINGUEAU EXECUTIVE ASSESSMENT	representation, including the possibility of fine and imprisonm	ent for knowing violat	ions.
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
	TAMEN AL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Marks Environmental Service / therens	mark Harrens	(325)	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachment		502-6431	55/80/0105
The Anti-Violations (Reference all attachment	is here):		,

Permit Number: Monitoring Period

FLA010788-003-DW3P
From: August 1, 2010 To: August 31, 2010

Sleepy Hollow WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow MGD			
Code	80082	50060	74055	00530	00400	50050			
Mon. Site	EFA-1	EFA-1	EFA-I	EFA-i	EFA-1	FLW-1		1	
1 2						10,010	100000000000000000000000000000000000000	I	Ť
3		> 2.20	Pill Dage		7.5	0.010			
4		72,20	<u>i</u>		7.5	0.006			1
H		>2,20			7.5	0,010			
5		2.00			7.5	0.002			
6		> 2,20			7.5	0.009		<u> </u>	+
7		>2,20		And the second s	7.4	0,009			-
8						0.009			
9		>2.20			7.4	0.009	***************************************		
10	<u> </u>	2.60	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	THE RESERVE CO. LANSING STREET, SANSAN ASSESSMENT OF THE PARTY OF THE	7.5	0.000			
11		>2.20			7.5	01009			
12		>2.20			7,4	0.009			-
13	-	1.60			7.4	0,009			
14		>2,20			7.4			The State of the S	
15					111	0.009			
16	1	> 2.20			7.5				1
17		>2.20			7.4	6.005		***************************************	
18	6.0	1,2	< 1	1.0	7,4	0.005			
19		>2.20		1.0	7.4	0.005			
20		1				0.009			
21	and the second s	>2.20			7.5	10,005			
22		72.21			7.5	0.008			
23					~ ~	0.008			, II
24	-	2120		· ·	7.5	0,007			
25		1.10			7.4	0.006			
26		1.00			7.4	0.004			
27		1,00			7,4	0.009			-
28		1.80			7,5	800.0			
<u> </u>		1160			7.4	0,009		-	. 11
	4)					0.008			
30		1,70			7.5	0.008			
31		2.20			7.5	0.006			
Total	6.0		< 1	1.0		0.208			
Mo. Avg.	6.0		< i	110		10.007			

PLANT STAFFING:						
Day Shift Operator	Class:		Certificate No:	13589	Name:	Mark Havens
Evening Shift Operator	Class:	-	Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:		Certificate No:		Name:	



6815 SW Arche Gainesville, FL 32 352.377.2349 Phon 352.395.6639 Fax NELAP Certified - FDH #E82001

Mark's Environmental Services, LLC

8890 SE 124th Ln Belleview, FL 34420 Project: Sleepy Hollow

Project Manager: Mark Havens

Reported: 08/24/10 17:05

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Effluent	1008373-01	Water	08/18/10 10:40	08/18/10 14:41

REPORT OF RESULTS

Effluent 1008373-01 (Water)

Analysis	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Notes
Carbonaceous Biochemical Oxygen Demand SM5210B	6.0 U	6.0	mg/L	3	0081903	08/19/10	08/19/10 14:00	
Fecal Coliform SM9222D	1 U	1	colonies/100mL	1	0081924	08/18/10	08/18/10 15:53	
Total Suspended Solids SM2540D - 500mL	1.0 U	1.0	mg/L	1	0081906	08/19/10	08/19/10 12:50	



When Completed	man this report to: Department of Environmental Pi	rotection, 3319 Maguire Blvd, Suite 232, Orlando, Fi	L 32803-3767		
PERMITTEE NA MAILING ADDI		PERMIT NUMBER:	FLA010788-003-DW3P	Expiration Date:	February 8, 2015
	Ocala, Florida 34478-4186	LIMIT: CLASS SIZE:	Final N/A	REPORT: PROGRAM:	Monthly Domestic

FACILITY: Sleepy Hollow WWTF MONITORING GROUP NUMBER: R-001
LOCATION: 400 SE 55th Ave MONITORING GROUP One Percolation Pond, including Influent
DESCRIPTION:
Ocala, FL 34471-3532 RE-SUBMITTED DMR:

Ocala, FL 34471-3532

RE-SUBMITTED DMR:

NO DISCHARGE FROM SITE:

MONITORING PERIOD From:

Toly 1, 2010 July 31, 2010

Parameter		Quantity	or Loading	Units	Quality or	Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.608	0,011	MOD					25	5 Day/wh	Elapse Time meter
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD	- 0					5 Days/Week	Elapsed Time Meter on Pump
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1,9		me/L	06	Monthly	Cornb
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				s.	20.0 (An.Avg.)		mg/L	,	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.7	7,7	7.7	m6/1.	05	Monthsh	Corab.
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					4.5		ing /L	do	monthly	Goralo
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		wig/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5,3	5.3	5,3	male	Ø	monthly	GALLO
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	ing/L	/	Monthly	Grab
Coliform, Fecal	Sample Measurement					3,3	Partie Pa	1 Gun	8	mantaly	Corob
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				la la	200 (An.Avg.)		#/100mL		Monthly)	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Markis Environmental Services / Havens	mark Hanens	(352)	2010/03/20

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

OFFICE:

Central District

Estimate Flow 7/6/2010 - 7/31/2010 Malfunctioned ETM

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER:

R-001

PERMIT NUMBER: FLA010788-003-DW3P

MONITORING PERIOD From: July 1, 2010 To: July 31, 2010

Parameter		Quantity	or Loading	Units	Qı	uality or Concentration	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			V		<1	41	100/ml	8	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
pH	Sample Measurement		A CONTRACTOR OF THE PROPERTY O		7.3		7.4	5.0,	Ø	5 Day/wk	Carolo
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement						(111001)	ine/L	Ø	S Day/Wh	Carala
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0,50 0.5 (Min.)			mg/L	1	5 Days/Week	Grab
Flow	Sample Measurement	0,008	0,011	MED					Ø	5 Day / w.k.	Elapse Tim
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	0.03 (Qt.Avg.)	MGD		·				5 Days/Week	Elapsed Time Meter on Pump
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						37	%	8	monthly	Calculate
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
		,									
					P						
					,						

When Completed mail this report to: Dep	partment of Envi	ronmental Protection	n, 3319 Maguire I	Blvd, Suite 232, O	rlando, FL 32803-3767						
PERMITTEE NAME:	S & L Utilities	s, Inc.		PERMIT NU	MBER:	FLA010788-	003-DW3P				
MAILING ADDRESS:	PO Box 4186										
ADDILESS.	Ocala, Florida	34478-4186		LIMIT: CLASS SIZE	,	Final N/A		REPO	ORT: GRAM		Annually Domestic
FACILITY: LOCATION:	Sleepy Hollov 400 SE 55th A Ocala, FL 344	Lve			NG GROUP NUMBER: NG GROUP ON:	R-001	ion Pond, incl				
COUNTY:	Marion	111-3332			RGE FROM SITE: 🔲	13017 1)	2010	Ju	143	1, 2010	
OFFICE:	Central Distric	et									
Parameter		Quantity of	r Loading	Units	Quality o	r Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement						MWR	mel	Ø	MNR	MNR
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				÷		12.0 (Max.)	mg/L		Annually	Grab
	Sample Measurement						MNB		ø	MNR	MNR
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Annually	Grab
Solids, Total Suspended(Influent)	Sample Measurement						MNR	malle	Ø	MNR	MNR
PARM Code 00530 G	Permit						Report	mg/L		Annually	Grab

(Max.)

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Mark's Environmental Services Howers	marka Havens	(352)	2010/08/20

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

Requirement

Mon. Site No. INF-1

DAILY SAMPLE RESULTS - PART B Facility: Sleepy Hollow WWTF

Permit Number: Monitoring Period

FLA010788-003-DW3P From: Til 1, Zoic

To: July 31, 2016

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow MGD		
Code	80082	50060	74055	00530	00400	50050		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1		
1		1.0			7,4	0.010	-:	
2		0.80			7,3	0.007		
3		0.70			7.3	0.010		
4						0.009		
5		0,50			7.4	0.009		
6		>2,20			7.4	0.007		
7		0.70			7.4	0:008		
8		0.70			716	0.006		
9		0.50			7.6	0.007		
10		0,50			7,6	0.008		
11				-1		0.008		
12		0.50			7.5	0.008		
13		1.00			7.4	0.008		
14		0,50			7.4	0.006		
15		0:70			715	0.009		
16		2.00			7.5	0.009		
17	-	0.50			7.5	10.009		
18						0.009		
19		0.50			715	0.009		
20		0.50			7.5	0.009		
21		0.50			7,4	0,009		
22		1,00			7.4	0,009		
23		0.90			7.4	0,009		
24		1,00			7.4	0,009		
25						0,009		
26	7,7	>2.20	<1	5.3	7,5	0,009		
27		0.70			7.5	0.009		
28		0,50			7.4	0,009		
29		0.80	1		7.4	0.009		
30		>2,20			716	6.008		
31		>2.20			7.5	0.010		
Total	フィア		21	513		0.264		
Mo. Avg.	7.7		<1	5.3		0,008		

PLANT STAFFING: Day Shift Operator	Class:	 Certificate No:	13537	Name:	Mark Havens
Evening Shift Operator	Class:	 Certificate No:		Name:	<u> </u>
Night Shift Operator	Class:	 Certificate No:		Name:	
ead Operator	Class:	Certificate No:		Name:	



6815 SW Archer Rd Gainesville, FL 32608 352.377.2349 Phone 352.395.6639 Fax NELAP Certified - FDH #E82001

Mark's Environmental Services, LLC

8890 SE 124th Ln Belleview, FL 34420 Project: Sleepy Hollow

Project Manager: Mark Havens

Reported: 08/04/10 07:56

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
Effluent	1007456-01	Water	07/26/10 10:05	07/26/10 14:31

REPORT OF RESULTS

Effluent 1007456-01 (Water)

		Reporting						
Analysis	Result	Limit	Units	Dilution	Batch	Prepared	Analyzed	Notes
Carbonaceous Biochemical Oxygen Demand SM5210B	7.7	2.0	mg/L	1	0072711	07/27/10	07/28/10 07:30	
Fecal Coliform SM9222D	1 U	I	colonies/100mL	1	0072710	07/26/10	07/26/10 16:05	
Total Suspended Solids SM2540D - 500mL	5.3	1.0	mg/L	1	0072605	07/26/10	07/26/10 15:10	

Serial: LAB-10084 75821

When Completed mail this report	to: Department	of Environmental P	rotection, Central	District, 3319	Maguire Boulevare	d Suite 232, Orland	o, FL, 32803-3767					
PERMITTEE NAME: S & L Uti MAILING ADDRESS: Post Offic Ocala, FL	ce Box 4186			PERMIT N	NUMBER	FLA01078	8	REPORT	T:	Monthly	y	
				CLASS SIZE: N/A GROUP						: Domestic		
FACILITY: Sleepy Ho LOCATION: 400 SE 5: Ocala, FL					RING GROUP NUI RING GROUP DES		ation, including Influ	ent				
COUNTY: Marion					HARGE FROM SIT RING PERIOD		, 7410 To	Jui	ve 3	0,2010.		
Parameter		Quantity o	or Loading	Units	Qu	ality or Concent	tration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement	.014	-010	mao			-			5094YWK	METE	
PARM Code 50050 1	Permit Requirement	(3-Mo.Avg.)	Report (Mo Avg.)	MGD		The state of the s				5 Days/Week	Meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0			myli	0	MONTHLY	GRAS	
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An Avg.)		1 - 2417	MG/L		Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	42.0		myle	Ø	MONTHLY	GIZAB	
PARM Code 80082 A Mon.Site No. EFA-L	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L	() () () () () () () () () ()	Monthly	Grab _	
	Sample Measurement				5			myle	\$	MONTHLY	GRAB	
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				(An Avg.)			MG/L		Monthly	Grab	
Solids, Total Suspended	Sample Measurement				3	.3		myle	6	MONTHLY	GRAB	
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab	
PΗ	Sample Measurement				7.4	7.7		SU	Ø	50145/WK	GRAB	
PARM Code 00400 A., Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab	
certify under penalty of law that th information submitted. Based on m and belief, true, accurate, and compl	y inquiry of the	person or persons w	ho manage the sy:	stem, or those	persons directly res	ponsible for gather	ing the information, t	he informati	on subr	nitted is, to the best	her and evaluate t of my knowled	
NAME/TITLE OF PRINCIPAL EXECU	TIVE OFFICER O	R AUTHORIZED AGI	ENT S	SIGNATURE OF	PRINCIPAL EXEC	UTIVE OFFICER OR	AUTHORIZED AGEN	r 9			E (YY/MM/DD)	
Maria Roman	16	D-TECH 1	15/12/11	M.1.	R. I.	1			352	2444 20	11/1/010	

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

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: June 1, 20,0 To

PERMIT NUMBER: FLA010788

Parameter		Quantity of	r Loading	Units	Qua	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				3	T	T	# 100ML	EX.		1 12
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200			100ML	9	MONTHLY Monthly	Grab Grab
Coliform, Fecal	Sample Measurement				(An.Avg.)	42		pt	-6	A CONTRACTOR	
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report	800		POML #/100MLs	4	MONTHLY Monthly	GRAB
Total Residual Chlorine (For Disinfection)	Sample Measurement				(Mo.Geo.Mean)	(Max.)		Mali	1	La principal de la companya de la co	k ja ille Mary
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement	1975			0.5 (Min.)			MG/L	P	5 Days/Week	GRAB Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1	Sample Measurement				47			0/0	6	MONTHLY	Cylulari
Mon Site No. FLW-1	Permit Requirement				Report (Mo. Total)	TEOR SH		PER- CENT	1	Monthly	Calculated
Vitrogen, Nitrate, Total (as N)	Sample Measurement				MNG			Control Control	1	MNR	Bhard
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement		6 5 4 6 7		12.0	(prefer (7. 8-1) 1)		MNA MG/L	4	Annually	MN/ Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MNIZ	1		WINL
PARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement				Report(An Avg.)			MG/L	7	MW /2 Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			MNZ	CX	MNR	MNR
ARM Code 00530 Y Non.Site No. INF-1	Permit Requirement	Tokaji Tajaran T			Report (An.Avg.)			MG/L	7	Annually	Grab
	Sample Measurement										
	Permit Requirement				特别取 多者。		以作的 实现。				
Section of the sectio	Sample Measurement	All									
	Permit Requirement				The State						
	Sample Measurement		erom sagetes the said to 75 all	and agree in	icar committee	set pertuguitant	eli filmen bren i un		UNBTO	10 20 20 200	
	Permit			A Commence							

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA010788 From: June 1,2010 To: June 30,2010

Facility: Sleepy Hollow WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)		
Code	80082	74055	00400	00530	50060	50050		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1		
1			7.5		72.2	_022		
2			7.5		>2.2	,014		
3			7.5		72.2	-015		
4			7.5		>2.2	.017		
5						20		
6					-	.020		
7			7.4	-	1.	.010		
8				-	1.5	.071		
9			75	-	>2.2	-218		
10			1.5		72.2	-016		
11			7.5		>2.2	-015		
			7.5		72.2	013		
12						,018		
13						018		
14			7.6		72.2	018		
15			7.7		72.2	.012	 	
16			7.6		77 7			
17			7.6		72.2	015	 	
18			7.6		72.4		 	
19			1.4		22.2	016		
20						.018		
21						-018		
			7.5		>2.2	.017		
22			7.5		72.2	-017		
23	<20	42	76	3	22.2	019		
24			7.5		72.2	-017		
25			75		22.2			
26					- 6.6	-016		
27						025	 	
28			7.5		10	.025 .025 .024		
29			7.5		0.5	-0d5		
30			1.4		0.9	-024		
31			1.5		1.5	.016		
Total	620	42		3				
Mo. Avg.	<2.0	42		3		-018		

PLANT STAFFING: Day Shift Operator	Class:	Certificate No:	18132	Name:	MARK	HAVEN	
Evening Shift Operator	Class:	Certificate No:		Name:			
Night Shift Operator	Class:	Certificate No:		Name:			
Lead Operator	Class:	Certificate No:		Name:			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767 PERMITTEE NAME: S & L Utilities, Inc. PERMIT NUMBER FLA010788 MAILING ADDRESS: Post Office Box 4186 REPORT: Monthly Ocala, FL 34478 LIMIT: Final GROUP: Domestic CLASS SIZE: N/A FACILITY: Sleepy Hollow WWTF LOCATION: 400 SE 55 Avenue MONITORING GROUP NUMBER: R-001 Ocala, FL 34471 MONITORING GROUP DESC: One Percolation, including Influent COUNTY: Marion NO DISCHARGE FROM SITE: From: MAT 1, 7010 To MAY 31, 2010 MONITORING PERIOD No. Frequency of Sample Type **Ouality or Concentration** Units Parameter Quantity or Loading Units Analysis Ex. Flow Sample 015 MAD Measurement PARM Code 50050 1 Mon Site No. FLW-1 MGD 5 Days/Week Permit Report Meter 0.03 Requirement (Mo.Avg.) 4 (3-Mo Avg.) BOD, Carbonaceous 5 day, 20C Sample DRAP Mayle Measurement PARM Code 80082 Y Permit MG/L Grab 20.0 Monthly Requirement Mon Site No. EFA-1 (An.Avg.) BOD, Carbonaceous 5 day, 20C Sample ORAB Measurement Mali MG/L PARM Code 80082 Permit Report 60.0 Monthly Grab Mon.Site No. EFA-1 Requirement (Mo.Avg.) (Max.) Solids, Total Suspended Sample SKAR Measurement PARM Code 00530 20.0 Monthly Grab Permit Mon Site No. EFA-1 Requirement (An.Avg.) Solids, Total Suspended Sample 2 XA2 Measurement 60.0 Monthly PARM Code 00530 A Permit Report Mon Site No. EFA-1 (Max.) Requirement (Mo.Avg.) рН Sample 7,6 ORAB Measurement PARM Code 00400 Permit! 6.0 8.5 5 Days/Week Grab

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

(Min.)

(Max.)

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
TANKE THE OF FRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF TRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TEEE HORE NO	Dittib(Timmibb)
MARLIN RICHARDSON /PO-TECH WIWU	Moch freherd	(352)236	20/0/6/19
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachmen	ts here):	, , ,	

DEP Form 62-620.910(10), Effective November 29, 1994

Requirement

Mon.Site No. EFA-1

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: MAY 1, 2010 To

PERMIT NUMBER: FLA010788

MAY 31, 2010

Parameter		Quantity	or Loading	Units	Qu	ality or Concent	ration	Units No.		Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			Industrial	3	Bownsteine .		#JOO ML	1	IMA	GRAB
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement	The state of the s	o to diversity that a re-		200 (An.Avg.)			#/100ML	9	Monthly	Grab Grab
Coliform, Fecal	Sample Measurement			300	/	41		HOO ML	8	MONTHLY	(=100
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement			44,15	Report (Mo Geo Mean)	800 (Max.)		#/100ML		Monthly !	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			male	(%	SOMISWE	6-1-2
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180	Sample Measurement Permit				33			%	Ø	MONTHLY	CakuloTe
Mon. Site No. FLW-1. Nitrogen, Nitrate, Total (as N)	Requirements:				Report (Mo.Total)			PER- CENT		Monthly	Calculated
PARM Code 00620	Measurement Permit				MNR			male	D	Annually	GRAB
Mon.Site No. EPA-1 BOD, Carbonaceous 5 day, 20C	Requirement Sample				12.0 (Max.)			MG/L		Annually I	Grab
PARM Code 80082 Y.	Measurement Permit			Control of the property	MNIZ			myle	0	Annually	GRAZ
Mon.Site No. INF-1 Solids, Total Suspended	Requirement Sample		Angling Market and		Report (An.Avg.)		Et vicee	yG/L		Annually I	Grab
PARM Code 00530 Y	Measurement Permit				MUR			myle	9	ANNUAlly	GRAB
Mon.Site No. INF-1	Requirement Sample				Report (An.Avg.)	e e e e e e e e e e e e e e e e e e e		/ MG/L		Annually -	Grab
	Measurement Permit										
	Requirement Sample Measurement								Conf.		
	Permit Requirement	Mariana	e dimensione de la company		ATTO PERM	i ne vite di Seria	Samuel and	ALC: SELECT	1.44		
	Sample Measurement	eroi või haseingsieri									
	Permit Requirement	and the second						S. Mariana			

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA010788
From: MAY 1, 2010
To: MAY 31, 2010

Facility: Sleepy Hollow WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1						.012				
2						.012				
3			7.5		>2.2	.013				
4			7.5		72.2	011				
5		AT	7.4		72.2	800.				
6			75		72.2	.013			1	
7			7.4		>2.2	.007				
8						.014				
9						.014				
10			7.4		>2.2	.014				
11			7.5		>2.2	.015		1		
12			コミ		277	.016		-		
13			71		22.2	-016		1	-	
14			4.7		>2.2					
15			(.)		0.0	-018				
16						.019				
17			7 1/		777	-019		-		
18			7.4		72.2	.070		-		
19			1.0		72.2	.017				
	-7		7.5		26.2	-015				
21	42.0	<1	1.5	2	72.2	-017			2	
			7.6		72.2	.015				
22						.016				
23			ja .			.016			19	
24			7.5		2.0	016				
25			7.4		>2.2	.014				
26			7.5		72.2	-016				
27			7.5		72.2	.017		-		
28			7.5		2.2				-	
29					71.00	.017	X 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	-	
30						.017				
31			7,5		2.2	.017		-	-	
Total	42.0	11	1,0	2	4.9	.017				
Mo. Avg.		41				0.0				
IJ. AVB.	22.0	41		2		-015				

PLANT STAFFING: Day Shift Operator	Class:		Certificate No:	18132 Name:	MARK HAVENS II
Evening Shift Operator	Class:		Certificate No:	_13891 Name:	VINCENT Brown
Night Shift Operator	Class:	<u> </u>	Certificate No:	100.53 Name:	KEN ESTES
Lead Operator	Class:		Certificate No:	Name:	

ERMITTEE NAME: S & L Ut MAILING ADDRESS: Post Office	ce Box 4186			PERMIT 1	NUMBER	FLA010788					
Ocala, FI ACILITY: Sleepy He	ollow WWTF			LIMIT: CLASS SI	ZE:	Final N/A		REPORT GROUP:		Month! Domest	~
OCATION: Steepy HO OCATION: 400 SE 5. Ocala, FL	5 Avenue				RING GROUP NUN RING GROUP DES						
OUNTY: Marion					HARGE FROM SIT RING PERIOD	E: ARIL 1	,7010 To	APR	113	0,2010.	
Parameter		Quantity	or Loading	Units	Qua	ality or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
W	Sample Measurement	800.	.010	M90					05	5pas/wil	METER
RM Code 50050 1 n.Site No. FLW-I	Permit Requirement	0.03 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD	有					5 Days Week	Meter
D, Carbonaceous 5 day, 20C	Sample Measurement		(3			Malc	OS	M	(0.00
RM Code 80082 Y	Permit Requirement		n n		20.0			MG/L	7	Monthly	GNAB Grab
D, Carbonaceous 5 day, 20C	Sample Measurement	7.54 (4)			(An.Avg.) 42.0	42.0		11.	d	111	
RM Code 80082 A	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MGL	9	Monthly -	GRAB Grab
ds, Total Suspended	Sample Measurement				5	(in the second		myle	0	Marine	G121913
RM Code 00530 Y	Permit Requirement				20.0 (An.Avg.)			-MG/L		Monthly	Grab Grab
ds, Total Suspended	Sample Measurement				2	2		Make	6	M	(1-2
M Code 00530 A	Permit Requirement	A supplied to the supplied to			Report (Mo.Avg.)	60,0		W.G/L		Monthly	(5/(1/13) Grab
	Sample Measurement	<u> </u>			7.4	7/		5/1	d	F 2 / 1	6100
M Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU	9	50 AYS WEEK	GILAB Grab
tify under penalty of law that this rmation submitted. Based on my belief, true, accurate, and comple	inquiry of the	person or persons w	no manage the syste	m or those t	r supervision in acco	ordance with a system	the information th	e informatio	nouha	sitted in to the book	er and evaluate of my knowledg
ME/TITLE OF PRINCIPAL EXECUT						TIVE OFFICER OR AU			1000		(YY/MM/DD)
MARCIN RICHARD	and 140	D-TECHI	151.111) 7	1//	1 /	//		1	352	236-2444 201	1/

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001 , MONITORING PERIOD From: MILL 1, 2010 To

PERMIT NUMBER: FLA010788

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				2	partition to a		# 100 ML	6	MONTHLY	GRAB
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			1991,000	200 (An Avg.)			#/100MIL		Monthly	Grab
Coliform, Fecal	Sample Measurement	1. o. b.			28	28		100 MC	Ø	MONTHLY	6RA3
PARM Code 74055 A Mon.Site No. EFA-1	Permit Mal				(Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Став
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			My/c	6	50045/WK	GRAB
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1	Sample Measurement				26 Report	2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		9/6 PER-	\$	MONTHLY Monthly	Calculated
Mon.Site No. FLW-1	Requirement				(Mo.Total)			CENT		Widitally	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			Mg/L	6	MNR	MAIR
PARM Code 00620 A Mon Site No EFA-1	Permit Requirement			entra de la companya	12.0 (Max.)			wMG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			Myle	6	MUR	MUR
PARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement		1000		Report (An.Avg.)			.MG/L	1	Annually	Grab
Solids, Total Suspended	Sample Measurement				MNIZ			MYC	\$	MNR	MNIR
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement				Report (An Avg.)			MG/L		Annually	Grab
	Sample Measurement			3 L. E							
	Permit Requirement										
	Sample Measurement										Mary West of the second
	Permit Requirement						532 W 2597 II.				Composition of the Composition o
eren jaran 1. angala	Sample Measurement	e postaron pravidnosti. Pocal, militor dio esti.	ros Sos scristo valt	nyetal nyi Si	iudani, joit addin	silê gezakosdz e	testite and arrealling	i die mord f			groves softspaces and
	Permit Requirement	and the latest	and the second of	Tangan and T							

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA010788. From: APALL 1, 2010

Facility: Sleepy Hollow WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	ie .			
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				- 1
1			75		1.0	800.				
2	•		7.4		1. }	.009				
3						.009				
4						.009				
5			7.4		0.9	1,009				
6			7.5		1.4	.009				
7	-		7.5		>2.2	.008				
8			7.5		>2.2	.009				
9			7.4	81	22.2	.008				
10						-009				
11						.009				
12			7.5		1.3	.009				
13			7.5		2.2	.009				1
14	42.0	28	7.5	2	72.2	.008				
15			7.5		>2.2	.008			1.	
16			7.4		>2.2	.008			1	
17						-008				
18						008				
19			7.5		22.7	.008				
20			7.5		72.7	-008				
21			7.4		12.2	.008				91
22			16		72.6	-008				1
23			7.5		22.2	-008				1
24						.043	-			1
25						.013		10		
26			7.5		22.2	.013			1	
27			7.5		2.0	.011			23	7.
28			7.4		1/1/	017				
29			7.5		77.2	-010	-			
30			75		72.2	.014				
31			, ,							
Total	220	23	,	2						1
Mo. Avg.	22.0	28		2						

PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	15174	Name:	MARLIN RICHARDSON	
Evening Shift Operator	Class:	0	Certificate No:	9084	Name:	RAT MELLEY	* .
Night Shift Operator	Class:	C	Certificate No:	13891	Name:	Vincent Brown	77
Lead Operator	Class:	(Certificate No:	100	Name:	KENNETH ESCES	

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-901
MONITORING PERIOD From: MARCH 1, 2010 To

PERMIT NUMBER: FLA010788

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				2	No ex Other		# 100 ML		MONTHLY	GRAB
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement	(Prince)			200 (An.Avg.)			#/100ML	100	Monthly	Grab
Coliform, Fecal	Sample Measurement				41	4/		100 MC	Ø	MONTHLY	GRAB
PARM Code 74055 A Mon Site No: EFA-1	Permit Requirement		March 1		Report (Mo Geo Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			My/L		50AYS/WK	GRAB
ARM Code 50060 A	Permit Requirement				0.5 (Min.)			AMG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				28			%		MONTHLY	Calculate
PARM Code 00180 1 Mon Site No. FLW-1	Permit Requirement			(CA), (CA)	Report (Mo.Total)		67 (1.457 6)	PER- CENT	a de la companya de l	Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			Mg/L	6	MNR	MNR
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)		4-14-15-12-14	uMG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			Ma/L	0	MNR	MNR
PARM Code 80082 Y Mon Site No. INF-1	Permit pa				Report (An Avg.)			.∕MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				MINK			Ms/L	9	MNR	MNR
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement		attice in the		Report (An.Avg.)			∕MG/L		Annually	Grab
	Sample Measurement			Kul-							
	Permit Requirement				W 1939						
	Sample Measurement										
	Permit Requirement				government and the second	in the second		4 - N		The Bridge	Park Cons
ner a regional de la constantina de la Calabra	Sample Measurement			i cal ca	grafia grafia de la companya de la c			e great f	1		
	Permit Requirement			14					1160		A. L.

PERMITTEE NAME: S & L U MAILING ADDRESS: Post Of				PERMIT N	UMBER	FLA010788					
Ocala, I	L 34478			LIMIT: CLASS SIZ	Œ:	Final N/A		REPORT GROUP:		Month Domes	
LOCATION: 400 SE	Hollow WWTF 55 Avenue L 34471				ING GROUP NUM		ation, including In	luent			
COUNTY: Marion					ARGE FROM SIT	E: MARCY I	75/0To	mpl.	C4 31,	2010	
Parameter		Quantity of	or Loading	Units	Qu	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.008	.009	MSI					\$	50AYS/WN	METER
PARM Code 50050 1 Mon. Site No. FLW-15	Permit Requirement	0,03 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Meter
30D, Carbonaceous 5 day, 20C	Sample Measurement				3			Male	6	MONTHLY	GRAB
ARM Code 80082 Y	Permit Requirement				20.0 (An Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.4	5.4		Male	Ø	MONTHLY	GRAB
ARM Code 80082 A Mon.Site No EFA-1	Permit Requirement				(Mo.Avg.)	60.d (Max.)		MG/L		Monthly	Grab
folids, Total Suspended	Sample Measurement			A December 1	6			male	6	MONTHLY	GRAB
ARM Code 00530 Y. Mon.Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Monthly	Grab
olids, Total Suspended	Sample Measurement	1 70 7500 15		TWO.	11	11		Male	05	MONTHLY	GRAB
ARM Code 00530 A	Permit Requirement				(Mo.Avg.)	60.0 (Max.)		-MG/Ľ		Monthly	Grab
H	Sample Measurement				7.3	7.6		SU	Ø	50MS/WK	GRAB
ARM Code 00400 A	Permit Requirement		energia de la composição		6.0 (Min.)	(Max.)	(a) fire a land	SU		5 Days/Week	Grab

DEP Form 62-620.910(10), Effective November 29, 1994

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

352-207-

DATE (YY/MM/DD)

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA010788 From: MAACH 1, 2010

To: MARCH 31, 2010 Facility: Sleepy Hollow WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.6		0.6	.008				
2			7.5		72.2	.007				
3			7.5		72.2	-007				
4			7.5		>2.2	.007				
5			7.4		72.2	.007				
6			, ,		72.2	.009				
7						.009				
8			7.5		72.2	.009				
9			7.5		72.2	-008				
10			7.4		72.2	.009				
11			7.5		72.2	.007		<u> </u>		
12			7.3		22.2	.011				
13			1.			-009				
14						.009	***			
15			7.5		2.0	.009				
16	5.4	41	7.5	11	2,2					
17			7.4	11	2.0	.008			-	-
18			7,6		1.4	-009				
19			7.5		2.0	011				
20			1.0		2.0	-011				
21					*	.011				
22			70		0.0	.010				
23			7.5		0.9	.010			_	
24			1.0	100000000000000000000000000000000000000	2.0	.008				
25		ļ	7.6		2.0	.008				
			7.5		72.2	.008				
26			7.5		2.1	.068				
27						009				
28						.009				
29			7.5		0.9	.009				
30			7.5		0.7	.009				
31			7.5		1.1	.007				
Total	5.4	41		11						1
Mo. Avg.	5.4	41		11		.009				1

PLANT STAFFING:		1				. 0
Day Shift Operator	Class:		Certificate No:	15174	Name:	MARLIN KICHARDSON
Evening Shift Operator	Class:	<u></u>	Certificate No:	138 91	Name:	VINLENT BROWN
Night Shift Operator	Class:	-	Certificate No:		Name:	
Lead Operator	Class:		Certificate No:		Name:	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When Co-pleted mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767 PERMITTEE NAME: S & L Utilities, Inc. PERMIT NUMBER FLA010788 MAILING ADDRESS: Post Office Box 4186 REPORT: Monthly Ocala, FL 34478 LIMIT: Final GROUP: Domestic CLASS SIZE: N/A Sleepy Hollow WWTF FACILITY: LOCATION: 400 SE 55 Avenue MONITORING GROUP NUMBER: R-001 Ocala, FL 34471 MONITORING GROUP DESC: One Percolation, including Influent NO DISCHARGE FROM SITE: COUNTY: Marion FEB 28 7010 From: FEB. 1, 2010 MONITORING PERIOD

Parameter		Quantity o	or Loading	Units	Qua	ality or Concenti	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	-m8	.008	MGO					S	50AYS/WK	Meter
PARM Code 50050 1 Mon.Site No. FLW-I	Permit Requirement	0.03 (3-Mo Avg.)	Report (Mo.Avg.)	MGD						-5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3			MyL	\$	MONTHLY	GRAB
PARM Code 80082 Y Mon Site No EFA-1	Permit Requirement			0.00	(An Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.8	4.8		Male	Ø	MONTHLY	GRAB
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			All granes and	(Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6			Mg/L	Ø	MONTHLY	GRAB
PARM Code 00530 Y Y Mon.Site No. EFA-I	Permit Requirement				20.0 (An.Avg.)	And the second s	no call to	,MG/L	W. 1	Monthly	Grab
Solids, Total Suspended	Sample Measurement				10	10		mg/L	Ø	MONTHLY	GRAB
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		✓MG/L		Monthly	Grab
рН	Sample Measurement				7.4	7.7		SU	0	SOBYS/WK	GRAB
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	AGENT SIGNATURE OF PRINCIP	PAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARCIN RICHARDSON PRO-TEGY	WiWW Ellerly	Mehoul	(352) 207- 5525	20/0/3/20
				1

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

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: FGB. 12010

PERMIT NUMBER: FLA010788

Parameter		Quantity or Loading			Qua	lity or Concent	ration	Units	No.		Sample Type
Coliform, Fecal	Sample Measurement			ON A MUR	MALE PLONE ON	EGI//ÓM		#JOOML	\$	MONTHLY	GRAB
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement	为此 为4			200 (An,Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement	<u> </u>		Section 1999	21	41		# lasmu	8	M	GILAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8	(IVIAX.)		Myle	6	Spays/WK	GRAB
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.) (*			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180	Sample Measurement Permit				27 Report			9/8 PER-	ø	MUNTHLY	CALCULATE
Mon Site No. FLW-I	Requirement	Alexander (Tag)		total series	(Mo.Total)			CENT	0.0	Monthly	Calculated
PARM Code 00620 A Mon.Site No. EFA-1	Measurement Permit Requirement				12.8			Ma/L MG/L	1	Annually L	CAB Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				(Max.) /44			Male	d	ANNUALLY	GRAB
PARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement	ATA WAS			Report (An Avg.)			MG/L	/	Annually	Grab
Solids, Total Suspended	Sample Measurement				140			mg/L	ø	Annually	GRAB
PARM Code 00530 Y. Mon.Site No. INF-1	Permit Requirement				Report (An Avg.)			MG/L		Annually	Grab
	Sample Measurement										
an Carllebrash Carleb	Permit Requirement										
	Sample Measurement										
and the second s	Permit Requirement		er og som er er til kom Stander og som er er		Andrews Commencer Co					TAL Processor CV	
	Sample Measurement	Mad Resource and	n, tee saktii yhdo					ESTATION OF THE STATE OF			
	Permit Requirement	The second of		Harry Target							

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA010788 From: FCD. 1,2010

To: FE3, 28, 2010

Facility: Sleepy Hollow WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Aon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.5		0.8	.007				
2			7.4		2.0	.008				
3			7.5		1.1	,007				
4			7.5		2.0	.007				
5			7.4		12.2	-007				
6						.008				
7						.008				
8			75		27.7	.008				v -
9			7.5 7.5 7.5		72.Z 72.2	.007	***************************************			
10	4.8	41	7.5	10	72.2	-007			1	7
11			7.6		22.2	.009				
12			7.7		>2.2	-006				
13						.008				
14						800		1		
15			7.6		57 7	∞ 7		\$		
16			7/		72.2	.008				
17			1.0		72.2	1 1			+	
18		,	7.6 7.5		77 1	.006	 	1		
19			7.5	,	>2.2	800			-	
20			7.0		2,0	-006		-	-	
21						.008		-	_	
22			70		. 7 7	800.		-		-
23	*		7.5		>2.2	.008		-		
24			7.5		72.2	,008		-		
25			7.5		72.2	.008				
26			7.5		>2.2	800-				
27			7.5		72.6	.007				
						.0008				
28						800.				
29							\$0 			
30										
31										
Total	4.8	41		10						
lo. Avg.	4.8	41		10		2008				

PLANT STAFFING: Day Shift Operator	Class:	<u></u>	Certificate No:	15174	Name:	MARIN RICHARDSON
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:		Certificate No:		Name:	

When Completed mail this repor	t to: Department of	of Environmental Pro	otection, Centra	al District, 3319 l	Maguire Boulevard	Suite 232, Orlando, F	L, 32803-3767				
PERMITTEE NAME: S & L Utilities, Inc. MAILING ADDRESS: Post Office Box 4186 Ocala, FL 34478			PERMIT N	UMBER	FLA010788 Final		REPORT		Month	lv	
				CLASS SIZ	Œ:	N/A		GROUP:	• ;	Domes	*
FACILITY: Sleepy Hollow WWTF LOCATION: 400 SE 55 Avenue Ocala, FL 34471					ING GROUP NUN ING GROUP DES ARGE FROM SIT	C: One Percolatio	on, including Influe	ent			
COUNTY: Marion					ING PERIOD	From: JAN 1	2010 To	SAM	1.31	12010	
Parameter	- AF - A	Quantity of	r Loading	Units	Qua	ality or Concentrat	ion	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	-008	.008	MGO					Ø	5ATYS/WK	METER
PARM Code 50050 1 1 Mon Site No. FLW-1	Permit Requirement	1_0,03 (3-Mo-Avg.)	Report_ (Mo Avg.)	MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		Discussion of the second		2			MylL	\$	MONTHLY	GRAB
PARM Code 80082 Y Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)		enteriores periodos. Opticados enteriores	-MG/L	1	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				L2.0	42.0		mall	\$	MONTHLY	CRAB
PARM Code 80082 A A Mon, Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		M G/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5			male	\$	MONTHLY	GRAB
PARM Code 00530 Y Mon Site No: EFA-1	Permit Requirement				20.0 (An.Avg.)	Assessment of the second		MG/L	6	Monthly	Grab
Solids, Total Suspended	Sample Measurement				10	10		my/L	\$	MONTHLY	GRAB
PARM Code 00530 AA Mon Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		₩G/L		Monthly	Crab
pH	Sample Measurement				7.4	7.7		SU	Ø	50AYS/WA	GRAB
PARM Code 00400 (A.) Mon.Site No. EFA-1	Permit Requirement				6.0 (Min)	8.5 (Max.)		SU		5 Days/Week	Grab
I certify under penalty of law that the information submitted. Based on rand belief, true, accurate, and company the company true, accurate, and company true, accurate, and company true.	ny inquiry of the r	person or persons wh	no manage the s	vstem, or those p	ersons directly resi	consible for gathering	the information, th	e informatio	n subn	nitted is, to the bes	ther and evaluate the t of my knowledge
NAME/TITLE OF PRINCIPAL EXECU						TIVE OFFICER OR AUT			TELEPI	HONE NO DAT	E (YY/MM/DD)
MARLIN RICHA	1-			Mla	d. Rush	roh			352-	236-	19/02/12
COMMENT AND EXPLANATIO				s here):							

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: TAN. 1, 2010

PERMIT NUMBER: FLA010788

Parameter		Quantity or Loading	Units	Qua	lity or Concent	y or Concentration		No. Frequency of Ex. Analysis		Sample Typ
Coliform, Fecal ARM Code 74055	Sample Measurement		40 2 421		ecciliqia		HUDML	0	MONTHLY	GILAB
Aon Site No. EFA-1	Permit Requirement			(An Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement	and or loss !		4	41		100 ML	d	MONTHLY	(OKAB
ARM Code 74055 A fon Site Not EFA-1	Permit Requirement			Report (Mo Geo Mean)	800 (Max.)		#/100ML		Monthly	Grab-
otal Residual Chlorine (For visinfection)	Sample Measurement			D. 8	(IVIAX) ANN		mule	Ø	5ppys/wx	GRAB
ARM Code 50060 A. Ion, Site No. EFA-1	Permit Requirement			(Min)			MG/L MG/L	000,1649	5 Days/Week	Grab (**)
ercent Capacity, (TMADF/ ermitted Capacity) x 100	Sample Measurement			27			%	0	MONTHLY	Coleilon
ARM Code 00180 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Permit: Requirement			Report (Mo.Total)			PDR-		Monthly	Calculated
itrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MAIL	d	Appropriety	GRAB
ARM Code 00620	Permit Requirement			12:0			MG/L	7	Annually	Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement			MN17			Carle	cx	A	1000
ARM Code 80082 Y	Permit Requirement			Report (An.Avg.)			115/L MG/L: 1	7	HNW in 1/4	GRAB Grab
olids, Total Suspended	Sample Measurement			MNIZ			myle	Ø	Armally	GRAB
ARM Code 00530 Y	Permit Requirement			Report (An Avg.)	American Market		MG/L		Annually	Grab
	Sample Measurement			and (Miray)						P
Tampo Time Alberta State of	Permit Requirement	Calledo De del Calegor Instit	er my job							
MANAGE DIFFER MANAGEMENT CONTROL OF THE STATE OF THE STAT	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B FLA010788
From: Jan. 1, 2010 To: Jan. 31, 2010 Permit Number: Facility: Sleepy Hollow WWTF Monitoring Period

`	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	Philosophy and the second			
1					>2.2	-008				
2	-					-009	4.			
3			2.4		* -5:	.009				
4			7.5		0.9	-009				
5			7.6		>2.2	-008				1
6			7.6		>2.2	.007			1	
7			7.7		>2.2	-007			1	
8			7.6		0.9	-00g			 	
9					0.7	-009			 	+
10										-
11			7.7		0.8	.009			1	-
12	, ,		7.6		1.4	-009			-	
13			7.6		22.2	.011			-	-
14			7.5	1,	0.9	800.			ļ	-
15			7.5			-011			-	-
16			7.5		72.2	.009				-
17						.009			-	
18			7/		1.0	-009			-	-
	42.0	7]	7.6	10	1.0	.009				
20	24.0	41	7.6	10	72.2	-011				
21			7.5		>2:2	.008		. Y H		2
22			7.4		>2.2	.008				
23			7.5		0.9	.007				
24						-007				
						008				
25			7.5		0.8	-008				
26			7.4			.008				
27			7.5		>2.2	.007				
28			7.5		1.4	.007				
29			7.5		0.8	.008				
30						.007				
31						- 007				
Total	22.0	411		10		- 007				1
Mo. Avg.	42.0	41		10		.008				

PLANT STAFFING:				
Day Shift Operator	Class:	Certificate No:	15174 Name:	MARLIN RICHARDSON
Evening Shift Operator	Class:	Certificate No:	9084 Name:	LAY MEVEY
Night Shift Operator	Class:	Certificate No:	Name:	and the contract of
Lead Operator	Class:	Certificate No:	Name:	

When Completed mail this repor	t to: Departmen	t of Environmental	Protection, Central D	istrict, 3319	Maguire Boulevare	d Suite 232, Orlando	, FL, 32803-3767					
PERMITTEE NAME: S & L U	tilities, Inc.			PERMIT N		FLA010788						
MAILING ADDRESS: Post Offi Ocala, F				LIMIT: CLASS SIZ	ZE:	Final N/A		REPORT GROUP:		Monthly Domest	,	
	Hollow WWTF 55 Avenue L 34471			MONITOR	MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: One Percolation, including Influent							
COUNTY: Marion					IARGE FROM SIT LING PERIOD	E: From: Occ. 1,	2008_ To	DEC	.31,	<u>2008</u> .		
Parameter	-00Ps			Units	nits Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement	-009	- OJ DIAL	MBD		1 4 4 9 9 9			ch	50AS/WK	METER	
PARM Code 50050 1 8	Permit Requirement	0 (03 (3-Mo Avg.)	Report (Mo.Avg.)	MGD					1	5 Days/Week	Meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement							MG/L	6	MONTHLY	GRAB	
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement	of a sales and a s		4.5.7	20.0 (An Avg.)	The state of the s		MG/L		Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				124	124		MGL	6	Marie	0212	
PARM Code 80082 A Mon, Site No. EFA-1	Permit Requirement	ent a la l			Report (Mo.Avg.)	60.0 (Max)	er not be and the first	MG/L	7	Monthly Monthly	GRAB Grab	
Solids, Total Suspended	Sample Measurement	Same Service S			20	(Max.)		MG/L	do	MONTHLY	GRAG	
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				(An Avg.)			MG/L	7	Monthly	Grab	
Solids, Total Suspended	Sample Measurement				31	31		MB/L	A	MONTHY	GRAB	
ARM Code 00530 PA PA	Permit Requirement			-	Report (Mo.Avg.)	60.0 (Max.)		MG/L	1	Monthly	Grab	
Н	Sample Measurement				74	80		5/1	de	5004S/WX	GRAS	
ARM Code 00400 A Mon Site No EFA-1	Permit Requirement				6 0 (Min)	8.5 (Max.)		SU		5 Days/Week	Grab	
certify under penalty of law that the information submitted. Based on m and belief, true, accurate, and comp	is document and	person or persons w	ho manage the syste	m, or those n	supervision in acc	ordance with a syste	g the information th	e informatio	n cuhm	itted is to the hest	er and evaluate the of my knowledge	
NAME/TITLE OF PRINCIPAL EXECU						TIVE OFFICER OR A			TELEPH	IONE NO DATE	(YY/MM/DD)	
MARLIN HICH	AROSON,	/ MO-TO	CH Y	1///	La Kua	1		(352) 244	236	101/02	
COMMENT AND EXPLANATION	/	ATIONS (Reference	e all attachments her	re):			,		247	7 17	1	

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: OEC.

From: OEC. 1.2008 To

PERMIT NUMBER: FLA010788 DEC. 31, 2008

Parameter		Quantity or Loading	Units	Qual	Units	No. Ex.	Frequency of Analysis	Sample Type		
oliform, Fecal	Sample Measurement		. 1.9.A. S.E.	23	OTEGÓN.	/	# VOOML	B	MONTHLY	GRAB
ARM Code 74055 Y	Permit Requirement	ELEMENT METERS		200 (An:Avg.)			#/100ML		Monthly	Grab
oliform, Fecal	Sample Measurement	1 100 2 1 1 1 1 1		68	68		\$100 MC	Ø	MONTHLY	CARAB
ARM Code 74055 A on Site No. EFA-1	Permit Requirement	Commence of the Commence of th		Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
tal Residual Chlorine (For sinfection)	Sample Measurement			0.5			MG/L	0	50015/WK	GRAB
ARM Code 50060 A. A. on: Site No. EFA-1	Permit Requirement			0.5 (Min.)		enetas Salakas salakas kara	MG/L		5 Days/Week	Grab
rcent Capacity, (TMADF/ rmitted Capacity) x 100	Sample Measurement			30			%	0	MONTHLY	Calcular
RM Code 00180 1	Permit Requirement			Report (Mo.Total)		al production of all products	PER- CENT		Monthly	Calculated
trogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L		ANNAPILY	GRAB
RM Code 00620 A A on Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
DD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L		ANNUALL	GRAB
RM Code 80082 Y	Permit Requirement			Report (An.Avg.)			- MG/L		Annually 1	Grab
lids, Total Suspended	Sample Measurement			MNR			MG/L		ANNUAlly	GRAB
RM Code 00530 Y.	Permit Requirement			Report (An, Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement	Addition to the con-		Francisco (Francisco)					Harrist Control	
	Sample Measurement									
	Permit Requirement	and the state of t	n e which	10 (4) (5) (10 (5) (10 (7))	The second secon		april sharp			
	Sample Measurement	trent a region of the rest trains		ota i naistymisty			VENTER LETT	9.0 (B)/2		
	Permit Requirement									100

DAILY SAMPLE RESULTS - PART B
Facility: Sleepy Hollow WWTF

Permit Number:

FLA010788 Monitoring Period From: DEC. 1, 2008

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1			
1				- 4	0.0	.008			
2			7.8	,	2.0	-008			
3			7.9		05	.008			
4			7.8		0.8	.006			
5			7.9		1.9	.008			
6			8.0		>2.2	.009			
7						.009			
8			7.7		1.5	-008			
9			7.8		1.1	.009			
10		,,,	7.8		1.5	.008			
11			7.8		1.0	,009			
12			7.9		1.7	,009			
13						.008			
14						.008			
15			7.9		1.2	.009	1		
16	12.4	68	7.8	31	1.0	-008			
17	70	400	7.8		1.4	-006			
18		-	78		111	.00%	 1	1	
19			7.7		08	.008	 1		
20			7.1		0.0		-		
21				-4		006	 -		
22		-	78		1.4	.006	 1		
23			77		1	.008	-	-	
24			7/-	-	1.2	.008	-		
25			7.9			.006	-		-
26			1.0		1.0	.008	<u> </u>		-
27			7.5	-	2.2	.009	 -		
28						.009	 -		-
29			71 -		10	.009	-		
30			7.5		1.0	.009	-		
1			7.5		2.2	.009	 -		
31			7.4		1.4	.00\$			
Total	.0					.009 .009 243 -008			
Mo. Avg.	12.4	68		31		-008			

PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	15174	Name:	MARLIN RICHARDSON
Evening Shift Operator	Class:	C	Certificate No:	9588	Name:	CALVIN PAIGE
Night Shift Operator	Class:	_3_	Certificate No:	4063	Name:	PEBBIE WALLACE
Lead Operator	Class:		Certificate No:		Name:	

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767 PERMIT NUMBER FLA010788 PERMITTEE NAME: S & L Utilities, Inc. MAILING ADDRESS: Post Office Box 4186 Final Monthly Ocala, FL 34478 LIMIT: REPORT: CLASS SIZE: N/A GROUP: Domestic Sleepy Hollow WWTF FACILITY: 400 SE 55 Avenue MONITORING GROUP NUMBER: R-001 LOCATION: MONITORING GROUP DESC: One Percolation, including Influent Ocala, FL 34471 NO DISCHARGE FROM SITE: COUNTY: Marion From: NOV. 1, 2008 NOV- 30, 2000 MONITORING PERIOD Sample Type **Ouality or Concentration** Frequency of Quantity or Loading Units Units No. Parameter Analysis Ex. Sample Flow MGD DIC 010 30049 Measurement MGD Permit 0.03 Report 5 Days/Week Meter PARM Code 50050 Mon.Site No. FLW-1 Requirement (3-Mo.Avg.) (Mo.Avg.) Sample BOD, Carbonaceous 5 day, 20C Measurement 20.0 Monthly PARM Code 80082 Permit Grab (An.Avg.) Mon Site No. EFA-1 Requirement BOD, Carbonaceous 5 day, 20C Sample Measurement 60.0 MG/L Monthly Permit Report Grab PARM Code 80082 (Mo.Avg.) (Max.) Mon.Site No. EFA-1 Requirement Solids, Total Suspended Sample Measurement 20.0 Permit Monthly PARM Code 00530 Grab Requirement (An.Avg.) Mon.Site No. EFA-1 Sample Solids, Total Suspended JA2 Measurement Report 60.0 Monthly Grab Permit PARM Code 00530 Requirement (Mo.Avg.) (Max.) Mon.Site No. EFA-I Sample -RA3 DAYSIUK Measurement 5 Days Week Permit 6.0 8.5 PARM Code 00400 A (Max.) (Min.) Mon.Site No. EFA-1 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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE (YY/MM/DD) NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: NOV. 1, 2003 To

PERMIT NUMBER: FLA010788

Parameter	2.00 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Quantity	or Loading	Units	Units Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1/2			F	EX.		· ·
FARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				(An.Avg.)			100ML	(1)	MONTHLY Monthly	CRAB Grab
Coliform, Fecal	Sample Measurement				Z 1	41	Na Alaka Saa Fee a Saadhiilan ah	FIDOML	X	MONTHLY	GRAB
ARM Code 74055 A Jon. Site No. EFA-1	Permit Requirement	gar ja kunger et j			Report	800		#/100ML	P	Monthly	Grab
otal Residual Chlorine (For Disinfection)	Sample Measurement			THE COUNTY OF	(Mo.Geo.Mean)	(Max.)		mc/L	do	5 1.	
ARM Code 50060 A	Permit Requirement				0.5 (Min.)			MG/L	9	5 Days/Week	GRAB
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1	Sample Measurement Permit				33			%	\$	MONTHLY	Cirlcula
Mon.Site No. FLW-1	Requirement				Report (Mo.Total)			PER- CENT	1	Monthly	Calculated
Vitrogen, Nitrate, Total (as N)	Sample Measurement	Cturly:			MUR			MGK		Δ., 1/	GRA3
ARM Code 00620 A	Permit Requirement		7 <u>.</u>		12.0			MG/L	Hala	Annually /	Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement				Max.) MNR	May M.C. Charles, 29		McL			displaying the
ARM Code 80082 Y fon.Site No. INF-1	Permit Requirement		francisco de la		Report (An Avg.)			MG/L MG/L	A.E.	Annually 4	GRA3 Grab
olids, Total Suspended	Sample Measurement				MNR			mile		Annually	G D 20
ARM Code 00530 Y Son, Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L MG/L		Annually	GIZAG Grab
	Sample Measurement										
700.5	Permit Requirement	协会基础									
	Sample Measurement			4							
Pe Re Sa M	Permit Requirement										in the second
	Sample Measurement										er and the second
	Permit Requirement							They want to			

DAILY SAMPLE RESULTS - PART B Facility: Sleepy Hollow WWTF

Permit Number: Monitoring Period

FLA010788 From: NOV. 1, 2008

To: NOV. 30, 2008

-	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1	d	14.14	2 24	1 34 3,		-010				
2						-010				
3			7.6		1.3	-010				
4			7.5		1-5	. 011				
5	12.0	1	7.6	5	2.2	-011				
6			7.5	-	2.2	-009				
7			74		1.6	-010			1	
8			7 - 1		112	-011	-			
9					-		-			
10			74		1.0	010	-		-	
11			55	-	5%	.010				
12			7-0	-	2.1	-009	-		-	
13			7.0		0.3	-009				
14			1.4		1.2	-008				
			7.5	20	0.6	-008				
15						009		7		
16						+009				
17			7.5		0.8	1009				
18			7.7		0.5	00				
19			7.7		05	.011			1 1 2 1	
20			7.8		12	-010	$\overline{}$	15.		
21			77		2.0	-0//				
22			1.1		01.0					
23						-011			-	
24			\overline{n}		17	-011				
25			7.8		00	-011				
26			7.0		1.8	.009				
27			_/./		2.0	-010			-	
28			7.8		1.3	011				
			7.6	-	1.0	-011		*	7	
29						-011			1	
30						-0/0		,		
31										
Total	< 2.0	21		_5		300				
Mo. Avg.	42.0	< 1 </td <td></td> <td>5</td> <td>150</td> <td>-010</td> <td>1</td> <td></td> <td></td> <td></td>		5	150	-010	1			

PLANT STAFFING: Day Shift Operator	Class:	<u>C</u>	Certificate No:	15174	Name:	MARLIN RICHARDSON
Evening Shift Operator	Class:	3	Certificate No:	4063	Name:	DEBBIE WALLACE
Night Shift Operator	Class:	C	Certificate No:	14087	Name:	QUINCY JONES
Lead Operator	Class:		Certificate No:		Name:	

PERMITTEE NAME: S MAILING ADDRESS: PO	ost Office Box 4186			PERMIT NO	JMBER	FLA010788					
	cala, FL 34478			LIMIT: CLASS SIZI	E:	Final N/A		REPORT GROUP:	:	Monthl Domest	
LOCATION: 40	leepy Hollow WWTF 00 SE 55 Avenue ocala, FL 34471				NG GROUP NUMI NG GROUP DESC		tion, including Influ	ent			
OUNTY: M	farion .				ARGE FROM SITE NG PERIOD F		2 1, 2000 To	OCT	BEI	131,2008	
Parameter		Quantity	or Loading	Units	Qual	ity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
w .	Sample Measurement	010	010	MGO					1/2	50AYS/WW	METER
RM Code 50050 + 1	Permit Requirement	0.03	Report (Mo.Avg.)	MGD.		A Participant Alle		Air Control	1	5 Days/Week	Meter
D, Carbonaceous 5 day,	20C Sample Measurement		(410,715)		13			MG/L	Ø	MONTHLY	GILAB
on Site No. EFA-1	Requirement				20.0 (An:Avg.)	Project Control		MG/L		Monthly	Grab
D, Carbonaceous 5 day,	20C Sample Measurement				55	5		MG/L	0	MONTHLY	GRAB
RM Code 80082 A	Permit Requirement				Report (Mo.Ayg.)	60.0 (Max.)	17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	MG/L	7	Monthly	Grab
ids, Total Suspended	Sample Measurement				12511	At races)		mel	Fh	MONTHLY	GRAB
RM Code 00530 Y n.Site No. EFA-1	Permit Requirement				20 0 (An,Avg.)			MG/L	7	Monthly	Grab
ids, Total Suspended	Sample Measurement				13	13		MG/L	\$	MONTHLY	GRAS
RM Code 00530 A S	Permit 4.				Report (Mo.Avg.)	(Max.)		MG/L		Monthly	Grab
	Sample Measurement				76	8.1		512	0	5,0045/ WX	CORA3
RM Code 00400 A	Permit Requirement			Friend	6.0 (Min.)	8,5 (Max.)		SU	4	5 Days/Week	Grab (
rtify under penalty of law	that this document an	d all attachments we	re prepared under m	y direction or s	supervision in accor	dance with a syste	m designed to assur	e that qualifi	ed perso	onnel properly gath	er and evaluate
rmation submitted. Base belief, true, accurate, and	d on my inquiry of the d complete. I am awar	e that there are signi	ho manage the syste ficant penalties for s	em, or those pe	rsons directly respo	nsible for gatherin	the information th	ne informatio	n subm	itted is to the best	of my knowledg
ME/TITLE OF PRINCIPAL I	EXECUTIVE OFFICER (OR AUTHORIZED AG	ENT SIG	NATURE OF P	RINCIPAL EXECUTI	VE OFFICER OR A	UTHORIZED AGENT	1	PELEPH	ONE NO DATE	(YY/MM/DD)
MARLIN +	SKHAROS	and/the	7/00 5	Clark	- Know	he of		_ (352	2444 0	3/11/08
MMENT AND EXPLAN	ATION OF ANY VIO	LATIONS (Reference	e all attachments he	де):							7 1
	× /	. >	UNG P	/	1.0				,	11 1	TIM

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: From: 650BER 1, 2008 To PERMIT NUMBER: FLA010788

Parameter		Quantity or	Loading	Units Quality or Concentration					No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				43	iptikova .		TOOML	Ø	MONTHLY	GRAB
ARM Code 74055 Y	Permit Requirement				(An:Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			1	3	3		TOOML	Ø	MONTHLY	SRAG
ARM Code 74055 And Andrew Jon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	800 (Max)		#/100ML;		Monthly	Grab
otal Residual Chlorine (For visinfection)	Sample Measurement				0.5			MG/L	Ø.	5 arrs/wx	CAB
ARM Code 50060 A A	Permit Requirement			15112-75	0.5 (Min.)		COARD IN ARCO SE	MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Fermitted Capacity) x 100 PARM Gode 00180 41	Sample Measurement Permit		of Marie	17	33 Report			9/5 PER-	Ø	MONTHLY	CACULATE. Calculated
Ion Site No. FLW-1	Requirement	Annual An			(Mo Total)			CENT	TOTAL !	The state of the s	
litrogen, Nitrate, Total (as N)	Sample Measurement				MNR			MG/L		Advustly	GRAB
ARM Code 00620 A fon Site No. EFA-1	Permit *				(Max.)			MG/L		Annually	Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MG/L		Annually	(dras
ARM Code 80082 Y	Permit Requirement				Report (An Avg.)			MG/L		Annually I	, Grab
olids, Total Suspended	Sample Measurement				MAR			MG/L		Annually	GIZA3
ARM Code 00530 Y.	Permit Requirement				Report (An. Avg.)	4.00		MG/L		Annually	Grab
	Sample Measurement										
	Permit Requirement								The same		
	Sample Measurement										
	Permit Requirement				in the property of the control of th	ris en kongonista attibi Sala Trinas (Kongonis			22	1250,514 (2.5)	
	Sample Measurement			an market	ericon, never consulter	ER ERTHORITE TO E	entre y usudbus si		50:2		18,21840
Salaharan Baratan Bara	Permit Requirement		d nedled, co								Secretary Secretary

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA010788

From: 6450 BER 1, 2008

TO (XTOBEY 31, 2008

Facility: Sleepy Hollow WWTF

			700			In a const				T
	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-I	EFA-1	FLW-1				
1			7.6		2.2	· DIO				
2	5	3	7.6	13	2.0	-009	(4			
3			7.6		1.0	-010				
4						-010				
5						-011				
6			7.8		0.8	-010				
7			7-8		17	.010				
8			ブブ		2.2	.010				
9		15. 0	7.8		7.7	- 00%				
10			7.9		20	.011		- 15	12 22 19T 1	
11			1.1		01.0	.01				-
12						-010				
13			20		11	.010				
14			8.0		10					
15					1.0	-010	,			
16		<u> </u>	8.1		177	.008			-	-
17		-	8.0		1-7-7	010			<u> </u>	-
18		-	8.0		1.1	-010			-	+
19		-		-		.010			-	+
					10	.011			-	-
20			7.9		1.0	.010			ļ	-
21			7-8		0.6	.010				
22			7.9		0.5	110.				
23			8.0		0-5	.008				
24			8.0		06	.0043				
25						.011		, s		
26						011				
27			8.0		1.0	1010				
28			7.9			-011				
29			7.7		1.8	.010				
30			7.6		1.0	.011				
31			8.0		1.3	.010				
Total		1		T		300			1	1
Mo. Avg.		1				.00		Ī	1	+
			1			1.00		1		

PLANT STAFFING: Day Shift Operator	Class:	C Certificate No:	15174 Name:	MARLIN RICHARDSON
Evening Shift Operator	Class:	Certificate No:	14081 Name:	DUINCY JONES
Night Shift Operator	Class:	B Certificate No:	4063 Name:	DEBBIE WALLACE
Lead Operator	Class:	Certificate No:	Name:	

When Completed mail this repor	t to: Departmen	nt of Environmental	Protection, Central 1	District, 3319	Maguire Boulevard	Suite 232, Orlando, F	L. 32803-3767				
PERMITTEE NAME: S & L U MAILING ADDRESS: Post Off	tilities, Inc.			PERMIT 1		FLA010788	-,				
Ocala, F.				LIMIT: CLASS SI	7E:	Final N/A		REPORT GROUP:		Monthly Domest	•
	Iollow WWTF							GROOF.		Domest	ıc
Ocala, Fi					RING GROUP NUM RING GROUP DESC		on, including Influ	ient			
COUNTY: Marion					HARGE FROM SITE RING PERIOD I	rom: SEPTEMBE	in 1,20080	SEPT	Eme	30,20	⊅8
Parameter		Quantity	or Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	-010	-010	MGO					do	5 pays/wk	METER
PARM Code 50050 1 1 Mon.Site No. FLW-1	Permit Requirement	0.03 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				(3)			MG/L	Ø	MONTHLY	GRAZ
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)		Manager	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.1	5.1		MEJL	0	MONTHLY	GRAB
PARM Code 80082 A A Mon.Site No. EFA-1	Permit Requirement				Report (Mo Avg.)	60.0 (Max.)		MG/L		Monthly Monthly	Grab
solids, Total Suspended	Sample Measurement				17	(iviax.)		MELL	do	MONTHLY	GRAB
ARM Code 00530 Y Aon Site No. EFA-1	Permit Requirement				(An.Avg.)			MG/L		Monthly	Grab
olids, Total Suspended	Sample Measurement				i i	11		MG/L	6	MONTHLY	(0
ARM Code 00530 A	Permit Requirement		Associated as Associated		Report (Mo.Avg.)	(Max)		MG/L		Monthly	GDA3
Н	Sample Measurement				75	8.0		CII	13	50.41	(2 2 2
ARM Code 00400 A	Permit Requirement			m	6.0 (Min.)	8.5 (Max.)		SU	7	5 Days/Week	GRAB - Grab
certify under penalty of law that the afternation submitted. Based on my and belief, true, accurate, and complete the complete true, accurate, and complete true, accurate, and complete true.	is document and				supervision in accor	dance with a system					er and evaluate the of my knowledge
AME/TITLE OF PRINCIPAL EXECUT	TIVE OFFICER O	R AUTHORIZED AG			the second secon	DE OFFICER OR AUT					(YY/MM/DD)
MARLIN RICH	AROSO,		WW /	Ment	~ Fru	hand			352	Account of the contract of the	11017
OMMENT AND EXPLANATION	OF ANY VIOL	ATIONS (Reference	e all attachments her	re):						117971	+
E.T.M-NO	OT FU	INCTION	ING PR	OPER	LY , 25	TIMATED	flow	FR	om	PREV.	MONTHS

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA010788 MONITORING PERIOD From: SEOTEMBER 1, 2008 TO SEOTEMBER 30, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		400-50, 55EE	43	iomiiosi		100 ML	\$	MONTHLY	GRAZ
ARM Code 74055 V. Y. Mon.Site No. EFA-I	Permit Requirement		075	200 (An Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement	National Section Section	tare of Section	41	41		FOOML	0	MONTHLY	GRAB
ARM Code 74055	Permit Requirement		GAL CASS	(Mo Geo Mean)	800 (Max.)	especial managements to	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5			MG/L	Ø	Sonyslux	GRAB
ARM Code 50060 A Ion Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
ercent Capacity, (TMADF/ ermitted Capacity) x 100 ARM Code 00180	Sample Measurement			33			O/O PER-	Ø	MONTHLY	Cakylore
Mon.Site No. FLW-L	Requirement	Ada Cara Republic	est in the second	Report (Mo.Total)		-	CENT	110	Monthly	Calculated
litrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L		Annually	GRAB
ARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement	The second secon		12.0 (Max.)	en de la	10/2102	MG/L		Annually	Grab
3OD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L MG/L		Annually	GRAB
ARM Code 80082 Y	Permit Requirement			Report (An Avg.)			MG/L		Annually /	Grab
Solids, Total Suspended	Sample Measurement			MNR			MG/L		Annually	GRAB
ARM Code 00530 Y	Permit Requirement			Report (An:Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement	4 19 4 6 18		(iii 0)						17.46
	Sample Measurement									
La contra	Permit Requirement	Grand Charles					Shing de spirale de la Marco de la companya de la			ole Olegan Sand St. J. J.
	Sample Measurement	all it more made of one sail.	0 (1.18200.588.37)	rismi redkandini	alat guette du 193			er engva		
	Permit Requirement	Street Transfer Ship	10			all the second of the second o		42.75		F-1812 (141)

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA010788 Facility: Sleepy Hollow WWTF From: SEPTEMBER 30, 2008

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-I	EFA-1	EFA-1	EFA-1	FLW-1			<u> </u>	
2	_	7	7.6		1.0	.010				T
			7.7		1.1	-010				
3			7.8		0.5	-010				
4			7.9		0.8	-010				
5			7.8		1.2	-010				+
6						-010				
7						-010				-
8			7.7		0.7					-
9			7.8		1.4	-010			-	-
10	*0.65*		7.9		1.7	-010			-	+
11			8.0		0.6	-010			 	
12			7.9		17	-010				-
13			1. 1		/-/	-010			-	-
14	_					-010				
15	_		8.0		A -	-010				
16					0-5	-010				
17			7.9		1-2	.010				
18			8.0		0.6	-010				
19			7.8		1.3	-010				
			7.9		1.0	.010				
20						.010				
21						.010				
22			7.8		1.1	.010				
23			7.8		1.0	.010				
24			7.7		1.4	-010				
25	5.1	41	7.6	11	2.0	.010				1
26			7.5		1.7					
27			, ,		1	.010	-	24		
28						-010				1
29	1		7.7		0/-					-
30			7/		0.6	010				
31			1.6		1.)	.010				-
Total										1
Ao. Avg.	+	+				13				
						101				

PLANT STAFFING:	(1 1	.1 0
Day Shift Operator	Class:	_ Certificate No:	15174 Name:	MARUN KICHARDSON
Evening Shift Operator	Class:	Certificate No:	9588 Name:	CAIVIN PAIDE
Night Shift Operator	Class:	_ Certificate No:	4063 Name:	DESSIE WALLE
Lead Operator	Class:	_ Certificate No:	14087 Name:	QUINCY JONES

PERMITTEE NAME: S&LU				PERMIT NUMBER FLA010788									
MAILING ADDRESS: Post Of Ocala, I	FL 34478			LIMIT: CLASS SIZ	Æ:	Final N/A					onthly mestic		
LOCATION: 400 SE	Hollow WWTF 55 Avenue FL 34471			MONITOR	MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: One Percolation, including Influent								
COUNTY: Marion					ARGE FROM SIT ING PERIOD	E: August	/ LOS TO	Auge	155	2008			
Parameter Quantity or Loading				Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow	Sample Measurement	.010	.010	MGO						5 pHYS/WK	METER		
PARM Code 50050 1 1 Mon Site No. FLW-1	Permit Requirement	(3-Mo Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Meter		
BOD, Carbonaceous 5 day, 20C	Sample Measurement				13			MG/L	\$	MONTHLY	GRA3		
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			MG/L		Monthly	Grab		
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.3	7.3		MG/L	0)	MONTHLY	GRAB		
PARM Code 80082 A A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab		
Solids, Total Suspended	Sample Measurement				17			MG/L	do	MONTHLY	GRAB		
PARM Code 00530 Y. Mon.Site No. EFA-1	Permit Requirement		Chipanii Ryeli		20.0 (An.Avg.)	No meson		MG/L	1	Monthly	Grab		
Solids, Total Suspended	Sample Measurement				46	46		MG/L	Ø	MONTHLY	GRAB		
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				(Mo.Ayg.)	60.0 (Max.)		MG/L		Monthly	Grab		
Н	Sample Measurement				7.7	8.1		SU	0	50ms/wk	GRAS		
PARM Code 00400 A A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU	1	5 Days/Week	Grab		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MM/DD)
MARLIN RICHARDSON / WEWW	Marla Rudhohn	236-2444 8/9/20
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	PROPERLY - All HOW ESTIM	ATEO.

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 19008

PERMIT NUMBER: FLA010788

Parameter	Quantity or Loading		or Loading	Units	Qua	lity or Concentra	ation		No. Frequency of Analysis		Sample Type	
coliform, Fecal	Sample Measurement		1.000	98800.000	43	MOM		KUML	05	MONTHLY	GRAB	
ARM Code 74055. Yes You Mon.Site No. EFA-1	Permit Requirement	i de la Particiona de la Companya del Companya de la Companya del Companya de la			200 (An.Avg.)			#/100ML		Monthly	Grab	
oliform, Fecal	Sample Measurement			t later	8	8		# 100 ML	B	MONTHU	GRAB	
ARM Code 74055. A / / / / / / / / / / / / / / / / / /	Permit Requirement			S. Green	(Mo Geo Mean)	800 (Max.)		#/100ML		Monthly	Grab	
otal Residual Chlorine (For isinfection)	Sample Measurement				0.5	(max)		MG/L	D	SDAYS/WA	GRAB	
ARM Code 50060 A	Permit Requirement	Service S.A.			0.5 (Min.)			MG/L		5 Days/Week	Grab	
ercent Capacity, (TMADF/ ermitted Capacity) x 100	Sample Measurement	4			33			%	ø	MONTHLY	CALCULA	
ARM Code 00180 1 *** fon Site No. FLW-1	Permit Requirement				Report (Mo. Total)			PER-		Monthly	Calculated	
itrogen, Nitrate, Total (as N)	Sample Measurement				MNR			MG/L		Annually	GRAB	
ARM Code 00620. A	Permit Requirement				12.0 (Max.)			MG/L		Annually	Grab	
OD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MGL		Anwanlle	GRAB	
ARM Code 80082 Y On Site No. INF-1	Permit Requirement	G. A.			Report (An.Avg.)			MG/L		Annually	Grab	
olids, Total Suspended	Sample Measurement				MNR			MC/L		Annually	GRAB	
ARM Code 00530 Y on Site No. INF-1	Permit Requirement		Committee		Report (An Avg.)			MG/L		Annually "	Grab	
The Charles of the Control of the Co	Sample Measurement											
	Permit Requirement					in the						
20 M. 20 T. 10 M. C.	Sample Measurement											
7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Permit Requirement			2 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		we had the drawn as a second						
	Sample Measurement	Professional Profession	ini ie alitiza	autheliada	ir Axilir studition turi	gerean sturmer and						
	Permit	14-4										

DAILY SAMPLE RESULTS - PART B

FLA010788 From: August 1, 2008 Facility: Sleepy Hollow WWTF Permit Number: To: August 2008 Monitoring Period CBOD5 pH (SU) TSS (MG/L) TRC (For Flow (MGD) Fecal (MG/L) Coliform Disinfect.) (MG/L) Bacteria (#/100ML) 80082 74055 00400 00530 50060 50050 Code EFA-1 EFA-1 FLW-1 Mon. Site EFA-1 EFA-1 EFA-1 1 010 2 3 010 4 5 7.3 010 6 010 7 8 010 9 010 10 010 11 010 12 010 13 0 .010 14 010 15 010 16 010 17 010 18 -010 19 -010 20 .010 21 010 22 010 23 010 24 010 25 010 26 010 27 010 28 010 29 010 30 010 31 010 Total 310 Mo. Avg. -010 PLANT STAFFING: MARYN BICHAROSON Day Shift Operator Class: Certificate No: Name: **Evening Shift Operator** Class: Certificate No:

Class:

Class:

Night Shift Operator

Lead Operator

Name:

Name:

Certificate No:

Certificate No:

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767 PERMITTEE NAME: S & L Utilities, Inc. PERMIT NUMBER FLA010788 MAILING ADDRESS: Post Office Box 4186 REPORT: Monthly Ocala, FL 34478 LIMIT: Final Domestic N/A GROUP: CLASS SIZE: FACILITY: Sleepy Hollow WWTF 400 SE 55 Avenue MONITORING GROUP NUMBER: R-001 LOCATION: One Percolation, including Influent Ocala, FL 34471 MONITORING GROUP DESC: COUNTY: Marion NO DISCHARGE FROM SITE: MONITORING PERIOD Frequency of Sample Type Quality or Concentration Units No. Quantity or Loading Units Parameter Analysis Ex. Flow Sample MBO ETER 010 010 Measurement Meter MGD PARM Code 50050 Permit# Report Mon Site No. FLW-1 Requirement. (3-Mo.Avg.) (Mo.Avg. BOD, Carbonaceous 5 day, 20C Sample ORAB 110NITHLY Measurement MG/L Grab 20.0 Monthly PARM Code 80082 Y Permit Requirement (An:Avg.) Mon Site No. EFA-1 4 BOD, Carbonaceous 5 day, 20C Sample MONTHLY Measurement Report MG/L 60.0 Monthly Grab PARM Code 80082 A Permit Mon.Site No. EFA-1 (Mo.Avg.) (Max.) Requirement Solids, Total Suspended Sample MONTHLY RAA MOIL Measurement MG/L Monthly Grab PARM Code 00530 Permit: 20.0 Mon Site No. EFA-1 Requirement (An.Avg.) Solids, Total Suspended Sample MGIL Measurement 60.0 MG/L Monthly Grab PARM Code 00530 A Report Permit 🖳 Mon.Site No. EFA-1 (Mo.Avg.) (Max.) Requirement Sample 12AB DOAYS/WK Measurement SU 5 Days/Week Grab 8.5 PARM Code 00400 A Permit ... 6.0 (Min.) (Max.) Mon.Site No. EFA-1 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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE (YY/MM/DD) -TBCH COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: B-001 12008 To

PERMIT NUMBER: FLA010788

Parameter		Quantity or Loading		Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal	Sample Measurement			9.3. 5/3585/	43	TH400M		#100ML	Ø	MONTHLY	GRAB	
ARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		TA TILL HITCH		200 (An.Avg.)			#/100ML		Monthly	Grab	
Coliform, Fecal	Sample Measurement		www.i		141	74/20	000	# 100 ML	1	MONTHLY	61243	
ARM Code 74055 A	Permit Requirement		A)		Report (Mo Geo:Mean)	800 (Max.)		#/100ML		Monthly	Grab	
Total Residual Chlorine (For Disinfection)	Sample Measurement	100			0.5			MELL	6	50AKS/WA	GRAB	
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				(Min.)			MG/L	1	5 Days/Week	Grab	
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				33			%	\$	MONTHLY	CAICULATE	
PARM Code 00180 1 1 Vion.Site No. FLW-1	Permit Requirement			18 th 18 18 18	Report (Mo.Total)			PER-	<i>,</i>	Monthly	Calculated	
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			MG/L		ANNUA 114	(-0 a)	
ARM Code 00620 A	Permit Requirement				12:0			MG/L		Annually	Grab -	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MG/L		Annually	62AB	
ARM Code 80082 Y	Permit Requirement	A Commence of the Commence of	Contract Handley		Report (An Avg.)			MG/L		Annually	Grab	
olids, Total Suspended	Sample Measurement				MNR			Me/L		ANNUAlly	GRAB	
ARM Code 00530 Y. Aon.Site No. INF-1	Permit Requirement	Tomas (1994)	vi drebe e		Report (An Avg.)		17-110 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	MG/L		Annually	Grab	
	Sample Measurement											
	Permit Requirement						port of the product o					
	Sample Measurement											
	Permit Requirement		以 上在中央		g Greek (1977) keren a		_					
in applicable on a second	Sample Measurement	nd insert and the	contract term	in a special	MI JUNEYETI SE	a been make a year ee						
	Permit Requirement			12.	(principal de la company) de la company de l							

FLA010788
From: Suly 1,2008 To: July 31, 2008 Facility: Sleepy Hollow WWTF Permit Number: Monitoring Period

		-5-1007077	19(1-1		- Jevel -	7170				
	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			75	1 1 1 1 1 1	>2.7	-010			1	
2			7.5		>2.2	-010				
3			7.5		>2.2	-010				
4			7.4		72.2	-010				
5						-010				
6						-010			1	
7			7.5		0.9	-010				
8			7.5		>2.2	.010			- A	
9			7.5		72.2	-010				
10	4.5	/z	7.6	4	1.0	-010			1-	
11	1-5	12	77	-1	>2.2	-010		-	+	
12			1.1		- 01.01	-010			+	
13						210		-	+	
14	<u> </u>		7.7		0.6	-010		-	+	
15			- 1			-010		-	-	
16			7.6		1.3	-010		-	-	
17		10	7-1		1.0	-010		ļ	-	
18		42	7.7		1.8	-010		-		
			7.8		1.6	- 010	-			
19						-010				
20			-			.010				
21			7.8.		0.5	-010				
22			7.7.7		1.3	-010			1	
23			7.6		1.1	-010				
24			7.8		1.0	.010				
25			7.7		1.2	-010			1	
26			/ /			.010			1	
27						-0/0			1	
28		-	78		0.7	-0/0	an I		1	
29			24		1-5	010	-	-	1	
30			7.8		1.0	.010		-	-	
31			70		1.2	.010			-	-
Total	116		7-8	11	1.6	2010			1	
	4.5			4	_	,3,0			-	
Mo. Avg.						,010				

PLANT STAFFING: Day Shift Operator	Class:		Certificate No:	15174 Name:	MARLIN RICHARIDSON
Evening Shift Operator	Class:	<u> </u>	Certificate No:	9588 Name:	CALVIN PAIGE
Night Shift-Operator	Class:		Certificate No:	14087 Name:	QUINCY JONES
Lead Operator	Class:	_B_	Certificate No:	4063 Name:	DEBBIE WALLAUE



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

Laboratory Analytical Report

Florida DOH Laboratory Certification # E83265

Pro-Tech Water & Wastewater Services, Inc.

Attn: Wayne Bryant

PO Box 9

Silver Springs, FL 34489-0009

Submission Number: 088659

System Name: Sleepy Hollow FLA010788

Sampler Name: M. Richardson

Date Sample Received: 07/17/08 Time Sample Received: 11:40 AM

Sample		Date	Time				Analysis	Analysis	
Number	Sample Location	Collected	Collected	Parameter / (mdl) Units / Method	Result	DQ	Date	Time	Tech
088659	Effluent	07/17/08	0916	Fecal Coliform in (1 colony) #/100mLs by SM9222D	2	U	07/17/08	12;55 PM	RP

U - The parameter was analyzed but not detected.

Detection limit for fecal coliform elevated due to sample dilution.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).

This document and the associated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier

The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Respectfully Submitted by:

Lisa K. Saupp, Charles B. Saupp, or Michael Morse

Technical Director

Date: July 28, 2008

Page 1 of 2: including Chain of Custody



AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40 · Silver Springs, Florida 34488-2349

(352) 625-2822 • FAX (352) 625-6638

ENVIRONMENTAL: CHAIN OF CUSTODY

It is essential that you complete all applicable blanks in order to generate an accurate report.

ų.			/				BY CUSTOMER	
	Comr	oler Name (Please Print):fments or Special Sample In	formation:) an fice
	Syste	m Name:5(EEHT	HOM	00	FA	A 010788	
LAB USE		Sample Location (one sample container per line)	Collect Date	cted Time	Check	One Grab		meters nalysis
088659	1 2	EFFLUENT	7/17/03	0916		for Coff have		
	3							
	4	"Marine"		3			***************************************	
	5						1	
	6	14						
-	7							
	8							
	9							
	10							
.,	CAU	TION: SAMPLE CONTAINE	ERS MAY CO	NTAIN HA	ZARDO	ous ci	HEMICALS.	
				EST RESU			* A	
Coll. No		Temp	CI Resd	mg/L O	ther		Date	Initials
SAMPLE	CUST	ODY /// Si	gnature /	Dat	<u>e</u>	Time	<u>Q</u>	Comments
Sampler F	Relinqu	ished: Mend	- /-	2 7	1/17/0	19	/139 Am	
Transport	er Reli	nquished:		F:				
Transport	er Reli	nquished:					· · · · · · · · · · · · · · · · · · ·	
Lab Rece	ived:	Signature M. Magar	Date 7-17-0	LAB I	Э	7 Assi	gned Sample Number(s):	088659
Preservat		: Na ₂ S ₂ O ₃ 30 mg or		Coll. No(s		2 3	4 5 6 7 8 9 10	
	, ,	HNO ₃ : 1.5 3.0 or_	mL(s) 0 or	Coll. No(s) mL(s) Col o(s). 1	i. 1 II. No(s) 2 3	2 3 . 1 4 5	4 5 6 7 8 9 10 2 3 4 5 6 7 8 6 7 8 9 10 pH:	9 10 pH: <2.0 9 10 pH: <2.0 <2.0
		Iced: Coll. No(s). 1	2 3 4 5)3 4 5 6 7 8 9	9 10 pn:
Comment	S:	Tengania			50.000 200			



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822 FAX (352) 625-6638

Laboratory Analytical Report Florida DOH Laboratory Certification # E83265

Pro-Tech Water & Wastewater Services, Inc.

Attn: Wayne Bryant

PO Box 9

Silver Springs, FL 34489-0009

Submission Number: 088414

System Name: Sleepy Hollow FLA010788

Sampler Name: M. Richardson

Date Sample Received: 07/10/08 Time Sample Received: 11:46 AM

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	DQ	Analysis Date	Analysis Time	Tech
088414	Effluent	07/10/08	1050	CBOD(5 day) in (2.0) mg/L by SM5210B	4.5		07/10/08	5:05 PM	JJ
				TSS in (1) mg/L by SM2540D	4		07/11/08		JC
088415	Effluent	07/10/08	1053	Fecal Coliform in (1 colony) #/100mLs by SM9222D	1	Z	07/10/08	1:45 PM	RP

Z - Too many colonies were present (TNTC); the numeric value represents the filtration volume.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).

This document and the associated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier

The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Respectfully Submitted by:

Lisa K. Saupp, Charles B. Saupp, or Michael Morse / /

Technical Director

Date: July 24, 2008

Page 1 of 2; including Chain of Custody



AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40 · Silver Springs, Florida 34488-2349

(352) 625-2822 • FAX (352) 625-6638

ENVIRONMENTAL: CHAIN OF CUSTODY

It is essential that you complete all applicable blanks in order to generate an accurate report.

	Clien	t Name: † 10-TES	1-1				SY CUSTOMER	
	Samp	oler Name (Please Print): ments or Special Sample In	M. Ric				Telephone: () ON F	11.2
	Syste	m Name: SIEEPY	-lollaw	# FLY	+010	784	3	
LAB USE	Coll. No.	Sample Location (one sample container per line)		ected Time	Check Or Comp Gra		Parameters for Analysis	
088414	1	EFFLYENT	7/10/00	1050	X		2800, TSS	
088415	2	EffluenT	7/10/08	1053	The second second		FECAL	
	3		Section 2	1,000				
	4						· · · · · · · · · · · · · · · · · · ·	History Company
	5							
	6							
	7							
	8							
	9							
	10						*	
	CAU	TION: SAMPLE CONTAIN	ERS MAY C	ONTAIN HA	AZARDOUS	CHE	EMICALS.	
					JLTS (If App		67	
Coll. No Coll. No Coll. No		Temp pH Temp pH Temp pH	CI Resd CI Resd CI Resd	mg/L (mg/L (mg/L (Other Other Other	_	Date Date Date	Initials Initials Initials
SAMPLE	CUST	ODV	anaturo	Da	ıta T	Γima	Comments	
Sampler I	Relinq	uished://kaula_	Totaller	M	7/10/0	8_	1147 Aug	
Transport	er Rel	nquished:						
Transport	ter Rel	inquished:						
Lab Rece	eived:_	Signature Mass	Date 7-10-0	LAB Tim	10	Assigr	ned Sample Number(s): _088 Y/5	4.088415
Preserva	tive(s)	Na₂S₂O₃: 30 mg or, HNO₃: 1.5 3.0 or H₂SO₄: 0.75 1.5 3	mL(s .0 or mL(s) Coll. I	_ Coll. No() Coll. No(s _ mL(s) Co No(s). 1 ; Coll.	s). 1 2 s). 1 2 oll. No(s). 2 3 4 . No(s). 1	3 4 1 2 5 6	4 5 6 7 8 9 10 5 6 7 8 9 10 pH: < 3 4 5 6 7 8 9 10 p 7 8 9 10 pH: <2.0 3 4 5 6 7 8 9 10 pH	2.0 pH: <2.0
Comment	ts:	- 1 EMP = \	14					

FLA010788

PERMIT NUMBER

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: S & L Utilities, Inc.

MAILING ADDRESS: Post Office Box 4186

DEP Form 62-620.910(10), Effective November 29, 1994

FACILITY: Sleep	a, FL 34478 by Hollow WWTF			LIMIT: CLASS SI	ZE:	Final N/A		REPORT GROUP:		Month! Domest	*
	SE 55 Avenue a, FL 34471				RING GROUP NUM RING GROUP DESC		ation, including Influ	ent			
COUNTY: Mario	on				HARGE FROM SITE RING PERIOD I	From: Jury	12008 To	Ju	vë ?	<u>0,2</u> 008.	
Parameter		Quantity o	or Loading	Units	Qua	lity or Concent	ration	Units	No.	Frequency of Analysis	Sample Type
Flow PARM Code 50050	Sample Measurement Permit	0.03	,OIO Report	MGD.					\$	BOAYS/WK	METER
Mon Site No. FLW-1	Requirement	(3-Mo Avg.)	(Mo.Avg.)							Jays Week	Sept.
BOD, Carbonaceous 5 day, 200	Sample Measurement				12			MG/L	\$	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement				20.0 (An Avg.)			MG/L		Monthly,	Grab
BOD, Carbonaceous 5 day, 200					2	2		ME/L	ch	MONDALY	GRAB
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				Report	60.0		MG/L		Monthly	Grab
Solids, Total Suspended	Sample				(Mo.Avg.)	(Max.)		MADI.	ed.	.44	/
ARM Code 00530 Y	Measurement Permit	and which the first transfer the same			20.0			MG/L	4	Monthly Monthly	GRAB Grab
Mon.Site No. EFA-1 Solids, Total Suspended	Requirement Sample				(An.Avg.)			1121		11	
ARM Code 00530	Measurement Permit				Report	60.0		MG/L	P	Monthly	GRAB
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	(Max.)	Supplied to	nasen ila		To the	Ciao
Н	Sample Measurement				7.3	7.6		SU	\$	5 anysluk	GRAB
ARM Code 00400 A. Mon.Site No. EFA-1	Permit Requirement			Charles and	6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
certify under penalty of law than information submitted. Based or and belief, true, accurate, and co	n my inquiry of the	person or persons wh	no manage the syste	em, or those p	persons directly response	rdance with a syste	g the information, the	e informatio	n subm	nitted is, to the best	er and evaluate the of my knowledge
NAME/TITLE OF PRINCIPAL EXE	CUTIVE OFFICER O	R AUTHORIZED AGE	NT SIC	SNATURE OF	PRINCIPAL EXECUT	IVE OFFICER OR A	UTHORIZED AGENT		TELEPH	HONE NO DATE	(YY/MM/DD)
MARLIN PICH	Annson	PROTTEC	W	Mark	- Rehen	ah			351	2000 0	3/7/21
COMMENT AND EXPLANATI	ON OF ANY VIOL	LATIONS (Reference	all attachments he	ere):							1-1-1
Flow ESTIM	ATEO FI	20m 7/24	1-29/08	DUE	TO MA	th Fun	LTION WIT	TH (=.7	r.m.	

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 2008 To

PERMIT NUMBER: FLA010788

Parameter		Quantity or L	oading	Units	Qua	lity or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
oliform, Fecal	Sample Measurement				32	ELECTION.		1001911	\$	MONTHLY	GRAG
ARM Code 74055 Y fon Site No. EFA-1	Permit Requirement		hoalings	3.60	200 (An.Avg.)			#/100ML		Monthly	Grab
oliform, Fecal	Sample Measurement				< 1	(1		# INDOM	do	MONTHLY	CORAB
ARM Code 74055 A on Site No. EFA-1	Permit Requirement		and a state of		Report (Mo Geo Mean)	800 (Max.)	Density (1)	#/100ML	til det	Monthly	Grab
otal Residual Chlorine (For isinfection)	Sample Measurement				1.8	(Max)		MC/L	\$	SONTS/ WIR	ORAR
ARM Code 50060 A on.Site No. EFA-1	Permit Requirement				(Min.)			MG/L		5 Days/Week	Grab
ercent Capacity, (TMADF/ ermitted Capacity) x 100	Sample Measurement				33			0/0	4	MONTHLY	CALCULA
ARM Code 00180 1 on.Site No. FLW-1	Permit Requirement				Report (Mo.Total)		1.5	PER- CENT	1	Monthly	Calculated
trogen, Nitrate, Total (as N)	Sample Measurement				MAR			Mede	0	ANNIALLY	Carra
ARM Code 00620 A on Site No. EFA-1	Permit Requirement				12.0 (Max.)	en Torrige		MQ/L	1	Annually	Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mel	0	Annually	GRAB
ARM Code 80082 Y on Site No. INF-1	Permit Requirement				Report (An Avg.)			MG/L	7	Annually	Grab
olids, Total Suspended	Sample Measurement				MNB			MOLL	0	Annually	GRAG
ARM Code 00530 Y.son.Site No. INF-1	Permit Requirement				Report (An Avg.)			MG/L	7	Annually	Grab
	Sample Measurement										
	Permit Requirement		117.00								14-11-27-4
	Sample Measurement										
The state of the s	Permit Requirement			Harris (Inc.)	erich zu de entscheiden.						
	Sample Measurement	7 mil tvanja obavja 2 mi	milita vinder	der star amb	Paul propagaria s	ni amunassuanala	Marie Marie Marie	LE DIDALIAN	11/1/		
	Permit Requirement		Section 1845								

DAILY SAMPLE RESULTS - PART B

To: June 30 2008 Facility: Sleepy Hollow WWTF FLA010788 Permit Number: From: 5400 1 2000 Monitoring Period TSS (MG/L) TRC (For Flow (MGD) CBOD5 Fecal pH (SU) Disinfect.) Coliform (MG/L) (MG/L) Bacteria (#/100ML) 74055 00400 00530 50060 50050 80082 Code EFA-1 EFA-1 EFA-1 FLW-1 EFA-1 EFA-1 Mon. Site 011 1 2 2.2 3 2.0 4 4 >2.2 5 > 3.2 > 2.2 6 7 8 9 7.5 10 11 -014 12 016 13 14 -010 15 16 17 18 19 ·008 20 21 2008 22 008 23 .008 24 72.2 -010 25 -5 -010 26 7.5 >3.2 -010 27 -010 28 -010 29 -010 30 009 31 301 Total 2.0 010 Mo. Avg. PLANT STAFFING: Certificate No: Name: Day Shift Operator Class: Class: Certificate No: Name: Evening Shift Operator Certificate No: Name: Night Shift Operator Class: Lead Operator Class: Certificate No: Name:

CALVIN PAIGE

When Completed mail this re	port to: Departmen	t of Environmental	Protection, Central	District, 3319	Maguire Boulevard	Suite 232 Orlando	n FL 32803-3767				
PERMITTEE NAME: S & MAILING ADDRESS: Post	L Utilities, Inc.			PERMIT N		FLA010788)
Ocal	a, FL 34478			LIMIT: CLASS SIZE:		Final N/A		REPORT GROUP:		Monthly Domest	
LOCATION: 400	py Hollow WWTF SE 55 Avenue a, FL 34471			MONITOR MONITOR	UNG GROUP NUM UNG GROUP DESC	IBER: R-001 C: One Percola	ent				
COUNTY: Mari	on				IARGE FROM SITE	From: May o	1, 2008 To	MAY	31,	2008	
Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ration	Units	No.	Frequency of Analysis	Sample Typ
ow	Sample Measurement	.011	.010	MGD		1 2			0	50A/S/WK	METER
ARM Code 50050 1 on Site No. FLW-1	Requirement	0,03 (3-Mo,Avg!)	Report (Mo.Avg.)	MGD						5 Days Week	Meter
DD, Carbonaceous 5 day, 20	C Sample Measurement				11.8			NIGK	0	MONTHLY	GRAC
RM Code 80082 Y on Site No. EFA-1	Permit Requirement	<u>1</u>			20.0 (An.Avg.)			MG/L		Monthly/	Grab
DD, Carbonaceous 5 day, 200	C Sample Measurement				7.2	7.2		MG/L	0	Monthey	GRAB
RM Code 80082 A n.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
ids, Total Suspended	Sample Measurement				12.5	(irtax.)		MG/L	0	Monthel	GRAE
RM Code 00530 Y n.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)	Marian Carlos Ca		MG/L	al la com	Monthly	Grab
ids, Total Suspended	Sample Measurement				6	6		MG/L	0	MONTHLY	GRAB
RM Code 00530 A	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
	Sample Measurement				7.4	7.7		54	0	50ALS/WK	GRAB
RM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
rtify under penalty of law that rmation submitted. Based o belief, true, accurate, and co	in my inquity of the	person or persons w	no manage the syste	em or those n	ersons directly respond	onsible for gatherin	g the information th	a information	n cuhn	sitted is to the best	er and evaluate of my knowledg
ME/TITLE OF PRINCIPAL EXE			The second secon	in the second se			UTHORIZED AGENT		1.1.1		(YY/MM/DD)

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

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: 1901 101 2008 To PERMIT NUMBER: FLA010788 MONITORING PERIOD From: 101 2008 To M44 31, 2008

Parameter		Quantity or Loadi	ng Units	Qua	lity or Concentra	ntion	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		105, 198	32	Ollson		Troom	0	MODITHEN	GRAB.
PARM Code 74055. Y Mon.Site No. EFA-1	Permit Requirement		market with the state	(An, Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement	Stole to Hall	Carried Market	2/	< /		Troom	0	MONTHLY	GRAB.
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100MIL	V 1- 18	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		- sagalagar-ago salaspola (da pro-esco di Assistanta da	12.2			MG/L	0	5DAK/UK	GRAB
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement	新京社会· 罗 特		0.5 (Min.)		one state of the Anna	MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			36			1/0	0	MONTHLY	CAlculare
PARM Code 00180 1 Mon:Site No. FLW-1	Permit Requirement			Report (Mo. Total)			PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR		Karan Cida	/		MNR	MNR
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			/		MNR	MNR
PARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement			Report (An Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			MNR		anticopi en series anticopie de la companya de la c	/	1/10	MNR	MNR
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement	en jagethamis entra Program		Report (An Avg.)			MG/L		Annually	Grab
W. H.	Sample Measurement									Page 12 hardwrig
	Permit Requirement					4,50	The Local College			Terral england
	Sample Measurement								WHOME THE	124.120
	Permit Requirement									
	Sample Measurement	nt tar teometricotta i tars en	TO STORE MADE TO SERVE	itarii proprintive s	artyggunatur ust a	AND SEARCH THEORY WORK		10 11 24		
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B FLA010788 From: MAY 01, 2008 Facility: Sleepy Hollow WWTF Permit Number: 1A4 31 2008 Monitoring Period CBOD5 TRC (For Flow (MGD) Fecal pH (SU) TSS (MG/L) (MG/L) Coliform Disinfect.) Bacteria (MG/L) (#/100ML) Code 80082 74055 00400 00530 50060 50050 Mon. Site EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 FLW-1 7.6 72.2 008 2 76 12,2 1014 3 1009 4 5 12,2 72.2 6 7.2 4 7 7212 8 122 1014 9 122 ,010 10 .012 11 1010 12 7,6 72-2 ,010 13 72.2 .007 14 72.2 ,006 15 7.7 72.2 ,008 16 12.2 ,013 17 .010 18 .010 19 010 20 7.5 ,002 21 7,6 72.2 1009 22 72.2 ,009 23 12,2 1017

PLANT STAFFING: Day Shift Operator	Class:	B	Certificate No:	13890	Name: N	John H. ANDELSON - day a Wind
Evening Shift Operator	Class:	C	Certificate No:	14087	Name:	QUINCY JONES Weekend
Night Shift Operator	Class:		Certificate No:	9588	Name:	CALVIN B PAIGE - Weekend
Lead Operator	Class:	_B_	Certificate No:	4063	Name:	D.A. WALLACE - weekend.

.009

,009

006

.009

007

,011

,007

1001

.301

,010

72.2

12.2

24

25

26

27

28

29

30

31

Total

Mo. Avg

7.2

7.2

1

4

When Completed mail this re	port to: Departmen	t of Environmental	Protection, Central D	District, 3319	Maguire Boulevard	Suite 232, Orlando	o, FL, 32803-3767				
PERMITTEE NAME: S & MAILING ADDRESS: Post	L Utilities, Inc.				NUMBER	FLA010788		REPORT	ì	Month	ly
LOCATION: 400 S	by Hollow WWTF SE 55 Avenue a, FL 34471				IZE: RING GROUP NUN RING GROUP DES		ation, including Influ	GROUP:		Domes	tic
COUNTY: Mari	on				HARGE FROM SIT RING PERIOD	E: April	1,2008 To	Apr	<u>al</u> .	30,2008	
Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
PARM Code 50050	Sample Measurement Permit	B. 01)	O.GIO Report	mgd					0	5 days/wk	flowmeter Meter
Mon.Site No. FLW-1 BOD, Carbonaceous 5 day, 20 PARM Code 80082	Requirement Sample Measurement Permit	(3-Mo Avg.)	(Mo.Avg.)		2+2·5-1	3		mg/L MG/L	6	monthly	grab
Mon. Site No. EFA-1 BOD, Carbonaceous 5 day, 200 PARM Code 80082	Requirement				(An.Avg.)	7.1		malL	0	monthly	arab
Mon.Site No. EFA-1	Requirement Sample Measurement				Report, (Mo,Avg.)	(Max.)		mall	0	Monthly /	Orab arab
PARM Code 00530 Y Mon.Site No. EFA-1 Solids, Total Suspended	Permiti Requirement Sample	and the first of the second of	7. Mg - 14.		20.0 (An.Avg.)	14		M¢/L		Monthly J	(d)rab
PARM Code 00530 A Mon. Site No. EFA-1	Measurement Permit Requirement Sample				Report (Mo.Avg.)	60.0 (Max.)		MIGIL .		monthly Monthly	arab Girab
PARM Code 00400 A Mon Site No. EPA-1	Measurement Permit Requirement		e de Promission de la company		6.0-5 (Min.)	8,5 (Max.)		Su	0	5 days JWK	grab Grab
certify under penalty of law the nformation submitted. Based on nd belief, true, accurate, and co	at this document and n my inquiry of the	person or persons v	who manage the syste	m, or those	or supervision in accordance persons directly resp	ordance with a syste	g the information, th	e informatio	n subm	itted is, to the best	
NAME/TITLE OF PRINCIPAL EXE	ECUTIVE OFFICER O	R AUTHORIZED AG	ENT SIG	NATURE OF	PRINCIPAL EXECU	TIVE OFFICER OR A	UTHORIZED AGENT		TELEPH	HONE NO DATE	E (YY/MM/DD)
John H. Ande	rson-P	rotech 1	NAMN	Jahr	of m	deson			236	100	-05-20

DEP Form 62-620.910(10), Effective November 29, 1994

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

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: April 1, 2008 T

PERMIT NUMBER: FLA010788 April 30, 2008

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			10-35 F4E	32	COTHUNA Note Annua		#100mL	0	monthly	grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML	\$10.75 1	Monthly	Orab
Coliform, Fecal	Sample Measurement			100	2	2		#100mL	0	monthly	grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				72.2			mg L	0	5 days lwk	grab Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)					-5 Days/Week	Orab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			3.00 m	37 Report		74 12 18 3 S.H. C. 19 (S.	0/0 PER•	0	monthly Monthly	calculated Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				(Mo.Total)			CENT		Wollang C	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				NMR				0	NMR	NMR
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement			Maria 2	12.0 (Max.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NMR				0	NMR	NMR
PARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				NMR				0	NMR	NMR
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement				Report (An.Avg.)		A PROPERTY.	MG/L		Annually	Grab
	Sample Measurement										
	Permit Requirement	Andrew Control of the				5 (100 pt 5)					
	Sample Measurement										as to a tene in tahu
	Permit Requirement		Age of the second second			The state of the s				and the state of t	
	Sample Measurement		AAAA TITAA	TERMINEY	(1503 K. 1540) K.					7 170 2017 2107	VARIOUS STATE
	Permit										

Permit Number: FLA010788 From: April 2008 To: April 30, 2008 Sleepy Hollow WWTF

14101111011		-1	111120		1	30,2008				
	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1	7.1	2	7.4	14	2.2	0.007				
2			7.60		2.2	0.007				
3			7.6		2.2	0.010				
4			7.7		2.2	0.007				
5			7.5		2.2	0.006				
6						0.016				
7			7.6		2.2	0.016				
8			7.5		> 2.2	0.004				
9	-		7.6		2.2	0.011				
10			7.6		72.2	0.017				
11			7.4		> 2.2	0.008				-
12			1, 1		1 his his					
13						0.017		*		-
14			7.4		> 0 0	0.007				
15			7,5		> 2.2	0.007		_	-	
16		-			> 2.2	0.012		_		
17			1.6		72.2	0.005		_		
18			7.5		>2.2	0.016				
			7.6		2.2	0.005		_		
19						0.010				
20						0.010				
21			7.6		72.2	0.010				
22			7.6		>2.2	0.011				
23			7.1		>2.2	0.009				
24			7.1			0.011				
25			7.3		>2.2	0.009				
26					2.5	0.009				
27		-	-			0.009				
28			7.4		2.2	0.009				
29			7.5		20	0.014				
30			7.4		22	0.009				
31					La che	0.001				
Total	7.1	2		14		298	_			
Mo. Avg.	7.1	2 2		114						
	10			IT		1010	_			

PLANT STAFFING: Day Shift Operator	Class:	B	Certificate No:	WW0013890 Name:	John H. Anderson
Evening Shift Operator	Class:		Certificate No:	WW9084 Name:	RAY MC VEY
Night Shift Operator	Class:		Certificate No:	14087 Name:	Quincy Jones
Lead Operator	Class:	B	Certificate No:	WW0013890 Name:	John H. Anderson
		B		WW 4063	Depose Wallace

When Completed mail this r	eport to: Departmer	nt of Environmental I	Protection, Central I	District, 3319	Maguire Boulevard	Suite 232, Orland	o, FL, 32803-3767				
PERMITTEE NAME: S & MAILING ADDRESS: Pos	L Utilities, Inc.			PERMIT N		FLA01078					
	la, FL 34478			LIMIT: CLASS SE	ZE:	Final N/A		REPORT GROUP:		Month! Domes	-
LOCATION: 400	spy Hollow WWTF SE 55 Avenue la, FL 34471				ING GROUP NUM ING GROUP DES		ation, including Influ				
COUNTY: Mar	rion				IARGE FROM SIT	E: Marc	h 1,200860	Ma	nch	31,2008	
Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012	0.012	Mad			200		0	5dax/wK	Howneter
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	0.03 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20					12.0			Mg/L	0	monthly	Carah
ARM Code 80082 Y	Permit Requirement	The Surface (see)			20.0 (An.Avg.)			MG/L		Monthly	Grab
3OD, Carbonaceous 5 day, 20	C Sample Measurement				246	24.6		mele	6	Marthly	Grab
ARM Code 80082 A A Mon. Site No. EFA-1	Permit Requirement				Report (Mo, Avg.)	60.0 (Max.)	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	CMG/L		Monthly	Grab
olids, Total Suspended	Sample Measurement				11.8	,		MS/L	0	Marthy	Grab
ARM Code 00530 Y Ion.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			KIG/L		Monthly	Grab
olids, Total Suspended	Sample Measurement				64	64		mc/L	1	monthly	Grab
ARM Code 00530 AA Information Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Н	Sample Measurement			and the second second	7.3	7.6		54	0	5 darduk	Grah
ARM Code 00400 A	Permit Requirement		(News the Control of		6.0 (Min.)	8.5 (Max.)		SU.		5 Days Week	Grab
certify under penalty of law the formation submitted. Based and belief, true, accurate, and c	on my inquiry of the	person or persons w	ho manage the syste	m or those n	supervision in acco	ordance with a syst	og the information th	e informatio	n cuhm	itted is to the hest	er and evaluate the of my knowledge
AME/TITLE OF PRINCIPAL EX							UTHORIZED AGENT				(YY/MM/DD)
John HAnd	erson-Pre	otech w+	nn J	Jahn	1/2 /m	derson			354	236-2444 08	13/20
OMMENT AND EXPLANAT				re):	55						

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From:

March 1,2008 To

PERMIT NUMBER: FLA010788

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			wa sad	32	C 121014		100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An Avg.)	ar alway.		#/100ML		Monthly /	Grab
Coliform, Fecal	Sample Measurement	066 191.	asil los	Marie Marie	24	24		100mL	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	800 (Max.)		#/100ML		- Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.00			Mg/L	0	5 days/wk	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)	A State of the				5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1	Sample Measurement Permit				Report			9/0 PER-	0	Monthly /	Cylc Metto
Mon.Site No. FLW-1	Requirement				(Mo.Total)		Orania Maria	CENT			
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A	Sample Measurement Permit				MMK			MOL	0	Annually	Grab
Mon.Site No. EFA-1	Requirement				(Max.)		A WAR STREET				
BOD, Carbonaceous 5 day, 20C	Sample Measurement					WR		MG/L	0	Annually	Grab
PARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement			Application of the	Report (An.Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				4 0 0	NR		mg/L	0	Marchally	Grab
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement				Report (An.Avg.)	Burn	Marine - Const.	MG/L		Annually I	Grab
The second secon	Sample Measurement	A CONTRACTOR OF THE PARTY OF TH						Endocation of			
	Permit Requirement		over the property of		4			A Comment		- Therefore Apple	
	Sample Measurement							2/ASPAC ASSAULT			
	Permit Requirement	12.196-1 (12)			en en en de la companya de la compan						
	Sample Measurement										A SALE CONTROL OF THE SALE
	Permit Requirement				F-HARMAN						10 To

Permit Number: Monitoring Period

FLA010737 meh 1,2008 To: Mada 31,2008 Facility: Sleepy Hollow WWTF

F			700 11 172		HIMINI	01200			
	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1		+	
1						0.008		1	
2						0.008			
3			7.5		2.00	0.008		+	
4	34.6	24	7.6	64	2.20	0.011			
5			7.6		2.20	0.006		_	-
6			7.5		2.20	0.009		+	
7			7.6		2.20	0.015		_	
8					200	0.011	_	+	
9						0.011		+	
10			7.4		2.20	m 011		1	
11			25	7,	2.1%	0.020		-	
12			76		2.20		_	+	-
13			7.0		2.20	0.015		+	
14			7/		2.20	0.013		-	+
15			7.6		1.10	0.012		-	
16						0.015			
17			7.4		10	0.005	_	-	
18			-		72.20	0.030			
19			7.5		72.20	0.020			
20					2.20	0.004			
21	-		7.6		2.20	6.007			
22			7.5		2.20	0.007			
23			7.6		2,20	0.007			
24			- ,			0.007			
25			7.6		2.20	0.007			
II II			1575		2.00	0.011			
26		1	7.4		2.20	0-016			
27			7.6		2.20	0.009			
28			7.4		2.20	0.009			
29						0.009 0.009 0.009			
30						0-017			
31			7.5		2.20	0.017			+
Total						365	1	1	+
Mo. Avg.						1018			+
						1010			

PLANT STAFFING: Day Shift Operator	Class:	13	Certificate No:	WW0013890 Name:	John H Anderson
Evening Shift Operator	Class:	13		1004063 Name:	Debbie Wallace
Night Shift Operator	Class:	5	Certificate No:	WW009588 Name:	Calvin Page
Lead Operator	Class:	13_	Certificate No:	WW0013890Name:	John H Angeson
		C		WWOD 14087	QUINCY JONES

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767 PERMITTEE NAME: S & L Utilities, Inc. PERMIT NUMBER FLA010788 MAILING ADDRESS: Post Office Box 4186 Ocala, FL 34478 LIMIT: Final REPORT: Monthly CLASS SIZE: N/A GROUP: Domestic FACILITY: Sleepy Hollow WWTF LOCATION: 400 SE 55 Avenue MONITORING GROUP NUMBER: R-001 Ocala, FL 34471 MONITORING GROUP DESC: One Percolation, including Influent COUNTY: Marion NO DISCHARGE FROM SITE: Feb 1,2008 To Feb 29.2008 MONITORING PERIOD From: Parameter Quantity or Loading Units Quality or Concentration Units No. Frequency of Sample Type Analysis Ex. Flow Sample 0.012 50AU/WK Howmoter 0.012 MGD Measurement PARM Code 50050 Permit 5 Days/Week Mon Site No. FLW-1 Requirement (3-Mo Avg.) (Mo:Avg BOD, Carbonaceous 5 day, 20C Sample Grab monthly Measurement PARM Code 80082 Permit Monthly Mon Site No EFA-1 Requirement An Avg BOD, Carbonaceous 5 day, 20C Sample month. Grab Measurement PARM Code 80082 Report* Mon Site No EFA-I Requirement (Mo.Avg. (Max. Solids, Total Suspended Sample Month mg/4 Measurement Grab PARM Code 00530 Permit MG/L 20.0 Mon Site No EFA-1 Requirement: (An.Avg.) Solids, Total Suspended Sample 28 mall monthly Frah Measurement PARM Code 00530 Permit Report 60.0 Mon Site No EFA-I Requirement (Mo.Avg') (Max. Sample 7.7 7.3 Grab Measurement PARM Code:00400 8.5 6.0 5 Days/Week Mon Site No. EFA-1 Requirement (Min.) (Max.) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE (YY/MM/DD) Anderson-Protech W+ WW COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: Feb 1,2008

PERMIT NUMBER: FLA010788 Feb 29,2908

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement	le:aft* d	Web automorphism and the second		32	A TOYON		#/100ML	0	monthly	Grab
ARM Code 74055 Your Site No. EFA-L	Permit Requirement			Why.	200 (An Avg.)		STATE OF	#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement	(Bel or	_ X 0032_ 1 X	ad no	58	58		#/100 mL	0	monthly	Grab
ARM Code 74055 A	Permit Requirement				(Mo Geo Mean)	(Max.)		*/#/100ML*	地。	Monthly (2)	Grab
otal Residual Chlorine (For visinfection)	Sample Measurement				2.2		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	mg/h	0	50AN/WK	Grab
ARM Code 50060 A	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
ercent Capacity, (TMADF/ ermitted Capacity) x 100 ARM-Code 00180 1	Sample Measurement Permit				40 Report			0/0	0	monthly Monthly	Cakulated
fon Site No. FLW-1: litrogen, Nitrate, Total (as N)	Requirement Sample				(Mo Total)			PER- CENT			
ARM Code 00620 A	Measurement Permit				0.26E)			MG/L	0	Annually Annually	Grab
fon Site No. EFA-1 OD, Carbonaceous 5 day, 20C	Requirement Sample Measurement				(Max.) 183			mg/L	0	Annually	Grab
ARM Code 80082 Y	Permit Requirement			deces in the first	Report (An Avg.)		23	MG/L		Annually	Grab
olids, Total Suspended	Sample Measurement			125	182			M5/L	0	Annually	Grab
ARM Gode 00530 - Y. Ion:Site No. INF-L	Permit Requirement		(a) transfer parts		Report (An.Avg.)			₩G/L		Annually	Grab
	Sample Measurement			Cycle System				100			
The sale of the Sale of Sale of the Sale o	Permit Requirement	Walter March								Linear	
	Sample Measurement			240				a company to	Stantiful of	Δ	
	Permit Requirement										
	Sample Measurement					TWO INCOME HEAVY, AND COME			4 121.5 N. A		
	Permit Requirement						Maria de la companya				

Permit Number: Monitoring Period

Feb 29.2008 Facility: Sleepy Hollow WWTF

j		T	1			3.7				
	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00520	50060	-				
Mon. Site	EFA-1	EFA-I	EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1		-		
1			7.5		72.2	0.009			+	
2					1 406	8.014 A	0 -11	-		-
3						0.019	0.011	+		1
4			7.6		7. 0		0011	 		
5	34.4	58	7.5	20	72.2	0.016/1	0.011	-		
6	2.1.1	20	7.4	28	72.2	0.007				
7			707		72.2	0.009		-		
8			7.6		722	0.016				
9			1.4		72.2	0.011				
10						0.013				
11						0.013				
			7.5		72.2	0.013				
12			7.4		72.2	0.010	٦.			
13			7.3		72.2	0.613				
14			7.3		72.2	0.015				
15			7.4		72.2	0.010				1
16					in.	0.022				
17					***************************************	0.008				1
18			7.6		72.2	0.008		1		-
19			7.4		722	0.000			1	
20			7.5		72.2		 			-
21			7.6		72.2	0.65		-	-	
22			7.6			0.016		-	-	-
23					72.2	0.609				-
24						0.012		-	-	
25			7-			0.012		1	-	W W
26			7.5		72.2	0.012			-	
27			7.4		72.2	0.014				
28			10		72,2	0.016				
29			7.6		72.2	0.009				
			7.5		2.2	0.016				
30										
31										
	34.41	58		28		,354		1	1	
Mo. Avg.									and the second second second second	

PLANT STAFFING:	CI.	2			\ 1147 11 A
Day Shift Operator WECKERD VISIT	Class:	12	Certificate No:	WW 0113890 Name:	JOHN HANDERSON
Evening Shift Operator	Class:	_R_	Certificate No:	WWOOHO63 Name:	Debbie Wallace
Weckendvisit	Class:		Certificate No:	WW 6014087 Name:	Quincy Jones
Lead Operator	Class:	_B	Certificate No:	wwo013890 Name:	JOHN H ANDERSON
weekend visit		BC	_	WW009588	Calvin Paige

When Completed mail this	report to: Departmen	nt of Environmental I	Protection, Central	District, 3319	Maguire Roulevard	Suita 222 Orlando 1	ET 22002 2767	CEFORI	- PAI	KIA	
PERMITTEE NAME: S MAILING ADDRESS: Po	& L Utilities, Inc.		fed _e o	PERMIT N		FLA010788	rL, 32003-3707				
FACILITY: SI	eepy Hollow WWTF			CLASS SI	ZE:	Final N/A		REPORT GROUP:		Month Domes	
LOCATION: 40	00 SE 55 Avenue cala, FL 34471			MONITOR	RING GROUP NUN RING GROUP DES		on, including Influ	ent		201103	
COUNTY: M	arion			NO DISCH MONITOR	HARGE FROM SIT RING PERIOD	E: Jun 13	2008 To	Sun	31,2	1008	
Parameter		Quantity	or Loading	Units	Qua	ality or Concentrat	tion	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012	0.012	MED		I			O.	1 /	17 . 1
PARM Code 50050 1 1 Mon Site No. FLW-1	Permit Requirement	2.10.03	Report (Mo Avg.)	MGD						5 Days/WK	Meter
BOD, Carbonaceous 5 day,	20C Sample Measurement		(010//4/67)		13.8			mal	0	menthly	Grab
PARM Code 80082 Y Mon Site No EPA-1	Permit Requirement				20.0 (An Avg.)	The state of the s		MGL		Monthly	Grab
BOD, Carbonaceous 5 day,	Measurement			And the same that the same of	35.1	35-1		mell	0	Monthly	Grah
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		YYIG/L		Monthly	Grab Com
Solids, Total Suspended	Sample Measurement				117500	9.7.8		Mali	77	monthly	Cach
PARM Code:00530 HY Mon. Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			. МGЛ14		-Monthly	(9/4) Grab
Solids, Total Suspended	Sample Measurement				33	33		mg/L	0	monthly	Grah
PARM Code 00530 A.Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
рН	Sample Measurement	1			7.1	7.6		su	0	5day chok	Grah
PARM Code 00400 A A Mon Site No EFA-1	Permit Requirement				6.0 - 2 - (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
certify under penalty of law information submitted. Based and belief, true, accurate, and	on my inquiry of the	person or persons w	ho manage the syst	em, or those p	ersons directly resp	ordance with a system	the information the	e informatio	n subm	itted is to the hest	er and evaluate the of my knowledge
NAME/TITLE OF PRINCIPAL E		R AUTHORIZED AGE		A	PRINCIPAL EXECUT	TIVE OFFICER OR AUT	HORIZED AGENT		TELEPH	ONE NO DATE	(YY/MM/DD)
John HAA	Jegan - Pro	Tech w+v	vw s	beh (H ande	2Am		4	352/2	36-244 08	12/20
COMMENT AND EXPLANA	ATION OF ANY VIO	LATIONS (Reference	e all attachments he	ere):				4		, , , , ,	
			, ,	* (

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From:

Parameter	T	Quantity of	r Loading	Units	Qual	ity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
coliform, Fecal	Sample			75-34 DE181	30			100nL	0	monthly	Grab
ARM Code 74055	Measurement Permit				200 (An Avg.)			#/100ML-	3	Monthly	Grab
ion Site No. EFA-1.	Requirement Sample Measurement				41	21		LOOML	0	manthly	Grab
ARM Code 74055 A	Permit Requirement	Salangian Salangian	The state of the s		Report (Mo Geo Mean)	800) (Max.)		*#/100ML	1	Monthly)	Grab
on Sile No APPA-1	Sample Measurement				2-13	nichal si	a a L c	myc	0	5days/wk	Carab
ARM Code 50060 A A on Site No. EFA-1	Permit Requirement				0.5 (Min.)			- CKIG/L		5 Days/Week	Grab
ercent Capacity, (TMADF/ ermitted Capacity) x 100	Sample Measurement				40			0/0	0	monthly	Calculater
ARM Code 00180 1	Permit A A S				Report (Mo Total)			PER- CENT		Monthly	Galculated
trogen, Nitrate, Total (as N)	Sample Measurement			70	NMK				100000000000000000000000000000000000000	NMR	////K
ARM Code 00620 A	Permit Requirement			republica.	12.0 (Max.)			MG/L		Annually	Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement			5 pt. 1	NMR					MMIK	M/MK Grab
ARM Code 80082 Y Ion, Site No. INF-1	Permit Requirement				Report (An.Avg.)	7.10m 5.0m 2.1		MG/L	A	Annually	Grab .
olids, Total Suspended	Sample Measurement			(1997)	MMR		Same Control Control Control	MG/L	2	Annually	WW R
ARM Code 00530 Y Ion,Site No. INF-1	Permit Requirement				Report (An Avg.)		Ш.	, WIGH		Amuany	o- Oldo
The state of the s	Sample Measurement				A company of the engine of the engine	Zona research delegate at		0.00.00	TARISTAN		
	Permit Requirement						l production				
and a constant of the behalf organized delication of	Sample Measurement	2010193007							El ette de te		III.
	Permit Requirement			articote artigiconic		Post					
The species of the sp	Sample Measurement	enter la constitución de la cons		Person of the Parison			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		N INTERNA		
	Permit Requirement								1		

Permit Number: FLA010788 Jun 1, 2006 To: Jan 31, 2008 Facility: Sleepy Hollow WWTF

				0 10.	O/				
	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050			
Mon. Site	EFA-1	EFA-I	EFA-1	EFA-1	EFA-1	FLW-1			
1			7.5	-	1220	0.009			
2			7.4	-	12-20	0,009			
3		1	7.5		7220				
4			7.6	*	1220	0.014			
5						0-012			
6						0.012			
7			7.5		220	0.012			
8			2.4	7	2.20	0.004			
9	35-1	<1	7.4	33 7		0.013			
10			7.6	7	2.20	0.008			
11			7,5		2,20	0.006			
12						0.013			
13						0.013			
14			7,4	-	220	0.013			
15			7.3	/	213	0.017			
16			7.1	-	2.20	0.009			
17			7.3		12,20	0.014			
18			7.4	,	7220	0.019			
19					14-0	0.017			
20					,	0.013			
21			7.5		2.20	0.00	 		
22						0.01			
23			7.6		220	0.616			
24			7.6		7220	0-609			
25					72.20	0013	 		
26			7.5			0.017	 	13#.	
27						0.009			
28			2/-	-	0	0.009			
29			7.6			0.007			
30			11)	7	2.20	0012			
31			7.6		2.20	0.016			
	25 1		7.5		2.20	0.014			
Total	35.1	41		33		.3691			
Mo. Avg.	3501	41		33		.011		1	

PLANT STAFFING: Day Shift Operator	Class:	B	Certificate No:	WW0013890	Name:	John H Ande	ecson
Evening Shift Operator	Class:		Certificate No:		Name:		
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:	B	Certificate No:	WW 0013890	Name:	John H And	erson

		DEPAI	RTMENT OF	ENVIRONME	NTAL PR	OTECTION D	SCHARGE MONITO	RING REPORT - PA	RT A				
When Completed mail t	this report to:	Department	of Environmenta	Protection, Central	District, 3319	Maguire Boulevard	Suite 232, Orlando, FL, 3280	3-3767					
PERMITTEE NAME: MAILING ADDRESS:	S & L Utilitie Post Office Bo Ocala, FL 344	ox 4186			PERMIT I	NUMBER	FLA010788	REPORT:	Monthly				
	****				CLASS SIZE: N/A GROUP: Domestic								
FACILITY: LOCATION:	Sleepy Hollov 400 SE 55 Av Ocala, FL 344	enue			MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: One Percolation, including Influent								
COUNTY:	Marion					HARGE FROM SIT RING PERIOD	E: From: <i>DEL-1,2009</i>	To	2009				
Parameter			Quantity	or Loading	Units	Qua	lity or Concentration	Units No Ex.	Ameleusia				
low		nple asurement	-008	-008	MGD			Q.	50AYYWK METER				
ARM Code 50050. Mon.Site No. FLW-1	l Per	mit juirement	0.03 (3-Mo Avg.)	Report (Mo.Avg)	MGD				5 Days/Week Meter				
BOD, Carbonaceous 5 d	day, 20C San	nple asurement	(3.12.18.)			2		ma/L &	MONTHLY GILAZ				
ARM Code 80082 5- Ion Site No. EFA-1	Y Per	mit juirement	n evalturasiyeyê			(An.Avg.)		MG/L	Monthly Grab				
3OD, Carbonaceous 5 d	lay, 20C San Me	nple asurement				42.0	42.0	mall &	MONTHLY GILBB				
ARM Code 80082 4 4 1		mit uirement				Report (Mo.Avg.)	60.0 (Max.)	MG/LT MG/LT	Monthly Grab				
olids, Total Suspended	Me	nple asurement				5		male of	MONTHLY GRAB				
ARM Code 00530	CONTROL TO SERVICE STREET, STR	mit. Juirement				(An.Avg.)	20 - 1 - inn - 1 - inn - 2 - 2 - 2	MGL	Monthly Grab				
olids, Total Suspended	San Me:	nple asurement						mg/L &	MONTHLY GRAB				
ARM Code 00530	中华公司 (1.60万里) (1.60万里) (1.60万里)	mit Juirement				Report (Mo.Avg.)	60.0 x (Max)	MG/L	Monthly Grab				
Н	Me	nple asurement				7.4	7.6	5U Ø	50AYS/WK COLAB				
ARM Code 00400	A Pen	mit i				6.0 ¹ (Min.)	8.5 (Max.)	UZ	5 Days/Week Grab				

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Marin RICHARDSON PRO-TECH LIX WW	Harla Redseroh	352-207-	2010/1/10

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

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: DEL. 1, 2009

PERMIT NUMBER: FLA010788

<u>06</u>C. 31, 2009

Parameter		Quantity or Loading Units		Qua	lity or Concent	ration	Units	No.	No. Frequency of Analysis	Sample Type	
Coliform, Fecal	Sample Measurement			Les Land	2	2			L.	MONTHLY.	GRAB
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An'.Avg.)			100ML	A Paris	Monthly	Grab
Coliform, Fecal	Sample Measurement			A 1000	Z	41		400 001	1 (62)	111-	6002
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800		100 ML #/100ML	10/10	Monthly 1	GIZA3
Total Residual Chlorine (For Disinfection)	Sample Measurement				1. U	(Max.)		mali		50045/WK	GRA3
PARM Code 50060 A A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			WG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1	Sample Measurement				26			%	Φ	MONTHLY	CAKULATER
Mon Site No. FLW-1	Permit Requirement			TOTAL TRANSPORT	Report (Mo Total)			PER- CENT	1,195	Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			Male	0	MNR	MAR
PARM Code 00620 A A Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)		and the second	MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mgle	(D)	MNR	MNR
PARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement				Report (An.Avg.)			M/G/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			Male	4	MNIZ	MNR
PARM Code 00530 A Y Mon.Site No. INF-1	Permit Requirement				Report (An:Avg.)			MG/L		Annually	Grab
	Sample Measurement							S Anna Cara			
Control Paylor (Section 1997)	Permit Requirement			14245 S. J. V							
	Sample Measurement								las la		Liberathemments
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Requirement		Was said to the said of the sa		and the contract of			ence les			e de la companya de l
	Sample Measurement							SINGTUN	ota		
	Permit Requirement.										

DAILY SAMPLE RESULTS - PART B FLA010788 From: *DEC*. Permit Number: Facility: Sleepy Hollow WWTF To: DEC. 31,2009 Monitoring Period 1,2009 CBOD5 Fecal TRC (For pH (SU) TSS (MG/L) Flow (MGD) (MG/L) Coliform Disinfect.) Bacteria (MG/L) (#/100ML) 80082 Code 74055 00400 00530 50060. 50050 Mon. Site EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 FLW-1 1 C2.0 41 72.2 2 22.2 3 722 4 -2.2 5 6 7 72.2 009 8 -2.2 007 9 -2.2 007 10 12.2 800. 11 72.2 12 008 13 008 14 7.6 72.2 009 15 7.5 12.2 009 16 7.5 22.2 007 17 7.6 22.2 008 18 7.4 72.2 008 19 006 20 300 21 22.2 008 22 22.2 006 23 22.2 008 24 22.2 008 25 600 26 000

PLANT STAFFING: Day Shift Operator	Class:(Certificate No:	15174	Name:	MARLIN	RICHARDSON
Evening Shift Operator	Class:	Certificate No:		Name:		
Night Shift Operator	Class:	Certificate No:		Name:		Security of the second section
Lead Operator	Class:	Certificate No:	M. Elipe	Name:	1 2002 1 20	Control of the Contro

722

=22

22.2

008

007

009

006

0-4.60

.008

009

072

27

28

29

30

31

Total

Mo. Avg.

42.0

42.0

41

41

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767 PERMIT NUMBER FLA010788 PERMITTEE NAME: S & L Utilities, Inc. MAILING ADDRESS: Post Office Box 4186 Monthly REPORT: LIMIT: Final Ocala, FL 34478 Domestic GROUP: CLASS SIZE: N/A Sleepy Hollow WWTF FACILITY: MONITORING GROUP NUMBER: R-001 400 SE 55 Avenue LOCATION: One Percolation, including Influent Ocala, FL 34471 MONITORING GROUP DESC: NO DISCHARGE FROM SITE: COUNTY: Marion NOV.30, 2009 MONITORING PERIOD From: NOU 1, 2007 To Sample Type No. Frequency of Units Quality or Concentration Units Quantity or Loading Parameter Analysis Ex. Sample Flow 008 50945/WA METER MGO 008 Measurement 5 Days/Week Meter Report MGD PARM Code 50050 Permit A Mo.Avg Mon Site No. FLW-1 (3-Mo Avg BOD, Carbonaceous 5 day, 20C Sample Mell TONITHET Measurement Monthly Grab **20.0** Permit : PARM Code 80082 Requirement (An Avg.) Mon Site No. EFA-1 BOD, Carbonaceous 5 day, 20C Sample LA3 Measurement 60.0 Monthly Grab PARM Code 80082 A Permit ... Report Requirement (Mo.Avg.) (Max.) Mon Site No. EFA-1-Solids, Total Suspended Sample GRAB Ma Measurement 4120.0 Monthly Grab PARM Code 00530 Permit ... (An.Avg.) Mon.Site No. EFA-1. Requirement Solids, Total Suspended Sample CRAB 0 Measurement 60.0 Monthly Grab Permit Report PARM Code 00530 A Mon Site No. EFA-1-Requirement (Mo.Avg.) (Max.) рН Sample GRU3 Measurement Grab 6.0 8.5 PARM Code 00400 Permit Requirement (Min. (Max.) Mon Site No. EFA-1 I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE (YY/MM/DD) NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001, 1, 2009

Parameter		Quantity o	r Loading	Units	Qual	ity or Concentr	ration	Units	No. Ex.	Ex. Analysis	Sample Type
Coliform, Fecal	Sample Measurement		Į.	0-A	7	31,31.74	-	100ML	Ø	MONTHLY	(m/2
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An Avg.)			#/100ML;		Monthly	Grab
Coliform, Fecal	Sample Measurement				<	< 1		100 Mr	Ø	MONTHUS	(1.00
PARM Code 74055 A Mon.Site No. EFA-1	Permit - Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML	7	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9	*(iviax.)		male	B	50145/WK	CAAB
PARM Code:50060 A	Permit Requirement		CHURCH COLOR	511.315	0.5 (Min.)			MGA		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1	Sample Measurement Permit				27			0/0	B	MONTHLY	Cakulore
Mon Site No. FLW-1	Requirement				Report (Mo.Total)			PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mgk	8	MNK	MNR
PARM Code 00620 F A Mon Site No EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			male	Ø	MNR	MNZ
PARM Code 80082 Y Mon Site No. INF-1	Permit Requirement				Report (An.Avg.)			M6/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			ng/L	\$	MNZ	MNR
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement				Report (An Avg.)			MG/L		Annually	Grab
The state of the second	Sample Measurement										
	Permit Requirement		January .								
	Sample Measurement							NG ESTABLE			
	Permit Requirement						75,000 (40)	eta	4 (1)		
	Sample Measurement		AMS STEED YOU TOO					EGELIST LA	(5 SA)	ZA-avandoso se	
	Permit Requirement		10 m								

Permit Number: Monitoring Period

FLA010788 From: Nov. 1, 200 5

To: NOV. 30, 2009

Facility: Sleepy Hollow WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			100	1 0/10		.008		1		
2		17 24	7.5		1.6	-008	i Sindaria			
3			7.5		22.2	_008				
4			7.4		72.1	-007:				
5			7.5		>2.2	-006 -		1		
6			7.5		12.2	008	guidelie I	†	1	
7						-008	grant.	1	1.5	San -
8						2008	person-	1		
9			7.4		0-9	2008	Beginna.	-		
10		د د در در میری تاسید د	7.6		>2.2	-007		-	-	
11			71		>2.2	007		-	-	
12	2.6	41	7.6	6	72.2	007.	and the same of th	 	+	
13	2.0		7.5	1-8-	72.2	007	seeing.	1	_	
14			1.0		24.6		and the same of th	1	-	
15				-		-008			-	
16			7.5	 	- 2 2	-800	giria	-		
17			7.5		>2.2	008		-	-	
18					>2.7 1.8	007=	ottom :	-	-	
19			7.5		1.8	.008	parties of the same of the sam			
20			7.5	-	>2.2	.007	AND DESCRIPTION OF THE PERSON			
21			7.5		72.2	~008	years .	1		
22						2008	gradition,			
						.008	2549.2		1	
23			7.5		>2.2	.008 =	Project.			
24			7.5		72.2	207 :	100 MIN TO			
25			7.4		72.2	008-	gent.			
26			•			.007,	Rillian			
27			7.5		22.2	.007 .	entre.			
28						207				
29						.007	State.			
30			7.6		>2.2	.007	guidelikou			
31	ंट									
Total	2.6	41		6		.245.			1	
Mo. Avg.	2. 6	4		b		2008		1	1	

PLANT STAFFING:		1		00		. 2:	
Day Shift Operator	Class:		Certificate No:	15174	Name:	MARLIN FICHARDSON	
Evening Shift Operator	Class:	_C_	Certificate No:	9084	Name:	Lay Mevey	1
Night Shift Operator	Class:	_C	Certificate No:	12644	Name:	STEVE MEGU	.:
Lead Operator	Class:		Certificate No:		Name:	138	

1 min	DEPAR'	TMENT OF E	NVIRONMI	ENTAL PRO	OTECTION :	DISCHARGE MO	ONITORING R	EPORT	- PAI	RT A		
When Completed mail this repor	t to: Department of	f Environmental Pr	otection, Central	District, 3319	Maguire Bouleva	ard Suite 232, Orlando,	FL, 32803-3767					
PERMITTEE NAME: S & L UI MAILING ADDRESS: Post Offi Ocala, FI	cilities, Inc. ce Box 4186			PERMIT N LIMIT: CLASS SIZ	UMBER	FLA010788 Final N/A		REPORT: Monthly GROUP: Domestic				
	follow WWTF 55 Avenue L 34471			MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: One Percolation, including Influent								
COUNTY: Marion					ARGE FROM S ING PERIOD	ITE: OCF 1, 200	>9 To	04.	31,2	009		
Parameter		Quantity o	r Loading	Units	Q	uality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type	
low	Sample Measurement	.008	.007	Movo		44.5			Ø	50AYS/WK	METER Meter	
ARM Code 50050 I	Permit Requirement	0,03 (3-Mo Avg.)	Report (Mo Avg.)	MGD				il a commo		5 Days/Week	Wester	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3			Male	6	MONTHLY Monthly	GNA3 Grab	
ARM Code 80082 YAMAN AMERICAN PROPERTY OF STATE	Requirement				20.0 (An.Avg.)	at Lander Talkin				Wolling C	Grap-	
30D, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.1		mall NGA	Ø	MONTHLY	(NA-B	
ARM Code 80082 A A A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	DE PARAGRA			Monthly	Glab	
olids, Total Suspended	Sample Measurement				7			ngle	6	MONTHLY	GRA3 Grab	
ARM Gode 00530 Y. S. Mon Site No. EFA-1	Permit.				(An Avg.)		4. 不到26.26			Monthly -	Ulab	
Solids, Total Suspended	Sample Measurement				2.	12	risso, valori	Mg/L	\$	MONTHER	GIZA3	
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	(Max)						
Н	Sample Measurement				7.4	7.6		54	Ø	SOMS WEEK	GRAB	
PARM Code 00400 A	Permit	2.4.2.4.1			(Min.)	0.2 (Max)				Lays Veck		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARLIN RICHARDSON PRO-TECH WE'LL	Willer Rubush	352 236- 2444	09/11/10
CONDUCTION OF ANY VIOLATIONS (Reference all attachme			/ 1

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: DCT. 1, 2009

Parameter		Quantity or Loading			Quality or Concentration			Units	No. Ex.		Sample Type
Coliform, Fecal PARM Code 74055	Sample Measurement	Property of the Property of the Control of the Cont			7	LO118DN:		# 100 MC		MONTHLY	COMAR
Mon:Site No. EFA-1	Requirement				(An Avg.)	THE WHISE		#/100ML		Monthly	Grab Grab
Coliform, Fecal	Sample Measurement		1		<100m2	41		# IOO ML	do	MONTHLY	(200
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report	800		#/100ME	4	Monthly	GRAS
Total Residual Chlorine (For Disinfection)	Sample Measurement				(Mo Geo Mean) 0.5	(Max.)		male	d		
PARM Code 50060 A A Mon.Site No. EFA-T	Permit Requirement				0.5 (Min)			MG/L	9	5 Days/Week	GRA3 Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180	Sample Measurement				27			%	B	MONTHLY	Calculates
Mon Site No. FLW-1	Permit Requirement				Report	Care Helian Alas		PER		Monthly -	Calculated
Vitrogen, Nitrate, Total (as N)	Sample Measurement				MNR MNR			mg/L	ch	MNR	MNR
PARM Code 00620 A A Mon Site No. EFA-1	Permit			45.00	12.04	a di mara sa		MG/L	7	* Annually	Grab
BOD, Carbonaceous 5 day, 20C	Requirement Sample Measurement				MNR.			Mg/L	\$	MNR	
ARM Code 80082 Y	Permit Requirement		HS MOON	1.44	Report	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (MG/L.	4	Annually	MNR
olids, Total Suspended	Sample Measurement				MNR			mg/L	(b)	MNR	MNR
ARM Code 00530 Y	Permit Requirement				Report			MG/L		Annually	Grab
	Sample Measurement				(An:Avg)						
	Permit Requirement									Petrologica de	
	Sample Measurement										
	Permit Requirement						Na olev		(14)		
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B Facility: Sleepy Hollow WWTF Permit Number: FLA010788 To: OCT. 31,2009 Monitoring Period From: Oct. 1,2009 TRC (For CBOD5 TSS (MG/L) Fecal pH (SU) Flow (MGD) (MG/L) Coliform Disinfect.) (MG/L) Bacteria (#/100ML) 50060 50050 Code 80082 74055 00400 00530 EFA-1 FLW-1 EFA-1 Mon. Site EFA-1 EFA-1 EFA-1 1 7.5 006 1.8 2 7.4 >2.2 001 3 008 4 008 5 7.6 0.9 008 6 7.6 007 72.2 7 7.5 72.2 007 8 7.5 006 >2.2 9 009 72.2 7.5 10 008 11 008 12 7.5 22.2 008 13 22.2 006 14 >2.2 009 2 15 41 -2.2 007 16 7.5 0.5 800 17 .007 18 007 19 7.5 72.2 007 20 12.2 007 21 0.5 006 22 2.0 007 23 007 22.2 24 008 25 008 26 7.5 2.0 008 27 72.2 .008 28 >2.2 007 29 7.5 ×2.2 007 30 72.2 7.4 007

PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	15/74 Name	e: MAG	2CIN FICHAROSON
Evening Shift Operator	Class:	\mathcal{L}	Certificate No:	9664 Name	e: RAY	McJey
Night Shift Operator	Class:		Certificate No:	Name	e:	
Lead Operator	Class:		Certificate No:	Name	e:	

2

2

008

,229

.007

4

21

31

Total

Mo. Avg.

2.1

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767 PERMIT NUMBER FLA010788 PERMITTEE NAME: S & L Utilities, Inc. MAILING ADDRESS: Post Office Box 4186 Monthly REPORT: LIMIT: Final Ocala, FL 34478 Domestic N/A GROUP: CLASS SIZE: Sleepy Hollow WWTF FACILITY: MONITORING GROUP NUMBER: R-001 LOCATION: 400 SE 55 Avenue One Percolation, including Influent MONITORING GROUP DESC: Ocala, FL 34471 NO DISCHARGE FROM SITE: COUNTY: Marion SEPT, 30, 2009 From: SEPT. 1, 2009 MONITORING PERIOD Sample Type No. Frequency of **Quality or Concentration** Units **Ouantity or Loading** Units Parameter Analysis Ex Sample Flow MGO Measurement PARM Code 50050 Permit Mon, Site No. FLW-1 BOD, Carbonaceous 5 day, 20C Sample Measurement PARM Code 80082 Y Mon Site No. EFA-1 BOD, Carbonaceous 5 day, 20C Sample 42.0 Measurement PARM Code 80082 A Permit (Max. (Mo.Avg. Mon Site No. EFA-1 Requirement Solids, Total Suspended Sample Measurement Permit. PARM Code 00530 Mon Site No EFA-1 Requirement Solids, Total Suspended Sample Measurement Permit PARM Code 00530 A (Mo.Avg Mon Site No. EFA-1 Requirement рН Sample Measurement PARM Code 00400 A I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the

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 garder and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARLIN MICHARDSON/PRO-TECH WEWW	Alled Reshort	(352) 236- 2444	09/10/09

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

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: Seft. 1,2009

PERMIT NUMBER: FLA010788 SEPT. 30, 2009

Parameter		Quantity or Loading	Units	Qua	lity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		DOWN STEE	7	IOTAL A.		100 MC	6	MONTHLY.	GRAB
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement			(An Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			7	7		# 100 MC	1	Morris	(000
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement			Report (Mo.Geo Mean)	(Max.)		#/100ML		MONTHY Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.9	(IVIAX)		MG/L	6.	50745/WK	GNAB
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement			0.5' (Min.)		THE PERSON	MG/L	1	5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180	Sample Measurement Permit			27			% PER****	Ø	MONTHLY	CAKULATE
Mon Site No. FLW-1 Nitrogen, Nitrate, Total (as N)	Requirement Sample			(Mo.Total)	Alex Control		CENT		- Monthly	Calculated
ARM Code 00620.	Measurement Permit			MNR			MG/L	\$	MNR	WIRL
Mon Site No. EFA-1	Requirement			(Max.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MAIR			MG/L	\$	MNR	MIK
ARM Code 80082 Y	Permit Requirement		17/2	Report (An Avg.)			MG/L	10.1	Annually	Grab
folids, Total Suspended	Sample Measurement	description of the process of the pr		MNR			M6/L	Ø	MNS	MAIK
ARM Code 00530 Y fon Site No. INF-1	Permit Requirement	加州公司中		Report (An Avg.)			MG/L		Annually	Grab
	Sample Measurement			THE THE PARTY OF T			2.3.5			
	Permit Requirement									
	Sample Measurement					Managara (Mario -)	in multi-color VI			all such as a labor
	Permit Requirement									
	Sample Measurement							**************************************		Inhamilat in militaria de la colonia
	Permit Requirement					Excellent Action	<i>y</i> 17-44	* * 4)	**************************************	A PROPERTY.

Permit Number: Monitoring Period FLA010788 From: <u>SEPT. 1, 2009</u>

To: 5EPT. 30, 2009

Facility: Sleepy Hollow WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.4		72.2	.008				The second
2			7.4		72.2	.008		, ,		
3			7.5		1.6	.009		7.		
4			7.5		22.2	.005				
5						.009			- i,	
6						.009		-		
7			7.6		1.2	.009		-		
8			7.6		1.4	.001		-		
9			74		1.0	.008		-		
10			7.4			.009		-		
11			7.5		1.6	.008		-		
12			1.5		1.8	010.66		-		
13						.005				
14			7.			.005				
15	() =	7	7.5		1.6	.005				
16	42.0	7	7.4	4	22.2	.009				
			7.5		72.2	.008				
17			7.5		12.2	.009				
18			7.5		2,0	.004				
19			÷ .			.011	9			
20						.011				
21			7.5		1.4	,011		 		
22			7.6		72.2	.007				
23			7.5		>2.2	.007		+		
24			76		72.2			-		
25			7.6			.007		-	-	
26			(1)		72.2	.009	· · · · · · · · · · · · · · · · · · ·	-		
27						-008				
28			70		60.9	.008		-		
29			7.5 7.5 7.5		WU.9	.008		-		
30			7.5		1.6	.007				
31			1.5		2.0	.009				
Total	42.0	7		4		-240				
Ло. Avg.	L2.0	7		4		-008				

PLANT STAFFING:				11 . 0
Day Shift Operator	Class:	Certificate No:		MARLIN KIGHARDSON
Evening Shift Operator	Class:	Certificate No:	_897/ Name:	WAYNE BYANT
Night Shift Operator	Class:	Certificate No:	9084 Name:	RAY Merey
Lead Operator	Class:	Certificate No:	Name:	

When Completed mail	this report to:	Department	of Environmental Pro	otection, Central I	District, 3319	Maguire Boulevard	Suite 232, Orlando	, FL, 32803-3767			2 ,	
PERMITTEE NAME: MAILING ADDRESS:					PERMIT N	TUMBER	FLA010788					
	Ocala, FL 34	478			LIMIT: CLASS SIZ	ZE:	Final N/A		REPORT GROUP:	:	Monthl Domest	
FACILITY: LOCATION:	Sleepy Hollo 400 SE 55 A Ocala, FL 34	venue				ING GROUP NUM ING GROUP DES		tion, including Influ	ent			
COUNTY:	Marion					IARGE FROM SIT ING PERIOD	E: AUCUST	1, 7009 To	Aucu	55-3/1	2009 .	
Parameter			Quantity or	Loading	Units	Qu	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Me	mple easurement	.007	800.	1960					Ø	50A45/WK	METER
PARM Code 50050 Mon.Site No. FLW-1	A STREET OF THE PROPERTY OF THE PARTY.	rmit	0.03 (3-Mo Avg.)	Report (Mo Avg.)	MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 da	ay, 20C Sa Me	mple easurement				4			Ma/L	95	MONTHLY	GRAB
PARM Code 80082 Mon Site No EFA-1	Control of the second of the s	rmit quirement				(An Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 da	ay, 20C Sa	mple				42	<2	-	MyL	\$	MONTHLY	GRA3
PARM Code 80082 A	THE PERSON NAMED OF PERSONS	mit quirement		r 15. ja		Report (Mo.Avg.)	60.0 (Max.)		WG/L		Monthly	Grab
Solids, Total Suspended	Sai Me	mple easurement				9	(Max)		Male	\$	MONTHLY	GRAB
PARM Code 00530 Steel Mon Site No EFA-1	ACT TO SECURE A SECURE ASSESSMENT	mit * * quirement				₹20.0 (An Avg.)		Emigraph Arthur	MG/L)		Monthly	Grab
Solids, Total Suspended	Sai	mple easurement				(All.Avg.)			MAL	Ø	MONTHLY	GRAB
PARM Code 00530 - 7 Mon Site No. EFA-1	20mm2000000000000000000000000000000000	mit				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Н	Sar	mple asurement				7.3	7.6		SU	B	5nays/wx	GRAB
PARM Code 00400 * A Mon Site No EFA-1	Angele de Philippin de Colon	mit quirement				= 6.0 (Min.)	8.5 (Max.)	ales and a second	SU		5 Days Week	Grab
certify under penalty of l information submitted. B and belief, true, accurate,	ased on my in	quiry of the p	erson or persons who	manage the syste	em, or those p	ersons directly rest	onsible for gathering	g the information, th	e informatio	n subm	itted is to the best	er and evaluate the of my knowledge
NAME/TITLE OF PRINCIPA							TIVE OFFICER OR AU	and the second s				(YY/MM/DD)
MARLIN KI	CHAROS	DN /4	DO-FIN W	8/11/1 7	1461	1. Heat	aresta-		4	542	76-244	9/09/09
COMMENT AND EXPLA	ANATION OF	ANY VIOLA	TIONS (Reference	all attachments he	re):	y was					7 0	1-401

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: HUGUS 1, 2669 To

Parameter		Quantity or Loading	Loading Units Quality or Concentration					No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		(10/31 933(6)	7	CATREON		TOOM	\$	MONTHLY	GRAB
ARM Code 74055 Y Mon Site No. EFA-1	Permit:	子。		(An.Avg.)			#/100ML _x		Monthly	Grab
Coliform, Fecal	Sample Measurement	at skied	Little A Linor	4/19/1	41		#ODAL	\$	MONTHUY	GILMB
ARM Code 74055 A	Permit Requirement			Report (Mo Geo Mean)	(Max.)		#/100ML		Monthly	Grab
otal Residual Chlorine (For Disinfection)	Sample Measurement	The second secon		1.6			Myl	\$	5ays/wk	GRAB
ARM Code 50060 A. Ion Site No. EFA-1	Permit Requirement			0.5 (Min.)	空间海 从青		-MG/L	1	5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			23			90	Ø	MONTHLY	Calculare
ARM Code 00180 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Permit Requirement		推出為語	Report (Mo.Total)			PER- CENT		Monthly	Calculated
litrogen, Nitrate, Total (as N)	Sample Measurement			MINIZ			MOR	\$	MNIZ	MNB
ARM Code 00620 A A fon Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement		Associ	MNIZ			MAR	Ø	MNR	MNR
ARM Code 80082 Y	Permit Requirement	nganowa kapasa		Report (An Avg.)			/MG/L	1	Annually	Grab
olids, Total Suspended	Sample Measurement			MNR			MAR	\$	MNR	MNR
ARM Code 00530 Y \ Ion Site No. INF-1	Permit Requirement	PACHAGAIN CHERTAG		Report (An Avg.)	则似身身为 的		MG/L		Annually	Grab
	Sample Measurement			(, m., 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		2000				
	Permit Requirement			THE SHAPES						
	Sample Measurement									
	Permit AS Requirement									
	Sample Measurement	ige amhrescright (165 said to	official for all state							
	Permit Requirement									

Permit Number: Monitoring Period FLA010788

From: August 1, 20059

To: August 31,2009

Facility: Sleepy Hollow WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Ion. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				1- 4
1		2.47	*			.800.	- W.	- 10 A A A A		
2						800.				-
3			7.5		1.6	.008				
4			7.5		1.8	.007				
5			7.4		2.0	.008				
6			7.4		2.2	.009-				
7			7.3		72.2	.007.				
8						.008				
9					-	.008				
10		and the second s	7.4		22.2	1800-				
11	*.		7.4		>2.2	.009		3.1		
12			7.5		72.2	.009				
13			7.5		72.2	.007				
14			7.5 7.5 7.6		72.2	.006				
15						.010				
16						010				
17			7.5		22.2	-0/0				
18	42.0	41		1	>2.2 >2.2 >2.2 >2.2	-006		4	4	
19	01.0		7.4		22.2	.800.		A 17		
20			7.4		22:2	011				
21			7.5		72.2	.009.				
22			10			-012				
23						-012	9		2 (4	
24			7.4		22 1	.012				
25			75		72.2	-008				1
26			7.5	1	72.2	12000			-	1
27			7.5		72.2	.009				
28			7.4		>2.2					1
29			1.7	1	-01.4	.807				1
30		1		-	 	,008				-
31		-	7.5	-	1.8					
Total	220	1 1	1.3		1.0	208.			+	
lo. Avg.	22.0	(1	-		-	1255			+	-
io. Avg.	42.0	101				-008	<u> </u>			

PLANT STAFFING: Day Shift Operator	Class:		Certificate No:	15174	Name:	MARCIN RICHARDSON
Evening Shift Operator	Class:		Certificate No:	9084	Name:	RAY MEVey
Night Shift Operator	Class:	2	Certificate No:		Name:	
Lead Operator	Class:		Certificate No:	· ·	Name:	

When Completed mail this rep	ort to: Department	of Environmental I	Protection, Central	District, 3319	Maguire Boulevar	d Suite 232, Orlando	, FL, 32803-3767				
FERMITTEE NAME: S & L MAILING ADDRESS: Post O	Utilities, Inc.			PERMIT N		FLA010788					
	, FL 34478			LIMIT: CLASS SIZ	ZE:	Final N/A		REPORT: GROUP:		Monthly Domesti	
LOCATION: 400 S	y Hollow WWTF E 55 Avenue , FL 34471				MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: One Percolation, including Influent						
COUNTY: Mario	n				IARGE FROM SIT	E: Tuly 1	2009 To	Ju	143	1,2009.	
Parameter		Quantity	or Loading	Units	Qu	ality or Concentr	ation	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	-00ts.00	-008	MGO					\$	50 A45/WK	METER
PARM Code 50050 1 1 Mon. Site No. FLW-1	Permit Requirement	0.03 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Measurement				4			mak	do	MONTHLY	GRAB
PARM Code 80082 Y Mon Site No EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L	1	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				42.0	42.0		MG/L	4	MONTHUI	GRAB
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement	1988 (Albertalin Personal Architecture)			Report (Mo, Avg.)	(Max)	and the second	MG/L	7	Monthly	Grab
Solids, Total Suspended	Sample Measurement				12			MG/L	do	MONTHLY	GRA3
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				(An.Avg.)			MG/L	1	Monthly	Grab
Solids, Total Suspended	Sample Measurement				2	2		Male	\$	MONTHLY	GRAB
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	e la companio de la companio della companio de la companio della c	⊮ MG/L	Con	Monthly	Grab
pH	Sample Measurement				7.3	7.7		50	\$	5 DAYS/WK	(ORAB
PARM Code 00400 A A Mon Site No. EFA-1	Permit Requirement		1-		6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
I certify under penalty of law that information submitted. Based on and belief, true, accurate, and cor	this document and my inquiry of the	person or persons w	ho manage the sys	tem, or those p	ersons directly resi	ordance with a syste	g the information th	e informatio	n subm	itted is to the hest	er and evaluate the
NAME/TITLE OF PRINCIPAL EXEC						TIVE OFFICER OR AU				<u> 12. a a a 11 a a a a a a a a a a a a a a a</u>	(YY/MM/DD)
MARLIN RICHARD	2000 FRE	D-TECH W	13000	Mene	In Kha	rley			352	236 O9	108/08
COMMENT AND EXPLANATION	ON OF ANY VIOL	ATIONS (Reference	e all attachments h	nere):			.a			177	

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: July 1, 200 9

PERMIT NUMBER: FLA010788 July 31, 2009

Parameter		Quantity or Load	ing Units	S Quality or Concentration			Units	No. Ex.		Sample Type
Coliform, Fecal	Sample Measurement		(0):0.20109	8	araca.		FOOML	0	MONTHLY	GRAB
PARM Code 74055 Y Mon Sité No. EFA-I	Permit Requirement			(An Avg.)	And the second s		#/100ML		Monthly	Grab 1
Coliform, Fecal	Sample Measurement	The work of the		41	41	And the second s	100 ML	6	MONTHLY	GRAB
ARM Code 74055 A Mon Site No: EFA-1	Permit Requirement			Report (Mo.Geo Mean)	800 (Max.)		#/100ML		Monthly	Grab
Otal Residual Chlorine (For Disinfection)	Sample Measurement			2.0	(Max)		MG/L	ds	50AYS/WK	GRAB
ARM Code 50060 A	Permit Requirement			(Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1	Sample Measurement			22 Report			O/O PER-	6	MONTHLY	CALCULATE
Ion Site No. FLW-1	Requirement			(Mo.Total)			CENT		Monthly	Calculated
itrogen, Nitrate, Total (as N)	Sample Measurement			MNR			M6/4	0	ANNUALLY	GRAB
ARM Code 00620 A for Site No. EFA-1	Permit Requirement			-12.0 (Max.)			MG/L		Annually	Grab
3OD, Carbonaceous 5 day, 20C	Sample Measurement			MUR			MG/L	Ø	ANNUALLY	GRAB
ARM Code 80082 Y	Permit Requirement	The second		Report (An:Avg.)			- MG/L		Annually	Grab
olids, Total Suspended	Sample Measurement			MNR			MG/L	Ø	Annually	GRAB
ARM Code 00530 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Permit Requirement			Report (An Avg.)	A CANADA		MG/L		Annually -	Grab
The state of the s	Sample Measurement									
	Permit Requirement	SERVE WAR							Ė	
	Sample Measurement									
	Permit Requirement	PHOTOGRAPHICAL STATE OF								a sporter at the
	Sample Measurement									
	Permit Requirement		SHEET RESERVED							

FLA010788 From: July 1, 2009 To: July 31, 2009 Facility: Sleepy Hollow WWTF Permit Number: Monitoring Period

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1			
1			7.5		2.0	-007			
2			7.5		72.2	-007			
3			7.4		72.2	-007			
4						-009			
5				7		-009			
6			7.4		>2.2	-009			
7			7.5		72.2	-008			
8			7.5		>2.2	008			
9			7.6		72.2	-006			
10			7.6		72.2	.007	 -	10 A	
. 11	10	- September 1			- C - C	-008	1	-	
12						-008			
13			7.7		>2.2	-008		-	
14			7.6		>2.2	-008		-	-
15	42.0	41	71	2	>2.2	000			-
16			7.6	Α	>2.2	.006			-
17			7.5		>2.2			-	
18			1.7		-6.60	010			
19						-008		-	-
20			7.4		777	.008		-	-
21			7.4		> 7.2	-008			
22			7.3		22.2	-007			
23			1.3			-007	-,		
24			7.5		22.2	-007			
25			7.5		-2.2	-008		4	
26						-009			
27						-009	 		
28			7-4		72.2	-009	 		
29			7.4		222	-005			
L			7-5		72.2	-007			
30			7.5		2.2	010			
31	-		7.4		>2.2	-008			
Total	42.0	<		2	0	242			
Mo. Avg.	<2.0	<1		2		. 008		Ī	

PLANT STAFFING:	~ 1			1517/1		M
Day Shift Operator	Class:		Certificate No:	10119	Name:	MARLIN RICHARDSON.
Evening Shift Operator	Class:		Certificate No:	9084	Name:	RAY M=vey.
Night Shift Operator	Class:	\subseteq	Certificate No:	8971	Name:	WAYNE BIYANT.
Lead Operator	Class:		Certificate No:		Name:	

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: June 1,2009

PERMIT NUMBER: FLA010788 JUNE 30, 2009

Parameter		Quantity of	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				19			100 ML	Ø	MONTHLY	GRAB
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				(An.Avg.)			#/100MIL		Monthly	Grab
Coliform, Fecal	Sample Measurement				>1	>		# 100 ML	\$	MONTHLY	GRAB
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement				Report (Mo Geo Mean)	800 (Max.)		#/100ML		Monthly	Grab "
Total Residual Chlorine (For Disinfection)	Sample Measurement				72.2			MGK	Ø	SDAYSIUR	GRAB
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				20			90	ø	MONTHLY	CAKULATER
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER- CENT		Monthly +	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			MG/L	\$	Annually	GRAB
PARM Code 00620 A Mon Site No EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MG/L	\$	ANNUAlly	CRA3
	Permit Requirement				Report (Ал.Avg.)			MG/L	7	Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			MG/L	Ø	ANNunlly	GAAB
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement				Report (An.Avg.)			MG/L		Annually 1	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

Permit Number: Monitoring Period

FLA010788 From: <u>JUNE 1, 2009</u> To: <u>JUNE 30, 2009</u>

Facility: Sleepy Hollow WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
		(#/100ML)								
Code	80082	74055	00400	00530 EFA-1	50060 EFA-1	50050 FLW-1				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	>2.Z					†
2			7.4			006				
3			7.5		72.2	006			-	
4			7.5			-006		-	-	
5		-	7.5		72.2	1005		-		_
			7.4	-	>2.2	006.		-		
6						-007		-		
7						007		-		
8			7.4		>2.2	-007		-		
9			7.5		72.2	006				
10			7.4		>2.2	-005				
11			7.4		>2.2	006				
12			7.5		22.2	-006				
13						.005				
14						-005				
15			7.5		72.2	005				
16			7.4		>2.2	205				
17			7.4		72.2	006				
18	3.0	< 1	74	3	72.2	005				
19			7.4		72.2	006				
20			1.0			007				
21	,					-007				
22			7.4		72.Z	.007				
23			7.4		72.2	-006				
24		 	76		>2.2	.005	IX.	1		
25		-	7.6		72.2	2007		1		
26			7.6		72.2	2004		1		
27			1.0		16.6	2004				
28					-	004		-		
29		1	7/		72.2	.004		1		
30		-	7.6			2007		+		
31		-	7.6	-	72.2	-008				
		1	1		+	1 5		-		
Total	3.0		1	3		.153				
Mo. Avg.	3.0	141		3		-006				

PLANT STAFFING: Day Shift Operator	Class:	Certificate No:	15174	Name:	MARLIN RICHARDSON
Evening Shift Operator	Class:	Certificate No:		Name:	
Night Shift Operator	Class:	Certificate No:		Name:	
ead Operator	Class:	Certificate No:		Name:	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A When Completed mail this report to: Department of Environmental Protection. Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767 PERMITTEE NAME: S & L Utilities, Inc. PERMIT NUMBER FLA010788 MAILING ADDRESS: Post Office Box 4186 Ocala, FL 34478 LIMIT: Final REPORT: Monthly CLASS SIZE: N/A GROUP: Domestic FACILITY: Sleepy Hollow WWTF LOCATION: 400 SE 55 Avenue MONITORING GROUP NUMBER: R-001 Ocala, FL 34471 MONITORING GROUP DESC: One Percolation, including Influent COUNTY: Marion NO DISCHARGE FROM SITE: JUNE 30, 2009 MONITORING PERIOD From: JUNE 1. Zas9 To Parameter Quantity or Loading Ouality or Concentration Units Units No. Frequency of Sample Type Analysis Ex. Flow Sample 009 Measurement 006 MGD PARM Code 50050 Permit Report 5 Days/Week Meter Mon Site No. FLW-1 Requirement (3-Mo.Avg.) (Mo Avg.) BOD, Carbonaceous 5 day, 20C Sample Measurement PARM Code 80082 Permit 20.0 Monthly Grab Mon Site No. EFA-1 Requirement (An Avg.) BOD, Carbonaceous 5 day, 20C Sample 3 Measurement PARM Code 80082 -- A Permit: Report 60.0 Monthly Mon Site No FFA-1 Requirement (Mo.Avg.) (Max.) Solids, Total Suspended Sample Measurement PARM Code 00530 Y Permit. 20.0 Monthly Grab Mon Site No. EFA-1 Requirement (An.Avg.) Solids, Total Suspended Sample 3 Measurement PARM Code 00530 A Permit Report 60.0 Monthly Grah Mon Site No. EFA-1 Requirement (Mo.Avg.) (Max.) рH Sample Measurement

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

6.0

(Min.)

8.5

(Max.)

5 Days/Week

Grab.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MAKLIN RICHARDSON / WEWW	Merch Robinsh	2444	09/07/07
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here):		

Permit

Requirement

PARM Code 00400 A

Mon.Site No. EFA-1

PERMIT NUMBER

FLA010788

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: S & L Utilities, Inc. MAILING ADDRESS: Post Office Box 4186 Monthly Final REPORT: LIMIT: Ocala, FL 34478 Domestic GROUP: N/A CLASS SIZE: Sleepy Hollow WWTF FACILITY: MONITORING GROUP NUMBER: R-001 400 SE 55 Avenue LOCATION: MONITORING GROUP DESC: One Percolation, including Influent Ocala, FL 34471 NO DISCHARGE FROM SITE: COUNTY: Marion May 31, 2009 From: MAY 1, 1009 To MONITORING PERIOD Frequency of Sample Type **Ouality or Concentration** Units No. Units **Ouantity or Loading** Parameter Analysis Ex. Sample Flow MGO 50AYS/WI 006 -006 Measurement 5 Days/Week MGD Permit 0.03 PARM Code 50050 (Mo.Avg.) Requirement (3-Mo.Avg.) Mon Site No. FLW-I BOD, Carbonaceous 5 day, 20C Sample Measurement Monthly 20.0 PARM Code 80082 (An Avg. Mon Site No EFA-1 Requirement BOD, Carbonaceous 5 day, 20C Sample 3,3 Measurement Report PARM Code 80082 Permit (Max.) (Mo.Avg.) Mon Site No. EFA-1 Requirement Sample Solids, Total Suspended Measurement Monthly Grab PARM Code 00530 Permit (An Avg.) Mon.Site No. EFA-1 Requirement Solids, Total Suspended Sample 12 Measurement 60.0 Report PARM Code 00530 A Permit (Max.) (Mo.Avg. Mon Site No. EFA-1 Requirement Sample Measurement PARM Code 00400 A Permit (Min. (Max.) Mon.Site No. EFA-1 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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE (YY/MM/DD) NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 1144 12005

Parameter		Quantity or Loading	Units	Qua	Quality or Concentration			O. Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			19	02808	#JOOML		MONTHLY	Guan
PARM Code 74055 Y Y Mon Site No. EFA-1	Permit Requirement			(An.Avg.)		#/100ML		Monthly -	GAAB Grab
Coliform, Fecal	Sample Measurement			do Inches	THE GRAD	FINOMI	1	M1 - 1	
ARM Code 74055 A	Permit Requirement		70 Mary Tourist	Report	800	#/100ML	10	MONTHLY Monthly	GRAB Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			(Mo Geo Mean)	(Max.)	maje	(h)	Sonysluk	61.43
ARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement		Palis Control	(Min.)		MG/L	7	5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1	Sample Measurement Permit			20		%	\$	Monthly	Calcular
Mon Site No. FLW-1	Requirement	The second second second		Report (Mo Total)	All Street Programmes and the second	PER- CENT		Monthly	Calculated
litrogen, Nitrate, Total (as N)	Sample Measurement			MUK				MINA	MNIZ
ARM Code 00620 A Mon Site No. EFA-1	Permit Requirement	位的是1000 (1995年)。	415.4	12.0		MG/L	i king i	Annually	Grab
3OD, Carbonaceous 5 day, 20C	Sample Measurement			MNIZ		mg/c		MNIZ	MANIZ
ARM Code 80082 Y Yon Site No. INF-1	Permit Requirement		Sur Surface.	Report (An Avg.)	有一种工作 2000	MG/L		Annually	Grab
olids, Total Suspended ARM Code 00530 Y	Sample Measurement	We continue of the particular to a particular to the particular to		MAR		mg/L		MNR	MNR
Ion Site No. INF-1	Permit Requirement			Report (An Avg.)		J. SGIL		Annually	Grab
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
La compania de la co La compania de la co	Permit Requirement						51.0		
	Sample Measurement	10), PONTESCIPINE, DIES ID TO COUNT							
	Permit Requirement								EMPERSON STATE

Permit Number: Monitoring Period

FLA010788 From: May 1, 2009

To: MAY 31, 2009

Facility: Sleepy Hollow WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1			
1			7.5		22.2	-007			
2				1	1.1	-006			
3						.006			
4			7.4		18	006			
5			7.5		72.2	.007			
6			7.5		22.2	.005		1.	
7			7.5		>2.2	.007			1
8			7.5		22.2	.007			
9						-007			
10						-007			1
11			7.4	1 1 1	>2.2	209			
12			74		>2.2				
13			47		22.Z	.007			
14			7.3		>2.2	.03			-
15			7.3		>2.2	.005			-
16			1.0		12.2	.005			
17						-006			-
18			7.4		12 73 75	006		 	
19					27.2	.006		-	
20			7.3		72.2	.007			
21			7.5		>2.2	.005			
22			7.5		>2.2	.006			
23			7.4		72.2	-007			
						.008			1
24						-008	A		
25			7.3		72.2	2008			
26			7.4		2.0	.005			
27			7.5		72.2 72.2 72.2	-006	-		
28		125 411	7.6		72.2	.006			
29			7.5		22.2	.006			
30			,			.006			
31						2006			
Total						198		 	1
Mo. Avg.						,006			

PLANT STAFFING: Day Shift Operator	Class:	<u>C</u>	Certificate No:	15174 Nar	ame:	MARLIN RICHARDSON
Evening Shift Operator	Class:	<u>C</u>	Certificate No:	12644 Nar	ame:	STEVEN MCGEE
Night Shift Operator	Class:	<u>C</u>	Certificate No:	9084 Nar	ame:	RAY MS USY
Lead Operator	Class:		Certificate No:	Nar	ame:	

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: S & L Utilities, Inc. MAILING ADDRESS: Post Office Box 4186 Ocala, FL 34478			PERMIT N LIMIT: CLASS SIZ		FLA010788 Final N/A	Final REPORT							
FACILITY: Sleepy Ho LOCATION: 400 SE 55 Ocala, FL				MONITOR	ING GROUP NUM ING GROUP DESC		on, including Influ	nent					
COUNTY: Marion					IARGE FROM SITE LING PERIOD F	rom: APRIL 1,	2009_To	APR	113	0,2009	*		
Parameter	Parameter Quantity or Loading		Units	Qua	lity or Concentra	ntion	Units	No. Ex.	Frequency Analysis	10000	Sample	Туре	
low	Sample Measurement	.007	-006						Ø	5 DAYS/W	K /	METE	-R
ARM Code 50050 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Permit Requirement	0.03 (3-Mo.Avg.)	(Mo.Avg)	MGD						5 Days/We	eck,	Met	.cr
OD, Carbonaceous 5 day, 20C	Sample Measurement				5			MG/L MG/L	Ø	MONTH		ORA Gra	
ARM Code 80082 Y on Site No. EFA-1	Permit Requirement				(An Avg.)					Monthly	in page	made VI	D'alcan.
OD, Carbonaceous 5 day, 20C	Sample Measurement				7.1	7.1		MEL	\$	MONTH	-4 (OR A	
ARM Code 80082 A	Permit Requirement				Report (Mo.Avg.)	(Max.)				Violitiny		O) e	U
olids, Total Suspended	Sample Measurement				my 9 12	are an arrangement		Mel	Ø	MONTH	THE REAL PROPERTY.	SILA	0.00
ARM Code 00530 Y on Site No: EFA-I	Permit Requirement				20.0 (An Avg.)			MG/L		Monthly		Gra	ID
olids, Total Suspended	Sample Measurement				12	12		MG/L	ø	MONTH	Lĭ	SR	
ARM Code 00530 A A One on Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	(Max.)	in at their	MG/L		Monthly		Gra	10
1	Sample Measurement				7.3	7.5		50	Ø	50AYS/U	The second second	5RP	
ARM Code 00400 A on Site No EFA-I	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU	4.2	5 Days/₩e	eck.	+ Gra	rp",
certify under penalty of law that the formation submitted. Based on mend belief, true, accurate, and complemental true, accurate, and complemental true.	is document and y inquiry of the lete. I am award	person or persons ve that there are signi	who manage the s ficant penalties f	ystem, or those or submitting fa	persons directly resp	onsible for gathering uding the possibility	g the information, to of fine and impris	onment for k	on subrance on subrance of sub	nitted is, to the	y gather e best of DATE (Y	my kno	owledge
MARLIN RICHARD	DON /	WEWW)	Mark	- Leaf	and			352	2444	09/	05	10
COMMENT AND EXPLANATION	OF ANY VIO	LATIONS (Referen	ce all attachment	s here):							·		

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R₂001 MONITORING PERIOD From: APPAL 1, 2009

Parameter		Quantity or Loading		Units	Qu	Units	No.	Frequency of Analysis	Sample Type		
Coliform, Fecal	Sample Measurement				19	I		F.	EX.	M	0.
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement	14.CV 5-44.	r e e		200 (An Avg.)			/COML	y	Monthly Monthly	OKAB Grab
Coliform, Fecal	Sample Measurement				2	2		700 ML	cb	-11	6.2.0
ARM Code 74055 A A domination Site No. EFA-1	Permit Requirement		TARES O		Report (Mo Geo:Mean)	800 (Max)		#/100MI	9	Monthly	GRAB
otal Residual Chlorine (For isinfection)	Sample Measurement				1.4	Table of (Maxy) of		MG/L	d	5 onts/wk	60.0
ARM Code 50060 A lon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	ORAB Grab
ercent Capacity, (TMADF/ ermitted Capacity) x 100 ARM Code 00180 1	Sample Measurement				23			%	Ø	MONTHLY	CAKULATE
fon Site No. FLW-1	Permit Requirement				Report (Mo Total)			PER- CENT		Monthly	Calculated
trogen, Nitrate, Total (as N)	Sample Measurement				MNR			MC/L	ch	1	(-0.00
ARM Code 00620 A A on Site No. EFA-1	Permit Requirement 14			3012	12.0			MG/L	V	Annually	GRAG Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement				/25			me l	rd	TABLE STORY	
ARM Code 80082 Y (on Site No. INF-1)	Permit Requirement				Report (An Avg.)			MG/L MG/L	9	Annually Annually	GRAB
olids, Total Suspended	Sample Measurement				127			MG/L	め	Ann III	6000
ARM Code 00530 Y	Permit Requirement	are or majorithms being	arama dimberatika	Merchanic Concession	Report Report	service and all the property of the	a shipping a Light	MG/L		HNN414	GRAB Grab
	Sample Measurement				(An Avg.)						
	Permit Requirement									C. Grandella	in the property of
	Sample Measurement										
	Requirement Sample					The state of the s					
	Measurement Permit				and more as testing of		I I I I I I I I I I I I I I I I I I I		3042		
	Requirement					men en de la		of Commissions		Supposition were a	3.240-004

Permit Number: FLA010788 Monitoring Period From: Affilia 1, 2009

Facility: Sleepy Hollow WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.3		77.2	.006				
2		4.1	7.4		>2.7	.006	12	-		
3		i da l				.006	-			
4						.006				
5			7.4		>2.2	.006				
6			7.5		72.2.	.006				
7			7.5		2.0	.006				
8			7.5		2.0	.006				
9			7.4		72.2	.005				
10	£1		7.4		>2.2	.006				
11		atmit 11	a s	1 10		.006	10 10 10 10 10 10 10 10 10 10 10 10 10 1	- 8. a 8 X.	2000	
12	2 h					.006				
13			7.4		>2.2	.006				
14			7.3		>2.2	.006				
15	7.1	2	7.5	12	>2.2 >2.2 >2.2	.009				
16			7.5	1	>2.2 >2.2	.006				
17			7.4		72.2	.006)***			
18	 					.010				
19		-				.010	-			
20			74		>2.2	.010			1	
21			55	1	>2.2	.005				
22			74		>2.2	.006				
23			7.5		>2.2					
24			7.4		>2.2	.005				<u> </u>
25			1-7		-0.2	.007				1
26						.006			-	
27			7.5		>2.2	.006			-	-
28			75		111	.006			-	-
29			7.0		1.4	.007			4	1
30			7.5 7.5 7.4	,	1.4 -2.2 -2.2	.007				-
31			1.4		>d.d	.005				
						10.4				
Total	7.1	2		12		-194				
Mo. Avg.	7.1	1		1.		.006				

PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	15174	Name:	MARLIN RICHARDSON	
Evening Shift Operator	Class:		Certificate No:	9084	Name:	RAY ME VEY	8
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:		Certificate No:		Name:		

When Completed mail th	his report t	to: Department	of Environmental Pr	otection, Central D	District, 3319	Maguire Boulevard	Suite 232, Orlando,	FL, 32803-3767				
					PERMIT N	UMBER	FLA010788					
MAILING ADDRESS:	Ocala, FL 34471 Marion Sample Measurement Permit Accous 5 day, 20C Sample Measurement M				PERMIT NUMBER LIMIT: Final N/A MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: One Percolation, includin NO DISCHARGE FROM SITE: MONITORING PERIOD From: MACCH 1, 7009 Units Quality or Concentration WBD A. / Report 60.0 (Mo.Avg.) (Max.) A. / Report 60.0 (Mo.Avg.) (Max.) B. B. B. B. B. C. (Min.) Report 60.0 (Mo.Avg.) (Max.) T. H. B. D. (Max.) T. H. B. D. (Max.) The system of supervision in accordance with a system designed system, or those persons directly responsible for gathering the inform or submitting false information, including the possibility of fine and SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED				REPORT GROUP:	;	Monthly Domest	,
FACILITY: LOCATION:	ATION: 400 SE 55 Avenue Ocala, FL 34471 ATY: Marion Parameter Quantity or Load Sample Measurement Quantity or Load Permit 10.03 Requirement (3-Mo Avg) (Mo Avg) (ion, including Influe	ent			
COUNTY:	Marion					IARGE FROM SITE ING PERIOD I	From: MARCH !	7009 To	MARI	CH 3	1,2009	
Parameter			Quantity o	r Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow			.009	-006	1160	de de				0	50145/Wn	METER
PARM Code 50050 I Mon Site No. FLW-1				Report (Mo.Avg.)							5 Days/Week	Meter
BOD, Carbonaceous 5 da	ay, 20C	Sample				4			MG/L	Ø	MONTHLY	GRAB
PARM Code 80082 Mon Site No. EFA-1			has been been produced by the same						MG/L		Monthly	Grab
BOD, Carbonaceous 5 da	ay, 20C	Sample				2.1	2.1		MG/L	Ø	MONTHLY	GRAB
PARM Code 80082 A			Chapter Chapter Chapter				The second secon		MĠ/L		Monthly	Grab
Solids, Total Suspended		Sample				12			MG/L	B	MONTHLY	CORAB
PARM Code 00530 Non Site No. EFA-1	Y	Permit							MG/L		Monthly	Grab
Solids, Total Suspended		Sample				8			MIL	\$	MONTHLY	GRAB
PARM Code 00530		Permit Requirement							MG/L		Monthly	Grab
рН		Sample Measurement				7.4			50	Ø	50MS/WK	Cara3
PARM Code 00400 Mon.Site No. EFA-1	4	Permit Requirement	**************************************				也是1942年10X末年 末年年末中国1000年120日本		SU		5 Days/Week	Grab
information submitted. B	ased on my	inquiry of the	person or persons wi	ho manage the syste	em, or those p	persons directly resp	onsible for gathering	the information, the	e informatio	n subm	itted is, to the best	ner and evaluate the of my knowledge
NAME/TITLE OF PRINCIPA	AL EXECUT	TVE OFFICER O	R AUTHORIZED AGE	ENT SIC	SNATURE OF	PRINCIPAL EXECUT	IVE OFFICER OR AU	JTHORIZED AGENT	A		The second secon	E (YY/MM/DD)
MARLIN RICH	4/40501	V/Mo-	TECH	1	Mark-	- Kuh				1,10	2444 09	7/04/11
COMMENT AND EXPL	ANATION	OF ANY VIOL	ATIONS (Reference	e all attachments he	ere):							e

DEP Form 62-620.910(10), Effective November 29, 1994

Permit Number: FLA010788 Facility: Sleepy Hollow WWTF Monitoring Period From: MARCA 1, 2009 To: MARCH 31, 2009

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	MITROGEN NITMATE TOTAL (AS N) MG/L			
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA			
1					10	-007				
2			7.7		2.0	-007				
3			7.6		72.2	.006				
4	/		7.7		72.2	.007				
5			7.8		-2.2	1.006				
6			8.0		22.2	.007				
7						-00.5				
8						-005				
9			7.9		>22	.005				
10			7.6		>2.2 >2.2	.007				
11			7/		72.2	-007				
12			7.0		2.0	.005				
13			7.5		72.2	.007				
14			1.0	-	0.0	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
15		1							-	
16		-	76	1	>2.2	-00/				
17	2 1		7.5	0		.00/	13.1		-	
	2.1	< 1	7.5	8	72.2	006	12.1		-	-
18			7.4		-2.2	.006			-	-
19			17.5		72.2	.006	-		-	
20			7.5		72.2	-007				
21						.007				
22						.007				
23			7.6		0.9	007				
24			7.5		2.0	.007				
25			7.6		1.2	.006			*	
26			7.6		1.0	005				
27			7.5		>2.2	.007				
28						.006				
29						.006				
30			7.5		>2.2	.006			1	
31		1	7.4		>2.2					
Total	2.1	1	1.7	10	1	-197	12.1		1	
Mo. Avg.		21	+	8	+		13.1		1	
IVIO. AVg.	2.1	141				.006	13.1			

PLANT STAFFING: Day Shift Operator	Class:	\subset	Certificate No:	15174	Name:	MARLIN RICHARDSON
Evening Shift Operator	Class:	C	Certificate No:	9084	Name:	RAY MEVEY
Night Shift Operator	Class:		Certificate No:	8971	Name:	WAYNE BRYANT
Lead Operator	Class:		Certificate No:		Name:	

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767 PERMIT NUMBER FLA010788 PERMITTEE NAME: S & L Utilities, Inc. MAILING ADDRESS: Post Office Box 4186 REPORT: Monthly LIMIT: Final Ocala, FL 34478 Domestic N/A GROUP: CLASS SIZE: Sleepy Hollow WWTF FACILITY: MONITORING GROUP NUMBER: R-001 400 SE 55 Avenue LOCATION: One Percolation, including Influent MONITORING GROUP DESC: Ocala, FL 34471 NO DISCHARGE FROM SITE: Marion COUNTY: FEB. 28. 2009 From: FE3. 1.1009 MONITORING PERIOD Sample Type No. Frequency of Units Quantity or Loading Units **Ouality or Concentration** Parameter Analysis Ex Sample Flow MGD 008 Measurement 51Days/Week Meter MGD Report PARM Code 50050 12 Permit ** 0.03 (Mo.Avg.) (3-Mo.Avg.) Mon Site No. FLW-1 Requirement BOD, Carbonaceous 5 day, 20C Sample MOL CRAP. Measurement Monthly Grab 20.0 Permit PARM Code 80082 Y (An.Avg Mon.Site No. EFA-1 Requirement BOD, Carbonaceous 5 day, 20C Sample Measurement MG/L 60.0 Monthly Grab Report PARM Code 80082 A Permit. (Mo.Avg.) (Max. Mon.Site No. EFA-1 Requirement Solids, Total Suspended Sample Measurement éMG/L Monthly 20.0 PARM Code 00530 Y Permit (An.Avg.) Mon Site No. EFA-1 Requirement Solids, Total Suspended Sample CONTINI Measurement MG/L Monthly Grab Report 60.0 PARM Code 00530 A Permit (Mo.Avg.) (Max. Mon.Site No. EFA-1 Requirement ρH Sample Measurement Grab SU 6.0 8.5 PARM Code 00400 -A Permit (Min.) (Max.) Mon Site No EFA-1 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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE (YY/MM/DD) COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: FE3 1, 200 9

Parameter		Quantity or Loading	Units	Qua	lity or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Typ
oliform, Fecal	Sample Measurement		la sa carre rina	21	demand and	TOOM	1	111	0 - 0
ARM Code 74055 Y	Permit Requirement	Constitution that the constitution		200		COINC H/100ML	9	Monthly	SRAB Grab
oliform, Fecal	Sample Measurement			(An'Avg')	/1	#	-6	1/	<i>(</i> 0
RM Code 74055 A	Permit Requirement			Report	800,000 000 000	#/100ML	P	MONTHLY Monthly	CAZA Grab
stal Residual Chlorine (For sinfection)	Sample Measurement	The state of the s		2. O	- (Max.)	NAC 1	4	<i>-</i>	
ARM Code 50060 A on Site No. EFA-1	Permit Requirement			10.5 (Min.)	energy in the Steam	MG/L MG/L	42	DAYS/WK	CARB Grab
rcent Capacity, (TMADF/ smitted Capacity) x 100 ARM Code 00180 1	Sample Measurement			392 Ma		9/0	B	MONTHLY	Cakulia
n.Site No. FLW-1	Permit Requirement	在7年第二年		Report (Mo Total)	appropriate the substitute of	PER- CENT		Monthly	Calculated
trogen, Nitrate, Total (as N)	Sample Measurement			MWZ		MG/L		Annually	61-113
on Site No. EEA-1	Permit Requirement			12.0, (Max.)		MG/L		Annually,	Grab **
DD, Carbonaceous 5 day, 20C	Sample Measurement			MUR		Male		1	6-12
RM Code 80082 Y on Site No. INF-1	Permit Requirement			Report (An Avg.)		MG/L		Annually 6	GRA3 Grab
lids, Total Suspended	Sample Measurement			MUR		Moh		Anwintly	GRAS
RM Code 00530 Y Y n. Site No. INF-1	Permit Requirement	e Visit Property		Report (An Avg.)	100 00	MG/L		Annually	Grab
	Sample Measurement								
	Permit Requirement	and the state of t					and the	State Company	
	Sample Measurement								
	Permit Requirement	A constitution of the second		Construction of the second of					
	Sample Measurement	ng Inditional en Entrafit to entraf	ey sar goldal	an, as engrandes as					
	Permit Requirement	The Control of the Edite of			Augusta and Consult		A Service of		

DAILY SAMPLE RESULTS - PART B To: Feb. 20, 2009 Facility: Sleepy Hollow WWTF

Permit Number: Monitoring Period

FLA010788 From: 468.1, 2609

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)			-	
Code	80082	74055	00400	00530	50060	50050				
Aon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1			. 3	
1			Sy'.	1	N2:	-012				
2			7.5	7.2	2.0	-012				
3	p 1-1-1-1		7.4		2.0	011				1
4			7.5		>2.7	.013				
5			7.5		72.2	-009		1		
6			7.5		>2.2	.011				
7						-011		1		
8						-011				-
9			7.5		22.7	.011	2.			<u> </u>
10	,		74		-2.2	.002		1		
11	222	41	24	41	72.2 72.2 72.2 72.2	:005				
12	7		7.5		>2.2	.007			-	1 1 1 1 1 1 1
13			74		72.2	.006		1		
14						.008				
15						2006		1		
16			7.3		>2.2	.006				
17			7.4		72.2	.008				-
18		.,	75		722	000.			-	
19		*	7.4		72.2	.007				
20			7.6	· ·	72.2	1 1				-
21			1.0	. 5.	holy	.007				
22						.007	· ·	 	-	
23			7.5		≥2.1	.007		-		-
24			75		72.2	-007	T ES	-		-
25			7.5		22.2	.006		-	-	-
26			75		777	.007		-		-
27			7.5		>2.2	900.		-	-	-
28			1.0			007				-
29						,007				2,
30			12					-	-	
31									-	
Γotal	42	11		, ,		177			-	-
o. Avg.	42	41		41		-008				

PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	15174	Name:	MARLIN RKHARPSON
Evening Shift Operator	Class:		Certificate No:	9084	Name:	RAY MEVEY
Night Shift Operator	Class:	<u> </u>	Certificate No:	9588	Name:	CALUM PAIGE
Lead Operator	Class:		Certificate No:		Name:	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed man	ims report to	b: Department	of Environmental P	rotection, Central D	district, 3319	Maguire Boulevard	Suite 232, Orlando,	FL, 32803-3767				
PERMITTEE NAME: S & L Utilities, inc. MAILING ADDRESS: Post Office Box 4186				PERMIT NUMBER FLA010788								
7 . 37	Ocala, FL 3	7.7.7.7			LIMIT: CLASS SIZ	ZE:	Final N/A		REPORT:		Monthly Domest	
FACILITY: LOCATION:	Sleepy Holl 400 SE 55 A Ocala, FL 3	Avenue				RING GROUP NUM LING GROUP DESC		ion, including Influe	ent			
COUNTY:	Marion					IARGE FROM SITE	From: JAN.	7008_ To	JAN	. 31	,2009.	
Parameter			Quantity o	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	N	ample feasurement		-013	M60					,	50ASIWA	METER
PARM Code 50050 Mon.Site No. FLW-1	R	ermit equirement	(3-Mo:Avg.)	Report (Mo.Avg.)	MGD		and a second	Strategy Francis			5 Days/Week	Meter
BOD, Carbonaceous 5 d	N	ample feasurement				8	y .		mel	6	MONTHLY	GRAS
PARM Code 80082 Mon.Site No. EFA-1	R	ermit equirement				20.0 (An Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 da	N	ample leasurement				42	L2		m6/-	Ø	MONTHLY	GRAB
PARM Code 80082 Mon Site No. EFA-1	R	ermit equirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab Grab
Solids, Total Suspended	N	ample leasurement				17			MB/L	\$	MONTHLY	GRAB
PARM Code 00530 Mon.Site No. EFA-1	R	ermit equirement				(An:Avg.)		ili entre la	MG/L	/	Monthly	Grab
Solids, Total Suspended	M	ample leasurement		ART THE NAME OF THE PARTY OF TH		3	3		male	\$	MONTHLY	GRAB
PARM Code 00530 AMOn.Site No. EFA-1	R	ermit equirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
pH PARM Code 00400	M	ample easurement				7.3	7.8	A Company of the Comp	SU	\$	50045/WK	GRAB
PARM Code 00400 A Mon.Site No. EFA-1		ermit equirement	at also 1944 that			6.0 (Min.)	8.5 (Max.)		SU		6 Days/Week	Grab
I certify under penalty of I information submitted. B and belief, true, accurate,	ased on my in	nquiry of the p	person or persons wh	no manage the system	m, or those p	ersons directly response	onsible for gathering	the information, the	e information	subm	itted is to the best	er and evaluate the of my knowledge
NAME/TITLE OF PRINCIPA	AL EXECUTIV	E OFFICER OF	R AUTHORIZED AGE	NT SIG	NATURE OF	PRINCIPAL EXECUT	IVE OFFICER OR AL	THORIZED AGENT	7	ELEPH	ONE NO DATE	(YY/MM/DD)
MARCIN K	T KHARI	ason,	PROTTE WIW	CH Y	leve	I Real				352)	236-	1/2/10
COMMENT AND EXPL	ANATION O	F ANY VIOL	ATIONS (Reference	all attachments her	re):			4			/ /	, ,

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: DAN 1,2009 To

PERMIT NUMBER: FLA010788

JAN. 31, 2009

Parameter		Quantity (or Loading	Units	Qua	ality or Concent	ration	Units	No.	Frequency of Analysis	Sample Type
liform, Fecal	Sample			 	24	Γ	T	± 1:013	Ex.	14.4	1
RM Code 74055 Y	Measurement Permit			Canada Sanda Arras	04			#100 MC	10	MONTHLY	GRAB
on Site No. EFA-1	Requirement		维持国际		200 (An Avg.)			#/100ML		Monthly	Grab
liform, Fecal	Sample Measurement				5			#	d	M	1
RM Code 74055	Permit	nave levelove ter			Report	800		100 ML	4	MONTHLY	GRAB
on Site No. EFA-1	Requirement				(Mo Geo Mean)	(Max.)		7,100		Monthly	Grab
tal Residual Chlorine (For sinfection)	Sample Measurement				121			and i	1	- 1	1
RM Code 50060 A	Permit				0.50			MG/L	10	50AYS/WK	GRAG
n.Site No. EFA-1	Requirement *				(Min.)			MOL	200	5.Days/Week	Grab
cent Capacity, (TMADF/ mitted Capacity) x 100	Sample Measurement				33			(2)	16	.44	011
RM Code 00180	Permit	Constitution of the Consti	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					%	φ	MONTHLY	CA KULAT
n Site No. FLW-1	Requirement				Report (Mo.Total)			PER- CENT		Monthly	Calculated
	Sample										
LOCAL THE SAME TO COMPANY TO SAME THE S	Measurement Permit				MNR			MG/L		ANNUALLY	GRAB
n Site No. EFA-1	Requirement		i Andreas		12.0 (Max.)			MG/L		Annually	Grab
	Sample						2	<i>i</i>	a tendada		
	Measurement Permit			6.60 SERVICE ISOSSIII	MNR			MG/L		ANNUALLY	GRAS
n Site No. INF-1	Requirement		All Comments		Report (An.Avg.)			MG/L		Annually	Grab
	Sample				MNZ				1944.0505	^	
	Measurement Permit	Office of Cartal of Tarket						MG/L		ANNUAlly	GRAB
	Requirement				Report (An.Avg.)			MG/L		Annually	Grab
	Sample							150,750,761,761			
	Measurement Permit										
	Requirement						A 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Sample								4.5		
	Measurement										
	Permit All Heller Requirement					3. S. S. S. S. P.		696,000	-0.45		
	Sample						\$100.00 CO. CO. CO. C.	25 (A.T.)	/高型等	Section of the second	
	Measurement	10.47.40	277 2 E 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	Permit Requirement		Shirt States States		Armithe Literal	STATE OF THE PARTY	Haraga - Carlo	Para la	10000	A AND COURSE	Political Section S

FLA010788
From Jan. 1, 2008
To: Jan. 31, 2009
Facility: Sleepy Hollow WWTF

Permit Number: Monitoring Period

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050			1	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.5		1.3	.013				
2			7.4		2.0	-013				
3			,			.013				
4						-013				
5			7.5		0.6	-013				
6			7.4	7.	1.7	0/3			1	
7			7.4		0.8	-015			1	
8			7.3		1.8	-014				
9			74		14	-011			-	
10			1.7		1.7	-0/2			-	
11						-014	10			
12			7.6		22	013				
13			7.10		10	-0/3				-
14		7	7.5	-	>2.2	-012			-	-
15			75		-2.2	.0/2				
16			7.4		1.7	.012			-	-
17			7. /		1.7	. 013			-	-
18									-	-
19			7.3		10	-013				-
20	710	_		-	1.0	.013			-	
21	22.0	5	7.4	3	1.1	.017			_	
22			1.4		1.4	.014				
23			7.4		2.0	.011				
			7.5		1.4	-013				
24					,	-016				
25					1-5	.016				
26			7-6		1.9	.015				
27			7.5		>2.2	.012				
28			7.6		1.8	-012			1	
29			7.8		1.8	.009				
30			7.6		2.2	.012				
31						-012				
Total	12.0	5		3		.404				
Mo. Avg.	12.0	5		3		2013				
PLANT ST			0			1,000	11	4	0	

PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	15174	Name:	MARIN RICHARDSON
Evening Shift Operator	Class:	C	Certificate No:	9588	Name:	CAKIN PAIGE
Night Shift Operator	Class:	_B_	Certificate No:	4063	Name:	DOBSIE WALLACE
Lead Operator	Class:		Certificate No:		Name:	305 Eq. (1)

Manc Havens Contrast

Place Put in Date orde

Form W-9 (Rev. October 2007) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Interna	Revenue Service									
	Name (as shown of	n your income tax return)				Annual Control of the	-			
6	Mark J. Havens									
ag	Business name, if different from above									
9 10	Mark's Environmental Services LLC									
oe ins	Check appropriate	box: Individual/Sole proprietor Corporation Partnership	_	-						
Print or type Specific Instructions on page	Limited liability	company. Enter the tax classification (D=disregarded entity, C=corporation, P=p:		D Exe	mpt ree					
	Other (see instru									
rint	Address (number,	street, and apt. or suite no.)	Requester's	s name and a	ddress (op	itional)				
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Par	Part I Taxpayer Identification Number (TIN)									
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		propriate box. The TIN provided must match the name given on Line 1 individuals, this is your social security number (SSN). However, for a re		Social secu	rity numbe	24				
		disregarded entity, see the Part I instructions on page 3. For other entity			1 1					
your	employer identifica	tion number (EIN). If you do not have a number, see How to get a TIN o	n page 3.		or					
		n more than one name, see the chart on page 4 for guidelines on whose	e	Employer id	lentificatio	n number				
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Par	t II Certifica	ation								
Unde	r penalties of perju	ry, I certify that:								
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P	levenue Service (IR	packup withholding because: (a) I am exempt from backup withholding, S) that I am subject to backup withholding as a result of a failure to rep In no longer subject to backup withholding, and								
3. 1	am a U.S. citizen o	r other U.S. person (defined below).								
withh For n	Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.									
Sigr Her	andinara a	mark Hanens	Date >							

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

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		Marks Enviromental	Services	INSURER B:						
		Mark Haven		-	INSURER C:					
		8890 SE 124th Lane Belleview FL 34420		INSURER D:						
CO	VERA	GES		INSURER E.						
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		Mark Havens 8890 SE 124th Lane		1		Y OF ANY KIND UPON THE INSU				
		Belleview FL 34420		REPRESENTATIVES.						

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)

Ocala Insurance Agency, Inc.

© ACORD CORPORATION 1988

Mark's Environmental Services LLC.

Water & Wastewater

Operations & Maintenance

Backflow Testing & Facair

Office (352) 693-3859

Cell (352) 502-6431

Customer Information (Please type or print)

Customer/ Company Name		
erson to Sign Contract & Title		
Customer Address		
Customer Phone & Fax		
Facility Name		
Facility Address		
Facility Contact & Phone		
Billing Contact Name		
Billing Address (if Different)		
Billing Phone & Fax	20	
Contact Name for Compliance Information (MOR & DMR)		
Address (If Different)		
Compliance Phone & Fax		
	Number of Visits per Week	
Contract Covers		Chlorine Provider
WTP		
WWTP	,	
	Additional Notes	

MARK'S ENVIRONMENTAL SERVICES LLC

WATER & WASTEWATER
OPERATIONS & MAINTENANCE
BACKFLOW TESTING & REPAIR
8890 Se 124th Ln.
Belleview FL 34420

Office: (352) 693-3859 Fax: (352) 566-6552 E -mail: MES19602010@yahoo.com

Clark

Here is the operations agreement we talked about, the insurance binder and a w-9. I am not worried about any money up front I will send an invoice at the end of the first month's operation. For the most part none of the stuff on the first portion of the schedule of fee for services will apply to you. Since I developed that Fee for Services a few things have changed. I did have an underground contractor I was going to be able to work with on some of the bigger jobs but he has gone south on me as in moved to Tampa. I will be happy to work with you folks any way I can though and I look forward to doing business with you.

Sincerely

Mark

1

Mark's Environmental Services LLC.



Operations & Administrative

Schedule of Fee for Services

1.) President		\$150.00 hr.
2.) Operations Manager	jes V	\$100.00 hr.
3.) Certified Water Operator		\$ 50.00 hr.
4.) Certified Wastewater Operator		\$ 50.00 hr.
5.) Water or Wastewater Apprentice		\$ 40.00 hr.
6.) Administrative Staff		\$ 30.00 hr.
Maintenance		
Schedule of Fee for Services		
1.) Registered Engineer		\$ 150.00 hr.
2.) Certified Electrician		\$ 75.00 hr.
3.) Maintenance Technician		\$ 50.00 hr.
4.) Maintenance Apprentice		\$ 40.00 hr
5.) General Labor		\$ 30.00 hr.
6.) RPZ Testing		\$ 50.00 ea.
7.) RPZ Repair		\$ 50.00 hr.
8.) Lift Station Pump Calibration		\$ 125.00 ea.
9.) Chlorine		\$ 2.50 per gl.
 Material and reimbursable expenses billed at actual cost plus 15% 		
 Labor Rates of 2x the regular hourly rate will apply on all emergency calls 		
Basic Monthly Sample Price List		
CBOD		\$ 30.00 ea.
FECAL		\$ 20.00 ea.
NO ₃		\$ 16.00 ea
TSS		\$ 25.00 ea

TOTAL COLIFORM

\$ 35.00 ea

Mark's Environmental Services, LLC

Field Representative (352) 502-6062 Office: (352) 693-3859 E-mail: MES19602010@yahoo.com Mark's Environmental Services LLC

Water & Wastewater Utility Operations & Maintenance Backflow Testing & Repair 8890 SE 124th LN Belleview, FL 34420

Fax: (352) 500-6552

We are a drinking water and wastewater utility operations company dedicated to providing top quality contract operations for domestic water and wastewater treatment facilities.

At Mark's Environmental Services we are Dedicated to working with Management of the facilities we operate to avoid maintenance and operational issues as well as issues with the Environmental Agencies that govern them.

"WE MAKE THE DIFFERENCE"

With the current state of the economy No one should pay more than they have to for operations of their facility. At Mark's Environmental Services we strive to meet or beat our competitions price while providing better and more efficient service to our clients. Why pay more for less.

INTRODUCING Mark's Environmental Services LLC

Mark Havens Sr. the General Manager for Mark's Environmental Services has over 24 years of experience in the field. Experience in maintenance as well as trouble-shooting of operational problems allows us to be effective and efficient in operating the facilities we service.

While our company is new we have been doing operations in the area for several years. Mark Havens Sr. was with US Water Services as the Lead Operator for region 2 and the Ocala area for 3.5 years. In 2008 Mark was offered the position of Operations Manager with Pro-Tech water and wastewater services where he stayed until forming Mark's Environmental Services LLC in January of 2010.

Our goal is to provide quality service at a reasonable rate. We continuously look for ways to reduce the cost of operations for our clients. It is our belief that if we can keep the costs of operations down to a minimum for our clients then it will make it easier for our clients to afford any repairs or improvements that need to be made to the facility to keep the governing authorities (FDEP) happy and your facility in compliance.

The Florida Department of Environmental Protection (FDEP) has imposed new, much tougher ground water rules.

These new rules took effect at the first of this year (2010). These new rules will affect a lot of the smaller water systems as well as some of the bigger systems.

It is imperative that the owners and managers of these systems feel confident that the operations company that they hire and rely on is providing adequate operations.

The operations company that you hire to operate your water or wastewater facility is a very important decision. With the ever increasing rules and regulations governing water and wastewater you must feel confident that your operations company is effective and efficient. It is ultimately the owner of the facility who is responsible for the condition of that facility and any fines issued by the governing authorities.

HERE IS YOUR CHANCE Make a Change

There is no time like the New Year to make a change and improve the quality of operations at your water or wastewater utilities system. We here at Mark's Environmental Services can help make that change. In the past the companies that provide contract operations have been very limited and the choices of where you went for your environmental service few. Now there is an alternative Mark's Environmental Services.

If you are unhappy with your operations company or you would like to see the conditions of your facility improved or maybe you would just like to save a little on the price for operations.

Mark's Environmental Services welcomes the chance to be your operations company. We will be happy to come and take a look at your facility and provide a quote for operations and or maintenance of your water or wastewater facility. This will be a year of growth and change for Mark's Environmental Services and Mark Sr. It is our hope that you will have a prosperous year and Mark's Environmental will be a part of any changes you make with the operation of your Utilities.

Mark's Environmental Services LLC is located in Belleview Florida and services Marion and the surrounding counties. Our goal is to keep our overhead down so we can keep our prices down. We want normal everyday people to be able to still afford to do business in this day of economic turmoil.

TAKE THE CHALLENGE

Mark's Environmental Services will meet or beat your current operations contract or agreement. We will provide a better solution to your situation. Our service is surpassed by none.

"WE MAKE THE DIFFERENCE"

It is our belief that within a short period of time after switching to our company you will see a difference in the condition of your water and or wastewater utility. You will feel that you are being kept informed on the condition of your facility and any issues that may not be in compliance with the FDEP or any other Governing Agency.

Sleepy Hollow

Date:

6/30/2010 7:41:39 P.M. Eastern Daylight Time

From:

mes19602010@yahoo.com kathryn.m.williams@dep.state.fl.us

To: CC:

clark@yandles.com, protechww@embarqmail.com

Ms. Williams

As of July 1rst 2010 Mark's Environmental Services will be providing services for Sleepy Hollow FLA010788. Could you please send me a copy of the Permit and the DMR at your earliest convenience please. Thank you

Mark Havens Sr.

Mark's Environmental Services
8890 SE 124th LN
Belleview, FL 34420
(352) 693-3859

Subj: Sleepy Hollow

Date: 8/2/2010 7:49:04 A.M. Eastern Daylight Time

From: mes19602010@yahoo.com

To: lcyatybm@aol.com

Clark - attached is a list of supplies to get things going with the blower piping, there may be some a few other little peices or fittings but that will get the majority of it taken care of. What address would you like me to send the invoice for last month to?

Sleepy Hollow

Date:

1/29/2010 4:26:03 P.M. Eastern Standard Time

From:

mes19602010@yahoo.com

To:

clark@yandles.com

Clark

I stopped by the plant on my way home from your office today and I spent about 10 minutes there looking at the paperwork and conditions of the plant. What follows is a very quick look at the plant and the conditions of it as I found it.

- 1.) The pond is full of solids. which means it is not going to perk witch equals no free board. Aeration of the pond is not going to help. I can give you a number of a person that was in a very similar situation where I came in cleaned there pond and now there is no problem and their permit was renewed with no problem. I can formulate a price to make thould be responsibelis happen.
- 2.) The Plant does require a 6 day visit which Pro-Tech has not done until this last week when they started. Thats a violation Sleepy Hollow could be responsible for.
- 3.) There was a crusted mat full of floatables on the stilling well of both clarifiers which is a FDEP violation.
- 4.) No lid for the garbaage can. Another FDEP violation
- 5.) There were leaves and Debris all over the top of the plant. Which means no house keeping is going on.
- 6.) The contact chamber was full of floatables and possibly solids which is a violation
- 7.) There was no air on to the digesters and it appeared there was plenty of clear to decant off the digesteres. Keeping air on until you are ready to decant insures maximum reduction of solidid to lower sludge hauling costs.
- 8.) There were pop-ups in both clarifiers which may mean the plant is heavy on solids. If this is the case the plant could possibly dump at any moment causing solids to go to the pond.
- 9.) The operataor is suppose to keep 3 yrs. woth of records on site and available for thew FDEP which there is not.
- 10.) Last but not least my suggestion is that since you are in the process of permit renewal do away with the fresh water and propose a washdown pump to go in the contact chamber to wash down the the plant with and delute the chlorine. This will save a monthly bill for water and the price to get the RPZ certified every year

For a few hundred dollars you can avoid paying a monthly bill.

11.) When we talked you suggested that I charge you 2.0 hrs a month extra to cover any maintenance charges.. I can do that and provide a monthly maintenance bill wich will cover that but truthfully I dont see the plant being in that bad of condition. I dont think there will be enough maintenance time put in to that plant after a few months to make that a nessecary thing in the contract. If You ask me to provide a monthly operations agreement I will also include a fee for services schedule and it breaks down the price of everything. At 2.0 hrs a month for maint that is \$2400 a year when if we operated off my fee for schedule it would probably cost half that it that.

12.) The basic operations cost with my company will be \$540.00 a month plus samples and the samples for this facility come too \$75.00 a month. This will cover the basic operations of this plant 6 days a week a total of \$615.00. If you choose to go with the 2.0 hours of maintenance it will be \$715.00

Clark: thank you for seeing me this morning and I hope we can do business. If there is any questions please feel free to contact me at (352) 502-6431

&n

bsp;

Mark

State of Florida

Department of Environmental Protection

LICENSE NO.: 13858 DATE ISSUED:

4/2/2009

CLASS C DRINKING WATER TREATMENT PLANT OPERATOR

MARK J. HAVENS

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2011

State of Florida

Department of Environmental Protection

LICENSE NO.: 13589 DATE ISSUED:

4/2/2009

CLASS C WASTEWATER TREATMENT PLANT OPERATOR

MARK J. HAVENS

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2011

FW&PCOA

certifies

Mark Havens

as a

Backflow Prevention Assembly Maintenance & Repair Specialist License #4187

Issued April 2009

Valid for life

FW&PCOA

certifies

Mark Havens

as a

Backflow Prevention Assembly Tester
License #5163
Issued Feb. 19, 2009 Valid through Feb. 19, 2011

AWWA Endorsed

Subi:

Re: Sleepy Hollow

Date:

8/3/2010 8:27:14 A.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

Lcyatybm@aol.com

Clark

I am also going to need the last 12 months of DMRs to formulate the one for July and the sooner you can get it to me the better

From: "Lcyatybm@aol.com" <Lcyatybm@aol.com>

To: mes19602010@yahoo.com

Sent: Mon, August 2, 2010 8:32:51 AM

Subject: Re: Sleepy Hollow

Good Morning Mark,

The mailing address for S&L Utilities,Inc. is P.O. Box 4186 Ocala, FI 34478. I will start to work on the PVC today.

In a message dated 8/2/2010 7:49:04 A.M. Eastern Daylight Time, mes19602010@yahoo.com writes:

Clark - attached is a list of supplies to get things going with the blower piping, there may be some a few other little peices or fittings but that will get the majority of it taken care of. What address would you like me to send the invoice for last month to?

Re: Sleepy Hollow

Date:

8/4/2010 9:59:42 P.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

Lcvatybm@aol.com

We can use schedule but it is thinner and more subject to the heat. The FDEP is trying to make it sound bad for me as I did not tell them of the solids that were on the ground. They were there for who knows how long before I took the plant over but that just a little agravation on my part. Since this is a warning letter maybe we can talk some sence into them. If at all possible we can work something out for me to go with you to the meeting. I will call Daniel Hall in the morning to acknowlege receipt of the warning letter and get an idea what we can do to lessen the blow.

From: "Lcyatybm@aol.com" <Lcyatybm@aol.com>

To: mes19602010@yahoo.com

Sent: Wed, August 4, 2010 3:12:41 PM

Subject: Re: Sleepy Hollow

Good afternoon Mark.

I have at my office the copies you requested of the previous 12 months of DMR reports. I am sending Tom W from here at Yandle's to install the permit box this afternoon. I will send the copies of the DMRs with him and put them in the new permit box.

I have submitted your list of schedule 80 piping and other component pieces to FCI for pricing and time of delivery. They tell me that schedule 80 pipe is usually used for electrical conduit and will be gray in color. If that is not acceptable we can use the schedule 40, which will be white in color. The schedule 40 that has been used at the plant has lasted 6+ years and it would be a subsitute that I would be pleased to use because of the cost. I would hope to have the price/delivery information this afternoon or at the latest tomorrow.

I received by email the warning letter from FDEP concerning the items from the last inspection. The last time I was instructed to go to Orlando as this letter implies, Wayne Bryant accompanied me. I would like your thoughts about traveling with me to the meeting. Getting this warning letter upsets me, it seems that I just cannot work fast enough to get issues fixed before FDEP intervenes. The air piping is not a problem, but the next issue is to install the proper pump in the septic tank.

Hope you are having a great day, will talk to you tomorrow.

Clark

Sleepy Hollow

Date:

8/5/2010 10:30:31 P.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

lcyatybm@aol.com

Clark I talked to Daniel Hall today (The Inforcement Inspector) It would greatly benefit your cause to come up with as much money as you can spend for repairs to that place and let me work with it to get as much stuff done as possible before you go for the meeting in answer to the Warning Letter that we received the other day. If that construction mailbox on the post out there is your idea of a new mail box forget it. I am not going to use that. I want a regular (Large Steel) mail box. I received word the othere day of our ability to haul sludge through A-Abel at the end of the

Subj: (no subject)

Date: 8/5/2010 11:06:10 P.M. Eastern Daylight Time

From: mes19602010@yahoo.com

To: lcyatybm@aol.com

Clark I talked to Daniel Hall today (The Inforcement Inspector) It would greatly benefit your cause to come up with as much money as you can spend for repairs to that place and let me work with it to get as much stuff done as possible before you go for the meeting in answer to the Warning Letter that we received the other day. If that construction mailbox on the post out there is your idea of a new mail box forget it. No disrespect but I am not going to use that. I want a regular (Large Steel) mail box. I received word the other day that we will have the ability to haul sludge through A-Abel at the end of the month and I will need at least 4 loads hauled out of there and personel to perform repairs to the digester on the McNeil Plant while the tank is empty. I have done my very best to work with you Clark and I am still willing too but I really need to have one of my own people working as maintenance out there. I would like for you to trust me and let us just move forward through this thing. You certianly must realize that I am sensetive to the expense of this but at this point saving a few bucks here and there is not worth the trouble and extra fines incured by not having as much of these issues resolved as we can when you or we go to the meeting. The FDEP wants us to cap off that pipe that allows for the transfer of the effluent to that storm drain pond next to it. If you could let me know how much money you can come up with it would help. I dont want to spend money you dont have and as always it is up to you what you do I just give my opinions.

Mark

know I am okay with that.

Mark

From: "Lcyatybm@aol.com" <Lcyatybm@aol.com>

To: mes19602010@yahoo.com **Sent:** Fri, July 16, 2010 8:16:28 AM

Subject: Re: (no subject)

Thanks, I will be waiting for your reply.

In a message dated 7/16/2010 7:05:45 A.M. Eastern Daylight Time, mes19602010@yahoo.com writes:

Clark

I could not get a hold of Steve Yesterday but will speak with him today and let you know what he says

In a message dated 7/19/2010 9:50:48 A.M. Eastern Daylight Time, Lcyatybm@aol.com writes:

Good Morning Mark,

I can meet you on site whenever you wish. While there we can devise a priority list to work from.

This is the priority list as I remember:

1-create a solution to the contact panel. using Steve Magee as the go to repairman, repair/certify the water supply valve/ Mark's enironmental.

2-call the pump truck to clean all the tanks that need cleaning, you suggested a septic tank company you have used in the past.

3- (a)while tanks are clean- repair/replace pump moving effluent to pond. create spray field at edge of pond.

(b)correct leak problems in tanks.

4- replace air lines to underground plant.

5- pressure clean all components and complete a general clean up of the area. This has been started by Juan Martinez, pressure cleaning by our man from YBM, Tom Warmack.

If your schedule is flexible enough, I can provide a helper, either as a replacement for your man or in addition to. He has been on my staff here at Yandle's five years and is a very good worker. I send him to the plant on an as needed basis. We can and will make short order of the work activity you have described.

Once these emergency problems are solved, we can concentrate on developing the proper free board for the pond. I am confident that these problems will not be allowed to develop into the stage that presently exists. I will be delivering to the plant a garbage can w/ lid and a new storage cabinet for the papers that must remain on site.

In a message dated 7/19/2010 7:34:33 A.M. Eastern Daylight Time, mes19602010@yahoo.com writes:

Clark

I talked with Steve Magee Saturday and he said he would check his schedule today and get with me on when he could come look at the job. There is so much work to do out there it is unreal. I had to leave the McNeil plant off over the week-end there is something in the cross over pipes and one of the airbays was about to overflow. I know that there is not a lot of money to do things with but you do need to squeeze out all that you can. We may have to pump the one airbay down to find the cross over pipe. When we do have the pump truck out there we need to have the contact chamber pumped and a man in there with some hydraulic cement to try to stop the leak. I will have the list of parts to fix all the air leaks with in a day or two. There are things to do out there that are going to take two people. I am willing to and would like to do maintenance work out there and i know that there is a lot of hours worth out there. I will come down on my labor to \$35.00 an hour and \$25.00 an hour for my guy. That is the lowest I can afford to go Clark. Getting it done is the main thing and if you can find some one cheaper you

Re: (no subject)

Date:

8/9/2010 8:25:24 A.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

Lcvatybm@aol.com

Clark

We have got the #2 lift station pump going but the #1 ETM is not recording so we still have an issue at the liftstation. I can install a new one and see if that fixes the problem. I have tried to get the old one working to no avail. I have not found the shut off to the backflow valve Bill was going to try to find that but never got back out there. We can keep this thing rolling as fast as you want it to but as you keep pointing out money is an issue. If you tell me how much you can spend a month over and above the operations cost I will put it to use as wisely as I can. Have you contacted the FDEP about the meeting and when that will take place? If you would like I will try to make a schedule of things that need to be done and try to have as much done by the meeting as possible. The fact that you have changed operations companies is going to be a saving grace for you if we can make it look like we are moving forward at a good rate to correct these issues. Sorry if I tend to get frustrated with your situation sometimes but we will get them taken care of and your plant straightend out and the FDEP off our backs about it. Let me know how much extra money a month you can squeeze out and I will get someone over there working on these issues.

&n

bsp;

Mark

&n

bsp;

From: "Lcyatybm@aol.com" <Lcyatybm@aol.com>

To: Lcyatybm@aol.com

Cc: mes19602010@yahoo.com

Sent: Fri, August 6, 2010 7:15:36 AM

Subject: Re: (no subject)

Good Morning Mark,

Please read and determine that the plan of action you and I had previously planned will surfice for the enhancements to the plant. We have moved through the pump issues. I would expect that you have found closure with the water supply valve.

I spoke with the salesman at FIS yesterday concerning the price and availability of schedule 80. To expedite the project I will call him today and request that he provide pricing on schedule 40. We will make that material available for you on Monday afternoon. When do you plan to install the new piping system?

I will be available for a phone visit today, call me if you have questions or comments. Using the staff I have available was an option for you to speed up the projects at hand. If you would prefer to use your tech staff for installing the piping and tank work after the pumping is complete we have no issue with that.

The only reason I request a budget on items that need to be completed is to make sure funds are available for payment in a timely manner.

I need the information on the pumps in the lift stations. You were going to get same when you and Bill pulled the pump to derag. The only issue I am unclear of at this time is the type of pump and filter we need to push the effulent through the spray heads from the septic tank. I need your help on that so we can move on to that and be ready when the pumper does his work. Why do we have to wait until the end of the month for the pumper?

Closing the pipe from the pond to the DRA can be accomplished by cutting pipe and installing cement unless FDEP requires another method.

Subi: 5

Sleepy Hollow

Date:

8/16/2010 6:42:23 A.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

lcyatybm@aol.com

Clark

I started working on the air piping yesterday. I am going to have to go another way connecting the PVC to the iron pipe. I am going to have to get a 3" full circle repair coupling. I have installed the new ETM so now we should be good there at the lift station. I looked at my calender and I could go with you to the FDEP on the 31rst but I would have to be on the clock for it at \$75.00 an hour. If it is worth that to you to have me there I will start preparing to present a schedule for repairs and tempory modifications to them. Let me know

Subi:

Re: Sleepy H

Date:

8/26/2010 6:32:23 A.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

Lcyatybm@aol.com

Clark

I had already left the office when you sent the email. Yesterday was a bad day anyway, both of my trucks broke down yesterday and I did not make it back to Belleview until 2130. Long day for sure. A-able is coming to pump another load from the plant this morning. There is a branch over the entrance, pretty high up but the last truck just cleared it we may end up having to do a little more trimming. I will try to get as much of the issues with the in ground plant this week end. I am going to have to remove the existing return line to fix the stilling well. That is what is keeping the McNeil plant looking so bad. If you have any questions give me a call.

From: "Lcyatybm@aol.com" <Lcyatybm@aol.com>

To: mes19602010@yahoo.com

Sent: Wed, August 25, 2010 7:28:10 AM

Subject: Re: Sleepy H

Good Morning Mark,

I was asked by my wife last evening to accompany her to a doctors appointment in Gainesville. Her appointed time is 9:30. When I arrive back in Ocala, I will contact you and bring your check to you. We can meet tomorrow at the plant and take care of the water meter cut off and do a visual inspection of the work you have accomplished. Hope you have a great day. Talk to you around noon time.

Clark

In a message dated 8/24/2010 5:42:10 A.M. Eastern Daylight Time, mes19602010@yahoo.com writes:

Clark

I have not received my check for last month I know it has been a week or so since you said you would drop it in the mail. Just wondering if there was a delay or something. Hope you had a good time out of state. Give me a call when ever you get settled and we can talk.

&a

mp;n bsp;

Mark

Sleepy Hollow

Date:

9/4/2010 12:28:49 P.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

kathryn.m.williams@dep.state.fl.us

CC:

lcyatybm@aol.com

Ms Katie

Here is the official report any questions call me (352) 502-6431

Subj: Sle

Sleepy Hollow

Date:

9/14/2010 6:40:07 A.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

kathryn.m.williams@dep.state.fl.us

CC:

lcyatybm@aol.com

Ms. Katie

Upon arriving at Sleepy Hollow I found the return on the Marloff plant partially blocked causing solids to roll up in the clarifier. I freed the blockage and returned the plant to normal operations. Solids were lost to the chlorine contact chamber and the effluent distribution tank the pump truck is coming today to clean it up. I will submit a frormal report soon.

Mark

Bill Davis

Date:

9/14/2010 7:08:27 A.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

lcyatybm@aol.com

Clark

I talked with Bill Davis at the county yesterday and he wants us to when we can cut the connection at the property line so the county can remove the pipe on their side. I told him I would try to have it done this week. He wants to see the pipe capped off to make sure it is not leaking before we cover it back up. I will try to get a size on that pipe today. I plan to have the pipe capped and the RPZ taken care of by the end of the week. I will generate a list of parts for the pump so we can get the effluent pumping into the pond. I will try to have that done over the week end so pictures of the progress can be taken with you on the 21rst

(no subject)

Date:

9/21/2010 5:34:17 A.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

lcyatybm@aol.com

Clark

I did not manage to get the pump installation finished yesterday but will have it completed today. We have made several repairs to improve the plant that were not on the FDEP list of repairs and deficiencies. This is a list of the improvements we have made so far. When your people were there to clean up over the weekend they threw away some brand new material that I had bought for repairs to the plant and my dip net and pitcher I used for a settleometer. I will have to replace these items to finish the repairs and keep things moving forward.

- 1. we reaired the lift station pump
- 2 we replaced the ETM
- 3. we fixed the leak in the digester
- 4. we repiped the blower
- 5. we rehung the stilling well
- 6. we fixed the whole in the McNeil influent basin
- 7. we removed the overflow pipe connecting to the pond next door
- 8. we secured the return line on the Marloff plant to minimize sludge splashing from the tanks

Re: Sleepy Hollow

Date:

7/14/2010 9:32:10 P.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

Kathryn.M.Williams@dep.state.fl.us

CC:

clark@yandles.com

Katie

I will leave the gate dummy locked but if you would call me when you are an hour or so away I would like to meet both of you there. As you already know the place is a nightmare. Mr. Yandles has been very cooperative in making the necessary improvements to get the place operating properly. I do have many many questions to ask about getting the pond straightened out and look forward to meeting with you tomorrow. My cell is (352) 502-6431 C - Ya Tomorrow.

&n

bsp;

Mark

From: "Williams, Kathryn M." <Kathryn.M.Williams@dep.state.fl.us> **To:** "mes19602010@yahoo.com" <mes19602010@yahoo.com>

Sent: Wed, July 14, 2010 3:47:47 PM

Subject: Sleepy Hollow

Mark.

Daniel Hall and I need to visit Sleepy Hollow tomorrow (Thursday). We have two inspections in the morning before we can come, so it should be after noon. You don't need to be there with us, we just need to look at an issue with the pond and an accompanying stormwater pond, so if you can just dummy lock the gate that would be ideal. However, if you prefer to be onsite, please call me back either at the office (407-893-3313) or my cell (407-810-2580) and we can set something up. Thank you.

Kathryn Williams Environmental Specialist I- Wastewater Compliance/Enforcement Florida Dept. of Environmental Protection 3319 Maguire Blvd., # 232 Orlando, FL 32803 Tel: (407) 893-3313 ext 2255

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on this link to the DEP Customer Survey. Thank you in advance for completing the survey.

(no subject)

Date:

7/16/2010 7:05:45 A.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

clark@yandles.com

Clark

I could not get a hold of Steve Yesterday but will speak with him today and let you know what he says

In a message dated 7/19/2010 7:34:33 A.M. Eastern Daylight Time, mes19602010@yahoo.com writes:

Clark

I talked with Steve Magee Saturday and he said he would check his schedule today and get with me on when he could come look at the job. There is so much work to do out there it is unreal. I had to leave the McNeil plant off over the week-end there is something in the cross over pipes and one of the airbays was about to overflow. I know that there is not a lot of money to do things with but you do need to squeeze out all that you can. We may have to pump the one airbay down to find the cross over pipe. When we do have the pump truck out there we need to have the contact chamber pumped and a man in there with some hydraulic cement to try to stop the leak. I will have the list of parts to fix all the air leaks with in a day or two. There are things to do out there that are going to take two people. I am willing to and would like to do maintenance work out there and i know that there is a lot of hours worth out there. I will come down on my labor to \$35.00 an hour and \$25.00 an hour for my guy. That is the lowest I can afford to go Clark. Getting it done is the main thing and if you can find some one cheaper you know I am okay with that.

Mark

From: "Lcyatybm@aol.com" <Lcyatybm@aol.com>

To: mes19602010@yahoo.com **Sent:** Fri, July 16, 2010 8:16:28 AM

Subject: Re: (no subject)

Thanks, I will be waiting for your reply.

In a message dated 7/16/2010 7:05:45 A.M. Eastern Daylight Time, mes19602010@yahoo.com writes:

Clark

I could not get a hold of Steve Yesterday but will speak with him today and let you know what he says

Subj: Re: (no subject)

Date: 7/19/2010 7:25:26 P.M. Eastern Daylight Time

From: mes19602010@yahoo.com

To: Lcyatybm@aol.com

The Panel is a priority and I am waiting to hear from Steve as to when he will be able to come see the job.

The Backflow valve I will handle by myself with no problem.

The digester tank on the plant that is in the ground we will have to try to patch once it is pumped out and I could use some help on that

The #2 lift station pump is not pumping and unless Steve Magee can get it running with out pulling it it will have to be pulled too which I could use help with.

At this point all the help we can get to clean the place up and get it in order will be appreciated I will fax the paperwork that has to go to the new company to pump Sleepy Hollow and get that set up to pump ASAP.

We will get the plant straight and keep it that way.

From: "Lcyatybm@aol.com" <Lcyatybm@aol.com>

To: mes19602010@yahoo.com **Cc:** Teresafletcher@cox.net

Sent: Mon, July 19, 2010 9:50:47 AM

Subject: Re: (no subject)

Good Morning Mark,

I can meet you on site whenever you wish. While there we can devise a priority list to work from.

This is the priority list as I remember:

1-create a solution to the contact panel. using Steve Magee as the go to repairman. repair/certify the water supply valve/ Mark's enironmental.

2-call the pump truck to clean all the tanks that need cleaning, you suggested a septic tank company you have used in the past.

- 3- (a)while tanks are clean- repair/replace pump moving effluent to pond. create spray field at edge of pond. (b)correct leak problems in tanks.
- 4- replace air lines to underground plant.

5- pressure clean all components and complete a general clean up of the area. This has been started by Juan Martinez, pressure cleaning by our man from YBM, Tom Warmack.

If your schedule is flexible enough, I can provide a helper, either as a replacement for your man or in addition to. He has been on my staff here at Yandle's five years and is a very good worker. I send him to the plant on an as needed basis. We can and will make short order of the work activity you have described.

Once these emergency problems are solved, we can concentrate on developing the proper free board for the pond. I am confident that these problems will not be allowed to develop into the stage that presently exists. I will be delivering to the plant a garbage can w/ lid and a new storage cabinet for the papers that must remain on site.

Re: (no subject)

Date:

7/19/2010 7:34:33 A.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

Lcyatybm@aol.com

Clark

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Mark

From: "Lcyatybm@aol.com" <Lcyatybm@aol.com>

To: mes19602010@yahoo.com **Sent:** Fri, July 16, 2010 8:16:28 AM

Subject: Re: (no subject)

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Clark

I could not get a hold of Steve Yesterday but will speak with him today and let you know what he says

Panel

Date: 7/21/2010 7:39:50 A.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

lcyatybm@aol.com

I talked to steve yesterday. He said friday would be good and he is going to call before he comes ao as soon as I hear from him I will get in touch with you so you can be there.

Subj:

Fw: Sleepy Hollow

Date:

7/22/2010 3:55:40 P.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

lcyatybm@aol.com

Clark

Here is the best deal you are ever going to find to get sludge hauled. Let me know what you think and you can send the paperwork to Cathy so we can start our waiting period. I havent heard from Steve yet today but will let you know ASAP

---- Forwarded Message ----

From: Cathy Thomas <cthomas@a-ableseptic.com>

To: MES19602010@yahoo.com

Sent: Thu, July 22, 2010 12:15:08 PM

Subject: Sleepy Hollow

Good afternoon Mark.

Attached please find the necessary information to become you primary hauler. I need you to get signatures on the first page, the proposal date & signature, along with page four the letter of Commitment (LOC). As soon as you do that just send me those (2) pages and I will forward everything to DEP. We begin the DEP required 30 day waiting period.

Call if you have any questions.

Thank you so much!

cathy Thomas &

A-Able Septic Sewer Service, Inc.

2190 N. Crede Avenue

Crystal River, Fl 34428

352-795-1554

352-795-5423 Fax

www.a-ableseptic.com

Good Morning Mark,

I can meet you on site whenever you wish. While there we can devise a priority list to work from.

This is the priority list as I remember:

1-create a solution to the contact panel, using Steve Magee as the go to repairman, repair/certify the water supply valve/ Mark's enironmental.

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5- pressure clean all components and complete a general clean up of the area. This has been started by Juan Martinez, pressure cleaning by our man from YBM, Tom Warmack.

If your schedule is flexible enough, I can provide a helper, either as a replacement for your man or in addition to. He has been on my staff here at Yandle's five years and is a very good worker. I send him to the plant on an as needed basis. We can and will make short order of the work activity you have described.

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Mark

From: "Lcyatybm@aol.com" <Lcyatybm@aol.com>

To: mes19602010@yahoo.com **Sent:** Fri, July 16, 2010 8:16:28 AM

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Clark

I could not get a hold of Steve Yesterday but will speak with him today and let you know what he says

Subj: Sleepy Hollow

Date: 7/23/2010 9:22:07 P.M. Eastern Daylight Time

From: mes19602010@yahoo.com

To: kathryn.m.williams@dep.state.fl.us

CC: lcyatybm@aol.com

Ms Katie

When I got to Sleepy Hollow at aproximately 10:30 today Sludge was coming out of that center tank/distribution tank on the McNeil Plant. We lost maybe 50 gallons of sludge on the ground. It has been lymed and monday Mr. Yandle is going to have one of his guys contact me and we are going to fix the hole in that tank. I will let you know when the whole situation is resolved. If you have any questions you can always reach me on my cell at (352) 502-6431. Hope you have a good week end.

Mark

Subj: Re: Sleepy Hollow

Date: 7/26/2010 7:06:24 A.M. Eastern Daylight Time

From: mes19602010@yahoo.com

To: Lcyatybm@aol.com

Good Morning Clark

I am glad it was a pleasant surprise for you. I beleive that you should be aware of what is going on with your plant and what is said. I dont ever want any problems with the DEP so I do what is required of me. I talked to Steve the other day and he was impressed he believes that with a little fine tuning your system could be as helpful as a SCADA system and much more affordable for smaller systems. I have been dealing with truck troubles all weekend first it was my Silverado and now its my F150 so I have not had much of a chance to finish the parts list for the blower piping but I will try to finish it tonight. If you are going to send your guy out this afternoon give me a call and I will try to meet him out there.

Mark

From: "Lcyatybm@aol.com" <Lcyatybm@aol.com>

To: mes19602010@yahoo.com; kathryn.m.williams@dep.state.fl.us

Sent: Sat, July 24, 2010 1:07:30 PM

Subject: Re: Sleepy Hollow

Good afternoon Mark,

What a pleasant surprise sending Ms Katie a report and copying it to me. I always wondered why Pro-Tec did not embrace the policy of notifying the owner about problems and solutions.

Mondays are always stressful early, but we can cut Tom loose after the lunch hour most days to help you bring solutions to the problems that exist. Look forward to hearing from you. We will have the storage cabinet ready Monday and will install it when Tom gets to the plant.

Steve Magee seemed to be impressed with the electronic devices I installed on the lift station panels to monitor electric outages and pump failures. He said he is going to recommend this system to others.

Clark Yandle

Subj:

Sleepy Hollow Receipt Acknowledged

Date:

7/29/2010 2:02:11 P.M. Eastern Daylight Time

From:

Amy.Ley@dep.state.fl.us

To:

info@a-ableseptic.com, lcyatybm@aol.com, clarke@yandles.com

The following email contains an attachment from the Central District Department of Environmental Protection. Please confirm receipt of this email.

Thank you,
Amy Ley
Domestic Waste Permitting
Department of Environmental Protection
(407) 893-3315

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on this link to the DEP Customer Survey. Thank you in advance for completing the survey.

Subj:

Sleepy Hollow

Date:

7/29/2010 5:24:05 P.M. Eastern Daylight Time

From:

mes19602010@yahoo.com

To:

kathryn.m.williams@dep.state.fl.us

CC:

lcyatybm@aol.com

Ms Katie

The whole on the center tank/ distribution tank wall on the McNeil plant had been repaired. The #2 pump at the lift station has been pulled, deragged and put back into service. The spillage was limed and when dry will be disposed of. If you should have any questions give me a call.

Mark









