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STATE OF FLORIDA



RECEIVED-EPSC
MARSHALL WILLIS, DIRECTOR
DIVISION OF ECONOMIC REGULATION
(850) 413-6900
11 MAR 24 PM 2:56

COMMISSION
CLERK

11 MAR 24 AM 10:30

DISTRIBUTION CENTER

Public 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 from 1 yr*
4. A copy of all correspondence, inspection reports, notices of violation, or consent orders from DEP in the past three years. *Please put in date order*
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. *increased*
7. A list of all customer complaints received during the past three years and an explanation of how each was resolved. *Mrs. Dorene Weaver - Many informal Complaints Always Created Solutions. Most were due to lift station issues.*

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

An Affirmative Action / Equal Opportunity Employer

PSC Website: <http://www.floridapsc.com>

Internet E-mail: contact@psc.state.fl.us


DOCUMENT NUMBER - DATE

01962 MAR 24 =

FPSC-COMMISSION CLERK

February 25, 2011

8. A detailed description of all assets (pumps, collection systems, and lift stations, etc.) owned by the utility. *2 lift stations. See attached, Mauley and McNeill signs. Percolation 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 operations. No Map available. We have checked City, County and DEP. No Map exists.*
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, DEP & Health Dept issues have been the result of negligent 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 Maintenance Performed on 38 yr old system.*
12. A list of all general service customers and their type of businesses. *None*

 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,



Robert 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.

THE **McNeill** SYSTEM

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

McNeill • **COMPANY INC.**

P.O. Drawer 5618

Tallahassee, Florida 32301

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 2ND STREET	94,100	1,129,200
SE 52ND COURT	68,646	823,752
SE 53RD STREET	200,187	2,402,244
SE 54TH AVENUE	108,808	1,305,696
SE 54TH COURT	176,239	2,114,868
SE 55TH AVENUE	<u>32,605</u>	<u>391,260</u>

AV MO.	720,641	AV YR.	8,647,692
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S&L UTILITIES, INC.	Av Mo	177	Av Yr.	2,124
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DOCUMENT NUMBER-DATE

01962 MAR 24 =

FPSC-COMMISSION CLERK

Mark's Environmental Services, LLC
8890 SE 124th lane
Bellevue, 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 is 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.

Sincerely,

Mark Havens Sr.

Mark Havens, Sr.

Enclosure

CC: S. & L. Utilities, Inc.

(copy)

MARK'S ENVIRONMENTAL SERVICES LLC

WATER & WASTEWATER
OPERATIONS & MAINTENANCE
BACKFLOW TESTING & REPAIR
8800 SE 124th LN.
Bellevue, FL 34420
Office: (352) 693-3859
Fax: (352) 566-6552
E-mail: MES19602010@yahoo.com

PUMPING RATE CALIBRATION USING THE PUMP DOWN METHOD

FACILITY NAME & ID#: Sleepy Hollow

FACILITY LOCATION: 400SE 55Ave, Ocala FL, 34471-3532

LIFT STATION LOCATION: WWTP FLA010788-003

WET-WELL CAPACITY FOR RECTANGULAR TANKS

Length in Feet _____ X Width in Feet _____ X Depth in Feet _____
= Cu. Ft. _____ X 7.48 Gal/Cu Ft = Gallons _____ Volume. Gallons Volume Divided By Depth/Height in Feet _____ =
Gal. per Ft. _____ by 12 = Gal. per Inch _____

WET-WELL CAPACITY FOR CYLINDRICAL TANKS

3.14 X Radius Squared 2 X Height in Ft. 12.56 = Cu Ft. 12.56
Cu Ft X 7.48 gal/Cu Ft = Gallons of Volume 93.9 Gal. Vol. Divided by 1 Depth in Ft. = Gal. per
Ft. 93.9 Gal. per Ft. divided by 12 = 7.8 Gal. per In.

Pump # 1 = 7620 (GPH)				Pump # 2 = 6919 (GPH)			
Start Time	Stop Time	# Inches Pumped	GPH	Start Time	Stop Time	# Inches Pumped	GPH
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)			
Current Pump Calibration (GPH)		4875(GPH)		4719 GPH)			
Percent Difference (%)		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.

HOOR 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: _____

TECHNICAN

SIGNATURE: _____

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 (14) 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

VFG/ca

Enclosure

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

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:					<u>\$1,000.00</u>
<u>TOTAL PENALTY</u>					\$4,500.00

Economic benefit was considered when calculating these penalties.

**** Environmental Litigation Reform Act**

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

ELRA PENALTY COMPUTATION WORKSHEET**
REVISED

S & L Utilities, Inc.
Sleepy Hollow WWTF

Part II - Multi-day Penalties and Adjustments

ADJUSTMENTS

Dollar Amount

Violation # 1

Unauthorized discharge from the percolation pond to DRA 7100.

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

Good Faith After Discovery: _____ **- \$4,000.00**

Justification: Respondent was not aware of the discharge and was not notified by Marion County. Once aware of the discharge, Respondent took action to cease the discharge.

Violation # 2

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

Good Faith After Discovery: _____ **-\$500.00**

Justification: Respondent was not aware of the discharge and was not notified by Marion County regarding the discharge to DRA 7100.

Violation # 3

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

Good Faith Prior to Discovery: _____ **-\$1,000.00**

Justification: Respondent notified the Department of this event and made every effort to repair the piping failure as soon as possible.

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

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December 15, 2010

S & L UTILITIES INC
POST OFFICE BOX 4186
OCALA FL 34478

OCD-C-WW-10-0874

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Vivian F. Garfein
Director, Central District

VFG/ca

Enclosure

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

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

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REVISED

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Identify Violator's Facility: Sleepy Hollow WWTF

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ELRA PENALTY COMPUTATION WORKSHEET**
REVISED

S & L Utilities, Inc.
Sleepy Hollow WWTF

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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

Tuesday, February 22, 2011 AOL: Lcy at ybm

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

Monday, February 21, 2011 AOL: Lcy at ybm



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

CERTIFIED MAIL

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.

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

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.

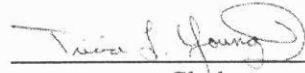
STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



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.

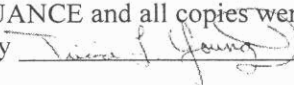
 February 15, 2010
Clerk Date

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

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

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

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.

PERMITTEE: S & L Utilities, Inc.
 FACILITY: Sleepy Hollow WWTF

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

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

- 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.:

Parameter	Units	Max/Min	Reclaimed Water Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Monitoring	Sample Type	Monitoring Site Number	
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
pH	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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 FACILITY: Sleepy Hollow WWTF

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B. Other Limitations and Monitoring and Reporting Requirements

- 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.:

Parameter	Units	Max/Min	Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
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:
- 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;
 - 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
 - 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)]

PERMITTEE: S & L Utilities, Inc.
FACILITY: Sleepy Hollow WWTF

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

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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- b. 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
- d. 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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PERMIT NUMBER: FLA010788-003
EXPIRATION DATE: February 8, 2015

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.

PERMITTEE: S & L Utilities, Inc.
FACILITY: Sleepy Hollow WWTF

PERMIT NUMBER: FLA010788-003
EXPIRATION DATE: 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.
- c. 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 operator.
- 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.
 - 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 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;

PERMITTEE: S & L Utilities, Inc.
FACILITY: Sleepy Hollow WWTF

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- (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.
 - (1) 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

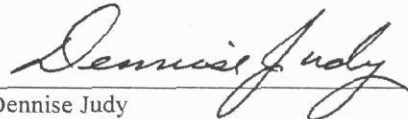
PERMIT NUMBER: FLA010788-003
EXPIRATION DATE: February 8, 2015

- 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.
A	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 (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.

CBOD₅: Enter the average CBOD₅ 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 facility. 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	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	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

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									
8									
9									
10									
11									
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22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

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:
MAILING
ADDRESS:

Ocala, Florida 34478-4186

FACILITY:
LOCATION:

Sleepy Hollow WWTF
400 SE 55th Ave

COUNTY:

Marion

OFFICE:

Central District

PERMIT NUMBER:

FLA010788-003-DW3P

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP
DESCRIPTION:
RE-SUBMITTED DMR:
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

Final
N/A
R-001
One Percolation Pond, including Influent

REPORT:
PROGRAM:

Annually
Domestic

From:

To:

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	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

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: _____

To: _____

[illegible]

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.
MAILING ADDRESS: PO Box 4186
Ocala, Florida 34478-4186

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55th Ave

Ocala, FL 34471-3532

COUNTY: Marion

OFFICE: Central District

PERMIT NUMBER:

FLA010788-003-DW3P

Expiration Date:

February 8, 2015

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP
DESCRIPTION:

Final
N/A
R-001
One Percolation Pond, including Influent

REPORT:
PROGRAM:

Monthly
Domestic

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

From:

To:

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				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					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):

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.
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 (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.

CBOD₅: Enter the average CBOD₅ 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 facility. 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	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	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

Permit Number: FLA010788-003-DW3P
Monitoring Period From: _____

Facility: Sleepy Hollow WWTF

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									
8									
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23									
24									
25									
26									
27									
28									
29									
30									
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

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:
MAILING
ADDRESS:

S & L Utilities, Inc.

PO Box 4186

Ocala, Florida 34478-4186

FACILITY:
LOCATION:

Sleepy Hollow WWTF
400 SE 55th Ave

Ocala, FL 34471-3532

COUNTY:

Marion

OFFICE:

Central District

PERMIT NUMBER:

FLA010788-003-DW3P

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP
DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

Final
N/A
R-001
One Percolation Pond, including Influent

REPORT:
PROGRAM:

Annually
Domestic

From:

To:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	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

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		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)		#/100mL		Monthly	Grab
pH	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										
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

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.
MAILING ADDRESS: PO Box 4186
Ocala, Florida 34478-4186

PERMIT NUMBER:

FLA010788-003-DW3P

Expiration Date:

February 8, 2015

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55th Ave

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:

Final
N/A
R-001
One Percolation Pond, including Influent

REPORT:
PROGRAM:

Monthly
Domestic

Ocala, FL 34471-3532

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From:

To:

COUNTY: Marion

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				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					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

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
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.

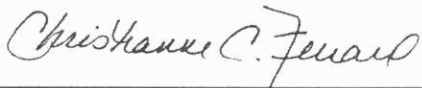
The Department acknowledges that the payment of these civil penalties by you does not constitute an admission of liability. This payment must be made payable to the Department of Environmental Protection by cashier's check or money order and shall include the OGC File Number assigned above and the notation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

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.

Sincerely,



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: _____

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., lcyatybm@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.

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.

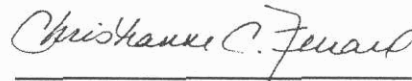
The activities observed during the Department's field inspection and any other activities at your facility that may be contributing to violations of the above described statutes or rules should be ceased. Operation of a facility in violation of state statutes or rules may result in the potential liability 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

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 Sleepy Hollow WWTF 400 SE 55 th Avenue Ocala, FL 34471	WAFR ID: FLA010788	County Marion Phone	Entry Date/Time July 15, 2010 @ Exit Date/Time July 15, 2010
Name(s) of Field Representatives(s)	Title	Phone	
Name and Address of Permittee or Designated Representative Teresa Fletcher S&L Utilities, Inc. Post Office Box 4186 Ocala, FL 34478	Title	Phone	@ Operator Certification #



Inspection Type: <input type="checkbox"/> <input type="checkbox"/> R <input type="checkbox"/> I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 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 "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT DISPOSAL
NE	1. ♦ Permit	NA	3. Laboratory	SC	6. Facility Site Review	NE	9. ♦ Effluent Quality
NA	2. ♦ Compliance Schedules	NA	4. Sampling	NE	7. Flow Measurement	SC	10. ♦ Effluent Disposal
		NE	5. ♦ Records & Reports	NE	8. ♦ Operation & Maintenance	NE	11. Residuals/Sludge
	13. Other:					NA	12. Groundwater

Facility and/or Order Compliance Status: <input type="checkbox"/> In-Compliance <input type="checkbox"/> Out-Of-Compliance <input checked="" type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: Warning Letter

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Kathryn Williams 	407-893-3313	July 16, 2010
@ Signature of Reviewer	District Office/Phone Number	Date
David Smicherko 	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

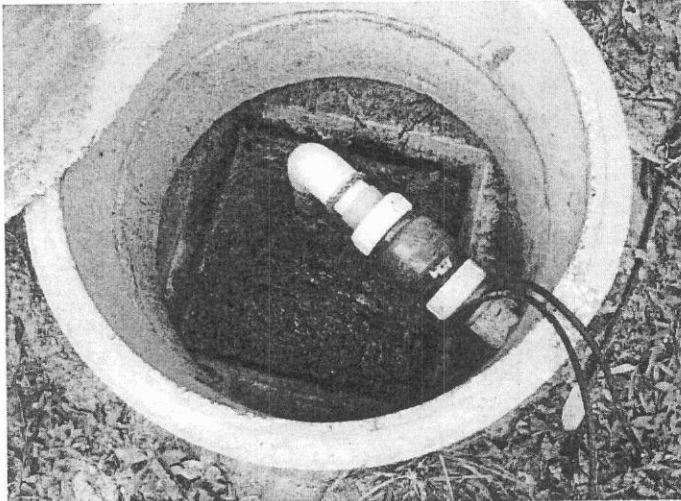
- The Marion County Stormwater Section contacted us to see if discharge into a stormwater pond was coming from the percolation pond at Sleepy Hollow, as it appeared to be. A dye test was performed

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.

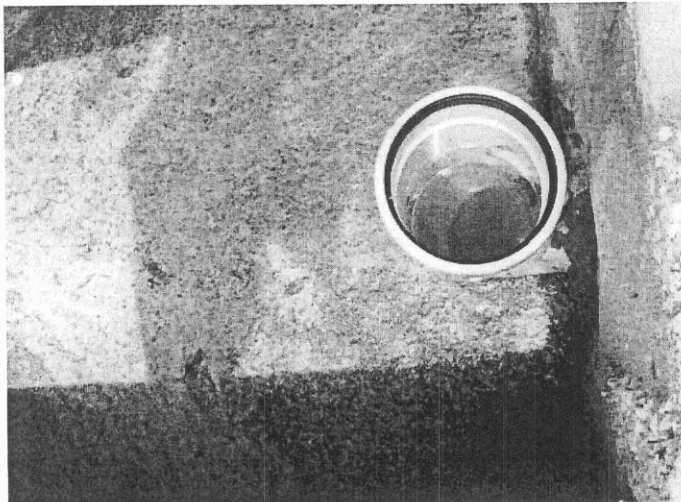
- The percolation pond contained excessive solids.

RESIDUALS/SLUDGE: Not Evaluated

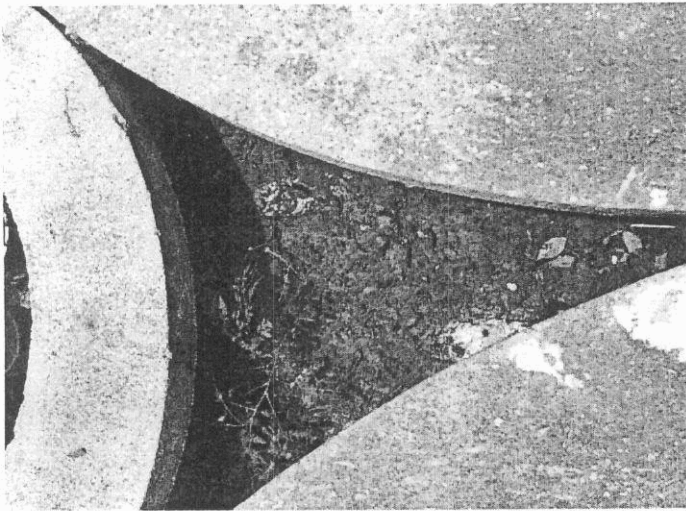
GROUND WATER: Not Applicable



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.

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-VV-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

Tuesday, March 22, 2011 AOL: Lcy at ybm

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 (14) 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

VFG/ca

Enclosure

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

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:					<u>\$1,000.00</u>
<u>TOTAL PENALTY</u>					\$4,500.00

Economic benefit was considered when calculating these penalties.

**** Environmental Litigation Reform Act**

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

ELRA PENALTY COMPUTATION WORKSHEET**
REVISED

S & L Utilities, Inc.
Sleepy Hollow WWTF

Part II - Multi-day Penalties and Adjustments

ADJUSTMENTS

Dollar Amount

Violation # 1

Unauthorized discharge from the percolation pond to DRA 7100.

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

Good Faith After Discovery: _____ **- \$4,000.00**

Justification: Respondent was not aware of the discharge and was not notified by Marion County. Once aware of the discharge, Respondent took action to cease the discharge.

Violation # 2

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

Good Faith After Discovery: _____ **-\$500.00**

Justification: Respondent was not aware of the discharge and was not notified by Marion County regarding the discharge to DRA 7100.

Violation # 3

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

Good Faith Prior to Discovery: _____ **-\$1,000.00**

Justification: Respondent notified the Department of this event and made every effort to repair the piping failure as soon as possible.

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 repaired 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
BACKFLOW TESTING & REPAIR

8890 SE 124th LN.

Bellevue, FL 334420

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.
Bellevue, FL 334420

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:

Mark Havens

Reporter

FOR:

Mark's Environmental Services LLC

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.

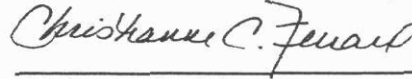
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You are requested to contact Clarence Anderson or Daniel Hall of this office at (407) 893-3313 within 15 days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may 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

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 Sleepy Hollow WWTF 400 SE 55 th Avenue Ocala, FL 34471	WAFR ID: FLA010788	County Marion Phone	Entry Date/Time July 15, 2010 @ Exit Date/Time July 15, 2010
Name(s) of Field Representatives(s)	Title	Phone	
Name and Address of Permittee or Designated Representative Teresa Fletcher S&L Utilities, Inc. Post Office Box 4186 Ocala, FL 34478	Title	Phone	@ Operator Certification #



Inspection Type: <input type="checkbox"/> <input type="checkbox"/> R <input type="checkbox"/> I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 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 "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
NE	1. ♦ Permit	NA	3. Laboratory	SC	6. Facility Site Review	NE	9. ♦ Effluent Quality
NA	2. ♦ Compliance Schedules	NA	4. Sampling	NE	7. Flow Measurement	SC	10. ♦ Effluent Disposal
		NE	5. ♦ Records & Reports	NE	8. ♦ Operation & Maintenance	NE	11. Residuals/Sludge
	13. Other:					NA	12. Groundwater

Facility and/or Order Compliance Status: <input type="checkbox"/> In-Compliance <input type="checkbox"/> Out-Of-Compliance <input checked="" type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: Warning Letter

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Kathryn Williams 	407-893-3313	July 16, 2010
@ Signature of Reviewer	District Office/Phone Number	Date
David Smicherko 	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

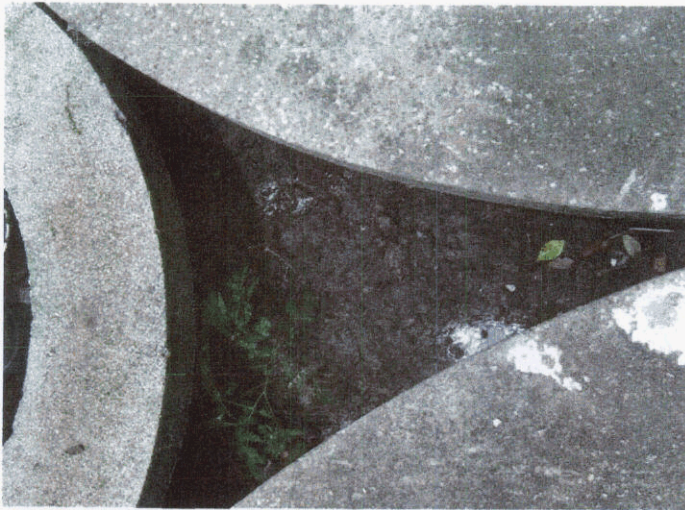
GROUND WATER: Not Applicable



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 Violations:					\$10,000.00
Total Costs and Expenses Incurred by the Department:					<u>\$ 1,000.00</u>
<u>TOTAL PENALTY</u>					\$11,000.00

* See Penalty Determination for a description of the violation.

Economic benefit was considered when calculating these penalties.

** Environmental Litigation Reform Act

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

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

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

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

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.

(g) 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 one-half 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 separated 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.	-----\$3200.00
Replace pump control panel unit	-----\$2000.00
Replace electric panel box assembly	-----\$1200.00
Misc. plumbing repairs	-----\$1500.00

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
Replace electric utility service (main)	-----\$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 configuration	-----\$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.
2. 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.
4. 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.
7. 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-C-WW-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 Smicherko

David Smicherko
Supervisor
Wastewater Compliance/Enforcement

DS/kmw/ar

Enclosure: Inspection Report

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

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
WASTEWATER COMPLIANCE INSPECTION REPORT
FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility Sleepy Hollow WWTF 400 SE 55 th Ave Ocala FL 34471	WAFR ID: FLA010788	County Marion Phone	Entry Date/Time November 18, 2009 @ 10:30 a.m. @ Exit Date/Time
Name(s) of Field Representatives(s) Marlin Richardson	Title Operator	Phone	
Name and Address of Permittee or Designated Representative Teresa Fletcher S&L Utilities, Inc. Post Office Box 4186 Ocala FL 34478	Title	Phone	@ Operator Certification #

Inspection Type:	<input type="checkbox"/> C	<input type="checkbox"/> S	<input type="checkbox"/> I	Samples Taken(Y/N): Y	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial			Were Photos Taken(Y/N): Y	@ Log book Volume : 1	@ Page 273-274

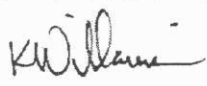

FACILITY COMPLIANCE AREAS EVALUATED

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 "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT DISPOSAL
IC	1. ♦ Permit	NA	3. Laboratory	NC	6. Facility Site Review	NC	9. ♦ Effluent Quality
IC	2. ♦ Compliance Schedules	NA	4. Sampling	IC	7. Flow Measurement	NC	10. ♦ Effluent Disposal
		NC	5. ♦ Records & Reports	NE	8. ♦ Operation & Maintenance	IC	11. Residuals/Sludge
	13. Other:					NA	12. Groundwater

Facility and/or Order Compliance Status: ☐ In-Compliance ☒ Out-Of-Compliance ☐ Significant-Out-Of-Compliance

Recommended Actions: noncompliance letter

Name(s) and Signature(s) of Inspector(s) <div style="text-align: center;">  Kathryn Williams </div>	District Office/Phone Number Central/407-893-3313	Date December 16, 2009
@ Signature of Reviewer <div style="text-align: center;">  David Smicherko </div>	District Office/Phone Number	Date December 18, 2009

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:
 - **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](mailto: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

2010 DMR & 2011

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.
MAILING ADDRESS: PO Box 4186
Ocala, Florida 34478-4186

PERMIT NUMBER: FLA010788-003-DW3P

Expiration Date: February 8, 2015

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55th Ave
Ocala, FL 34471-3532

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: One Percolation Pond, including Influent

REPORT: Monthly
PROGRAM: Domestic

COUNTY: Marion
OFFICE: Central District

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 1/1/11 To: 1/31/11

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.007	.008	MGD					0	5 Days/Week	Elapsed Time Meter on Pump
PARM Code 50050 I 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					3.7		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 day, 20C	Sample Measurement				4.4	4.4	4.4	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					4.2		Mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3	3	3	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	<i>Mark Havens</i>	(352)693-3859	11/02/11

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

FACILITY: Sleepy Hollow WWTF

R-001

PERMIT NUMBER: FLA010788-003-DW3P

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

2

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:
MAILING
ADDRESS:

S & L Utilities, Inc.
PO Box 4186
Ocala, Florida 34478-4186

PERMIT NUMBER:

FLA010788-003-DW3P

FACILITY:
LOCATION:

Sleepy Hollow WWTF
400 SE 55th Ave

Ocala, FL 34471-3532

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP
DESCRIPTION:

Final
N/A
R-001
One Percolation Pond, including Influent

REPORT:
PROGRAM: Annually
Domestic

COUNTY:
OFFICE:

Marion
Central District

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency 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

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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 Havens, Sr., Mark's Environmental Services	<i>Mark Havens</i>	(352)693-3859	11/02/21

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

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-1	EFA-1	FLW-1			
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			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			
19	4.4	>2.2	<2	3	7.8	.008			
20		>2.2			7.8	.008			
21		>2.2			7.8	.006			
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.						.007			

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 13589 Name: Mark Havens, Sr.

Evening Shift Operator

Class: C 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.

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.
MAILING ADDRESS: PO Box 4186
Ocala, Florida 34478-4186

PERMIT NUMBER:

FLA010788-003-DW3P

Expiration Date:

February 8, 2015

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55th Ave
Ocala, FL 34471-3532

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

Final
N/A
R-001
One Percolation Pond, including Influent

REPORT: Monthly
PROGRAM: Domestic

COUNTY: Marion
OFFICE: Central District

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.008	.008	MGD					0	5 Days/Week	Elapsed Time Meter on Pump
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 PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement				3.4			mg/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site No. EFA-1	Sample Measurement				6.9	6.9	6.9	mg/L	0	Monthly	Grab
	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement				4.8			mg/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon. Site No. EFA-1	Sample Measurement				5.7	5.7	5.7	mg/L	0	Monthly	Grab
	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement				4			#/100mL	0	Monthly	Grab
	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 Havens, Sr./Mark's Environmental Services	<i>Mark Havens</i>	352-693-3859	11/01/26

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

FACILITY: Sleepy Hollow WWTF

R-001

PERMIT NUMBER: FLA010788-003-DW3P

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

2

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

MAILING ADDRESS: PO Box 4186

Ocala, Florida 34478-4186

LIMIT:

Final

REPORT:

Annually

FACILITY: Sleepy Hollow WWTF

CLASS SIZE:

N/A

PROGRAM:

Domestic

LOCATION: 400 SE 55th Ave

MONITORING GROUP NUMBER:

R-001

MONITORING GROUP DESCRIPTION:

One Percolation Pond, including Influent

Ocala, FL 34471-3532

RE-SUBMITTED DMR: ☐

NO DISCHARGE FROM SITE: ☐

COUNTY: Marion

MONITORING PERIOD

To: 12/31/10

OFFICE: Central District

From: 12/01/10

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

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

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788-003-DW3P
From: 12/01/10 To: 12/31/10

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		>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			
16		>2.2			7.6	.008			
17		>2.2			7.7	.008			
18		>2.2			7.8	.008			
19		>2.2			7.8	.009			
20		>2.2			7.6	.008			
21		1.6			7.6	.008			
22		>2.2			7.6	.008			
23		>2.2			7.8	.008			
24		>2.2			7.8	.009			
25		>2.2			7.6	.009			
26						.008			
27		>2.2			7.6	.010			
28		>2.2			7.8	.008			
29		>2.2			7.6	.008			
30		>2.2			7.6	.009			
31		>2.2			7.6	.009			
Total	6.9		11	5.7		0.255			
Mo. Avg.	6.9		11	5.7		.008			

PLANT STAFFING:

Day Shift Operator

Class: C 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.

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.
MAILING ADDRESS: PO Box 4186
Ocala, Florida 34478-4186

PERMIT NUMBER:

FLA010788-003-DW3P

Expiration Date:

February 8, 2015

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55th Ave

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP
DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

Final
N/A
R-001
One Percolation Pond, including Influent

REPORT:
PROGRAM:

Monthly
Domestic

Ocala, FL 34471-3532

COUNTY: Marion

OFFICE: Central District

From: Nov 1, 2010
To: Nov 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.008	0.009	Mgd.					0	5 days/week	Elapsed Time Meter
PARM Code 50050 I 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			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 day, 20C	Sample Measurement				2.5	2.5	2.5	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				4.5			Mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.6	1.6	1.6	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				3.0			#/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's Environmental Services / Mark Havens	Mark Havens	(352) 693-3859	2010/12/21

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

FACILITY: Sleepy Hollow WWTF

R-001

PERMIT NUMBER: FLA010788-003-DW3P

From: 11/1/2010

To: 11/30/2010

[illegible]

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: S & L Utilities, Inc.
 NAME:
 MAILING: PO Box 4186
 ADDRESS:
 Ocala, Florida 34478-4186
 FACILITY: Sleepy Hollow WWTF
 LOCATION: 400 SE 55th Ave
 Ocala, FL 34471-3532
 COUNTY: Marion
 OFFICE: Central District

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:
 MONITORING GROUP NUMBER:
 MONITORING GROUP DESCRIPTION:
 RE-SUBMITTED DMR: ☐
 NO DISCHARGE FROM SITE: ☒
 MONITORING PERIOD
 From:

FLA010788-003-DW3P
 Final
 N/A
 R-001
 One Percolation Pond, including Influent
 REPORT:
 PROGRAM:
 Annually
 Domestic
 Nov 1, 2010 Nov 30, 2010
 To:

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	M/L		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	M/L		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	M/L		MNR	MNR
PARM Code 00530 G Mon. Site No. INF-1	Permit 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Mark's Environmental Services / Mark Havens	Mark Havens	(352) 693-3857	2010/12/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788-003-DW3P
From: 11/1/2010

To: 11/30/2010

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		12.20			7.2	.009			
2		12.20			7.7	.009			
3		12.20			7.7	.007			
4		12.20			7.8	.009			
5		12.20			7.7	.007			
6	2.5	12.20	<1	1.6	7.8	.010			
7						.010			
8		12.20			7.1	.008			
9		12.20			7.8	.008			
10		12.20			7.7	.006			
11		12.20			7.8	.007			
12		12.20			7.8	.007			
13		12.20			7.8	.009			
14						.009			
15		12.20			7.7	.008			
16		1.5			7.7	.007			
17		12.20			7.7	.007			
18		12.20			7.7	.020			
19		12.20			7.6	.004			
20		12.20			7.6	.010			
21						.010			
22		12.20			7.6	.007			
23		12.20			7.7	.007			
24		12.20			7.7	.011			
25		12.20			7.5	.004			
26		12.20			7.7	.008			
27		12.20			7.8	.008			
28						.008			
29		12.20			7.7	.007			
30		12.20			7.6	.007			
31									
Total						248.000			
Mo. Avg.	2.5		<1	1.6		.008			

PLANT STAFFING:

Day Shift Operator

Class: C

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: _____



Advanced
Environmental Laboratories, Inc.

6815 SW Archer Road
Gainesville, Florida 32608
(352) 377-2349
FAX (352) 395-6639

October 13, 2010

Serial: LAB-101013 22357

Mark Havens

Mark's Environmental Services, LLC

8890 SE 124th Ln

Bellevue, 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,

A handwritten signature in cursive script that reads 'Beth Elton'.

Beth Elton

Project Manager

belton@aellab.com

Advanced Environmental Laboratories



- ☐ 6601 Southpoint Pkwy. • Jacksonville, FL 32218 • 904.363.9350 • Fax 904.363.9354 • E82574
☐ 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
☐ 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
☐ 6815 SW Archer Road • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 • E82001
☐ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076

[illegible]



Advanced
Environmental Laboratories, Inc.

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	

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.
MAILING ADDRESS: PO Box 4186
Ocala, Florida 34478-4186

PERMIT NUMBER:

FLA010788-003-DW3P

Expiration Date:

February 8, 2015

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55th Ave

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP
DESCRIPTION:

Final
N/A
R-001
One Percolation Pond, including Influent

REPORT:
PROGRAM:

Monthly
Domestic

Ocala, FL 34471-3532

COUNTY: Marion

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

From:

Sept 1, 2010

To:

Sept 30, 2010

OFFICE: Central District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	010	008	Mgd.					Φ	5 days/wk	Elapsed Time Meter
PARM Code 50050 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				3.4			Mg/L	Φ	Monthly	Grab
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				12.0	12.0	12.0	Mg/L	Φ	Monthly	Grab
PARM Code 80082 A	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	Φ	Monthly	Grab
PARM Code 00530 Y	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.0	4.0	4.0	Mg/L	Φ	Monthly	Grab
PARM Code 00530 A	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				3			100/mL	Φ	Monthly	Grab
PARM Code 74055 Y	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 Havens	(352) 693-3859	2010/10/23

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: Sept 1, 2010

To: Sept 30, 2010

[illegible]

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

Ocala, Florida 34478-4186

FLA010788-003-DW3P

400 SE 55th Ave

One Percolation Pond, including Influent

Annually
Domestic

Marion

Central District

From:

Sept 1, 2010 Sept 30, 2010

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.

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788-003-DW3P

From: Sept 1, 2010 To: Sept 30, 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		0.7			7.5	.008			
2		>2.20			7.5	.007			
3		>2.20			7.5	.006			
4		>2.20			7.5	.008			
5						.009			
6		>2.20			7.4	0.017			
7		>2.20			7.5	.013			
8		0.5			7.5	.019			
9		1			7.4	.023			
10		>2.20			7.5	.008			
11		>2.20			7.5	.009			
12						.009			
13		2			7.4	.007			
14		>2.20			7.5	.009			
15		1.6			7.4	.012			
16		1.6			7.6	.007			
17		>2.20			7.6	.007			
18		1.4			7.8	.008			
19						.008			
20	<2	1	2	4.0	7.5	.009			
21		0.5			7.5	.009			
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						.008			
27		0.8			7.6	.010			
28		0.8			7.5	.008			
29		0.9			7.5	.008			
30		0.9			7.5	.008			
31									
Total						0.285			
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 13587 Name: Mark H. vens

Evening Shift Operator

Class: C Certificate No: 15455 Name: Michael Smith

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, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: S & L Utilities, Inc.
MAILING ADDRESS: PO Box 4186
Ocala, Florida 34478-4186

PERMIT NUMBER:

FLA010788-003-DW3P

Expiration Date:

February 8, 2015

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55th Ave

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP

Final
N/A
R-001

REPORT:
PROGRAM:

Monthly
Domestic

Ocala, FL 34471-3532

DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

From:

August 1, 2010

August 31, 2010

COUNTY: Marion

OFFICE: Central District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.007	0.008	MGD					Ø	5 Day/wk	Elapse Time Meter
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			mg/L	Ø	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				6.0	6.0	6.0	mg/L	Ø	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				4.7			mg/L	Ø	Monthly	Grab
PARM 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	mg/L	Ø	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	Ø	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's Environmental Service / Mark Havens	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

R-001

PERMIT NUMBER: FLA010788-003-DW3P

From: August 1, 2010

To: August 31, 2010

2

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.
MAILING
ADDRESS: PO Box 4186
Ocala, Florida 34478-4186

PERMIT NUMBER:

FLA010788-003-DW3P

FACILITY:
LOCATION: Sleepy Hollow WWTF
400 SE 55th Ave

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP
DESCRIPTION:

Final
N/A
R-001

REPORT:
PROGRAM:

Annually
Domestic

One Percolation Pond, including Influent

Ocala, FL 34471-3532

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

COUNTY: Marion

MONITORING PERIOD

From:

August 1, 2010 August 31, 2010
To:

OFFICE: Central District

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement									
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					MNR	mg/L	Ø	MNR	MNR
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement					12.0 (Max.)	mg/L		Annually	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement					MNR	mg/L	Ø	MNR	MNR
Solids, Total Suspended(Influent)	Sample Measurement					Report (Max.)	mg/L		Annually	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement					MNR	mg/L	Ø	MNR	MNR
						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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Mark's Environmental Service / Mark's	Mark's	(352) 502-6431	2010/09/22

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788-003-DW3P

From: August 1, 2010 To: August 31, 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									
2		>2.20			7.5	0.010			
3		>2.20			7.5	0.006			
4		>2.20			7.5	0.010			
5		2.00			7.5	0.002			
6		>2.20			7.5	0.009			
7		>2.20			7.4	0.009			
8						0.009			
9		>2.20			7.4	0.009			
10		2.00			7.5	0.009			
11		>2.20			7.5	0.009			
12		>2.20			7.4	0.009			
13		1.60			7.4	0.009			
14		>2.20			7.4	0.009			
15						0.009			
16		>2.20			7.5	0.005			
17		>2.20			7.4	0.005			
18	6.0	1.2	<1	1.0	7.4	0.005			
19		>2.20			7.4	0.009			
20		>2.20			7.5	0.005			
21		>2.21			7.5	0.008			
22						0.008			
23		>2.20			7.5	0.007			
24		1.10			7.4	0.006			
25		1.00			7.4	0.004			
26		1.00			7.4	0.009			
27		1.80			7.5	0.008			
28		1.60			7.4	0.009			
29						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		<1	1.0		0.007			

PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 13589 Name: Mark Hauens

Evening Shift Operator

Class: _____ Certificate No: _____ Name: _____

Night Shift Operator

Class: _____ Certificate No: _____ Name: _____

Lead Operator

Class: _____ Certificate No: _____ Name: _____



Advanced
Environmental Laboratories, Inc.

6815 SW Archer
Gainesville, FL 32609
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:
08/24/10 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	

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.
MAILING ADDRESS: PO Box 4186
 Ocala, Florida 34478-4186

PERMIT NUMBER:

FLA010788-003-DW3P

Expiration Date:

February 8, 2015

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55th Ave

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:

Final
 N/A
 R-001
 One Percolation Pond, including Influent

REPORT:
PROGRAM:

Monthly
 Domestic

Ocala, FL 34471-3532

COUNTY: Marion

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

From:

July 1, 2010

July 31, 2010

To:

OFFICE: Central District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.008	0.011	MGD					Ø	5 Day/wk	Elapsed Time meter
PARM Code 50050 I 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					1.9		mg/L	Ø	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				7.7	7.7	7.7	mg/L	Ø	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					4.5		mg/L	Ø	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.3	5.3	5.3	mg/L	Ø	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					3.3		#/100mL	Ø	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's Environmental Services / Mark Havens	<i>Mark Havens</i>	(352) 502-6431	2010/03/20

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

Estimate Flow 7/16/2010 - 7/31/2010
 malfunctioned ETM

FACILITY: Sleepy Hollow WWTF

R-001

PERMIT NUMBER: FLA010788-003-DW3P

NUMBER:

MONITORING PERIOD

From: July 1, 2010

To: July 31, 2010

2

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:
MAILING ADDRESS:
S & L Utilities, Inc.
PO Box 4186
Ocala, Florida 34478-4186

PERMIT NUMBER:

FLA010788-003-DW3P

FACILITY:
LOCATION:
Sleepy Hollow WWTF
400 SE 55th Ave
Ocala, FL 34471-3532

LIMIT:
CLASS SIZE:
MONITORING GROUP NUMBER:
MONITORING GROUP DESCRIPTION:
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD

Final
N/A
R-001
One Percolation Pond, including Influent

REPORT:
PROGRAM:
Annually
Domestic

COUNTY:
Marion

OFFICE:
Central District

From:

To: July 1, 2010 July 31, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	mg/L	0	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	mg/L	0	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	mg/L	0	MNR	MNR
PARM Code 00530 G Mon. Site No. INF-1	Permit 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)
Mark's Environmental Services / <i>Mark Havens</i>	<i>Mark Havens</i>	(352) 502-6431	2010/08/20

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788-003-DW3P

From: July 1, 2010

To: July 31, 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		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			7.6	0.006			
9		0.50			7.6	0.007			
10		0.50			7.6	0.008			
11						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			7.5	0.009			
16		2.00			7.5	0.009			
17		0.50			7.5	0.009			
18						0.009			
19		0.50			7.5	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			7.4	0.009			
30		>2.20			7.6	0.008			
31		>2.20			7.5	0.010			
Total	7.7		<1	5.3		0.264			
Mo. Avg.	7.7		<1	5.3		0.008			

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 13539

Name: Mark Havens

Evening Shift Operator

Class: _____

Certificate No: _____

Name: _____

Night Shift Operator

Class: _____

Certificate No: _____

Name: _____

Lead Operator

Class: _____

Certificate No: _____

Name: _____



Advanced
Environmental Laboratories, Inc.

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
Bellevue, 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)

Analysis	Result	Reporting 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	1	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	

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER

FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1, 2010 To June 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	014	010	MGD						5 DAYS/WK	METER
PARM Code 50050 1	Permit Requirement	0.03 (3-Mo Avg.)	Report (Mo Avg.)	MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0			mg/L	✓	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement				20.0 (An Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/L	✓	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement				Report (Mo Avg.)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5			mg/L	✓	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement				20.0 (An Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3	3		mg/L	✓	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement				Report (Mo Avg.)	60.0 (Max)		MG/L		Monthly	Grab
pH	Sample Measurement				7.4	7.7		SU	✓	5 DAYS/WK	GRAB
PARM Code 00400 A	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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARLIN RICHARDSON / PO TECH W/WW	<i>Marlin Richardson</i>	352-246-2444	2010/7/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: June 1, 2010 To: June 30, 2010

PERMIT NUMBER: FLA010788

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			3	#/100ML	✓	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			<2 <2	#/100ML	✓	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean) 800 (Max.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5	MG/L	✓	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)	MG/L		5-Days/Week	Grab
Mon.Site No. EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			47	%	✓	MONTHLY	Calculated
PARM Code 00180 I	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	MG/L	✓	MNR	MNR
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	MG/L		Annually	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	✓	MNR	MNR
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
Solids, Total Suspended	Sample Measurement			MNR	MG/L	✓	MNR	MNR
PARM Code 00530 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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		>2.2	.022				
2			7.5		>2.2	.014				
3			7.5		>2.2	.015				
4			7.5		>2.2	.017				
5						.020				
6						.020				
7			7.4		1.5	.021				
8			7.5		>2.2	.018				
9			7.5		>2.2	.016				
10			7.5		>2.2	.015				
11			7.5		>2.2	.013				
12						.018				
13						.018				
14			7.6		>2.2	.018				
15			7.7		>2.2	.012				
16			7.6		>2.2	.017				
17			7.6		>2.2	.015				
18			7.4		>2.2	.016				
19						.018				
20						.018				
21			7.5		>2.2	.017				
22			7.5		>2.2	.017				
23	<20	<2	7.6	3	>2.2	.019				
24			7.5		>2.2	.017				
25			7.5		>2.2	.016				
26						.025				
27						.025				
28			7.5		0.5	.025				
29			7.4		0.9	.024				
30			7.5		1.5	.016				
31										
Total	<20	<2		3						
Mo. Avg.	<2.0	<2		3		.018				

PLANT STAFFING:

Day Shift Operator

Class:

C

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER

FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>.010</u>	<u>.015</u>	<u>MGD</u>					<u>5</u>	<u>DAYS/WK</u>	<u>METER</u>
PARM Code 50050 I 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				<u>3</u>			<u>mg/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
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				<u>42.0</u>	<u>42.0</u>		<u>mg/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 A Mon.Site No: EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>5</u>			<u>mg/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Y Mon.Site No: EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>2</u>	<u>2</u>		<u>mg/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 A Mon.Site No: EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
pH	Sample Measurement				<u>7.4</u>	<u>7.6</u>		<u>SU</u>	<u>5</u>	<u>DAYS/WK</u>	<u>GRAB</u>
PARM Code 00400 A Mon.Site No: EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	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)
<u>MARLIN RICHARDSON / PO-TECH WSWW</u>	<u>Marlin Richard</u>	<u>(352) 236 2444</u>	<u>2010/6/19</u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: MAY 1, 2010 ToMAY 31, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			3	#/100 ML	0	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100 ML		Monthly	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			<1 <1	#/100 ML	0	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean) 800 (Max.)	#/100 ML		Monthly	Grab
Mon.Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0	mg/L	0	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			33	%	0	MONTHLY	Calculated
PARM Code 00180 I	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	mg/L	0	Annually	GRAB
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	MG/L		Annually	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	mg/L	0	Annually	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
Solids, Total Suspended	Sample Measurement			MNR	mg/L	0	Annually	GRAB
PARM Code 00530 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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		>2.2	.011				
5			7.4		>2.2	.008				
6			7.5		>2.2	.013				
7			7.4		>2.2	.007				
8						.014				
9						.014				
10			7.4		>2.2	.014				
11			7.5		>2.2	.015				
12			7.5		>2.2	.016				
13			7.4		>2.2	.016				
14			7.5		>2.2	.018				
15						.019				
16						.019				
17			7.4		>2.2	.020				
18			7.5		>2.2	.017				
19			7.5		>2.2	.015				
20	<2.0	<1	7.5	2	>2.2	.017				
21			7.6		>2.2	.015				
22						.016				
23						.016				
24			7.5		2.0	.016				
25			7.6		>2.2	.014				
26			7.5		>2.2	.016				
27			7.5		>2.2	.017				
28			7.5		2.2	.017				
29						.017				
30						.017				
31			7.5		2.2	.017				
Total	<2.0	<1		2						
Mo. Avg.	<2.0	<1		2		.015				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 18132

Name: MARK HAVENS II

Evening Shift Operator

Class: C

Certificate No: 13891

Name: VINCENT BROWN

Night Shift Operator

Class: C

Certificate No: 10053

Name: KEN ESTES

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: APRIL 1, 2010 To APRIL 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>.008</u>	<u>.010</u>	<u>MGD</u>				<u>5</u>	<u>5 DAYS/WK</u>	<u>METER</u>
PARM Code 50050 1	Permit Requirement	<u>0.03</u> (3-Mo. Avg.)	<u>Report</u> (Mo. Avg.)	<u>MGD</u>					<u>5 Days/Week</u>	<u>Meter</u>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>3</u>		<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 Y	Permit Requirement				<u>20.0</u> (An. Avg.)		<u>MG/L</u>		<u>Monthly</u>	<u>Grab</u>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>42.0</u>	<u>42.0</u>	<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 A	Permit Requirement				<u>Report</u> (Mo. Avg.)	<u>60.0</u> (Max.)	<u>MG/L</u>		<u>Monthly</u>	<u>Grab</u>
Solids, Total Suspended	Sample Measurement				<u>5</u>		<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Y	Permit Requirement				<u>20.0</u> (An. Avg.)		<u>MG/L</u>		<u>Monthly</u>	<u>Grab</u>
Solids, Total Suspended	Sample Measurement				<u>2</u>	<u>2</u>	<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 A	Permit Requirement				<u>Report</u> (Mo. Avg.)	<u>60.0</u> (Max.)	<u>MG/L</u>		<u>Monthly</u>	<u>Grab</u>
pH	Sample Measurement				<u>7.4</u>	<u>7.6</u>	<u>SU</u>	<u>5</u>	<u>5 DAYS/WK</u>	<u>GRAB</u>
PARM Code 00400 A	Permit Requirement				<u>6.0</u> (Min.)	<u>8.5</u> (Max.)	<u>SU</u>		<u>5 Days/Week</u>	<u>Grab</u>

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)
<u>MARVIN RICHARDSON / PRO-TECH W/WW</u>	<u>Marvin Richardson</u>	<u>352-236-2444</u>	<u>2010/5/10</u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: APRIL 1, 2010 To: APRIL 30, 2010

PERMIT NUMBER: FLA010788

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			2			#/100ML	Ø	MONTHLY	GRAB
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			28	28		#/100ML	Ø	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			0.9			MG/L	Ø	5 DAYS/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	Sample Measurement			26			%	Ø	MONTHLY	CALCULATED
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	Ø	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			MG/L	Ø	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			MG/L	Ø	MNR	MNR
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788
From: April 1, 2010

To: April 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		1.0	.008				
2			7.4		1.1	.009				
3						.009				
4						.009				
5			7.4		0.9	.009				
6			7.5		1.4	.009				
7			7.5		>2.2	.008				
8			7.5		>2.2	.009				
9			7.4		>2.2	.008				
10						.009				
11						.009				
12			7.5		1.3	.009				
13			7.5		2.2	.009				
14	22.0	28	7.5	2	>2.2	.008				
15			7.5		>2.2	.008				
16			7.4		>2.2	.008				
17						.008				
18						.008				
19			7.5		>2.2	.008				
20			7.5		>2.2	.008				
21			7.4		>2.2	.008				
22			7.6		>2.2	.008				
23			7.5		>2.2	.008				
24						.013				
25						.013				
26			7.5		>2.2	.013				
27			7.5		2.0	.011				
28			7.4		>2.2	.012				
29			7.5		>2.2	.010				
30			7.5		>2.2	.014				
31										
Total	22.0	28		2						
Mo. Avg.	22.0	28		2						

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

15174

Name:

MARLIN RICHARDSON

Evening Shift Operator

Class:

C

Certificate No:

9084

Name:

RAY MEVEY

Night Shift Operator

Class:

C

Certificate No:

13891

Name:

VINCENT BROWN

Lead Operator

Class:

C

Certificate No:

100

Name:

KENNETH ESKES

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			2	#/100 ML		MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			<1	#/100 ML	Ø	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		Monthly	Grab
Mon.Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6	MG/L		5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			28	%		MONTHLY	CALCULATED
PARM Code 00180 1	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	MG/L	Ø	MNR	MNR
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	MG/L		Annually	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	Ø	MNR	MNR
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
Solids, Total Suspended	Sample Measurement			MNR	MG/L	Ø	MNR	MNR
PARM Code 00530 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER

FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

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

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>.008</u>	<u>.009</u>	<u>MGD</u>				<u>Φ</u>	<u>5 DAYS/WK</u>	<u>METER</u>
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	<u>0.03</u> (3-Mo. Avg.)	<u>Report</u> (Mo. Avg.)	<u>MGD</u>					<u>5 Days/Week</u>	<u>Meter</u>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>3</u>		<u>mg/L</u>	<u>Φ</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				<u>20.0</u> (An. Avg.)		<u>MG/L</u>		<u>Monthly</u>	<u>Grab</u>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>5.4</u>	<u>5.4</u>	<u>mg/L</u>	<u>Φ</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				<u>Report</u> (Mo. Avg.)	<u>60.0</u> (Max.)	<u>MG/L</u>		<u>Monthly</u>	<u>Grab</u>
Solids, Total Suspended	Sample Measurement				<u>6</u>		<u>mg/L</u>	<u>Φ</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				<u>20.0</u> (An. Avg.)		<u>MG/L</u>		<u>Monthly</u>	<u>Grab</u>
Solids, Total Suspended	Sample Measurement				<u>11</u>	<u>11</u>	<u>mg/L</u>	<u>Φ</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				<u>Report</u> (Mo. Avg.)	<u>60.0</u> (Max.)	<u>MG/L</u>		<u>Monthly</u>	<u>Grab</u>
pH	Sample Measurement				<u>7.3</u>	<u>7.6</u>	<u>SU</u>	<u>Φ</u>	<u>5 DAYS/WK</u>	<u>GRAB</u>
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				<u>6.0</u> (Min.)	<u>8.5</u> (Max.)	<u>SU</u>		<u>5 Days/Week</u>	<u>Grab</u>

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)
<u>MARLIN RICHARDSON / PRO-TECH W&WW</u>	<u>Marlin Richardson</u>	<u>352-207-5525</u>	<u>2010/4/10</u>

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

DAILY SAMPLE RESULTS - PART B

 Permit Number:
Monitoring Period

FLA010788

 From: MARCH 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		2.2	.007				
3			7.5		2.2	.007				
4			7.5		2.2	.007				
5			7.4		2.2	.007				
6					2.2	.009				
7						.009				
8			7.5		2.2	.009				
9			7.5		2.2	.008				
10			7.4		2.2	.009				
11			7.5		2.2	.007				
12			7.3		2.2	.011				
13						.009				
14						.009				
15			7.5		2.0	.009				
16	5.4	<1	7.5	11	2.2	.008				
17			7.4		2.0	.009				
18			7.6		1.4	.011				
19			7.5		2.0	.011				
20						.011				
21						.010				
22			7.5		0.9	.010				
23			7.5		2.1	.008				
24			7.6		2.0	.008				
25			7.5		2.2	.008				
26			7.5		2.1	.008				
27						.009				
28						.009				
29			7.5		0.9	.009				
30			7.5		0.7	.009				
31			7.6		1.1	.007				
Total	5.4	<1		11						
Mo. Avg.	5.4	<1		11		.009				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

15174

Name:

MARLIN RICHARDSON

Evening Shift Operator

Class:

C

Certificate No:

13891

Name:

VINCENT BROWN

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER

FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: FEB 1, 2010 To FEB 28, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>0.08</u>	<u>0.08</u>	MGD				<u>50</u>	<u>50 GPM/WK</u>	<u>Meter</u>
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	<u>0.03</u> (3-Mo. Avg.)	<u>Report</u> (Mo. Avg.)	MGD					<u>5 Days/Week</u>	<u>Meter</u>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>3</u>		mg/L	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 Mon. Site No. EPA-1	Permit Requirement				<u>20.0</u> (An. Avg.)		MG/L		<u>Monthly</u>	<u>Grab</u>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>4.8</u>	<u>4.8</u>	mg/L	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 Mon. Site No. EPA-1	Permit Requirement				<u>Report</u> (Mo. Avg.)	<u>60.0</u> (Max.)	MG/L		<u>Monthly</u>	<u>Grab</u>
Solids, Total Suspended	Sample Measurement				<u>6</u>		mg/L	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Mon. Site No. EPA-1	Permit Requirement				<u>20.0</u> (An. Avg.)		MG/L		<u>Monthly</u>	<u>Grab</u>
Solids, Total Suspended	Sample Measurement				<u>10</u>	<u>10</u>	mg/L	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Mon. Site No. EPA-1	Permit Requirement				<u>Report</u> (Mo. Avg.)	<u>60.0</u> (Max.)	MG/L		<u>Monthly</u>	<u>Grab</u>
pH	Sample Measurement				<u>7.4</u>	<u>7.7</u>	SU	<u>5</u>	<u>50 GPM/WK</u>	<u>GRAB</u>
PARM Code 00400 Mon. Site No. EPA-1	Permit Requirement				<u>6.0</u> (Min.)	<u>8.5</u> (Max.)	SU		<u>5 Days/Week</u>	<u>Grab</u>

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)
<u>MARLIN RICHARDSON / PRO-TECH W&W</u>	<u>[Signature]</u>	<u>(352) 207-5525</u>	<u>2010/3/20</u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: FEB. 1, 2010 To: FEB. 28, 2010

PERMIT NUMBER: FLA010788

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			1	#/100ML	0	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1	#/100ML	0	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.8	MG/L	0	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			27	%	0	MONTHLY	CALCULATED
PARM Code 00180 1	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			12.8	MG/L	1	Annually	GRAB
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			144	MG/L	0	Annually	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			140	MG/L	0	Annually	GRAB
PARM Code 00530 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

 Permit Number:
Monitoring Period

FLA010788

 From: FEB. 1, 2010

 To: FEB. 18, 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		2.8	.007				
2			7.4		2.0	.008				
3			7.5		1.1	.007				
4			7.5		2.0	.007				
5			7.4		2.2	.007				
6						.008				
7						.008				
8			7.5		2.2	.008				
9			7.5		2.2	.007				
10	4.8	<1	7.5	10	2.2	.007				
11			7.6		2.2	.009				
12			7.7		2.2	.006				
13						.008				
14						.008				
15			7.6		2.2	.007				
16			7.6		2.2	.008				
17			7.6		2.2	.006				
18			7.5		2.2	.008				
19			7.5		2.2	.006				
20						.008				
21						.008				
22			7.5		2.2	.008				
23			7.5		2.2	.008				
24			7.5		2.2	.008				
25			7.5		2.2	.008				
26			7.5		2.2	.007				
27						.008				
28						.008				
29										
30										
31										
Total	4.8	<1		10						
Mo. Avg.	4.8	<1		10		.008				

PLANT STAFFING:

Day Shift Operator

 Class: C

 Certificate No: 15174

 Name: MARLIN RICHARDSON

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

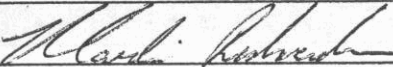
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JAN. 1, 2010 To JAN. 31, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	008	MGD			0	5 DAYS/WK	METER
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	0.03 (3-Mo. Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	mg/L	0	MONTHLY	GRAB
PARM Code 80082 Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			22.0	mg/L	0	MONTHLY	GRAB
PARM Code 80082 Mon. Site No. EPA-1	Permit Requirement			60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5	mg/L	0	MONTHLY	GRAB
PARM Code 00530 Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			10	mg/L	0	MONTHLY	GRAB
PARM Code 00530 Mon. Site No. EPA-1	Permit Requirement			60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement			7.4	SU	0	5 DAYS/WK	GRAB
PARM Code 00400 Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Marlin Richardson/PRO-TECH W&WW		352-236-2444	10/02/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: JAN. 1, 2010 To: MAY. 31, 2010

PERMIT NUMBER: FLA010788
MAY. 31, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			1	#/100ML	0	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			<1	#/100ML	0	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1				800 (Max.)				
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.8	MG/L	0	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min)	MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			27	%	0	MONTHLY	Calculated
PARM Code 00180 I	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	MG/L	0	Annually	GRAB
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	MG/L		Annually	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Annually	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
Solids, Total Suspended	Sample Measurement			MNR	MG/L	0	Annually	GRAB
PARM Code 00530 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010788
Monitoring Period: From: Jan. 1, 2010 To: June 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					>2.2	.008				
2						.009				
3						.009				
4			7.5		0.9	.009				
5			7.6		>2.2	.008				
6			7.6		>2.2	.007				
7			7.7		>2.2	.007				
8			7.6		0.9	.008				
9						.009				
10						.009				
11			7.7		0.8	.009				
12			7.6		1.4	.011				
13			7.6		>2.2	.008				
14			7.5		0.9	.011				
15			7.5		>2.2	.009				
16						.009				
17						.009				
18			7.6		1.0	.009				
19	<2.0	<1	7.6	10	>2.2	.011				
20			7.5		>2.2	.008				
21			7.4		>2.2	.008				
22			7.5		0.9	.007				
23						.007				
24						.008				
25			7.5		0.8	.008				
26			7.4		>2.2	.008				
27			7.5		>2.2	.007				
28			7.5		1.4	.007				
29			7.5		0.8	.008				
30						.007				
31						.007				
Total	<2.0	<1		10						
Mo. Avg.	<2.0	<1		10		.008				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 15174

Name: MARLIN RICHARDSON

Evening Shift Operator

Class: C

Certificate No: 9084

Name: LAY McVEY

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

2008 DMR

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: DEC. 1, 2008 To DEC. 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>-008</u>	<u>-008</u>	<u>MGD</u>					<u>5 DAYS/WK</u>	<u>METER</u>
PARM Code 50050 I	Permit Requirement	0.03	Report (Mo.Avg)	MGD					5 Days/Week	Meter
Mon.Site No. FLW-1	Sample Measurement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg)		MG/L		Monthly	Grab
Mon.Site No. EFA-1	Sample Measurement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 A	Permit Requirement				60.0 (Max)		MG/L		Monthly	Grab
Mon.Site No. EFA-1	Sample Measurement									
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Y	Permit Requirement				20.0 (An.Avg)		MG/L		Monthly	Grab
Mon.Site No. EFA-1	Sample Measurement									
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A	Permit Requirement				60.0 (Max)		MG/L		Monthly	Grab
Mon.Site No. EFA-1	Sample Measurement									
pH	Sample Measurement									
PARM Code 00400 A	Permit Requirement				6.0 (Min)	8.5 (Max)	SU		5 Days/Week	Grab
Mon.Site No. EFA-1	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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
<u>MARLIN RICHARDSON / PRO-TECH WFWW</u>	<u>[Signature]</u>	<u>(352) 236 2444</u>	<u>09/01/08</u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: DEC. 1, 2008 To

DEC. 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			23			#/100ML	φ	MONTHLY	GRAB
ARM Code 74055 Y	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement			68	68		#/100ML	φ	MONTHLY	GRAB
ARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5			MG/L	φ	5 DAYS/WK	GRAB
ARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			30			%	φ	MONTHLY	CALCULATED
ARM Code 00180 I	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Mon. Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L		ANNUALLY	GRAB
ARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Mon. Site No. EFA-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L		ANNUALLY	GRAB
ARM Code 80082 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
Solids, Total Suspended	Sample Measurement			MNR			MG/L		ANNUALLY	GRAB
ARM Code 00530 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Permit Number:
Monitoring Period

FLA010788

From: DEC. 1, 2008

DAILY SAMPLE RESULTS - PART B

Facility: Sleepy Hollow WWTF

To: DEC. 31, 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						.008				
2			7.8		2.0	.008				
3			7.9		0.5	.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		0.5	.008				
11			7.8		1.0	.009				
12			7.9		1.7	.009				
13						.008				
14						.008				
15			7.9		1.2	.009				
16	12.4	68	7.8	31	1.0	.008				
17			7.8		1.4	.006				
18			7.8		1.4	.008				
19			7.7		0.8	.008				
20						.006				
21						.006				
22			7.8		1.4	.008				
23			7.7		1.6	.008				
24			7.6		1.2	.006				
25			7.5		1.0	.008				
26			7.5		2.2	.009				
27						.008				
28						.009				
29			7.5		1.0	.009				
30			7.5		2.2	.009				
31			7.4		1.4	.009				
Total						249				
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:

B

Certificate No:

4063

Name:

DEBBIE WALLACE

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: NOV. 1, 2008 To: NOV. 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.010	.010	MGD					5 DAYS/WK	METER	
PARM Code 50050 I	Permit Requirement	0.03	Report (Mo. Avg.)	MGD					5 Days/Week	Meter	
Mon. Site No. FLW-1		(3-Mo. Avg.)									
BOD, Carbonaceous 5 day, 20C	Sample Measurement				13			MG/L	5	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement				20.0			MG/L		Monthly	Grab
Mon. Site No. EFA-1					(An. Avg.)						
BOD, Carbonaceous 5 day, 20C	Sample Measurement				52.0	52.0		MG/L	5	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement				Report (Mo. Avg.)	60.0		MG/L		Monthly	Grab
Mon. Site No. EFA-1					(Mo. Avg.)	(Max.)					
Solids, Total Suspended	Sample Measurement				19			MG/L	5	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement				20.0			MG/L		Monthly	Grab
Mon. Site No. EFA-1					(An. Avg.)						
Solids, Total Suspended	Sample Measurement				5	5		MG/L	5	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement				Report (Mo. Avg.)	60.0		MG/L		Monthly	Grab
Mon. Site No. EFA-1					(Mo. Avg.)	(Max.)					
pH	Sample Measurement				7.4	7.8		SU	5	5 DAYS/WK	GRAB
PARM Code 00400 A	Permit Requirement				6.0	8.5		SU		5 Days/Week	Grab
Mon. Site No. EFA-1					(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)
MARLIN RICHARDSON / PRO-TECH W&S WFL	[Signature]	352/236 2444	08/12/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: NOV. 1, 2008 To: NOV. 30, 2008

PERMIT NUMBER: FLA010788
NOV. 30, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			43	#/100ML	1	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)	#/100ML		Monthly	Grab
Mon. Site No. EFA-1								
Coliform, Fecal	Sample Measurement			41	#/100ML	1	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean) 800 (Max.)	#/100ML		Monthly	Grab
Mon. Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5	MG/L	5	5 Days/Week	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			33	%	1	MONTHLY	CALCULATED
PARM Code 00180 I	Permit Requirement			Report (Mo. Total)	PER-CENT		Monthly	Calculated
Mon. Site No. FLW-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	MG/L	1	Annually	GRAB
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	MG/L		Annually	Grab
Mon. Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	1	Annually	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An. Avg.)	MG/L		Annually	Grab
Mon. Site No. INF-1								
Solids, Total Suspended	Sample Measurement			MNR	MG/L	1	Annually	GRAB
PARM Code 00530 Y	Permit Requirement			Report (An. Avg.)	MG/L		Annually	Grab
Mon. Site No. INF-1								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

 Permit Number:
Monitoring Period

FLA010788

 From: Nov. 1, 2008

 To: Nov. 30, 2008

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						-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			7.4		1.6	-010				
8						.011				
9						.010				
10			7.4		1.0	-010				
11			7.5		2.1	-009				
12			7.5		0.5	-009				
13			7.4		1.2	-008				
14			7.5		0.6	-008				
15						.009				
16						-009				
17			7.5		0.8	-009				
18			7.7		0.5	.010				
19			7.7		0.5	.011				
20			7.8		1.2	-010				
21			7.7		2.0	-011				
22						-011				
23						-011				
24			7.6		0.7	-011				
25			7.8		1.8	.009				
26			7.7		2.0	.010				
27			7.8		1.3	.011				
28			7.6		1.0	-011				
29						-011				
30						-010				
31										
Total	<2.0	<1		5		3.00				
Mo. Avg.	<2.0	<1		5	1.51	-010				

PLANT STAFFING:

Day Shift Operator

 Class: C

Certificate No:

15174

Name:

MARLIN RICHARDSON

Evening Shift Operator

 Class: B

Certificate No:

4063

Name:

DEBBIE WALLACE

Night Shift Operator

 Class: C

Certificate No:

14087

Name:

QUINCY JONES

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

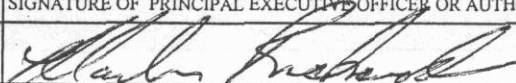
COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: OCTOBER 1, 2008 To OCTOBER 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	010	010	MGD					5 DAYS/WK	METER
PARM Code 50050 1	Permit Requirement	0.03 (3-Mo Avg)	Report (Mo Avg)	MGD					5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				13		MG/L		MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5	5	MG/L		MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				13	13	MG/L		MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				13	13	MG/L		MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement				7.6	8.1	SU		5 DAYS/WK	GRAB
PARM Code 00400 A	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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARLIN RICHARDSON / Pro-Tech WWT		(352) 235-2444	09/11/08

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

E.T.M NOT WORKING PROPERLY, ENTIRE MONTHLY FLOW ESTIMATED

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: OCTOBER 1, 2008 To

OCTOBER 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			43	#/100ML	0	MONTHLY	GRAB
ARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			3	#/100ML	0	MONTHLY	GRAB
ARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean) 800 (Max.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5	MG/L	0	5 DAYS/WK	GRAB
ARM Code 50060 A	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			33	%	0	MONTHLY	CALCULATED
ARM Code 00180 I	Permit Requirement			Report (Mo. Total)	PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	MG/L		Annually	GRAB
ARM Code 00620 A	Permit Requirement			12.0 (Max.)	MG/L		Annually	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L		Annually	GRAB
ARM Code 80082 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
Solids, Total Suspended	Sample Measurement			MNR	MG/L		Annually	GRAB
ARM Code 00530 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: OCTOBER 1, 2008

To: OCTOBER 31, 2008

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		2.2	.010				
2	5	3	7.6	13	2.0	.009				
3			7.6		1.0	.010				
4						.010				
5						.011				
6			7.8		0.8	.010				
7			7.8		1.2	.010				
8			7.7		2.2	.010				
9			7.8		2.2	.008				
10			7.9		2.0	.011				
11						.011				
12						.010				
13			8.0		1.1	.010				
14			8.0		1.8	.010				
15			8.1		1.4	.008				
16			8.0		1.4	.010				
17			8.0		1.1	.010				
18						.010				
19						.011				
20			7.9		1.0	.010				
21			7.8		0.6	.010				
22			7.9		0.5	.011				
23			8.0		0.5	.008				
24			8.0		0.6	.008				
25						.011				
26						.011				
27			8.0		1.0	.010				
28			7.9		1.8	.011				
29			7.7		1.3	.010				
30			7.6		1.0	.011				
31			8.0		1.3	.010				
Total						300				
Mo. Avg.						.010				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

15174

Name:

MARLIN RICHARDSON

Evening Shift Operator

Class:

C

Certificate No:

14081

Name:

QUINCY JONES

Night Shift Operator

Class:

B

Certificate No:

4063

Name:

DEBBIE WALLACE

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: 1000
CLASS SIZE: Final
N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: SEPTEMBER 1, 2008 To SEPTEMBER 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	010	010	MGD						5 DAYS/WK	METER
PARM Code 50050 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				13			MG/L	0	MONTHLY	GRAB
PARM Code 80082 Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.1	5.1		MG/L	0	MONTHLY	GRAB
PARM Code 80082 Mon. Site No. EPA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				17			MG/L	0	MONTHLY	GRAB
PARM Code 00530 Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				11	11		MG/L	0	MONTHLY	GRAB
PARM Code 00530 Mon. Site No. EPA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
pH	Sample Measurement				7.5	8.0		SU	0	5 DAYS/WK	GRAB
PARM Code 00400 Mon. Site No. EPA-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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARLIN RICHARDSON / Pro-Tech W&W	<i>Marlin Richardson</i>	352 236-2444	8/10/12

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

E.T.M. - NOT FUNCTIONING PROPERLY. ESTIMATED FLOW FROM PREV. MONTHS

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: SEPTEMBER 1, 2008 To: SEPTEMBER 30, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			43			#/100ML	φ	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Mon.Site No. EFA-1	Sample Measurement			<1	<1		#/100ML	φ	MONTHLY	GRAB
Coliform, Fecal	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
PARM Code 74055 A	Sample Measurement			0.5			MG/L	φ	5 days/WK	GRAB
Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			33			%	φ	MONTHLY	Calculated
PARM Code 50060 A	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1	Sample Measurement			MNR			MG/L		Annually	GRAB
Nitrogen, Nitrate, Total (as N)	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
PARM Code 00620 A	Sample Measurement			MNR			MG/L		Annually	GRAB
Mon.Site No. EFA-1	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L		Annually	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1	Sample Measurement			MNR			MG/L		Annually	GRAB
Solids, Total Suspended	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
PARM Code 00530 Y	Sample Measurement									
Mon.Site No. INF-1	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Permit Number:
Monitoring Period

FLA010788

From: SEPTEMBER 1, 2008 To: SEPTEMBER 30, 2008

DAILY SAMPLE RESULTS - PART B

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		1.0	.010				
2			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	.010				
9			7.8		1.4	.010				
10			7.9		1.2	.010				
11			8.0		0.6	.010				
12			7.9		1.7	.010				
13						.010				
14						.010				
15			8.0		0.5	.010				
16			7.9		1.2	.010				
17			8.0		0.6	.010				
18			7.8		1.3	.010				
19			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	<1	7.6	11	2.0	.010				
26			7.5		1.7	.010				
27						.010				
28						.010				
29			7.7		0.6	.010				
30			7.6		1.3	.010				
31										
Total						.3				
Mo. Avg.						1.01				

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:

B

Certificate No:

4063

Name:

DEBBIE WALLACE

Lead Operator

Class:

C

Certificate No:

14087

Name:

QUINLY JONES

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: August 1, 2008 To: August 1, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>.010</u>	<u>.010</u>	<u>MGD</u>						<u>5 DAYS/WK</u>	<u>METER</u>
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	<u>0.03</u> (3-Mo. Avg.)	<u>Report</u> (Mo. Avg.)	<u>MGD</u>						<u>5 Days/Week</u>	<u>Meter</u>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>13</u>			<u>MG/L</u>	<u>φ</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				<u>20.0</u> (An. Avg.)			<u>MG/L</u>		<u>Monthly</u>	<u>Grab</u>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>7.3</u>	<u>7.3</u>		<u>MG/L</u>	<u>φ</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				<u>Report</u> (Mo. Avg.)	<u>60.0</u> (Max.)		<u>MG/L</u>		<u>Monthly</u>	<u>Grab</u>
Solids, Total Suspended	Sample Measurement				<u>17</u>			<u>MG/L</u>	<u>φ</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				<u>20.0</u> (An. Avg.)			<u>MG/L</u>		<u>Monthly</u>	<u>Grab</u>
Solids, Total Suspended	Sample Measurement				<u>46</u>	<u>46</u>		<u>MG/L</u>	<u>φ</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				<u>Report</u> (Mo. Avg.)	<u>60.0</u> (Max.)		<u>MG/L</u>		<u>Monthly</u>	<u>Grab</u>
pH	Sample Measurement				<u>7.7</u>	<u>8.1</u>		<u>SU</u>	<u>φ</u>	<u>5 DAYS/WK</u>	<u>GRAB</u>
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				<u>6.0</u> (Min.)	<u>8.5</u> (Max.)		<u>SU</u>		<u>5 Days/Week</u>	<u>Grab</u>

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)
<u>MARLIN RICHARDSON / PRO-TECH WFW</u>	<u>Marlin Richardson</u>	<u>(352) 236-2444</u>	<u>8/9/20</u>

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

E.T.M NOT WORKING PROPERLY - ALL FLOW ESTIMATED.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: August 1, 2008 To: August 1, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			43			#/100ML	Ø	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement			8	8		#/100ML	Ø	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5			MG/L	Ø	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			33			%	Ø	MONTHLY	CALCULATED
PARM Code 00180 I	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Mon. Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L		Annually	GRAB
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Mon. Site No. EFA-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L		Annually	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
Solids, Total Suspended	Sample Measurement			MNR			MG/L		Annually	GRAB
PARM Code 00530 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: August 1, 2008

To: August 1, 2008

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			7.8		1.1	.010			
2						.010			
3						.010			
4			7.9		1.4	.010			
5	7.3	8	8.0	46	2.0	.010			
6			7.9		1.1	.010			
7			7.9		1.0	.010			
8			8.0		1.2	.010			
9						.010			
10						.010			
11			8.0		0.8	.010			
12			8.0		1.3	.010			
13			7.8		2.0	.010			
14			7.9		1.8	.010			
15			8.0		0.8	.010			
16						.010			
17						.010			
18			7.9		0.8	.010			
19			7.9		1.0	.010			
20			7.8		0.5	.010			
21			7.7		1.7	.010			
22			7.8		1.1	.010			
23						.010			
24						.010			
25			7.7		1.0	.010			
26			7.8		1.0	.010			
27			7.9		1.3	.010			
28			7.8		0.8	.010			
29			8.1		0.6	.010			
30						.010			
31						.010			
Total	7.3	8		46		310			
Mo. Avg.	7.3	8		46		.010			

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

15174

Name:

MARLIN RICHARDSON

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1, 2008 To July 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>0.10</u>	<u>0.10</u>	<u>MGD</u>					<u>5</u>	<u>5 DAYS/WK</u>	<u>METER</u>
PARM Code 50050 I 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				<u>12</u>			<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			<u>MG/L</u>		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>4.5</u>	<u>4.5</u>		<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		<u>MG/L</u>		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>13</u>			<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			<u>MG/L</u>		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>4</u>	<u>4</u>		<u>MG/L</u>	<u>5</u>		<u>GRAB</u>
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		<u>MG/L</u>		Monthly	Grab
pH	Sample Measurement				<u>7.4</u>	<u>7.9</u>		<u>SU</u>	<u>5</u>	<u>5 DAYS/WK</u>	<u>GRAB</u>
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		<u>SU</u>		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)
<u>MARLIN RICHARDSON / PRO-TECH WFLW</u>	<u>Marlin Richardson</u>	<u>(352) 236-2444</u>	<u>8/7/20</u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: July 1, 2008 To: July 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			43			#/100ML	0	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Mon.Site No. EFA-1										
Coliform, Fecal	Sample Measurement			141	74120,000		#/100ML	1	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Mon.Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5			MG/L	0	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			33			%	0	MONTHLY	CALCULATED
PARM Code 00180 I	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L		ANNUALLY	GRAB
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Mon.Site No. EFA-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L		ANNUALLY	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1										
Solids, Total Suspended	Sample Measurement			MNR			MG/L		ANNUALLY	GRAB
PARM Code 00530 Y	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: July 1, 2008

To: July 31, 2008

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		>2.2	-010				
2			7.5		>2.2	-010				
3			7.5		>2.2	-010				
4			7.4		>2.2	-010				
5						-010				
6						-010				
7			7.5		0.9	-010				
8			7.5		>2.2	-010				
9			7.5		>2.2	-010				
10	4.5	12	7.6	4	1.0	-010				
11			7.7		>2.2	-010				
12						-010				
13						-010				
14			7.7		0.6	-010				
15			7.6		1.3	-010				
16			7.7		1.0	-010				
17		<2	7.7		1.8	-010				
18			7.8		1.6	-010				
19						-010				
20						-010				
21			7.8		0.5	-010				
22			7.7		1.3	-010				
23			7.6		1.1	-010				
24			7.8		1.0	-010				
25			7.7		1.2	-010				
26						-010				
27						-010				
28			7.8		0.7	-010				
29			7.8		1.5	-010				
30			7.9		1.0	-010				
31			7.8		1.2	-010				
Total	4.5			4		310				
Mo. Avg.						1010				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 15174

Name: MARLIN RICHARDSON

Evening Shift Operator

Class: C

Certificate No: 9588

Name: CALVIN TAIGE

Night Shift Operator

Class: C

Certificate No: 14087

Name: QUINCY JONES

Lead Operator

Class: B

Certificate No: 4063

Name: DEBBIE WALLACE



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 Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	DQ	Analysis Date	Analysis 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.

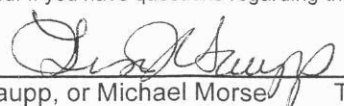
Detection limit for fecal coliform elevated due to sample dilution.

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



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.

THIS SECTION TO BE COMPLETED BY CUSTOMER

Client Name: PRO-TECH
Mailing Address: ON FILE
Sampler Name (Please Print): M. RICHARDSON Telephone: () ON FILE
Comments or Special Sample Information:
System Name: SLEEPY Hollow FLA 010733

LAB USE	Coll. No.	Sample Location (one sample container per line)	Collected		Check One		Parameters for Analysis
			Date	Time	Comp	Grab	
088659	1	EFFLUENT	7/17/08	0916		X	FECAL
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						

CAUTION: SAMPLE CONTAINERS MAY CONTAIN HAZARDOUS CHEMICALS.

FIELD TEST RESULTS (If Applicable):

Coll. No. _____ Temp. _____ pH _____ Cl Resd. _____ mg/L Other _____ Date _____ Initials _____
Coll. No. _____ Temp. _____ pH _____ Cl Resd. _____ mg/L Other _____ Date _____ Initials _____
Coll. No. _____ Temp. _____ pH _____ Cl Resd. _____ mg/L Other _____ Date _____ Initials _____

SAMPLE CUSTODY

Signature _____ Date _____ Time _____ Comments _____

Sampler Relinquished: M. Richardson 7/17/08 1139 AM

Transporter Relinquished: _____

Transporter Relinquished: _____

LAB USE

Lab Received: M. Mon 7-17-08 11:40am Assigned Sample Number(s): 088659

Preservative(s): Na₂S₂O₃ 30 mg or _____ Coll. No(s). 1 2 3 4 5 6 7 8 9 10
HNO₃: 1.5 3.0 or _____ mL(s) Coll. No(s). 1 2 3 4 5 6 7 8 9 10 pH: <2.0
H₂SO₄: 0.75 1.5 3.0 or _____ mL(s) Coll. No(s). 1 2 3 4 5 6 7 8 9 10 pH: <2.0
HCl: 2.5 or _____ mL(s) Coll. No(s). 1 2 3 4 5 6 7 8 9 10 pH: _____
Iced: Coll. No(s). 1 2 3 4 5 6 7 8 9 10 All

Comments: Temp = 22



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.

THIS SECTION TO BE COMPLETED BY CUSTOMER

Client Name: PRO-TECH

Mailing Address: ON FILE

Sampler Name (Please Print): M. RICHARDSON Telephone: () ON FILE

Comments or Special Sample Information: _____

System Name: SLEEPY Hollow #FLA 010788

LAB USE	Coll. No.	Sample Location (one sample container per line)	Collected		Check One		Parameters for Analysis
			Date	Time	Comp	Grab	
088414	1	EFFLUENT	7/10/08	1050		X	CBOD, TSS
088415	2	EFFLUENT	7/10/08	1053		X	FECAL
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						

CAUTION: SAMPLE CONTAINERS MAY CONTAIN HAZARDOUS CHEMICALS.

FIELD TEST RESULTS (If Applicable):

Coll. No. _____	Temp. _____	pH _____	Cl Resd. _____	mg/L _____	Other _____	Date _____	Initials _____
Coll. No. _____	Temp. _____	pH _____	Cl Resd. _____	mg/L _____	Other _____	Date _____	Initials _____
Coll. No. _____	Temp. _____	pH _____	Cl Resd. _____	mg/L _____	Other _____	Date _____	Initials _____

SAMPLE CUSTODY

Signature _____ Date _____ Time _____ Comments _____

Sampler Relinquished: M. Richardson 7/10/08 1147am

Transporter Relinquished: _____

Transporter Relinquished: _____

LAB USE

Lab Received: M. Mason 7-10-08 11:40am Assigned Sample Number(s): 088414-088415

Preservative(s): Na₂S₂O₃: 30 mg or _____ Coll. No(s). 1 (2) 3 4 5 6 7 8 9 10
HNO₃: 1.5 3.0 or _____ mL(s) Coll. No(s). 1 2 3 4 5 6 7 8 9 10 pH: <2.0
H₂SO₄: 0.75 1.5 3.0 or _____ mL(s) Coll. No(s). 1 2 3 4 5 6 7 8 9 10 pH: <2.0
HCl: 2.5 or _____ mL(s) Coll. No(s). 1 2 3 4 5 6 7 8 9 10 pH: <2.0
Iced: Coll. No(s). 1 2 3 4 5 6 7 8 9 10 (All)

Comments: Temp 86

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: June 1, 2008 To: June 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>010.010</u>	<u>.010</u>	<u>MGD</u>				<u>5</u>	<u>DAYS/WK</u>	<u>METER</u>
PARM Code 50050 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				<u>12</u>		<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		<u>MG/L</u>		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>2</u>	<u>2</u>	<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	<u>MG/L</u>		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>13</u>		<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		<u>MG/L</u>		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>4</u>	<u>4</u>	<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	<u>MG/L</u>		Monthly	Grab
pH	Sample Measurement				<u>7.3</u>	<u>7.6</u>	<u>SU</u>	<u>5</u>	<u>SAMPLES/WK</u>	<u>GRAB</u>
PARM Code 00400 Mon.Site No. EPA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	<u>SU</u>		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)
<u>MARLIN RICHARDSON / PRO-TECH WFW</u>	<u>Marlin Richardson</u>	<u>(352)-234-2444</u>	<u>06/17/21</u>

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

Flow ESTIMATED from 7/24-29/08 DUE TO MALFUNCTION WITH E.T.M.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: June 1, 2008 To: June 30, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			32			#/100ML	φ	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Mon.Site No. EFA-1										
Coliform, Fecal	Sample Measurement			< 1	< 1		#/100ML	φ	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Mon.Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.8			MG/L	φ	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1										
Percent Capacity, (TMADE/ Permitted Capacity) x 100	Sample Measurement			33			%	φ	MONTHLY	CALCULATED
PARM Code 00180 1	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	φ	ANNUALLY	GRAB
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Mon.Site No. EFA-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L	φ	ANNUALLY	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1										
Solids, Total Suspended	Sample Measurement			MNR			MG/L	φ	ANNUALLY	GRAB
PARM Code 00530 Y	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: June 1 2008

To: June 30 2008

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						.011				
2			7.5		2.2	.011				
3	2.0	<1	7.6	4	>2.2	.007				
4			7.4		>2.2	.013				
5			7.5		>2.2	.008				
6			7.4		>2.2	.008				
7						.011				
8						.011				
9			7.5		>2.2	.011				
10			7.4		>2.2	.011				
11			7.5		>2.2	.014				
12			7.6		>2.2	.016				
13			7.4		>2.2	.013				
14						.010				
15						.010				
16			7.3		>2.2	.010				
17			7.4		>2.2	.008				
18			7.4		>2.2	.011				
19			7.5		>2.2	.008				
20			7.4		>2.2	.006				
21						.008				
22						.008				
23			7.3		>2.2	.008				
24			7.4		>2.2	.010				
25			7.5		>2.2	.010				
26			7.5		>2.2	.010				
27			7.5		>2.2	.010				
28						.010				
29						.010				
30			7.5	1.84	1.8	.009				
31										
Total	2.0	<1		4		.301				
Mo. Avg.						.010				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

15174

Name:

MARVIN RICHARDSON

Evening Shift Operator

Class:

B

Certificate No:

13890

Name:

JOHN ANDERSON

Night Shift Operator

Class:

C

Certificate No:

14087

Name:

QUINCY JONES

Lead Operator

Class:

C

Certificate No:

8971

Name:

WAYNE BRYANT

B
C

4063

9588

DEBBIE WALLACE

CALVIN PAIGE

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐ May 01, 2008 To May 31, 2008
MONITORING PERIOD From:

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.011	.010	MGD				0	5 DAYS/WK	METER
PARM Code 50050 I 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				11.8		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 day, 20C	Sample Measurement				7.2	7.2	MG/L	0	MONTHLY	GRAB
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				12.5		MG/L	0	MONTHLY	GRAB
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6	6	MG/L	0	MONTHLY	GRAB
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement				7.4	7.7	SU	0	5 DAYS/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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
John W Bryant / PRO-TECH NW+WW	<i>John W Bryant</i>	(352) 236-2444	08/6/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: B-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD

From:

MAY 01, 2008

To

MAY 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			32			#/100ML	0	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Mon.Site No. EFA-1										
Coliform, Fecal	Sample Measurement			< 1	< 1		#/100ML	0	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Mon.Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			> 2.2			MG/L	0	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			36			%	0	MONTHLY	CALCULATED
PARM Code 00180 I	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR					MNR	MNR
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Mon.Site No. EFA-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR					MNR	MNR
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1										
Solids, Total Suspended	Sample Measurement			MNR					MNR	MNR
PARM Code 00530 Y	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: MAY 01, 2008

To: MAY 31, 2008

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		72.2	.008				
2			7.6		72.2	.014				
3						.009				
4						.009				
5			7.7		72.2	.009				
6	7.2	<1	7.6	6	72.2	.017				
7			7.5		72.2	.009				
8			7.4		72.2	.014				
9			7.5		72.2	.010				
10						.012				
11						.010				
12			7.6		72.2	.010				
13			7.6		72.2	.007				
14			7.5		72.2	.006				
15			7.7		72.2	.008				
16			7.6		72.2	.013				
17						.010				
18						.010				
19			7.5		72.2	.010				
20			7.5		72.2	.002				
21			7.6		72.2	.009				
22			7.7		72.2	.009				
23			7.6		72.2	.017				
24						.009				
25						.009				
26			7.5		72.2	.006				
27			7.7		72.2	.009				
28			7.5		72.2	.007				
29			7.6		72.2	.011				
30			7.5		72.2	.007				
31						.001				
Total	7.2	<1		6		.301				
Mo. Avg.	7.2	<1		6		.010				

PLANT STAFFING:

Day Shift Operator

Class:

B

Certificate No:

13890

Name:

John H. Anderson - day & wk end

Evening Shift Operator

Class:

C

Certificate No:

14087

Name:

Quincy Jones - weekend

Night Shift Operator

Class:

C

Certificate No:

9588

Name:

Calvin B Paige - weekend

Lead Operator

Class:

B

Certificate No:

4063

Name:

D.A. Wallace - weekend

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 11, 2008 To April 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011	0.010	mgd					0	5 days/wk	flowmeter
PARM Code 50050 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				12.5	13		mg/L	0	monthly	grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.1	7.1		mg/L	0	monthly	grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				13			mg/L	0	monthly	grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				14	14		mg/L	0	monthly	grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
pH	Sample Measurement				7.1	7.7		su	0	5 days/wk	grab
PARM Code 00400 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
John H. Anderson - Protech W+WW	John H. Anderson	(352) 236-	08-05-20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: April 1, 2008 To: April 30, 2008

PERMIT NUMBER: FLA010788

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			32			#/100ml	0	monthly	grab
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Mon.Site No. EFA-1										
Coliform, Fecal	Sample Measurement			2	2		#/100ml	0	monthly	grab
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Mon.Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			72.2			mg/L	0	5 days/week	grab
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			37			%	0	monthly	calculated
PARM Code 00180 1	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			NMR				0	NMR	NMR
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Mon.Site No. EFA-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement			NMR				0	NMR	NMR
PARM Code 80082 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1										
Solids, Total Suspended	Sample Measurement			NMR				0	NMR	NMR
PARM Code 00530 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon.Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: April 1, 2008 To: April 30, 2008

Facility: Sleepy Hollow WWTF

	CBOD5 (MGL)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MGL)	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			7.6		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		> 2.2	0.017				
11			7.4		> 2.2	0.008				
12						0.017				
13						0.007				
14			7.4		> 2.2	0.007				
15			7.5		> 2.2	0.012				
16			7.6		> 2.2	0.005				
17			7.5		> 2.2	0.016				
18			7.6		2.2	0.005				
19						0.010				
20						0.010				
21			7.6		> 2.2	0.010				
22			7.6		> 2.2	0.011				
23			7.1		> 2.2	0.009				
24			7.1		> 2.2	0.011				
25			7.3		> 2.2	0.009				
26						0.009				
27						0.009				
28			7.4		2.2	0.009				
29			7.5		2.2	0.014				
30			7.4		2.2	0.009				
31										
Total	7.1	2		14		298				
Mo. Avg.	7.1	2		14		0.10				

PLANT STAFFING:

Day Shift Operator

Class: B

Certificate No: WW0013890 Name: John H. Anderson

Evening Shift Operator

Class: C

Certificate No: WW9084 Name: RAY McVEY

Night Shift Operator

Class: C

Certificate No: 14087 Name: Quincy Jones

Lead Operator

Class: B

Certificate No: WW0013890 Name: John H. Anderson

B

WW4063

Debbie Wallace

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER

FLA010788

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

COUNTY: Marion

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD

From: March 1, 2008 to March 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012	0.012	mgd					0	5 days/wk	Flowmeter
PARM Code 50050 1	Permit Requirement	0.03 (3-Mo. Avg.)	Report (Mo. Avg.)	MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				12.0			mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				34.6	34.6		mg/L	0	Monthly	Grab
PARM Code 80082 A	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				11.8			mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				64	64		mg/L	1	Monthly	Grab
PARM Code 00530 A	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
pH	Sample Measurement				7.3	7.6		su	0	5 days/wk	Grab
PARM Code 00400 A	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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
John H Anderson-Protech w + w w	John H Anderson	(352) 236-2444	08/3/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD

From: March 1, 2008 To March 31, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			32		100mL	0	Monthly Grab
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)		#/100ML		Monthly Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			24 24		100mL	0	Monthly Grab
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean) 800 (Max.)		#/100ML		Monthly Grab
Mon.Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.00		mg/L	0	5 days/week Grab
PARM Code 50060 A	Permit Requirement			0.5 (Min.)		MG/L		5 Days/Week Grab
Mon.Site No. EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			40		%	0	Monthly Calculated
PARM Code 00180 1	Permit Requirement			Report (Mo.Total)		PER-CENT		Monthly Calculated
Mon.Site No. FLW-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			NMR		mg/L	0	NMR Grab
PARM Code 00620 A	Permit Requirement			12.0 (Max.)		MG/L		Annually Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			12 MNR		mg/L	0	MNR Annually Grab
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)		MG/L		Annually Grab
Mon.Site No. INF-1								
Solids, Total Suspended	Sample Measurement			11.8 MNR		mg/L	0	MNR Annually Grab
PARM Code 00530 Y	Permit Requirement			Report (An.Avg.)		MG/L		Annually Grab
Mon.Site No. INF-1								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

Permit Number:
Monitoring Period

FLA010783

From:

DAILY SAMPLE RESULTS - PART B

To:

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										
2						0.008				
3						0.008				
4	34.6	24	7.5	64	2.00	0.008				
5			7.6		2.20	0.011				
6			7.6		2.20	0.006				
7			7.5		2.20	0.009				
8			7.6		2.20	0.015				
9						0.011				
10						0.011				
11			7.4		2.20	0.011				
12			7.5		2.16	0.020				
13			7.6		2.20	0.015				
14			7.5		2.20	0.015				
15			7.6		2.20	0.012				
16						0.015				
17						0.005				
18			7.4		2.20	0.030				
19			7.5		2.20	0.020				
20			7.3		2.20	0.004				
21			7.6		2.20	0.007				
22			7.5		2.20	0.007				
23			7.6		2.20	0.007				
24						0.007				
25			7.6		2.20	0.007				
26			7.5		2.00	0.011				
27			7.4		2.20	0.016				
28			7.6		2.20	0.009				
29			7.6		2.20	0.009				
30						0.017				
31						0.017				
Total			7.5		2.20	0.017				
Mo. Avg.						365				
						1.018				

PLANT STAFFING:

Day Shift Operator

Class:

B

Certificate No:

WW0013890

Name:

John H Anderson

Evening Shift Operator

Class:

B

Certificate No:

WW004063

Name:

Debbie Wallace

Night Shift Operator

Class:

C

Certificate No:

WW009588

Name:

Calvin Page

Lead Operator

Class:

B

Certificate No:

WW0013890

Name:

John H Anderson

C

WW0014087

Quincy Jones

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER

FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Feb 1, 2008 To Feb 29, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012	0.012	MGD					0	5 Days/wk	Flowmeter
PARM Code 50050 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				14.6			mg/L	0	monthly	Grab
PARM Code 80082 Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				33.4 34.4	34.4 33.4		mg/L	0	monthly	Grab
PARM Code 80082 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.8			mg/L	0	monthly	Grab
PARM Code 00530 Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				28	28		mg/L	0	monthly	Grab
PARM Code 00530 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
pH	Sample Measurement				7.3	7.7		SU	0	5 Days/wk	Grab
PARM Code 00400 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
John H Anderson - Protech w+ww	John H Anderson	(352) 236-2444	3/20/08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Feb 1, 2008 To: Feb 29, 2008

PERMIT NUMBER: FLA010788

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			32			#/100ML	0	monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement			58	58		#/100ML	0	monthly	Grab
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 DAYS/WK	Grab
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			40			%	0	monthly	Calculated
PARM Code 00180 J	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Mon. Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.26(t)			mg/L	0	Annually	Grab
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Mon. Site No. EFA-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement			183			mg/L	0	Annually	Grab
PARM Code 80082 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
Solids, Total Suspended	Sample Measurement			182			mg/L	0	Annually	Grab
PARM Code 00530 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Permit Number:
Monitoring Period

FLA010788

From:

Feb 1, 2008

To:

Feb 29, 2008

Facility:

Sleepy Hollow WWTF

DAILY SAMPLE RESULTS - PART B

	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	0.009				
2						0.014	0.011			
3						0.014	0.011			
4			7.6		72.2	0.014	0.011			
5	34.4	58	7.5	28	72.2	0.007				
6			7.4		72.2	0.009				
7			7.6		72.2	0.016				
8			7.4		72.2	0.011				
9						0.013				
10						0.013				
11			7.5		72.2	0.013				
12			7.4		72.2	0.010				
13			7.3		72.2	0.013				
14			7.5		72.2	0.015				
15			7.4		72.2	0.010				
16						0.022				
17						0.008				
18			7.6		72.2	0.008				
19			7.4		72.2	0.013				
20			7.5		72.2	0.015				
21			7.6		72.2	0.016				
22			7.7		72.2	0.009				
23						0.012				
24						0.012				
25			7.5		72.2	0.012				
26			7.4		72.2	0.014				
27			7.5		72.2	0.016				
28			7.6		72.2	0.009				
29			7.5		2.2	0.016				
30										
31										
Total	34.4	58		28		1.354				
Mo. Avg.						0.012				

PLANT STAFFING:

Day Shift Operator

weekend visit

Evening Shift Operator

weekend visit

Night Shift Operator

Lead Operator

weekend visit

Class:

B

Certificate No:

WW0013890

Name:

JOHN H ANDERSON

Class:

B

Certificate No:

WW0041063

Name:

Debbie Wallace

Class:

C

Certificate No:

WW0014087

Name:

Quincy Jones

Class:

B

Certificate No:

WW0013890

Name:

JOHN H ANDERSON

Class:

BC

Certificate No:

WW009588

Name:

Calvin Paige

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: Jan 1, 2008 To Jan 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012	0.012	MGD				0	5 days/wk	Flowmeter
PARM Code 50050 J 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				13.8		mg/L	0	monthly	Grab
PARM Code 80082 Y Mon Site No. EPA-1	Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				35.1	35.1	mg/L	0	monthly	Grab
PARM Code 80082 A Mon Site No. EPA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				+0.50ppm 7.8		mg/L	0	monthly	Grab
PARM Code 00530 Y Mon Site No. EPA-1	Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				33	33	mg/L	0	monthly	Grab
PARM Code 00530 A Mon Site No. EPA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement				7.1	7.6	5U	0	5 days/wk	Grab
PARM Code 00400 A Mon Site No. EPA-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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
John H Anderson - Pro Tech w + ww	John H Anderson	(352) 236-2444	08/2/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Jan 1, 2008 To: Jan 31, 2008

PERMIT NUMBER: FLA010788

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			30	100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An Avg)	#/100ML		Monthly	Grab
Mon Site No: EFA-1								
Coliform, Fecal	Sample Measurement			<1 <1	100mL	0	Monthly	Grab
PARM Code 74055 A	Permit Requirement			Report (Mo Geo Mean) 800 (Max)	#/100ML		Monthly	Grab
Mon Site No: EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.13	mg/L	0	5 days/week	Grab
PARM Code 50060 A	Permit Requirement			0.5 (Min)	MG/L		5 Days/Week	Grab
Mon Site No: EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			40	%	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement			Report (Mo Total)	PER-CENT		Monthly	Calculated
Mon Site No: FLW-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			NMR			NMR	NMR
PARM Code 00620 A	Permit Requirement			12.0 (Max)	MG/L		Annually	Grab
Mon Site No: EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			NMR			NMR	NMR
PARM Code 80082 Y	Permit Requirement			Report (An Avg)	MG/L		Annually	Grab
Mon Site No: INF-1								
Solids, Total Suspended	Sample Measurement			NMR			NMR	NMR
PARM Code 00530 Y	Permit Requirement			Report (An Avg)	MG/L		Annually	Grab
Mon Site No: INF-1								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

Permit Number:
Monitoring Period

FLA010788

From:

Jan 1, 2006

To:

Jan 31, 2008

DAILY SAMPLE RESULTS - PART B

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		72.20	0.009				
2			7.4		72.20	0.009				
3			7.5		72.20	0.013				
4			7.6		72.20	0.014				
5						0.012				
6						0.012				
7			7.5		72.20	0.012				
8			7.4		72.20	0.004				
9	35.1	<1	7.4	33	72.20	0.013				
10			7.6		72.20	0.008				
11			7.5		72.20	0.006				
12						0.013				
13						0.013				
14			7.4		72.20	0.013				
15			7.3		72.13	0.017				
16			7.1		72.20	0.009				
17			7.3		72.20	0.014				
18			7.4		72.20	0.019				
19						0.013				
20						0.013				
21			7.5		72.20	0.011				
22			7.6		72.20	0.016				
23			7.6		72.20	0.009				
24			7.5		72.20	0.013				
25			7.5		72.20	0.017				
26						0.009				
27						0.009				
28			7.6		72.20	0.007				
29			7.5		72.20	0.012				
30			7.6		72.20	0.016				
31			7.5		72.20	0.014				
Total	35.1	<1		33		0.369				
Mo. Avg.	35.1	<1		33		0.11				

PLANT STAFFING:

Day Shift Operator

Class:

B

Certificate No:

WW0013890

Name:

John H Anderson

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

WW0013890

Name:

John H Anderson

2009 DMR

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP: Monthly
Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: DEC. 1, 2009 To DEC. 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	008	008	MGD				5	5 DAYS/WK	METER
PARM Code 50050 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				2		mg/L	5	MONTHLY	GRAB
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				42.0	42.0	mg/L	5	MONTHLY	GRAB
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5		mg/L	5	MONTHLY	GRAB
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1	1	mg/L	5	MONTHLY	GRAB
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement				7.4	7.6	SU	5	5 DAYS/WK	GRAB
PARM Code 00400 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Marlin Richardson / Pro-Tech Wt WW	Marlin Richardson	352-207-2444	2010/1/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: DEC. 1, 2009 To

DEC. 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			2			#/100ML		MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement			41	41		100ML		MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.4			mg/L		5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			26			%	Φ	MONTHLY	CALCULATED
PARM Code 00180 I	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Mon. Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			mg/L	Φ	MNR	MNR
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Mon. Site No. EFA-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			mg/L	Φ	MNR	MNR
PARM Code 80082 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
Solids, Total Suspended	Sample Measurement			MNR			mg/L	Φ	MNR	MNR
PARM Code 00530 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Permit Number:
Monitoring Period

FLA010788

From: DEC. 1, 2009

DAILY SAMPLE RESULTS - PART B

To: DEC. 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	<2.0	<1	7.4	1	>2.2	.009				
2			7.4		>2.2	.008				
3			7.5		>2.2	.008				
4			7.5		>2.2	.007				
5						.009				
6						.009				
7			7.5		>2.2	.009				
8			7.5		>2.2	.007				
9			7.5		>2.2	.007				
10			7.5		>2.2	.008				
11			7.5		>2.2	.007				
12						.008				
13						.008				
14			7.6		>2.2	.009				
15			7.5		>2.2	.009				
16			7.5		>2.2	.007				
17			7.6		>2.2	.008				
18			7.4		>2.2	.008				
19						.006				
20						.008				
21			7.5		>2.2	.008				
22			7.5		>2.2	.006				
23			7.4		>2.2	.008				
24			7.5		>2.2	.008				
25						.009				
26						.008				
27						.008				
28			7.5		1.4	.009				
29			7.5		>2.2	.007				
30			7.6		>2.2	.009				
31			7.6		>2.2	.006				
Total	<2.0	<1		1		.246				
Mo. Avg.	<2.0	<1		1		.008				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

15174

Name:

MARLIN RICHARDSON

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

.072
1120
.072
1012

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER

FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Nov. 1, 2009 To Nov. 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>008</u>	<u>008</u>	<u>MGD</u>					<u>5</u>	<u>5 DAYS/WK</u>	<u>METER</u>
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, 20C	Sample Measurement				<u>3</u>			<u>mg/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
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				<u>2.6</u>	<u>2.6</u>		<u>mg/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082- A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>7</u>			<u>mg/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530- Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>6</u>	<u>6</u>		<u>mg/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530- A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
pH	Sample Measurement				<u>7.4</u>	<u>7.6</u>		<u>SU</u>	<u>5</u>	<u>5 DAYS/WK</u>	<u>GRAB</u>
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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
<u>MARLIN RICHARDSON / PRO-TECH WFLA</u>	<u>[Signature]</u>	<u>352/236-2444</u>	<u>09/12/12</u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: Nov. 1, 2009 To: Nov. 30, 2009

PERMIT NUMBER: FLA010788

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			7			#/100ML	Ø	MONTHLY	GRAB
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			< 1	< 1		#/100ML	Ø	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			0.9			mg/L	Ø	5 DAYS/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	Sample Measurement			27			%	Ø	MONTHLY	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			mg/L	Ø	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			mg/L	Ø	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			mg/L	Ø	MNR	MNR
PARM Code 00530 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: Nov. 1, 2009To: 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						.008				
2			7.5		1.6	.008				
3			7.5		>2.2	.008				
4			7.4		>2.2	.007				
5			7.5		>2.2	.006				
6			7.5		>2.2	.008				
7						.008				
8						.008				
9			7.4		0.9	.008				
10			7.6		>2.2	.007				
11			7.6		>2.2	.007				
12	2.6	<1	7.5	6	>2.2	.007				
13			7.5		>2.2	.007				
14						.008				
15						.008				
16			7.5		>2.2	.008				
17			7.5		>2.2	.007				
18			7.5		1.8	.008				
19			7.5		>2.2	.007				
20			7.5		>2.2	.008				
21						.008				
22						.008				
23			7.5		>2.2	.008				
24			7.5		>2.2	.007				
25			7.4		>2.2	.008				
26						.007				
27			7.5		>2.2	.007				
28						.007				
29						.007				
30			7.6		>2.2	.007				
31										
Total	2.6	<1		6		.225				
Mo. Avg.	2.6	<1		6		.008				

PLANT STAFFING:

Day Shift Operator

Class: CCertificate No: 15174Name: MARLIN RICHARDSON

Evening Shift Operator

Class: CCertificate No: 9084Name: RAY McVEY

Night Shift Operator

Class: CCertificate No: 12644Name: STEVE MCGIL

Lead Operator

Class: _____

Certificate No: _____

Name: _____

 1128
 1091
 1006

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER

FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 04.1.2009 To 04.31.2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	008	007	MGD					6	5 DAYS/WK	METER
PARM Code 50050 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	6	MONTHLY	GRAB
PARM Code 80082 Mon Site No: EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.1		mg/L	6	MONTHLY	GRAB
PARM Code 80082 Mon Site No: EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7			mg/L	6	MONTHLY	GRAB
PARM Code 00530 Mon Site No: EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2	2		mg/L	6	MONTHLY	GRAB
PARM Code 00530 Mon Site No: EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
pH	Sample Measurement				7.4	7.6		SU	6	5 DAYS/WK	GRAB
PARM Code 00400 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARLIN RICHARDSON / PRO-TECH WETLANDS	<i>Marlin Richardson</i>	352 236-2444	09/11/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Dec. 1, 2009 To

PERMIT NUMBER: FLA010788

Oct. 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			7	#/100ML	φ	MONTHLY	COMB
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			<10 ^{ML}	#/100ML	φ	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1				800 (Max.)				
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5	mg/L	φ	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			27	%	φ	MONTHLY	Calculated
PARM Code 00180 J	Permit Requirement			Report (Mo. Total)	PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	mg/L	φ	MNR	MNR
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	MG/L		Annually	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	mg/L	φ	MNR	MNR
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
Solids, Total Suspended	Sample Measurement			MNR	mg/L	φ	MNR	MNR
PARM Code 00530 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: OCT. 1, 2009

To: OCT. 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		1.8	.006	—			
2			7.4		>2.2	.007	—			
3						.008	—			
4						.008	—			
5			7.6		0.9	.008	—			
6			7.6		>2.2	.007	—			
7			7.5		>2.2	.007	—			
8			7.5		>2.2	.006	—			
9			7.5		>2.2	.009	—			
10						.008	—			
11						.008	—			
12			7.5		>2.2	.008	—			
13			7.4		>2.2	.006	—			
14			7.4		>2.2	.009	—			
15	2.1	<1	7.5	2	>2.2	.007	—			
16			7.5		0.5	.008	—			
17						.007	—			
18						.007	—			
19			7.5		>2.2	.007	—			
20			7.5		>2.2	.007	—			
21			7.6		0.5	.006	—			
22			7.5		2.0	.007	—			
23			7.4		>2.2	.007	—			
24						.008	—			
25						.008	—			
26			7.5		2.0	.008	—			
27			7.6		>2.2	.008	—			
28			7.5		>2.2	.007	—			
29			7.5		>2.2	.007	—			
30			7.4		>2.2	.007	—			
31						.008	—			
Total	2.1	<1		2		.229				
Mo. Avg.	2.1	<1		2		.007				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

15174

Name:

MARLIN RICHARDSON

Evening Shift Operator

Class:

C

Certificate No:

9084

Name:

RAY MEJAY

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

1090
1091
1024
1018

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER

FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: SEPT. 1, 2009 To SEPT. 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>.008</u>	<u>.008</u>	MGD					<u>5 DAYS/WK</u>	<u>METER</u>	
PARM Code 50050 I 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				<u>3</u>			MG/L	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
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				<u><2.0</u>	<u>42.0</u>		MG/L	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>8</u>			MG/L	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>4</u>	<u>4</u>		MG/L	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 A Mon Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
pH	Sample Measurement				<u>7.4</u>	<u>7.6</u>		SU	<u>5</u>	<u>5 DAYS/WK</u>	<u>GRAB</u>
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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
<u>Marlin Richardson / Pro-Tech W&W</u>	<u>[Signature]</u>	<u>(352) 236-2444</u>	<u>09/10/09</u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: Sept. 1, 2009 ToSEPT. 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			7	#/100ML	0	MONTHLY	GRAB
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)	#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			7	#/100ML	0	MONTHLY	GRAB
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.9	MG/L	0	5 DAYS/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	Sample Measurement			27	%	0	MONTHLY	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement			Report (Mo. Total)	PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	MG/L	0	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	MG/L	0	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	MG/L	0	MNR	MNR
PARM Code 00530 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)	MG/L		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

Permit Number:
Monitoring Period

FLA010788

From: SEPT. 1, 2009

DAILY SAMPLE RESULTS - PART B

To: SEPT. 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		2.2	.008				
2			7.4		2.2	.008				
3			7.5		1.6	.009				
4			7.5		2.2	.005				
5						.009				
6						.009				
7			7.6		1.2	.009				
8			7.5		1.4	.008				
9			7.4		1.0	.009				
10			7.6		1.6	.008				
11			7.5		1.8	.010				
12						.005				
13						.005				
14			7.5		1.6	.005				
15	<2.0	7	7.4	4	2.2	.009				
16			7.5		2.2	.008				
17			7.4		2.2	.009				
18			7.5		2.0	.004				
19						.011				
20						.011				
21			7.5		1.4	.011				
22			7.6		2.2	.007				
23			7.5		2.2	.007				
24			7.6		2.2	.007				
25			7.5		2.2	.009				
26						.008				
27						.008				
28			7.5		1.6	.009				
29			7.5		1.6	.007				
30			7.5		2.0	.009				
31										
Total	<2.0	7		4		.240				
Mo. Avg.	<2.0	7		4		.008				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

15174

Name:

MARLIN RICHARDSON

Evening Shift Operator

Class:

C

Certificate No:

8971

Name:

WAYNE BRYANT

Night Shift Operator

Class:

C

Certificate No:

9084

Name:

RAY McVEY

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: AUGUST 1, 2009 To: AUGUST 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.007	.008	MGD				Ø	50 DAYS/WK	METER
PARM Code 50050 I	Permit Requirement	0.03 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD					5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4		mg/L	Ø	MONTHLY	GRAB
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	2.2	mg/L	Ø	MONTHLY	GRAB
PARM Code 80082 A	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				9		mg/L	Ø	MONTHLY	GRAB
PARM Code 00530 Y	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1	1	mg/L	Ø	MONTHLY	GRAB
PARM Code 00530 A	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement				7.3	7.6	SU	Ø	50 DAYS/WK	GRAB
PARM Code 00400 A	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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARLIN RICHARDSON / PRO-TECH LABS	<i>[Signature]</i>	(352) 236-2444	09/09/09

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: AUGUST 1, 2009 ToAUGUST 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			7			100ML	0	MONTHLY	GRAB
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1	<1		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			1.6			MG/L	0	5 DAYS/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	Sample Measurement			23			%	0	MONTHLY	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement			Report (Mo. Total)			PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MMR			MMR	0	MMR	MMR
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			MMR			MMR	0	MMR	MMR
PARM Code 80082 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			MMR			MMR	0	MMR	MMR
PARM Code 00530 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: August 1, 2009

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				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1						.008				
2						.008				
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		>2.2	.007				
8						.008				
9					-	.008				
10			7.4		>2.2	.008				
11			7.4		>2.2	.009				
12			7.5		>2.2	.009				
13			7.5		>2.2	.007				
14			7.6		>2.2	.006				
15						.010				
16						.010				
17			7.5		>2.2	.010				
18	<2.0	<1	7.4	1	>2.2	.006				
19			7.5		>2.2	.008				
20			7.4		>2.2	.011				
21			7.5		>2.2	.009				
22						.012				
23						.012				
24			7.4		>2.2	.012				
25			7.5		>2.2	.008				
26			7.5		>2.2	.009				
27			7.5		>2.2	.009				
28			7.4		>2.2	.007				
29						.008				
30						.008				
31			7.5		1.8	.008				
Total	<2.0	<1		1		.1255				
Mo. Avg.	<2.0	<1		1		.008				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

15174

Name:

MARLIN RICHARDSON

Evening Shift Operator

Class:

C

Certificate No:

9084

Name:

RAY McVEY

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 6, 2009 To: July 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>MA 006.001 - 008</u>	<u>MGD</u>				<u>5 DAYS/WK</u>	<u>METER</u>
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, 20C	Sample Measurement			<u>4</u>		<u>MG/L</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082-Y Mon Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	<u>MG/L</u>		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<u><2.0</u> <u><2.0</u>	<u>MG/L</u>	<u>MG/L</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082-A Mon Site No. EPA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)	<u>MG/L</u>	Monthly	Grab
Solids, Total Suspended	Sample Measurement			<u>12</u>		<u>MG/L</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530-Y Mon Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	<u>MG/L</u>		Monthly	Grab
Solids, Total Suspended	Sample Measurement			<u>2</u> <u>2</u>	<u>MG/L</u>	<u>MG/L</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530-A Mon Site No. EPA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)	<u>MG/L</u>	Monthly	Grab
pH	Sample Measurement			<u>7.3</u> <u>7.7</u>	<u>SU</u>	<u>SU</u>	<u>5 DAYS/WK</u>	<u>GRAB</u>
PARM Code 00400-A Mon Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	<u>SU</u>	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)
<u>MARLIN RICHARDSON/PRO-TECH W3WW</u>	<u>Marlin Richardson</u>	<u>(352) 236 2444</u>	<u>09/08/08</u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: July 1, 2009 To

July 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			8			100 ML	0	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)			#/100 ML		Monthly	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement			41	41		100 ML	0	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100 ML		Monthly	Grab
Mon. Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0			MG/L	0	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			22			%	0	MONTHLY	CALCULATED
PARM Code 00180 J	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Mon. Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	ANNUALLY	GRAB
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Mon. Site No. EFA-1										
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L	0	ANNUALLY	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
Solids, Total Suspended	Sample Measurement			MNR			MG/L	0	ANNUALLY	GRAB
PARM Code 00530 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

 Permit Number:
Monitoring Period

FLA010788

 From: July 1, 2009 To: July 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		2.0	-007				
2			7.3		>2.2	-007				
3			7.4		>2.2	-007				
4						-009				
5						-009				
6			7.4		>2.2	-009				
7			7.5		>2.2	-008				
8			7.5		>2.2	008				
9			7.6		>2.2	-006				
10			7.6		>2.2	-007				
11						-008				
12						-008				
13			7.7		>2.2	-008				
14			7.6		>2.2	-008				
15	<2.0	<1	7.6	2	>2.2	-006				
16			7.5		>2.2	-007				
17			7.5		>2.2	-010				
18						-008				
19						-008				
20			7.4		>2.2	-008				
21			7.4		>2.2	-007				
22			7.3		>2.2	-007				
23			7.5		>2.2	-007				
24			7.5		>2.2	-008				
25						-009				
26						-009				
27			7.4		>2.2	-009				
28			7.4		>2.2	-005				
29			7.5		>2.2	-007				
30			7.5		>2.2	-010				
31			7.4		>2.2	-008				
Total	<2.0	<1		2		.242				
Mo. Avg.	<2.0	<1		2		-008				

PLANT STAFFING:

Day Shift Operator

 Class: C

 Certificate No: 15174

 Name: MARLIN RICHARDSON

Evening Shift Operator

 Class: C

 Certificate No: 9084

 Name: RAY McVEY

Night Shift Operator

 Class: C

 Certificate No: 8971

 Name: WAYNE BRYANT

Lead Operator

 Class:

 Certificate No:

 Name:

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: JUNE 1, 2009 To: JUNE 30, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			19			#/100 ML	φ	MONTHLY	GRAB
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)			#/100 ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			> 1	> 1		#/100 ML	φ	MONTHLY	GRAB
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100 ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			> 2.2			MG/L	φ	5 DAYS/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	Sample Measurement			20			%	φ	MONTHLY	CALCULATED
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement			Report (Mo. Total)			PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	φ	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	φ	Annually	GRAB
PARM Code 80082 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			MNR			MG/L	φ	Annually	GRAB
PARM Code 00530 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: JUNE 1, 2009To: JUNE 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		>2.2	.006				
2			7.5		>2.2	.006				
3			7.5		>2.2	.006				
4			7.5		>2.2	.005				
5			7.4		>2.2	.006				
6						.007				
7						.007				
8			7.4		>2.2	.007				
9			7.5		>2.2	.006				
10			7.4		>2.2	.005				
11			7.4		>2.2	.006				
12			7.5		>2.2	.006				
13						.005				
14						.005				
15			7.5		>2.2	.005				
16			7.4		>2.2	.005				
17			7.4		>2.2	.006				
18	3.0	<1	7.4	3	>2.2	.005				
19			7.3		>2.2	.006				
20						.007				
21						.007				
22			7.4		>2.2	.007				
23			7.5		>2.2	.006				
24			7.6		>2.2	.005				
25			7.6		>2.2	.007				
26			7.6		>2.2	.006				
27						.004				
28						.004				
29			7.6		>2.2	.004				
30			7.6		>2.2	.008				
31										
Total	3.0	<1		3		.163				
Mo. Avg.	3.0	<1		3		.006				

PLANT STAFFING:

Day Shift Operator

Class: CCertificate No: 15174Name: MARLIN RICHARDSON

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: June 1, 2009 To: June 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>.009</u>	<u>.006</u>	<u>MGD</u>					<u>0</u>	<u>5045/WK</u>	<u>METER</u>
PARM Code 50050 1	Permit Requirement	0.03 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>4</u>			<u>MG/L</u>	<u>0</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg.)			<u>MG/L</u>		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>3</u>	<u>3</u>		<u>MG/L</u>	<u>0</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 A	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		<u>MG/L</u>		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>12</u>			<u>MG/L</u>	<u>0</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Y	Permit Requirement				20.0 (An.Avg.)			<u>MG/L</u>		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>3</u>	<u>3</u>		<u>MG/L</u>	<u>0</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 A	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		<u>MG/L</u>		Monthly	Grab
pH	Sample Measurement				<u>7.3</u>	<u>7.6</u>		<u>SU</u>	<u>0</u>	<u>5045/WK</u>	<u>GRAB</u>
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)		<u>SU</u>		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)
<u>MARLIN RICHMOND / Pro-TECH WFW</u>	<u>[Signature]</u>	<u>352) 236 2444</u>	<u>09/07/07</u>

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

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: MAY 1, 2009 To: MAY 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>-006</u>	<u>-006</u>	<u>MGD</u>					<u>5 DAYS/WK</u>	<u>METER</u>	
PARM Code 50050 I	Permit Requirement	0.03	Report (Mo. Avg.)	MGD						5 Days/Week	Meter
Mon. Site No. FLW-1	Requirement	(3-Mo. Avg.)	(Mo. Avg.)								
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>4</u>			<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 Y	Permit Requirement				20.0			MG/L		Monthly	Grab
Mon. Site No. EFA-1	Requirement				(An. Avg.)						
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<u>3.3</u>	<u>3.3</u>		<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 A	Permit Requirement				Report (Mo. Avg.)	60.0		MG/L		Monthly	Grab
Mon. Site No. EFA-1	Requirement				(Mo. Avg.)	(Max.)					
Solids, Total Suspended	Sample Measurement				<u>12</u>			<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Y	Permit Requirement				20.0			MG/L		Monthly	Grab
Mon. Site No. EFA-1	Requirement				(An. Avg.)						
Solids, Total Suspended	Sample Measurement				<u>12</u>	<u>12</u>		<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 A	Permit Requirement				Report (Mo. Avg.)	60.0		MG/L		Monthly	Grab
Mon. Site No. EFA-1	Requirement				(Mo. Avg.)	(Max.)					
pH	Sample Measurement				<u>7.3</u>	<u>7.6</u>		<u>SU</u>	<u>5 DAYS/WK</u>	<u>GRAB</u>	
PARM Code 00400 A	Permit Requirement				6.0	8.5		SU		5 Days/Week	Grab
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)
<u>Marlin Richardson / PRO-TECH WSWW</u>	<u>[Signature]</u>	<u>(352) 236-2444</u>	<u>09/06/06</u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: MAY 1, 2009 To: MAY 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			19	#/100ML	φ	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			1	#/100ML	15	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean) 800 (Max.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.8	MG/L	φ	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			20	%	φ	MONTHLY	Calculated
PARM Code 00180 1	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	MG/L		MNR	MNR
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	MG/L		Annually	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L		MNR	MNR
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
Solids, Total Suspended	Sample Measurement			MNR	MG/L		MNR	MNR
PARM Code 00530 Y	Permit Requirement			Report (An.Avg.)	MG/L		Annually	Grab
Mon.Site No. INF-1								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

 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		>2.2	.007				
2						.006				
3						.006				
4			7.4		1.8	.006				
5			7.5		>2.2	.007				
6			7.5		>2.2	.005				
7			7.5		>2.2	.007				
8			7.5		>2.2	.007				
9						.007				
10						.007				
11			7.4		>2.2	.009				
12			7.4		>2.2	.007				
13			7.4		>2.2	.005				
14			7.3		>2.2	.005				
15			7.3		>2.2	.005				
16						.006				
17						.006				
18			7.4		>2.2	.006				
19			7.3		>2.2	.007				
20			7.5		>2.2	.005				
21			7.5		>2.2	.006				
22			7.4		>2.2	.007				
23						.008				
24						.008				
25			7.3		>2.2	.008				
26			7.4		2.0	.005				
27			7.5		>2.2	.006				
28			7.6		>2.2	.006				
29			7.5		>2.2	.006				
30						.006				
31						.006				
Total						.198				
Mo. Avg.						.006				

PLANT STAFFING:

Day Shift Operator

 Class: C

 Certificate No: 15174

 Name: MARLIN RICHARDSON

Evening Shift Operator

 Class: C

 Certificate No: 12644

 Name: STEVEN MCGEE

Night Shift Operator

 Class: C

 Certificate No: 9084

 Name: RAY MUEY

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER

FLA010788

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

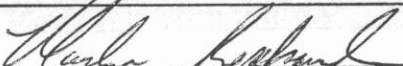
COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: APRIL 1, 2009 To APRIL 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.007	.006						Ø	5 DAYS/WK	METER
PARM Code 50050 - 1	Permit Requirement	0.03 (3-Mo Avg.)	Report (Mo Avg.)	MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5			MGL	Ø	MONTHLY	GRAB
PARM Code 80082 - Y	Permit Requirement				20.0 (An Avg.)			MGL		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.1	7.1		MGL	Ø	MONTHLY	GRAB
PARM Code 80082 - A	Permit Requirement				Report (Mo Avg.)	60.0 (Max.)		MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement				12			MGL	Ø	MONTHLY	GRAB
PARM Code 00530 - Y	Permit Requirement				20.0 (An Avg.)			MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement				12	12		MGL	Ø	MONTHLY	GRAB
PARM Code 00530 - A	Permit Requirement				Report (Mo Avg.)	60.0 (Max.)		MGL		Monthly	Grab
pH	Sample Measurement				7.3	7.5		SU	Ø	5 DAYS/WK	GRAB
PARM Code 00400 - A	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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARLIN RICHARDSON / PRO-TECH WFLW		352-236 2444	09/05/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: APRIL 1, 2009 To: APRIL 30, 2009

PERMIT NUMBER: FLA010788

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			19	#/100ML	φ	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)	#/100ML		Monthly	Grab
Mon. Site No. EFA-1								
Coliform, Fecal	Sample Measurement			2	#/100ML	φ	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	#/100ML		Monthly	Grab
Mon. Site No. EFA-1				800 (Max.)				
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.4	MG/L	φ	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			23	%	φ	MONTHLY	CALCULATED
PARM Code 00180 1	Permit Requirement			Report (Mo. Total)	PER-CENT		Monthly	Calculated
Mon. Site No. FLW-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	MG/L	φ	ANNUALLY	GRAB
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	MG/L		Annually	Grab
Mon. Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			125	MG/L	φ	ANNUALLY	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An. Avg.)	MG/L		Annually	Grab
Mon. Site No. INF-1								
Solids, Total Suspended	Sample Measurement			127	MG/L	φ	ANNUALLY	GRAB
PARM Code 00530 Y	Permit Requirement			Report (An. Avg.)	MG/L		Annually	Grab
Mon. Site No. INF-1								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: April 1, 2009

To: April 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			7.3		>2.2	.006				
2			7.4		>2.2	.006				
3						.006				
4						.006				
5			7.4		>2.2	.006				
6			7.5		>2.2	.006				
7			7.5		>2.2	.006				
8			7.5		2.0	.006				
9			7.4		>2.2	.005				
10			7.4		>2.2	.006				
11						.006				
12						.006				
13			7.4		>2.2	.006				
14			7.3		>2.2	.006				
15	7.1	2	7.5	12	>2.2	.009				
16			7.5		>2.2	.006				
17			7.4		>2.2	.006				
18						.010				
19						.010				
20			7.4		>2.2	.010				
21			7.5		>2.2	.005				
22			7.4		>2.2	.006				
23			7.5		>2.2	.005				
24			7.4		>2.2	.007				
25						.006				
26						.006				
27			7.5		>2.2	.006				
28			7.5		1.4	.007				
29			7.5		>2.2	.007				
30			7.4		>2.2	.005				
31										
Total	7.1	2		12		.194				
Mo. Avg.	7.1	2		12		.006				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 15174

Name: MARLIN RICHARDSON

Evening Shift Operator

Class: C

Certificate No: 9084

Name: RAY McVEY

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: MARCH 1, 2009 To: MARCH 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	<u>.009</u>	<u>.006</u>	<u>MGD</u>					<u>5 DAYS/WK</u>	<u>METER</u>	
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, 20C	Sample Measurement				<u>4</u>			<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
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				<u>2.1</u>	<u>2.1</u>		<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>12</u>			<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>8</u>	<u>8</u>		<u>MG/L</u>	<u>5</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
pH	Sample Measurement				<u>7.4</u>	<u>8.0</u>		<u>SU</u>	<u>5</u>	<u>5 DAYS/WK</u>	<u>GRAB</u>
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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
<u>MARLIN RICHMOND / Pro-Tech W-VA</u>	<u>[Signature]</u>	<u>(352) 236-2444</u>	<u>09/04/11</u>

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: MARCH 1, 2009

To: MARCH 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)	NITROGEN NITRATE 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						.007				
2			7.7		2.0	.007				
3			7.6		>2.2	.006				
4			7.7		>2.2	.007				
5			7.8		>2.2	.006				
6			8.0		>2.2	.007				
7						.005				
8						.005				
9			7.9		>2.2	.005				
10			7.6		>2.2	.007				
11			7.6		>2.2	.007				
12			7.6		2.0	.005				
13			7.5		>2.2	.007				
14						.007				
15						.007				
16			7.5		>2.2	.007				
17	2.1	<1	7.5	8	>2.2	.006	13.1			
18			7.4		>2.2	.006				
19			7.5		>2.2	.006				
20			7.5		>2.2	.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				
31			7.4		>2.2	.006				
Total	2.1	<1		8		.197	13.1			
Mo. Avg.	2.1	<1		8		.006	13.1			

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 15174

Name: MARLIN RICHARDSON

Evening Shift Operator

Class: C

Certificate No: 9084

Name: RAY MEVEY

Night Shift Operator

Class: C

Certificate No: 8971

Name: WAYNE BRYANT

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

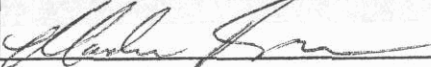
COUNTY: Marion

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Feb. 1, 2009 To: Feb. 28, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	010 1229, m	008	MGD					Φ	5 DAYS/WK	METER
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, 20C	Sample Measurement				7			MG/L	Φ	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				42	42		MG/L	Φ	MONTHLY	GRAB
PARM Code 80082 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	Φ	MONTHLY	GRAB
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				41	41		MG/L	Φ	MONTHLY	GRAB
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
pH	Sample Measurement				7.3	7.6		SU	Φ	5 DAYS/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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARLIN RICHARDSON / PRO-TECH WFLA		(352) 236-2444	09/3/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: FEB 1, 2009 To: FEB 28, 2009

PERMIT NUMBER: FLA010788

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			21	#/100ML	4	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			<1 <1	#/100ML	4	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		Monthly	Grab
Mon.Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0	MGL	4	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)	MGL		5 Days/Week	Grab
Mon.Site No. EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			33.7%	%	4	MONTHLY	CALCULATED
PARM Code 00180 1	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	MGL		ANNUALLY	GRAB
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	MGL		Annually	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MGL		ANNUALLY	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An.Avg.)	MGL		Annually	Grab
Mon.Site No. INF-1								
Solids, Total Suspended	Sample Measurement			MNR	MGL		ANNUALLY	GRAB
PARM Code 00530 Y	Permit Requirement			Report (An.Avg.)	MGL		Annually	Grab
Mon.Site No. INF-1								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

Permit Number:
Monitoring Period

FLA010788

From: Feb. 1, 2009

DAILY SAMPLE RESULTS - PART B

To: Feb. 28, 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						.012				
2			7.5		2.0	.012				
3			7.4		2.0	.011				
4			7.5		2.2	.013				
5			7.5		2.2	.009				
6			7.5		2.2	.011				
7						.011				
8						.011				
9			7.5		2.2	.011				
10			7.4		2.2	.002				
11	<u><2</u>	<u><1</u>	7.4	<u><1</u>	2.2	.005				
12			7.5		2.2	.007				
13			7.4		2.2	.006				
14						.008				
15						.006				
16			7.3		2.2	.006				
17			7.4		2.2	.008				
18			7.5		2.2	.006				
19			7.4		2.2	.007				
20			7.6		2.2	.007				
21						.007				
22						.007				
23			7.5		2.2	.007				
24			7.5		2.2	.006				
25			7.5		2.2	.007				
26			7.5		2.2	.006				
27			7.5		2.2	.006				
28						.007				
29										
30										
31										
Total	<u><2</u>	<u><1</u>		<u><1</u>		<u>.222</u>				
Mo. Avg.	<u><2</u>	<u><1</u>		<u><1</u>		<u>.008</u>				

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

15174

Name:

MARLIN RICHARDSON

Evening Shift Operator

Class:

C

Certificate No:

9084

Name:

RAY MEVEY

Night Shift Operator

Class:

C

Certificate No:

9588

Name:

CALVIN PAIGE

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.
MAILING ADDRESS: Post Office Box 4186
Ocala, FL 34478

PERMIT NUMBER: FLA010788

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sleepy Hollow WWTF
LOCATION: 400 SE 55 Avenue
Ocala, FL 34471

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One Percolation, including Influent

COUNTY: Marion

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: JAN. 1, 2008 To: JAN. 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		<u>0.13</u>	<u>MGD</u>					<u>50 GPM/WK</u>	<u>METER</u>
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, 20C	Sample Measurement				<u>8</u>		<u>MG/L</u>	<u>Ø</u>	<u>MONTHLY</u>	<u>GRAB</u>
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				<u>42</u>	<u>42</u>	<u>MG/L</u>	<u>Ø</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>17</u>		<u>MG/L</u>	<u>Ø</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				<u>3</u>	<u>3</u>	<u>MG/L</u>	<u>Ø</u>	<u>MONTHLY</u>	<u>GRAB</u>
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement				<u>7.3</u>	<u>7.8</u>	<u>SU</u>	<u>Ø</u>	<u>5 DAYS/WK</u>	<u>GRAB</u>
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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
<u>MARLIN RICHARDSON / PRO-TECH WFLA</u>	<u>[Signature]</u>	<u>(352) 236-2444</u>	<u>09/2/10</u>

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sleepy Hollow WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010788

MONITORING PERIOD From: JAN. 1, 2009 To

JAN. 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			24			#/100ML	φ	MONTHLY	GRAB
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement			5	5		#/100ML	φ	MONTHLY	GRAB
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Mon. Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6			MG/L	φ	5 DAYS/WK	GRAB
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			33			%	φ	MONTHLY	CALCULATED
PARM Code 00180 I	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Mon. Site No. FLW-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L		ANNUALLY	GRAB
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
Mon. Site No. EFA-1										
POD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L		ANNUALLY	GRAB
PARM Code 80082 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
Solids, Total Suspended	Sample Measurement			MNR			MG/L		ANNUALLY	GRAB
PARM Code 00530 Y	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Mon. Site No. INF-1										
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010788

From: JAN. 1, 2008

To: JAN. 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		1.3	.013				
2			7.4		2.0	.013				
3						.013				
4						.013				
5			7.5		0.6	.013				
6			7.4		1.2	.013				
7			7.4		0.8	.015				
8			7.3		1.8	.014				
9			7.4		1.4	.011				
10						.012				
11						.014				
12			7.4		2.2	.013				
13			7.6		1.8	.013				
14			7.5		>2.2	.012				
15			7.5		>2.2	.012				
16			7.4		1.2	.012				
17						.013				
18						.013				
19			7.3		1.0	.013				
20	22.0	5	7.4	3	1.1	.017				
21			7.4		1.4	.014				
22			7.4		2.0	.011				
23			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				
29			7.8		1.0	.009				
30			7.6		2.2	.012				
31						.012				
Total	22.0	5		3		.404				
Mo. Avg.	22.0	5		3		.013				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 15174

Name: MARLIN RICHARDSON

Evening Shift Operator

Class: C

Certificate No: 9588

Name: CAKIN RAIGE

Night Shift Operator

Class: B

Certificate No: 4063

Name: DEBBIE WALLACE

Lead Operator

Class: _____

Certificate No: _____

Name: _____

Manc Howard Contrast

Please Put in Details and

**Request for Taxpayer
Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Mark J. Havens

Business name, if different from above

Mark's Environmental Services LLC

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership

☒ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) P

☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

8890 SE 124th Ln

City, state, and ZIP code

Belleview FL 34420

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

271349771

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

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.

**Sign
Here**

Signature of
U.S. person ▶

Mark Havens

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,

ACORD CERTIFICATE OF LIABILITY INSURANCEOP ID SP
MARKSENDATE (MM/DD/YYYY)
01/29/10

PRODUCER

OCALA INSURANCE, INC.
2831 SOUTHEAST SEVENTEENTH ST.
OCALA FL 34471
Phone: 352-732-2233THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Marks Enviromental Services
Mark Haven
8890 SE 124th Lane
Belleview FL 34420

INSURERS AFFORDING COVERAGE

NAIC

INSURER A: BURLINGTON INSURANCE CO.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR
MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC	503B013010	01/28/10	01/28/11	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	MED EXP (Any one person) \$ 5,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	GENERAL AGGREGATE \$ 2,000,000				
	PRODUCTS - COMP/OP AGG \$ Excluded				
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS OTH- ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Checks the drinking water in business and subdivisions

CERTIFICATE HOLDER

Marks Enviromental Services
MES19602010@yahoo.com
Mark Havens
8890 SE 124th Lane
Belleview FL 34420

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Ocala Insurance Agency, Inc.

Mark's Environmental Services LLC.

Water & Wastewater

Operations & Maintenance

Backflow Testing & Repair

Office (352) 693-3859

Cell (352) 502-6431

Customer Information (Please type or print)

Customer/ Company Name		
Person 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		
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.

Bellevue FL 334420

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

A handwritten signature in cursive script that reads "Mark".

Mark's Environmental Services LLC.



Operations & Administrative

Schedule of Fee for Services

1.) President	\$150.00 hr.
2.) Operations Manager	\$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.
<ul style="list-style-type: none">• 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

- WATER & WASTE WATER
- OPERATIONS & MAINTENANCE
- BACKFLOW TESTING & REPAIR

Mark Havens Sr.

General Manager

(352) 502-6431

Bill Ryan

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

Bellevue, FL 34420

Office: (352) 693-3859

Cell: (352) 502-6431

Fax: (352) 568-6552

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.

Subj: **Sleepy Hollow**
Date: 6/30/2010 7:41:39 P.M. Eastern Daylight Time
From: mes19602010@yahoo.com
To: kathryn.m.williams@dep.state.fl.us
CC: clark@yandles.com, protechwww@embarqmail.com

Ms. Williams

As of July 1st 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
Bellevue, 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?

Subj: **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 thcould be responsibeis 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

Subj: **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, FL 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?

Subj: **Re: Sleepy Hollow**
Date: 8/4/2010 9:59:42 P.M. Eastern Daylight Time
From: mes19602010@yahoo.com
To: Lcyatybm@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

Subj: **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 other 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

Subj: **Re: (no subject)**
 Date: 8/9/2010 8:25:24 A.M. Eastern Daylight Time
 From: mes19602010@yahoo.com
 To: Lcyatybm@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 surface 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 effluent 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.

Subj: **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

Subj: **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

Subj: **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: **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 formal report soon.

Mark

Subj: **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 21st

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 repaired 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

Subj: **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.

Subj: **(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.

Subj: **Re: (no subject)**
Date: 7/19/2010 7:34:33 A.M. Eastern Daylight Time
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To: Lcyatybm@aol.com

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Mark

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To: mes19602010@yahoo.com
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Clark

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Subj: **Panel**
Date: 7/21/2010 7:39:50 A.M. Eastern Daylight Time
From: mes19602010@yahoo.com
To: lcyyatym@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,

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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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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)

Monday, July 19, 2010 AOL: Lcy at ybm

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: **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 approximately 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









